

An exploration of the National Diabetes Prevention  
Program and Diabetes Self-Management Education and  
Support Program uptake in Los Angeles County:  
Findings from Participant and Non-Participant Interviews

# FINAL REPORT

Prepared for the  
Los Angeles County  
Department of Public Health,  
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Prepared by:



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*The findings included in this report do not represent the opinions nor the positions of the Los Angeles County Department of Public Health or any organizations mentioned in the report; they capture themes that emerged from interviews conducted with Los Angeles County residents who participated in or were referred to National DPP or DSMES programs.*

*The project team would like to thank the interviewees who generously shared their time and experience for the purposes of this project.*

# Executive Summary

## Introduction

Type 2 diabetes is ubiquitous throughout the United States; almost 15% of American adults are either diagnosed with this disease or would qualify for a diagnosis,<sup>1</sup> while another 38% of the adult population is prediabetic.<sup>2</sup> Among Los Angeles County residents, approximately 10% of adults have a type 2 diabetes diagnosis and nearly 17% are prediabetic<sup>3</sup> and stark racial/ethnic disparities exist, with rates of diagnosed type 2 diabetes 40% higher among Black/African American residents and nearly twice as high for Hispanic/Latino residents as compared to their White neighbors.<sup>4</sup> While addressing type 2 diabetes presents a major public health challenge, substantial evidence points to the effectiveness of diabetes prevention and management programs.

In partnership with the Los Angeles County Diabetes Coalition (Coalition), the Los Angeles County Department of Public Health (LACDPH) is investing significant resources in scaling and sustaining diabetes prevention and management programs, with a focus on improving access for low-income, diverse racial and ethnic communities with the highest risk for and rates of type 2 diabetes. The primary goal of the Coalition is to expand access to and participation in the National Diabetes Prevention Program (National DPP) and Diabetes Self-Management Education and Support (DSMES) program.<sup>5</sup> Both programs have documented success in supporting lifestyle changes and management that lead to improved diabetes-related health outcomes.<sup>6 7</sup>

An underutilized perspective to inform this work has been that of Los Angeles County residents eligible for or having received services from the National DPP or DSMES. LACDPH engaged Ad Lucem Consulting to conduct interviews with National DPP and DSMES participants, as well as County residents who have been referred to one of the programs but declined to participate (non-participants). A set of overarching questions was developed to guide this work. This report explores the answers to these questions through interview responses obtained from National DPP and DSMES participants and non-participants, and proposes recommendations based on key findings.

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<sup>1</sup> [Prevalence of Both Diagnosed and Undiagnosed Diabetes | Diabetes | CDC](#)  
<sup>2</sup> [Prevalence of Prediabetes Among Adults | Diabetes | CDC](#)  
<sup>3</sup> [Burden of Diabetes in California - June 2019](#)  
<sup>4</sup> [National Health Statistics Reports, Number 123, April 19, 2019 \(cdc.gov\)](#)  
<sup>5</sup> [Diabetes Coalition | LA County Department of Public Health - Diabetes Prevention](#)  
<sup>6</sup> [Current Perspectives on the Impact of the National Diabetes Prevention Program: Building on Successes and Overcoming Challenges - PMC \(nih.gov\)](#)  
<sup>7</sup> [Diabetes Self-management Education and Support in Adults with Type 2 Diabetes: A Consensus Report of the American Diabetes Association, the Association of Diabetes Care & Education Specialists, the Academy of Nutrition and Dietetics, the American Academy of Family Physicians, the American Academy of PAs, the American Association of Nurse Practitioners, and the American Pharmacists Association | Diabetes Care | American Diabetes Association \(diabetesjournals.org\)](#)

## OVERARCHING QUESTIONS

- What are benefits of National DPP or DSMES participation?
- What are the facilitators to participation?
- What are the logistical barriers to participation?
- What personal factors influence National DPP or DSMES participation?
- How is the National DPP or DSMES program content perceived?
- What factors could influence non-participants to join the National DPP or DSMES?
- Who are the most effective messengers for the National DPP or DSMES?

### Methods

Ad Lucem Consulting developed an interview guide and a set of questions designed to address the overarching research questions above. LACDPH engaged two partner organizations, Northeast Valley Health Corporation (NEVHC) and Diabetes Care Partners (DCP), to recruit eligible interviewees from their existing patient/client populations and schedule them for interviews with Ad Lucem Consulting.

Outreach and recruitment efforts resulted in 63 completed interviews. A higher number of non-participants were interviewed than participants, in an attempt to obtain a non-participant interviewee pool that matched the participants' demographics as closely as possible. Approximately half of the interviews were conducted in Spanish and half in English.

### # OF INTERVIEWEES/LANGUAGE SPOKEN

32 National DPP interviewees	
15 National DPP participants	7 in English
	8 in Spanish
17 National DPP non-participants	9 in English
	8 in Spanish
31 DSMES interviewees	
15 DSMES participants	8 in English
	7 in Spanish
16 DSMES non-participants	10 in English
	6 in Spanish

### Key Findings Highlights

The findings highlights are presented by program and include themes from participant and non-participant interviews.

#### National DPP Participants and Non-Participants

Participation benefits, facilitators, and influencing factors:

- National DPP participants and non-participants listed the same top benefits of the program: education on nutrition, diabetes and physical activity.

- Although many non-participants perceived that the National DPP could provide benefits, overall, fewer non-participants perceived benefits to the program than participants.
- The majority of National DPP participants expressed appreciation for the program’s telehealth/virtual format (e.g., Zoom) and stated that it was a critical facilitator for participation.
- Most non-participants viewed convenient and/or flexible class times as essential, stating that their busy lives cannot accommodate the relatively rigid National DPP class schedule.
- Several participants and non-participants asserted that offering incentives could encourage program participation and engagement.
- Nearly half of the 15 National DPP participants stated that their diagnosis of prediabetes was the impetus for joining the program, often because their healthcare providers had provided insufficient guidance on steps to prevent progressing to a type 2 diabetes diagnosis.

#### Factors influencing non-participation:

- Inconvenient and inflexible class schedules were the most common barriers to participation for both the National DPP participants and non-participants.
- The majority of non-participants stated that they would have participated in the National DPP if not for scheduling conflicts.
- When asked who, if anyone, could convince non-participants to attend the National DPP, most identified their healthcare provider.
- Most non-participants reported no sense of urgency to participate in the National DPP after receiving their referral, perceiving either that the referral was “optional” or that they lacked the time to commit to the program.

#### Perceptions of program content:

- National DPP participants and non-participants reported similar topics as top interests, most frequently citing their desire to improve their eating habits and nutritional knowledge, their keen interest in learning about diabetes prevention and/or control, and wanting to increase physical activity.
- More participants than non-participants identified weight reduction as an important topic.

#### Effective messengers for National DPP:

- Participants and non-participants differed in their views of the most effective methods for communicating program referrals and/or information; about twice as many participants preferred to communicate directly with a healthcare provider compared to non-participants, who were more likely to prefer to receive information through social media

and pamphlets/flyers distributed at convenient community locations (clinics, homes, churches, swap meets).

- Unlike participants, about one-third of non-participants perceived text messages from reliable, trustworthy sources as an effective mode of communicating program information.
- The Lifestyle Coach who leads the National DPP classes is integral to participant learning, satisfaction, and retention.
  - Four Spanish-speaking National DPP participants described the importance of a Lifestyle Coach's linguistic competency.

### DSMES Participants and Non-Participants

Participation benefits, facilitators, and influencing factors:

- DSMES participants and non-participants identified the greatest benefit of DSMES as the opportunity to learn about controlling and managing diabetes. Fewer DSMES non-participants perceived benefits to the program than participants.
  - Several DSMES participants described being overwhelmed by their diabetes diagnosis and desiring guidance on management. Approximately half of the participants felt urgency to participate following their referral.
- Nearly two-thirds of DSMES participants perceived nutrition information and education as beneficial to controlling diabetes regardless of when they were diagnosed.
- Most DSMES participants stated that the telehealth/virtual format (e.g., Zoom) made attendance easier than in person.
  - A much smaller proportion of non-participants perceived the telehealth/virtual class format as helpful.
- One-third of participants mentioned the importance of class time flexibility and convenience.

Factors influencing non-participation:

- DSMES participation barriers noted by participants and non-participants included time limitations, lack of transportation and inconvenient class times and/or locations.
- A small number of participants described stigma around their diabetes diagnosis or denial about the ramifications of their diagnosis as obstacles to DSMES participation.
- Just over one-third of non-participants felt DSMES was unnecessary as they felt their diabetes was under control.
- A few DSMES non-participants stated that the classes or topics were not of interest to them and 15 of 16 DSMES non-participants reported no urgency to act when they received their DSMES referral.

- When asked what, if anything, could have convinced non-participants to participate in DSMES, the most common responses reiterated the barriers or facilitators previously reported or expressed that “nothing would have convinced me.”
- Almost half of non-participants identified healthcare providers as potentially able to influence DSMES participation.

Perceptions of program content:

- Over half of the DSMES participants believed the program would help them learn about diabetes, with just under half specifically stressing the importance of learning about how to reduce blood glucose levels.
- Over one-third of non-participants stated that none of the topics covered in DSMES would be helpful to them.

Effective messengers for DSMES:

- Among DSMES participants and non-participants, the majority received a DSMES referral directly from their healthcare provider, a DSMES program or clinic, or their insurance provider.
- Six of 15 DSMES participants expressed a preference for receiving a referral in person from their healthcare provider; a nearly equal proportion of non-participants preferred referrals via text.
  - Several participants perceived texts as more likely to be a “scam.”
- Participants expressed a preference for instructors who speak from personal experience having completed DSMES or who are working toward DSMES-related goals.
- A few participants stressed the importance of an instructor who is straightforward, well informed and honest, with no ulterior motive beyond helping the participants.

*Discussion*

National DPP and DSMES participants reported high levels of satisfaction with their experience in the programs, noted several major benefits and stated that they would recommend the programs to loved ones. Many of the non-participants, especially National DPP non-participants, repeatedly mentioned their interest in the programs and their regret that circumstances or logistical barriers prevented them from participating.

While healthcare providers were identified by interviewees as one of the most trusted and effective referral sources for National DPP and DSMES, several of the participants and non-participants from both programs mentioned that their interest in the programs stemmed from receiving limited to no guidance on steps to take following their prediabetes or diabetes diagnosis.

Participants from both programs perceived that the Lifestyle Coaches/instructors leading National DPP or DSMES classes were very influential in participants' ability to succeed at program goals, and emphasized that Lifestyle Coaches/instructors' interpersonal skills, such as empathy, kindness, and relatability, were as important to participants as their professional knowledge and competencies.

### *Conclusion and Recommendations*

Several recommendations emerged from this interview analysis to guide continued efforts to overcome challenges and maximize National DPP and DSMES uptake in Los Angeles County; these recommendations confirm findings from other efforts on scaling and sustaining National DPP and DSMES and support continued investment in efforts currently underway.

- Continue providing the National DPP and DSMES in virtual, in person and hybrid formats to meet the varied preferences of individuals referred to the programs. Ensure that in-person classes are offered at convenient locations and times.
- Explore the feasibility of introducing more flexibility into programming, especially for National DPP, by offering more class times, the option for make-up classes, and reducing the yearlong program commitment.
- Develop multipronged outreach and referral mechanisms that include multiple attempts to enroll those referred to National DPP or DSMES, using more than one mode of contact (telephone calls, texting and/or emailing). Many who initially refuse may maintain openness to the programs and might agree to participate at a different time.
- Support healthcare providers as an essential National DPP and DSMES referral source; encourage healthcare providers to discuss and refer to diabetes prevention and management programs during in person interactions with patients and follow up with patients around referral follow through.
- Expand incentives for program participants, especially those that support program goals and may be cost prohibitive, such as gym memberships, fresh fruits and vegetables, access to wellness classes, financial incentives, scales and cooking classes.
- Emphasize attracting Lifestyle Coaches/instructors who have the personal characteristics program participants value to successfully engage and retain program participants. Cultural and linguistic alignment between Lifestyle Coaches/instructors and program participants is an essential ingredient for a successful National DPP or DSMES participant experience.



# I. Introduction

Type 2 diabetes is ubiquitous throughout the United States; almost 15% of American adults are either diagnosed with type 2 diabetes or would qualify for a diagnosis,<sup>1</sup> while another 38% of the adult population is prediabetic.<sup>2</sup> Among Los Angeles County residents, approximately 10% of adults have a diagnosis of type 2 diabetes and nearly 17% are prediabetic.<sup>3</sup> Stark racial/ethnic disparities are present within Los Angeles County: rates of diagnosed type 2 diabetes 40% higher among Black/African American residents and nearly twice as high for Hispanic/Latino residents as compared to their White neighbors.<sup>4</sup> Elevated diabetes prevalence has detrimental effects on the health and quality of life for individuals, and creates a considerable financial burden on the healthcare system. Estimates of total direct costs of treating type 2 diabetes within Los Angeles County approach \$6 billion annually.<sup>5</sup> While addressing type 2 diabetes presents a major public health challenge, substantial evidence points to the effectiveness of diabetes prevention and management programs that improve the overall health of participants<sup>6</sup> and reduce medical care expenditures.<sup>7</sup>

The Los Angeles County Department of Public Health (LACDPH) is actively engaged in efforts to make it easier for residents to connect to programs that prevent or delay diabetes onset or manage diabetes. In partnership with the Los Angeles County Diabetes Coalition (Coalition), significant resources are being invested in scaling and sustaining diabetes prevention and management programs, with a focus on improving access for low-income, diverse racial and ethnic communities with the highest risk for and rates of type 2 diabetes. The primary goal of the Coalition is to expand access to and participation in the National Diabetes Prevention Program (National DPP) and Diabetes Self-Management Education and Support (DSMES) program.<sup>8</sup> Both programs have documented success in supporting lifestyle changes and management that lead to improved diabetes-related health outcomes.<sup>9 10</sup>

Research conducted to gather feedback from Coalition members and other experts on diabetes prevention and management has been critical in identifying best practices for implementing, scaling, and sustaining equitably accessible diabetes prevention and management programs for diverse populations within Los Angeles County.<sup>11</sup> An underutilized perspective to inform this work has been that of Los Angeles County residents eligible for or having received services from the National DPP or DSMES.

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<sup>1</sup> [Prevalence of Both Diagnosed and Undiagnosed Diabetes | Diabetes | CDC](#)

<sup>2</sup> [Prevalence of Prediabetes Among Adults | Diabetes | CDC](#)

<sup>3</sup> [Burden of Diabetes in California - June 2019](#)

<sup>4</sup> [National Health Statistics Reports, Number 123, April 19, 2019 \(cdc.gov\)](#)

<sup>5</sup> [Press Release - Diabetes Continues to Increase in Los Angeles County - 11-1-2016 \(002\).pdf \(lacounty.gov\)](#)

<sup>6</sup> [Diabetes Prevention Program \(DPP\) - NIDDK \(nih.gov\)](#)

<sup>7</sup> [Medical Care Expenditures for Individuals with Prediabetes: The Potential Cost Savings in Reducing the Risk of Developing Diabetes - PubMed \(nih.gov\)](#)

<sup>8</sup> [Diabetes Coalition | LA County Department of Public Health - Diabetes Prevention](#)

<sup>9</sup> [Current Perspectives on the Impact of the National Diabetes Prevention Program: Building on Successes and Overcoming Challenges - PMC \(nih.gov\)](#)

<sup>10</sup> [Diabetes Self-management Education and Support in Adults with Type 2 Diabetes: A Consensus Report of the American Diabetes Association, the Association of Diabetes Care & Education Specialists, the Academy of Nutrition and Dietetics, the American Academy of Family Physicians, the American Academy of PAs, the American Association of Nurse Practitioners, and the American Pharmacists Association | Diabetes Care | American Diabetes Association \(diabetesjournals.org\)](#)

<sup>11</sup> Pending report, "Scaling and Sustaining Diabetes Prevention and Management in Los Angeles County – Final Report." Ad Lucem Consulting, 2023.

LACDPH engaged Ad Lucem Consulting to conduct interviews with National DPP and DSMES participants, as well as residents who have been referred to one of the programs but declined to participate (non-participants). A set of overarching questions (Figure 1) was developed to guide this project, exploring not only perceptions of the facilitators, barriers and benefits of the National DPP and DSMES for program participants, but also the personal and logistical barriers experienced by County residents declining to participate.

#### FIGURE 1. OVERARCHING QUESTIONS

- What are benefits of National DPP or DSMES participation?
- What are the facilitators to participation?
- What are the logistical barriers to participation?
- What personal factors influence National DPP or DSMES participation?
- How is the National DPP or DSMES program content perceived?
- What factors could influence non-participants to join the National DPP or DSMES?
- Who are the most effective messengers for the National DPP or DSMES?

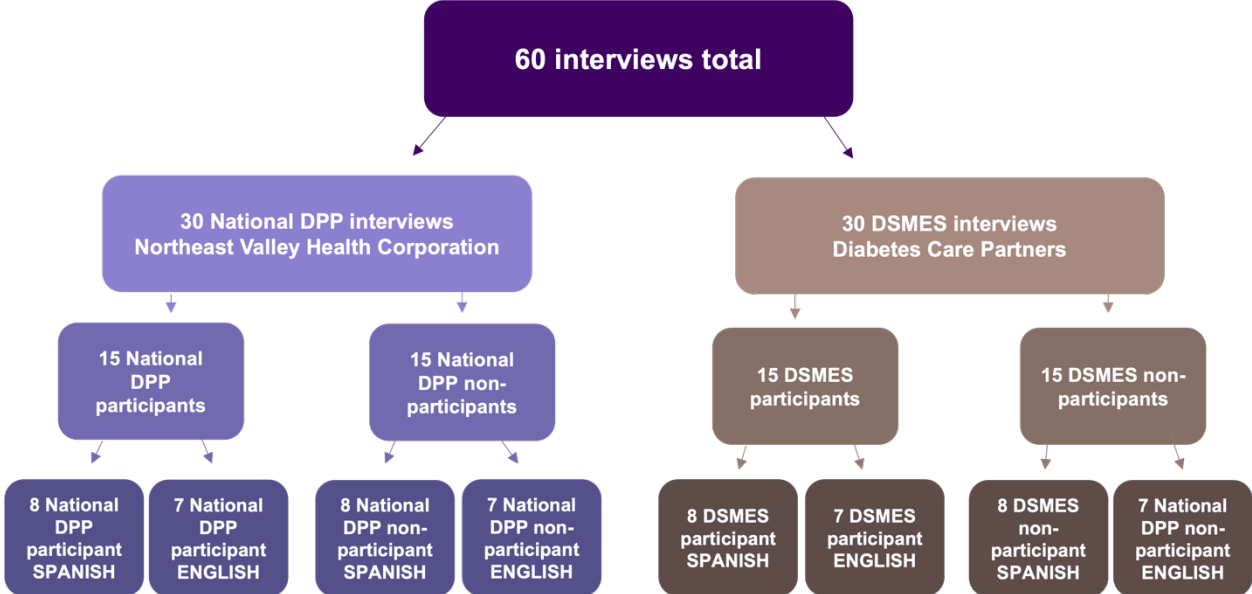
This report describes the interview methodology, presents key findings from the participant and non-participant interviews organized by program, discusses the implications of these findings on provision of National DPP and DSMES programming within Los Angeles County, and proposes recommendations emerging from the analysis.

## II. Methods

To capture the perspectives of Los Angeles County residents who were eligible for and/or recipients of National DPP or DSMES services, Ad Lucem Consulting developed an interview guide and a set of questions (Appendix A) designed to address the overarching research questions (Figure 1). The LACDPH engaged two partner organizations, Northeast Valley Health Corporation (NEVHC) and Diabetes Care Partners (DCP), to recruit eligible interviewees from their existing patient/client populations and schedule them for interviews with Ad Lucem Consulting. NEVHC and DCP have extensive experience as Diabetes Service Providers (DSPs) and both are active members of the Coalition. NEVHC recruited National DPP participants and non-participants for this study, and DCP recruited DSMES participants and non-participants.

The study design aimed to interview 60 county residents (30 recruited by each organization), evenly divided between National DPP and DSMES, participant and non-participants, and roughly divided between Spanish and English language (Figure 2). The first 30 interviewees were the National DPP and DSMES participants, while the second set of interviewees were the non-participants, matched as closely as possible to the participants on interview language, gender, age category and race/ethnicity.

**Figure 2.** Recruitment Goals for NEVHC and DCP at Study Onset



Ad Lucem Consulting provided guidance to NEVHC and DCP on identifying eligible interviewees (Figure 3) and trained NEVHC and DCP staff on interviewee recruitment and scheduling protocols (Appendix B). Ad Lucem developed recruitment materials for both organizations, including flyers, email/text templates and telephone call scripts in both Spanish and English. Interviews were scheduled using a calendar designed by Ad Lucem and tracked on a spreadsheet that allowed Ad Lucem to monitor demographic matching between participants and non-participants as the study progressed. Throughout the data collection period, Ad Lucem provided technical assistance and support to NEVHC and DCP in their intensive recruitment efforts.

**FIGURE 3. ELIGIBLE INTERVIEWEES:**

- Adults age 18 and over
- **Participants:** completed National DPP or DSMES programming within the past 24 months (ideally within the past year)
- **Non-Participants:** referred to National DPP or DSMES within the past 18 months but declined to participate
- Able to speak with an interviewer in English or Spanish
- Representative of the genders, age range and ethnicities/races of National DPP or DSMES

Interviews began in June 2023 and continued into September 2023. The recruitment goals for number of National DPP and DSMES participants were met, with both organizations successfully recruiting 15 eligible interviewees each. By the end of the data collection period, in an attempt to obtain a non-participant interviewee pool that matched as closely as possible to the participants, 17 National DPP and 16 DSMES non-participant interviews were completed, exceeding the initial recruitment goal (Table 1). Data collected from three unmatched non-participants were included in the analysis.

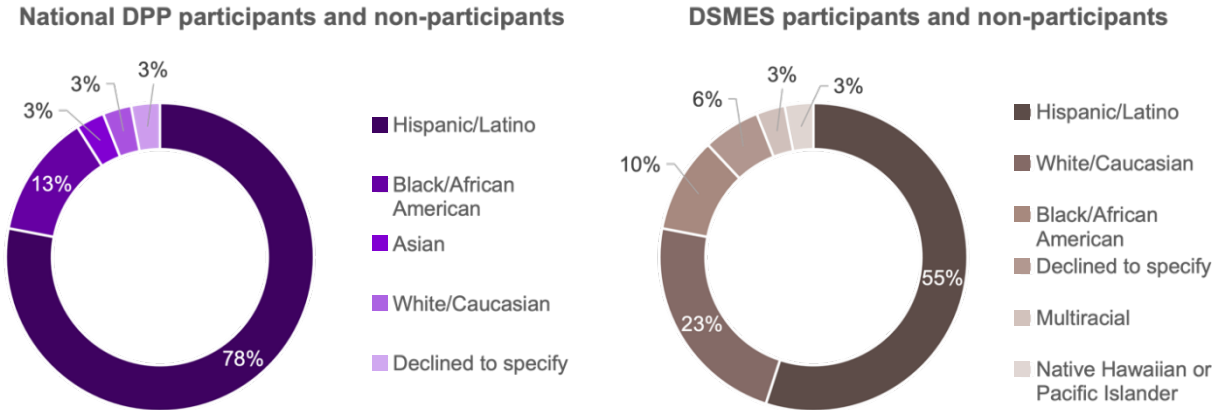
**Table 1.** Total number of National DPP and DSMES participants and non-participants and languages spoken

**63 TOTAL INTERVIEWEES**

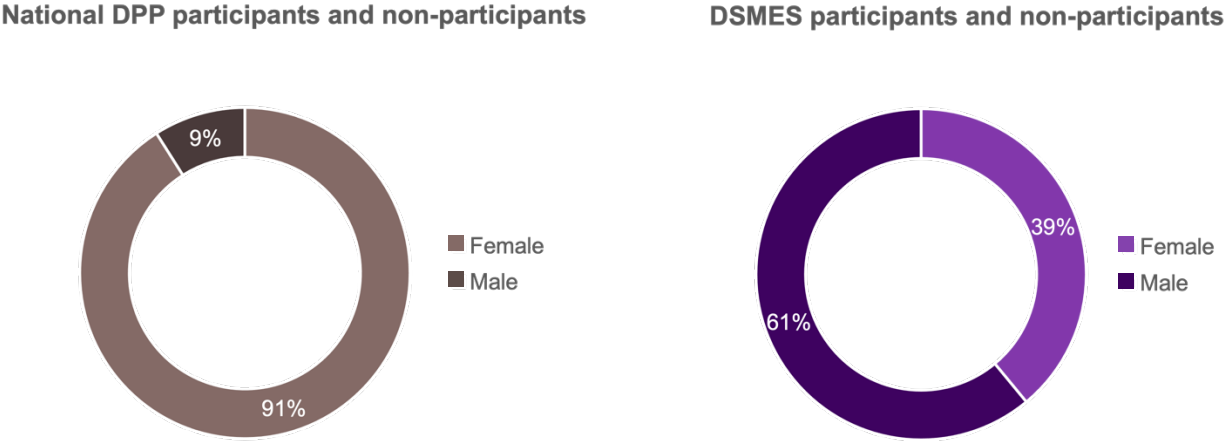
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	7 in Spanish
16 DSMES non-participants	10 in English
	6 in Spanish

The interviewees were predominantly Hispanic/Latino, with smaller percentages of other races/ethnicities (Figure 4). The races/ethnicities of the interviewees reflected the patient/client populations that NEVHC and DCP engage in their National DPP and DSMES programs. National DPP interviewees were primarily female; a higher percentage of DSMES interviewees were male (Figure 5). Interviewee age ranges covered a broad spectrum (Figure 6); National DPP interviewees were concentrated in the younger age ranges while DSMES interviewees trended older. For a summary of all interviewee demographics and matching, see Appendix C.

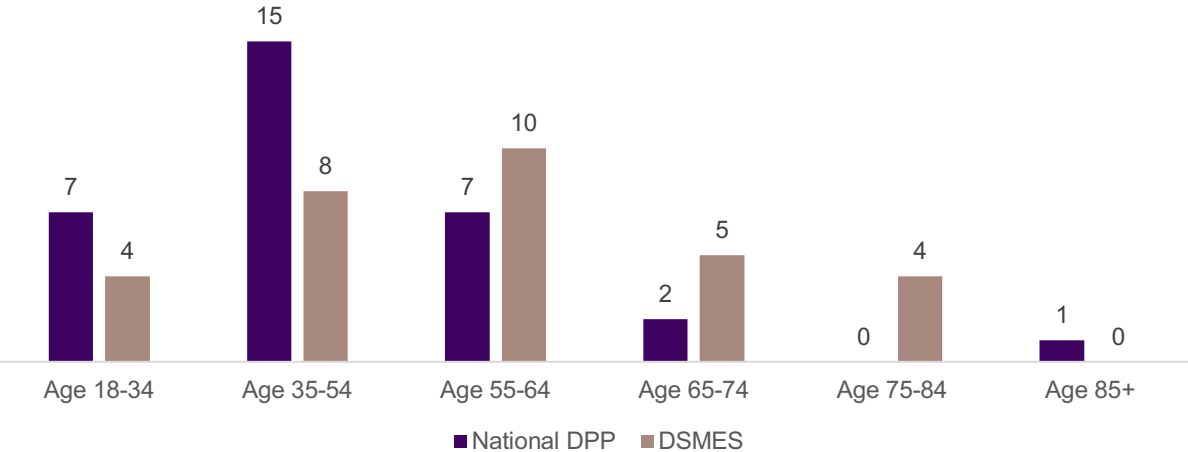
**Figure 4.** Races/ethnicities of National DPP and DSMES participants and non-participants



**Figure 5.** Genders of the National DPP and DSMES participants and non-participants



**Figure 6.** Age ranges of National DPP and DSMES participants and non-participants



The interviews were conducted via telephone by experienced, trained Ad Lucem Consulting interviewers using the interview guide. Interviewees were compensated with a \$25 Visa gift card for their time participating. Detailed, verbatim interview notes were entered into and analyzed using ATLAS.ti to identify themes, highlight illustrative quotes and capture diverse perspectives.

### III. Key Findings

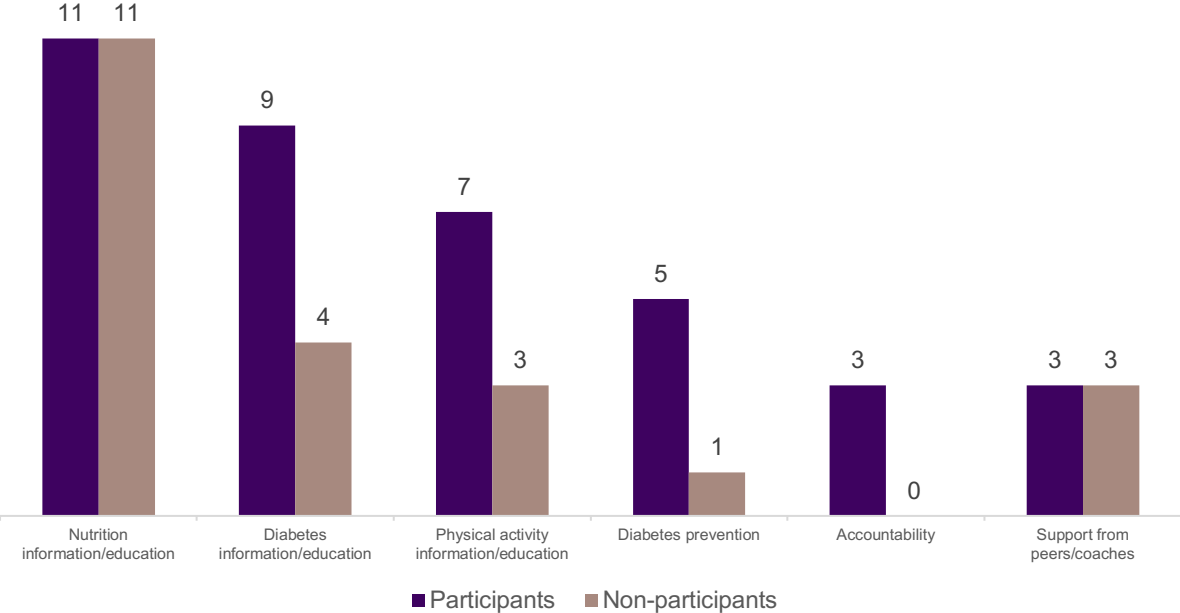
The findings are presented by program, with responses from participants and non-participants grouped to address each of the overarching questions (Figure 1) as applicable. The participants responded to questions about their experiences in the programs, whereas the non-participants were asked about their perceptions of the programs and their reasons for declining to participate. Quotes from Spanish speaking interviewees are presented in English translations; for Spanish quotes in their original language, see Appendix D.

In the figures accompanying the narrative below, N does not always equal the number of responses in each figure but reflects the total number of interviewees who were asked each question. The responses presented in the figures may not add up to the N as there are interviewees who either skipped the question or touched on multiple topics when answering one question. Figures do not reflect every answer given by every interviewee; topics discussed by only one interviewee (across participants and non-participants) are mentioned in the narrative but are not shown in the figures.

#### A. NATIONAL DPP PARTICIPANTS AND NON-PARTICIPANTS

##### *Benefits of Participation*

**Figure 7.** Perceived benefits of the National DPP from participants and non-participants



N = 15 Participants, 17 Non-Participants

The 15 National DPP participants and 17 non-participants shared their perceptions of the benefits of participating in National DPP (Figure 7). Participants and non-participants listed the same top benefits: information and education on nutrition, diabetes and physical activity. Many participants identified learning how to care for their own and their families' health by improving diet and understanding the importance of exercise as benefits. Smaller numbers of participants listed diabetes prevention information, accountability to peers and Lifestyle Coaches, and support from peers and Lifestyle Coaches as important benefits experienced during the National DPP. Although many non-participants perceived that the National DPP could provide benefits, overall, fewer non-participants perceived benefits to the program than participants.

Two participants mentioned the benefit their family members received from the participants' attendance, either by sharing what they'd learned with their household or by family members listening in on virtual classes. One participant pointed out that improved mental health was a benefit of the program, by reducing feelings of isolation and offering opportunities to socialize. Two non-participants noted that weight loss could be a benefit of the program, as could improved overall health.

***“I do well with accountability, especially with external forces. Needing to report changes to someone else motivates me.”***

– ENGLISH-SPEAKING NATIONAL DPP PARTICIPANT

***“All [my healthcare provider] did was tell me I was prediabetic and gave me medication, but they never told me about the program or to exercise or whatever you can do. They never said anything about that. I think doing a program like this would be really helpful for people.”***

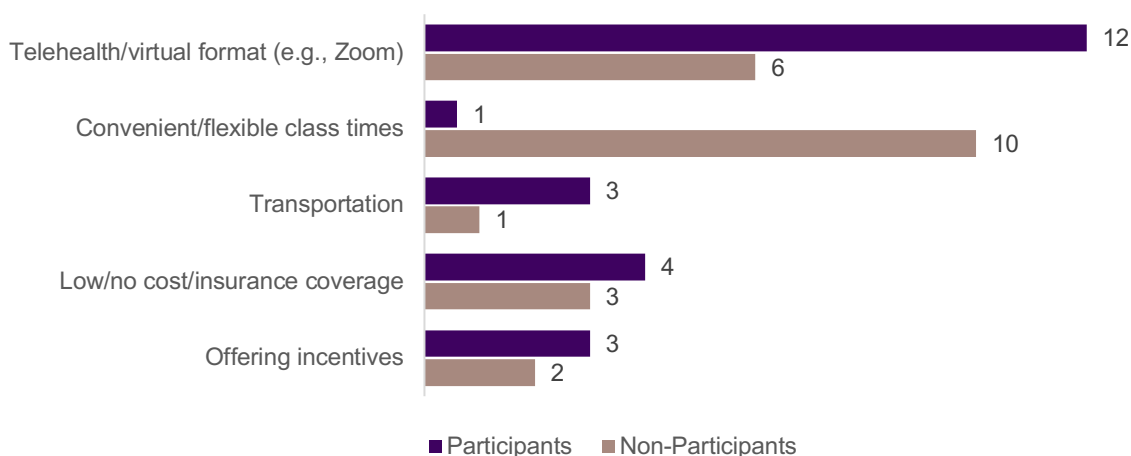
– ENGLISH-SPEAKING NATIONAL DPP NON-PARTICIPANT

***“I had prediabetes detected, and it helped a lot with my meals...my husband is prediabetic and it's under control already. It's helped us a lot. In fact, he was always there. He didn't want to sign up for the program, but he listened to all my classes.”***

– SPANISH-SPEAKING NATIONAL DPP PARTICIPANT

## Facilitators to Participation

**Figure 8.** National DPP participation facilitators for participants and non-participants



N = 15 Participants, 17 Non-Participants

Participants were asked to describe the factors facilitating their National DPP participation, while non-participants discussed what might have made participation easier or more palatable (Figure 8). National DPP participants and non-participants perceived facilitators differently. The majority of participants expressed their appreciation for the program’s telehealth/virtual format (e.g., Zoom) and felt that it was a critical facilitator of their participation. Convenient and/or flexible class times were not among the facilitators most important to most participants. Small numbers of National DPP participants mentioned transportation as an important factor for in person classes and emphasized the importance of free/low-cost programming or insurance coverage as a participation facilitator.

Except for convenient and/or flexible class times, only small numbers of non-participants discussed facilitators. Nearly two-thirds of non-participants felt that convenient and/or flexible class times were essential, stating that their busy lives cannot accommodate the relatively rigid National DPP class schedule. Far fewer non-participants perceived a telehealth/virtual format as helpful compared to the participants, and only a few brought-up transportation or free/low-cost programming or insurance coverage.

***“They did it via Zoom and we didn’t have to spend money on gas. I took two of the classes from Mexico. That made things much easier...and I didn’t miss out. I recommend Zoom classes, because many people attended as they left work, from their cars, others were running errands or picking their kids up from school.”***

– SPANISH-SPEAKING NATIONAL DPP PARTICIPANT



Several participants and non-participants asserted that offering incentives could encourage program participation and engagement. Suggestions included gym memberships, wellness classes, financial incentives, contests or challenges featuring a prize, fresh fruit and vegetable giveaways, free scales and cooking classes.

***“At least in terms of scheduling, adapt to people’s needs; have more sessions. More chance to hold them at certain [different] times.”***

– SPANISH-SPEAKING NATIONAL DPP NON-PARTICIPANT

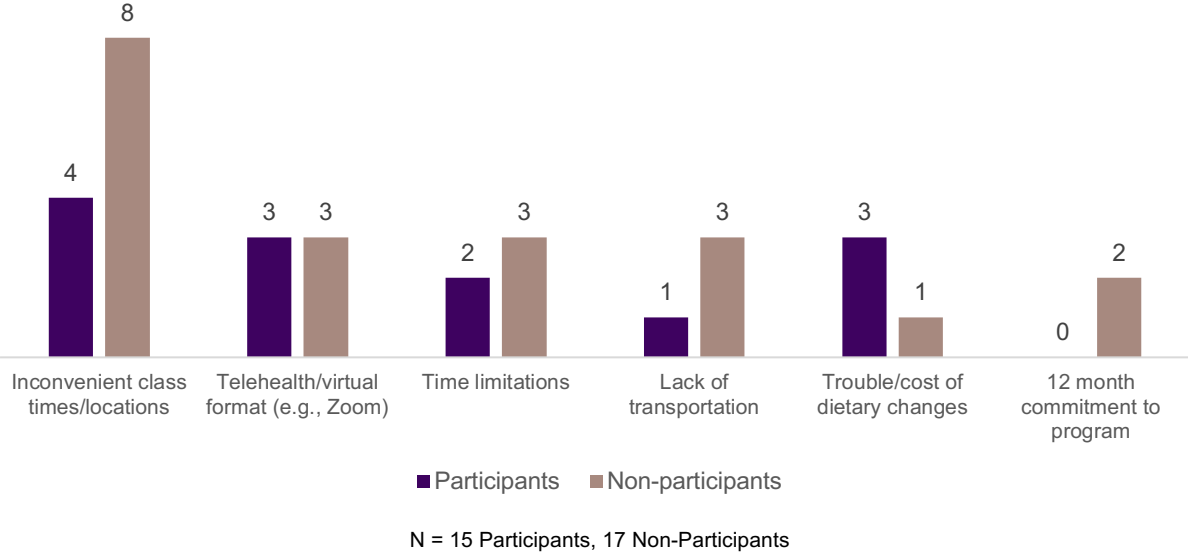
Individual non-participants shared other ideas for encouraging participation, including holding classes in person rather than virtually, offering free childcare for class attendees and identifying familiar and accessible community locations for classes.

***“I would say if the program could include providing a gym membership; the more support that is provided to someone in the program is good. Incentivizing the weekly/monthly meetings would also make it easier to attend. People are always looking for something to gamify, a challenge, something to look forward to.”***

– ENGLISH-SPEAKING NATIONAL DPP PARTICIPANT

**Barriers to Participation**

**Figure 9.** National DPP participation barriers for participants and non-participants



When asked about actual or perceived barriers to participation in National DPP, many of the participant and non-participant responses were consistent with responses to the question on facilitators. Perceptions of barriers were similar between National DPP participants and non-participants. Inconvenient and inflexible class schedules were the most common barriers cited

by both groups (Figure 9); however, twice as many non-participants perceived this to be a barrier compared to participants. The majority of National DPP non-participants stated that they would have participated in National DPP if not for scheduling conflicts. A telehealth/virtual format (e.g., Zoom), which was listed by participants as among the top facilitators to participation, was reported as a barrier by one in five National DPP interviewees because: older individuals may struggle with the technology needed to attend virtual classes; some people of all ages don't like the virtual meeting format; and Internet connections can be unreliable. Lack of time was cited as a barrier by a few participants and non-participants. Three participants viewed the extra work and cost associated with making prescribed dietary changes as a barrier. Two non-participants identified the year-long duration of National DPP as reason for not participating. Individual interviewees mentioned additional barriers, including disabilities, language barriers, an off-putting Lifestyle Coach style, and discomfort with the group format.

Additional factors influencing non-participants' declination to engage in National DPP were participation in a different diabetes prevention/management class, lack of understanding of National DPP purpose and content, and National DPP classes not available in a preferred language.

***“The thing with food... I can't afford expensive things... To be honest, I go to the emergency market where they give out free food, but it's not nutritious, there's too many flour-based items.”***

– SPANISH-SPEAKING NATIONAL DPP NON-PARTICIPANT

***“I really wanted to do [National DPP], but...they didn't offer the class any time after my work schedule, so I couldn't do it.”***

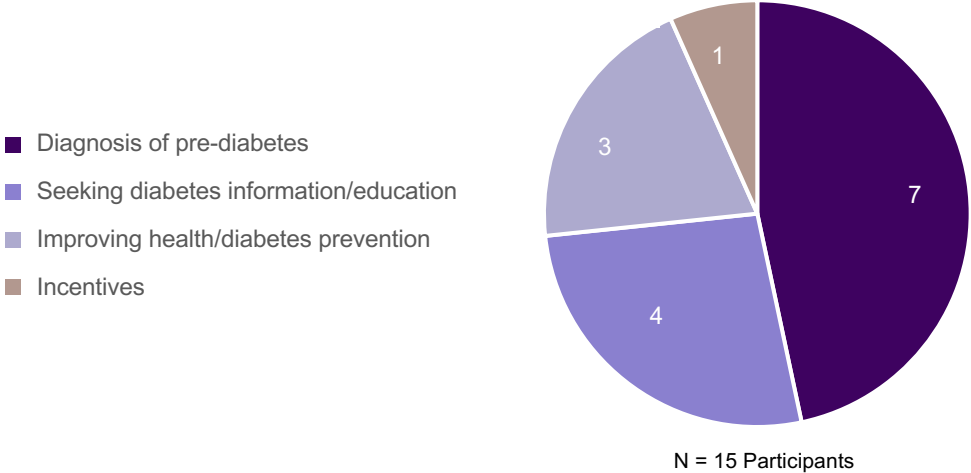
– ENGLISH-SPEAKING NATIONAL DPP NON-PARTICIPANT

***“It's not that I wasn't convinced [to participate], I just couldn't connect. I get lost, I'm very old-fashioned. It doesn't work for me...enter something here... put the link here, sometimes I forget. They want to make programs more modern and those of us who aren't all that young end up struggling with it. So I would prefer a phone call. And for the program to be at a clinic. You get to a class, they give you explanations, they help you fill all the papers...then I'll do it.”***

– SPANISH-SPEAKING NATIONAL DPP NON-PARTICIPANT

*Factors Influencing Participation*

**Figure 10.** Factors influencing participants to join the National DPP



Participants shared the factors that influenced their decision to participate in National DPP (Figure 10). Nearly half of the participants stated that their diagnosis of prediabetes was the impetus for joining the program, often because their healthcare providers had provided limited or no guidance on preventive steps to take following diagnosis. Over one-quarter of the National DPP participants joined the program to get information and education about diabetes, and 3 participants were influenced to join the National DPP to improve their overall health, specifically through losing weight and preventing diabetes. One participant admitted that an incentive (a gift certificate for farmers market produce) was the primary influencing factor to participation.

*“I didn’t know what to do with the prediabetes diagnosis. I wasn’t doing stuff, eating healthy and such, my glucose was super high.”*

– SPANISH-SPEAKING NATIONAL DPP PARTICIPANT

*“Because sometimes it can be frustrating... I don’t understand, the doctor says my sugar is high... but I don’t know what to do to keep it down, I don’t know what to eat... so participating was like knowing a little bit more about the illness, how it’s developed, or what I’m doing to encourage this.”*

– SPANISH-SPEAKING NATIONAL DPP PARTICIPANT

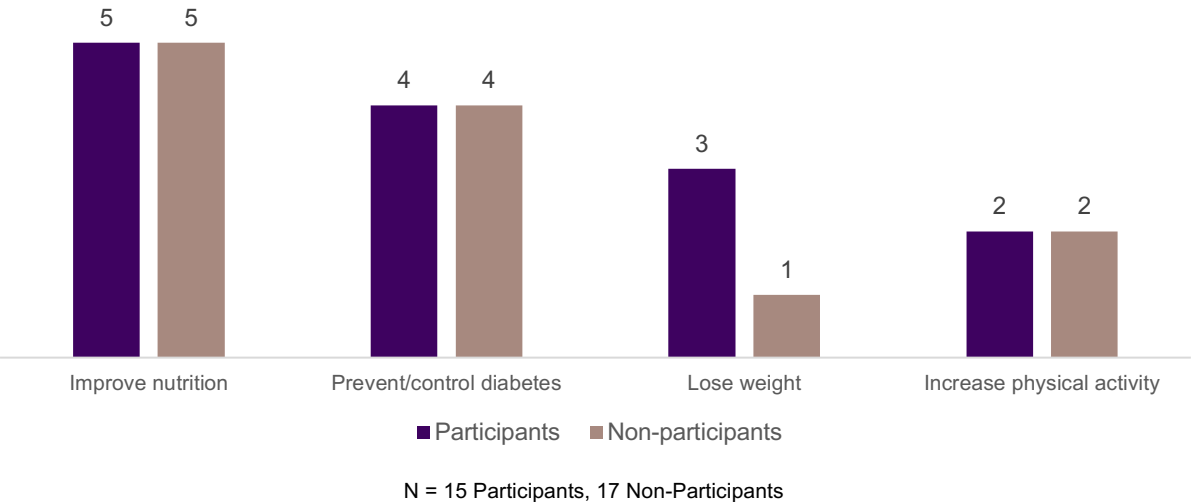
For many of the participants, a sense of urgency accompanied their decision to participate in the National DPP. Over half of the participants reported urgency to attend the program, while about one third did not feel the same necessity, but still decided to attend (two participants skipped this question). A few participants stated that the sense of urgency that they perceived from their healthcare providers influenced their own sense of urgency to participate in the National DPP.

*“When the doctor told me that I might get diabetes in the future, I immediately wanted to do something about it. I want someone to help me... Us Latinos...are a culture that enjoys eating all kinds of foods. I never had issues in my life, but it looks like with age, once you're past 40, your metabolism changes, and I'm scared of that.”*

– SPANISH-SPEAKING NATIONAL DPP PARTICIPANT

*Perceptions of Program Content*

**Figure 11.** Participants’ and non-participants’ perceptions of the importance of National DPP program content/topics



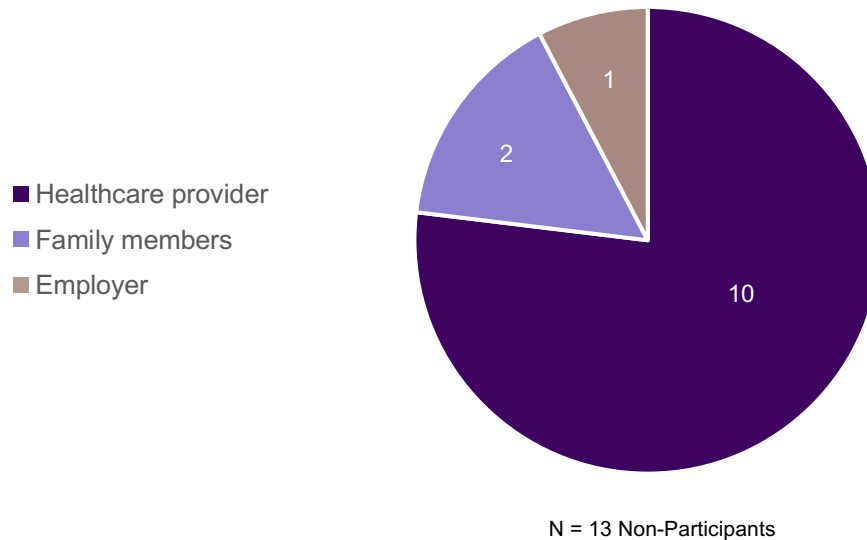
Participants and non-participants were queried on their perceptions of whether and how the National DPP might help them, and whether they perceived the program content/topics as important (Figure 11). Participants and non-participants reported similar topics as top interests, most frequently citing their desire to improve their eating habits and nutritional knowledge, their keen interest in learning about diabetes prevention and/or control, and wanting to increase physical activity. More participants identified weight reduction as an important topic than non-participants.

*“The first thing I thought was, Oh! Nutrition classes! That’s why I was interested, because I’m very interested in anything related to healthy eating and such.”*

– SPANISH-SPEAKING NATIONAL DPP PARTICIPANT

## Factors Influencing National DPP Non-Participants

**Figure 12.** Who could convince non-participants to join National DPP



The non-participants discussed whether anyone could convince them to attend National DPP classes (Figure 12). Two non-participants skipped the question and two stated that they could not be convinced to participate by anyone. Among the 13 interviewees signaling openness to attending the National DPP, most named their healthcare provider as the most likely person to convince them, followed by family members and employers (1 non-participant suggested employers give permission to leave work to attend National DPP classes).

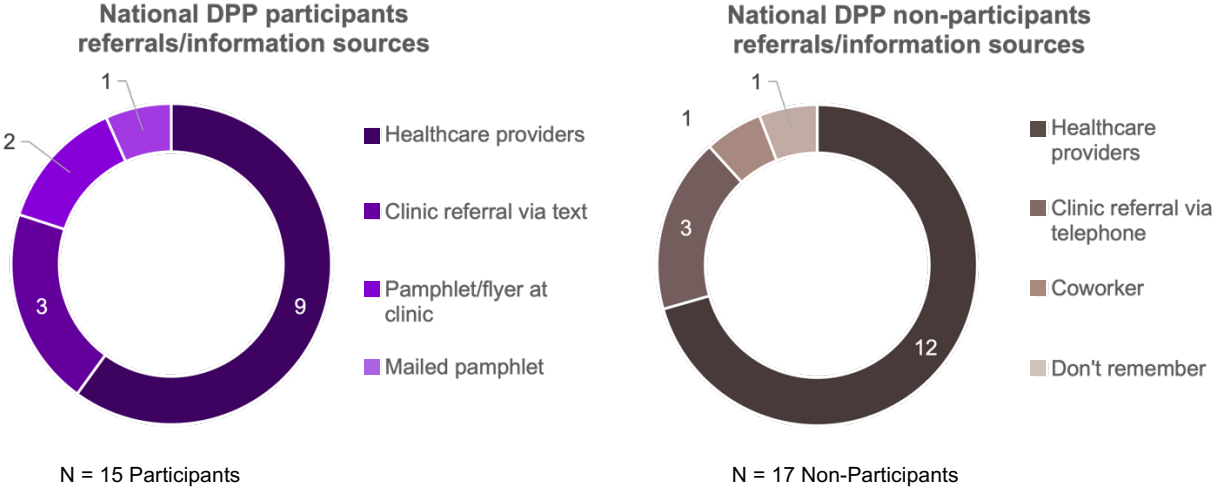
When non-participants were asked about feeling any urgency to participate in National DPP upon receiving their referral or learning about the program, ten of the 17 non-participants reported no urgency to participate in the National DPP, because they perceived National DPP as “optional” or they lacked the time to commit to the program. Three non-participants perceived some urgency despite declining to participate. Four non-participants did not answer this question.

***“I thought [the National DPP referral was urgent], yeah. As it was recommended to me, I thought I could start, but I thought I’d do it for a single month. I can’t do it for a whole year at that time of day.”***

– SPANISH-SPEAKING NATIONAL DPP NON-PARTICIPANT

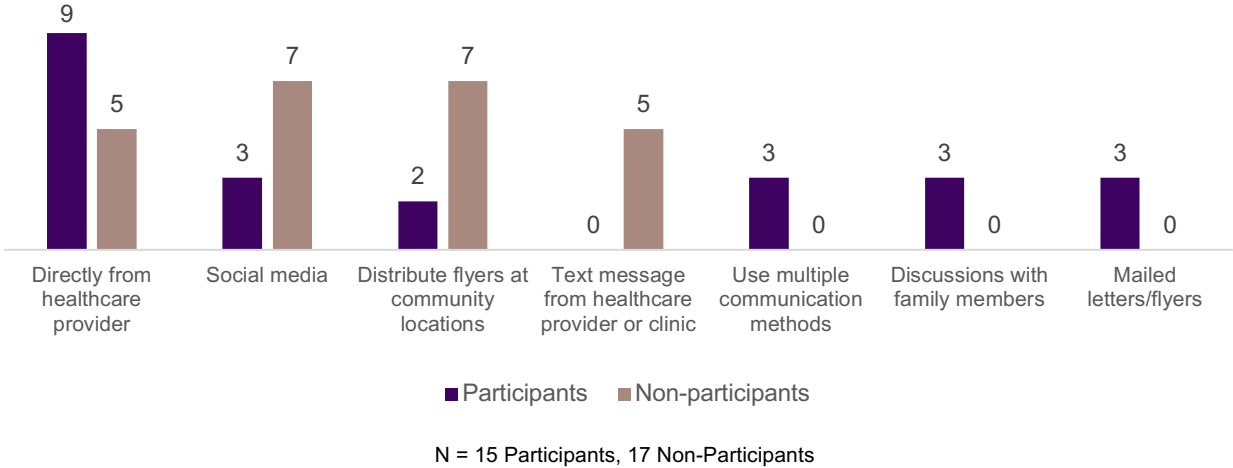
Effective Messengers for National DPP

Figure 13. Participant and non-participant sources of information/referrals for National DPP



Interviews with participants and non-participants explored how they heard about or were referred to National DPP. The majority of both groups received referrals to National DPP directly from a healthcare provider (Figure 13), most frequently a primary care doctor. The next most common referral source for participants and non-participants was a contact from their health clinic (but not their specific healthcare provider); among participants clinic referrals were via text message, while non-participants received referrals through a telephone call. Individual interviewees mentioned seeing National DPP information in clinics, receiving a National DPP pamphlet mailed to their home, and via word of mouth from a co-worker.

Figure 14. Most effective National DPP communication channels



Participants and non-participants were asked their opinions on the most effective way to communicate National DPP referrals and/or information (Figure 14). The number of participants who preferred to communicate directly with a healthcare provider was about twice that of non-participants, who were more likely to prefer to receive National DPP information through social media and pamphlets/flyers distributed at convenient community locations (clinics, homes, churches, swap meets, etc.) Unlike participants, about one-third of non-participants perceived text messages from reliable, trustworthy sources as an effective mode of communicating program information. Three participants described the efficacy of using multiple communication methods, while a few participants reported a preference for information sharing between family members or mailed flyers/pamphlets.

***“I think it's good when you go into the clinic for a visit and they tell you about the program. You pay more attention and see it as something more urgent when it comes directly from your doctor or the clinic. I wouldn't trust it if some random person handed me a flyer out of nowhere, or if I got it in the mail or saw it in the street.”***

– SPANISH-SPEAKING NATIONAL DPP PARTICIPANT

***“I think in all different ways, different people respond to different things. One message is not enough. You get annoyed and you block it, or you realize you need it.”***

– ENGLISH-SPEAKING NATIONAL DPP PARTICIPANT

***“A text...but a real text, not just information. Sometimes texts aren't credible. For example, they'll be like: if you reply to this text, we will send you something, a gift card, etc... It has to be something real, from the doctor or the clinic.”***

– SPANISH-SPEAKING NATIONAL DPP NON-PARTICIPANT

Participants stressed that once a person has been successfully recruited to National DPP and begins attending classes, the Lifestyle Coach who leads the classes is essential to participant learning, satisfaction, and retention. Participants listed the characteristics they observed in effective Lifestyle Coaches. Several interviewees expressed a preference for and appreciation of Lifestyle Coaches who have previously been through National DPP as a participant themselves and/or are currently working toward National DPP-related goals. In addition, four Spanish-speaking DPP participants described the importance of a Lifestyle Coach's linguistic and cultural competency, with one noting that classes taught in English can be “fine,...but for Hispanics it's better to get that in our language because there are many foods only we understand.”

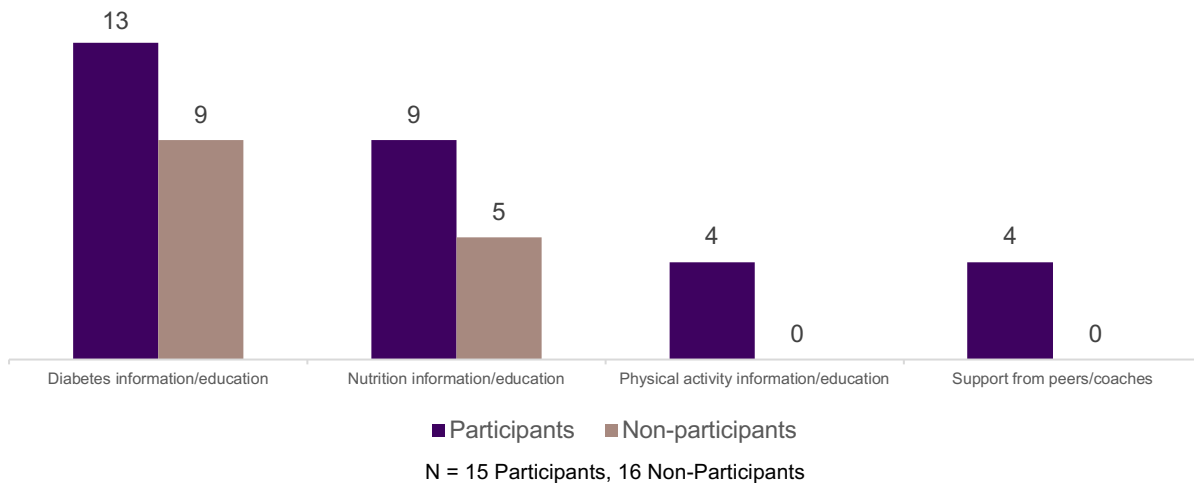
## IDEAL CHARACTERISTICS OF AN EFFECTIVE NATIONAL DPP LIFESTYLE COACH

Friendly	Outgoing	Makes jokes	Natural
Engaging	Relatable	Flexible	Welcoming
Good listener	Elaborates	Communicative	Caring
Sympathetic	Non-judgmental	Nurturing	Patient
Never critical	Empathetic	Encouraging	Inspiring
Accessible	Cordial	Attentive	

## B. DSMES PARTICIPANTS AND NON-PARTICIPANTS

### Benefits of Participation

**Figure 15.** Perceived DSMES benefits from participants and non-participants



The DSMES findings emerged from analysis of 31 interviews, including 15 DSMES participants and 16 DSMES non-participants. Interviewees in both groups perceived the greatest benefit of DSMES as the opportunity to learn about controlling and managing diabetes (Figure 15). Several participants noted that DSMES was helpful for newly diagnosed diabetics, as well as individuals who have lived with diabetes but may need a “refresher” on disease management. Nearly two-thirds of DSMES participants perceived nutrition information and education as beneficial to controlling diabetes, regardless of when they were diagnosed.

*“It helped me be more aware of food. I am doing the grocery shopping now that my wife died recently. I am new to shopping and cooking, I never used to look at labels. It has helped me be aware of reading labels, more aware when I go shopping.”*

– ENGLISH-SPEAKING DSMES PARTICIPANT



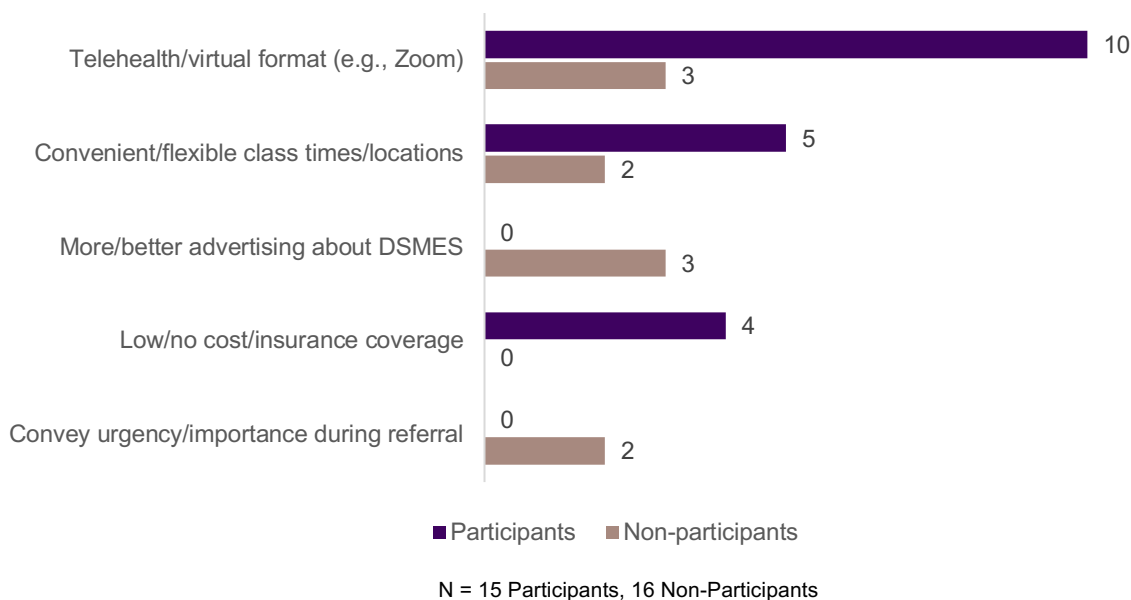
Four participants pointed out the benefits of information on exercise and four discussed benefitting from support received from peers and instructors during the DSMES program. Only a subset of non-participants noted any DSMES benefits and fewer DSMES non-participants perceived benefits to the program than participants.

***“For someone who is less educated about diabetes, it sounds like it would be very beneficial for them. More education is always helpful. Especially when it comes to managing diabetes.”***

– ENGLISH-SPEAKING DSMES NON-PARTICIPANT

### Facilitators to Participation

**Figure 16.** Facilitators for DSMES participation



Similar to the National DPP interview findings, DSMES participants’ and non-participants’ views differed on telehealth/virtual format (e.g., Zoom) as a participation facilitator (Figure 16). Most DSMES participants perceived that a telehealth/virtual format made attendance easier than in person; as one participant declared, “you can’t find an excuse [not to attend class] with technology.” A much smaller number of non-participants perceived the virtual class format as helpful. While a third of participants mentioned the importance of flexibility and convenience of class times, only 2 non-participants felt this was important. Small numbers of DSMES participants reported that DSMES programming at low cost, no cost or covered by insurance encouraged participation. Three non-

***“It’s free, which is important. People want results, and if they don’t get results, then most people won’t pay. If people had to pay, that would be an obstacle for taking the class.”***

– SPANISH-SPEAKING DSMES PARTICIPANT

participants stressed the need for more effective DSMES advertising, with messaging that better conveys the purpose and importance of the program’s content in a compelling and attention getting manner.

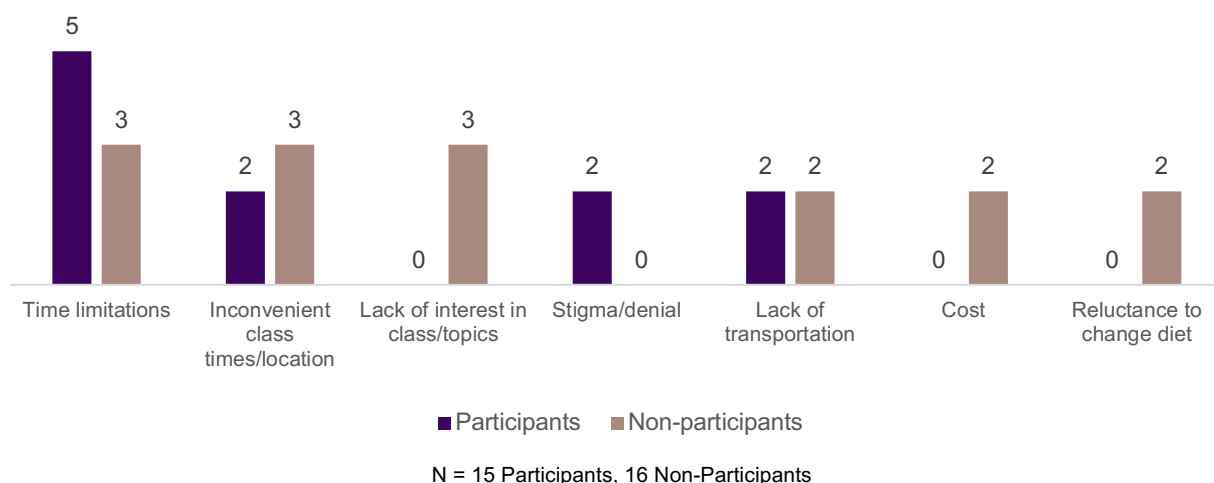
Two participants commented on the importance of competent and engaging instructors, and two others mentioned that referrals and recommendations from healthcare providers and loved ones facilitates participation. A few non-participants discussed class format as a participation facilitator, with two stating a preference for in person classes and one expressing a preference for one-on-one counseling rather than a group format.

*“Yea, I think a better introduction would be helpful. Especially for someone like me– who’s already familiar with how to maintain a healthy blood sugar...The one I received was kind of flat– it was basically like: ‘We’re going to teach you about diabetes and how to manage diabetes and blah blah blah.’ It just needs a little more oomph than that.”*

– ENGLISH-SPEAKING DSMES NON-PARTICIPANT

### Barriers to Participation

**Figure 17.** Barriers to DSMES participation for participants and non-participants



DSMES participants and non-participants shared perceived barriers to program participation (Figure 17). Barriers mentioned by DSMES participants and non-participants included time limitations, inconvenient class times and/or locations, and lack of transportation. Three DSMES non-participants stated that the classes or topics were not of interest to them; two non-participants identified program cost as a barrier and two discussed their reluctance to make necessary dietary changes as a barrier to joining DSMES. Two participants described stigma around their diabetes diagnosis or denial of the ramifications of their diagnosis as obstacles to DSMES participation.

*“There are people who don’t want to participate, that’s what I can tell you... Us Latinos don’t want to seek out information, even for other illnesses.”*

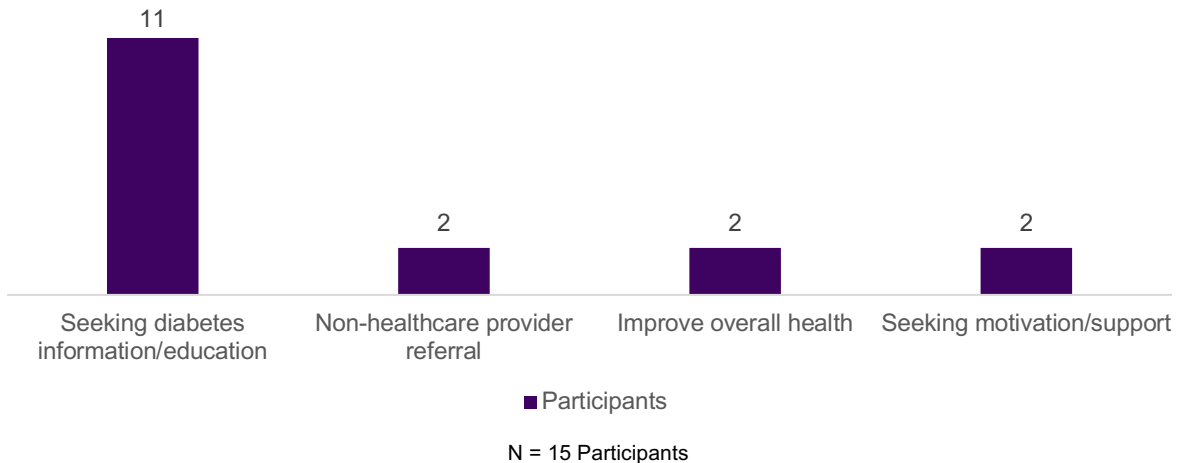
– SPANISH-SPEAKING DSMES NON-PARTICIPANT

***“Often, people don’t want to accept diabetes; they don’t want other people to know that they have diabetes. I don’t want people to find out that I have diabetes. I think there’s some kind of stigma surrounding the illness.”***

– SPANISH-SPEAKING DSMES PARTICIPANT

### Factors Influencing Participation

**Figure 18.** Factors influencing participants to join DSMES



DSMES participants had a short list of factors that prompted them to participate in the program (Figure 18). The majority of DSMES participants stated that they wanted to learn more about their diagnosis and how to successfully manage diabetes; several participants described feeling overwhelmed and desiring guidance after their diabetes diagnosis. Two DSMES participants claimed that receiving a referral from a source other than their health care provider (one was from an insurance provider and the other was a call directly from the DSMES program) caught their attention and piqued their interest in attending in a way they might not otherwise have experienced. Two participants reported wanting generally to improve their health and two sought motivation and support in the class setting.

***“I decided to participate because my blood sugar was very high. I thought I was eating well and I actually wasn’t. My blood sugar was incredibly high. I took the program to see if it could help me at all. To be honest I wasn’t convinced, but after completing the program, I can say it was super helpful.”***

– SPANISH-SPEAKING DSMES PARTICIPANT

***“I had never had this experience with the insurance provider reaching out to recommend a program. I wanted to take advantage of the program.”***

– ENGLISH-SPEAKING DSMES PARTICIPANT

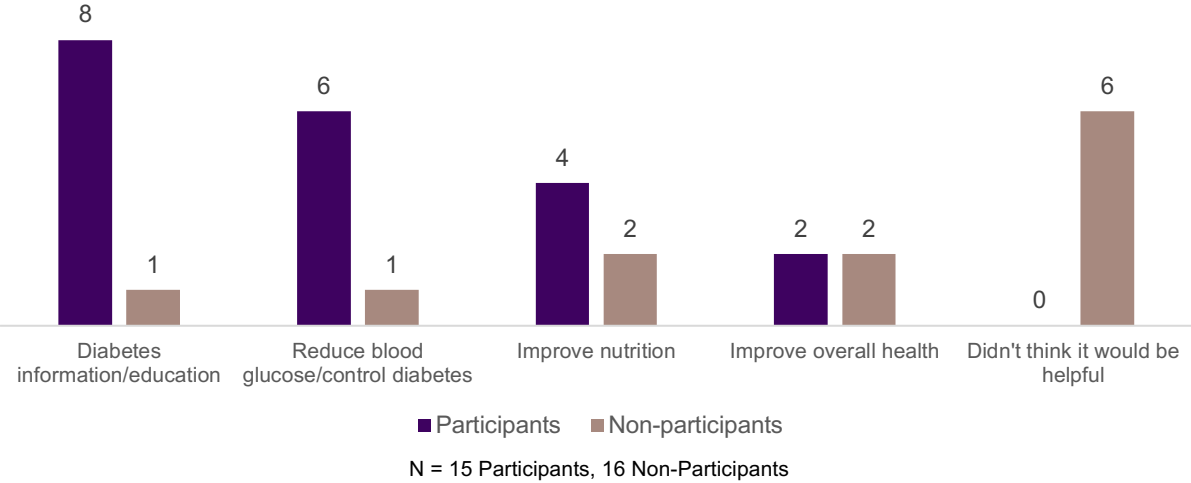
Participants were fairly evenly divided about whether they perceived a sense of urgency to participate in DSMES. Eight DSMES participants urgently wanted to participate following their referral, while 5 participants felt no urgency (two DSMES participants skipped this question). A few of the participants who were eager to join DSMES shared that their personal or family diabetes history contributed to their sense of urgency. Among the participants who didn't experience urgency, they decided to participate because the class times were convenient, or they were interested in the overall program content and topics.

***“Yes [it seemed urgent], my dad had his leg amputated because of diabetes and I didn't want that to happen to me.”***

– ENGLISH-SPEAKING DSMES PARTICIPANT

**Perceptions of DSMES Program Content**

**Figure 19.** Participants' and non-participants' perceptions of the importance of DSMES program content/topics



DSMES participants and non-participants were asked about their perceptions of whether and how they thought DSMES might be able to help them and whether they perceived the DSMES content/topics as important (Figure 19). Over half of the DSMES participants believed the program would help them learn about diabetes, with just under half specifically identifying the importance of learning about how to reduce blood glucose levels. Small numbers of DSMES participants and non-participants perceived improving nutritional choices and overall health as important topics. Over one-third of non-participants felt that none of the topics covered in DSMES would be helpful to them.

***“I didn't realize I needed to take my health seriously. The program has an emphasis on numbers and food. In my culture [Native Hawaiian/Pacific Islander], we never discuss the [nutritional] value of food. Filling our stomachs is the main concern.”***

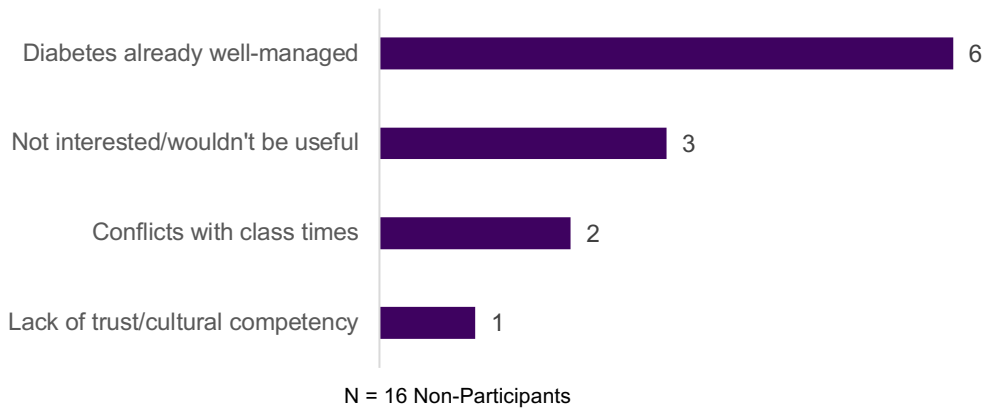
– ENGLISH-SPEAKING DSMES PARTICIPANT

***“When I first heard about it, I was kind of 50/50 on it. But I did think there might be something beneficial in it. But then I was like, this is just redundant and rehashing what I already know.”***

– ENGLISH-SPEAKING DSMES NON-PARTICIPANT

**Factors Influencing DSMES Non-Participants**

**Figure 20.** Factors influencing non-participants’ declination to join DSMES



Approximately two thirds of DSMES non-participants provided insights into their reasons for declining to participate in DSMES (Figure 20). Just over a third of non-participants said DSMES was unnecessary for them as they felt their diabetes was under control; others didn’t join DSMES due to a lack of interest in the program or challenges with class times and length. One non-participant spoke about their lack of trust in the healthcare system and providers.

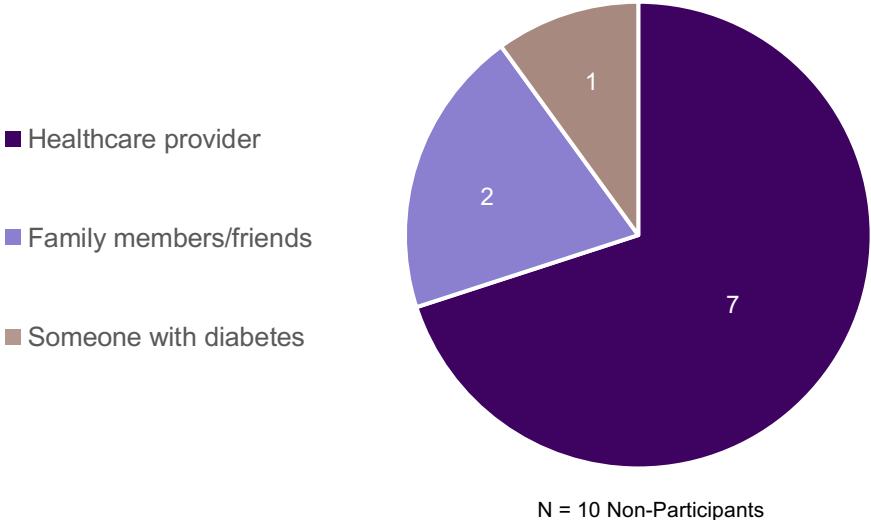
***“Sometimes there’s a lack of motivation, especially in the Hispanic community. I don’t know if all cultures have that ‘Well, I’m going to die from something anyways’ mindset, but it’s something that we need to change.”***

– SPANISH-SPEAKING DSMES NON-PARTICIPANT

***“My problem with [healthcare providers] is that they don’t listen to what I have to say– they just go with their information and don’t adapt it to me....I have Stage 3 kidney disease, which means now I can’t eat all the things they told me to eat when I found out I was diabetic...You can imagine I’m pretty frustrated with the whole damn thing. I’m human. We all have to eat. And I can’t have anything. One doctor says, ‘Eat this,’ then my specialist tells me, ‘No, you can’t have that.’”***

– ENGLISH-SPEAKING DSMES NON-PARTICIPANT

**Figure 21.** Who could convince non-participants to attend DSMES

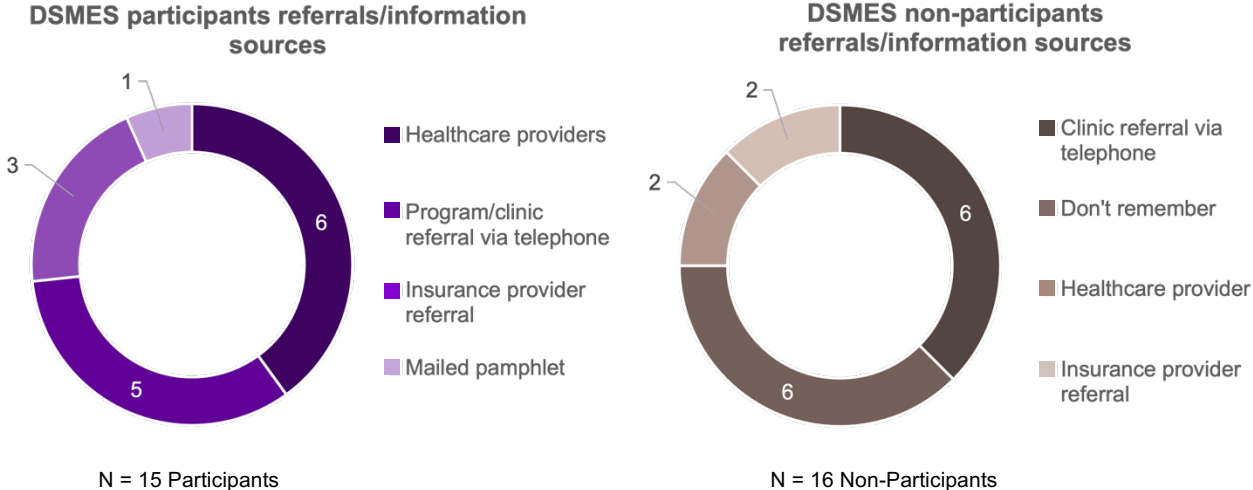


When asked what, if anything, could have convinced them to participate in DSMES, most of the responding non-participants expressed that “nothing would have convinced me” or reiterated the barriers or facilitators previously reported. One DSMES non-participant posited that if DSMES included information on “alternative and complementary medicine and holistic methods” for treating diabetes, he would have been more interested in attending. When queried on who could potentially encourage DSMES participation (Figure 21), nearly two-thirds of the non-participants identified healthcare providers and two listed loved ones. One non-participant stated that it might be influential to hear from persons living with diabetes about their personal experience and success with DSMES. Four non-participants said that no one could convince them to join DSMES and two non-participants skipped the question. Overall, DSMES non-participants did not feel a sense of urgency to act when they received their DSMES referral; only one non-participant expressed feeling some urgency.

***“Someone with diabetes. If they could show me where they came from – where they started, where they are now, and show how it helped them, then that would be a pretty good way to convince me.”***

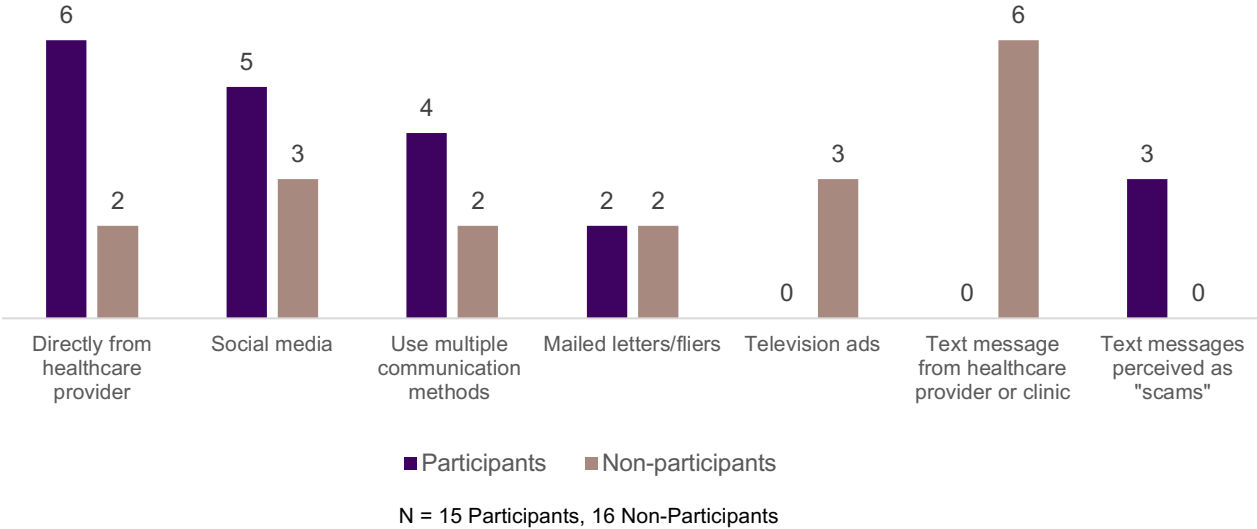
– ENGLISH-SPEAKING DSMES NON-PARTICIPANT

Figure 22. Participant and non-participant sources of information/referrals for DSMES



DSMES participants and non-participants discussed where or from whom they received information on or referrals to DSMES. Among participants and non-participants, just over three-quarters received a DSMES referral directly from their healthcare provider, from someone (other than their healthcare provider) at a DSMES program or their clinic, or their insurance provider (Figure 22). One participant self-referred to DSMES after receiving DSMES information in the mail.

Figure 23. Most effective ways to receive DSMES program referrals and information



Participants and non-participants had differing perceptions of the most effective communication methods for DSMES information and referrals (Figure 23). Six of 15 participants expressed a preference for receiving a referral in person directly from their healthcare provider; an equal number of non-participants preferred referrals via text. However, several participants perceived texts as more likely to be a “scam.” Smaller numbers of DSMES participants and non-participants indicated that social media, mailed program literature, and the use of multiple communication methods could be effective mechanisms for promoting DSMES. Three non-participants suggested using television ads to disseminate DSMES information.

*“I found that redundancy is actually a good tool for marketing. The first time you see it, you might nudge it off, but then after seeing it a few times, you might be compelled to check the thing out.”*

– ENGLISH-SPEAKING DSMES NON-PARTICIPANT

*“I think calling is better to get them to participate, because we often ignore texts because we think it's not true, that it's a lie. I think people understand better when talking.”*

– SPANISH-SPEAKING DSMES PARTICIPANT

DSMES instructors are crucial messengers of program information and diabetes education. Participants described the central role DSMES instructors played during their DSMES experiences, and identified the characteristics that effective instructors possess. Several of the participants expressed a preference for instructors who speak from personal experience having completed DSMES or who are working toward DSMES-related goals. A few interviewees stressed the importance of an instructor who is straightforward, well informed, and honest, with no ulterior motive beyond helping the participants. One DSMES participant appreciated their instructor’s guidance on how to self-advocate with healthcare providers.

**IDEAL CHARACTERISTICS OF AN EFFECTIVE DSMES INSTRUCTOR**

Kind	Genuinely cares	Wants to help	Open-minded
Take everyone seriously	Not rushed	Flexible	Makes it simple
Knowledgeable	Funny	Engaging	Straightforward
Pays attention to all	Non-judgmental	Honest	Informative
Polite	Speaks clearly	Direct	Understanding



## IV. Discussion

Findings from the interviews indicate that National DPP and DSMES services in Los Angeles County are meeting the needs and expectations of participants and are perceived as beneficial to some interviewees that declined to participate. National DPP and DSMES participants reported high levels of satisfaction with their experience in the programs, noted several major benefits and stated that they would recommend the programs to loved ones. Many of the non-participants, especially National DPP non-participants, repeatedly mentioned their interest in the programs and their regret that circumstances or logistical barriers prevented them from participating. The majority of National DPP non-participants stated that they would have participated in National DPP if not for scheduling conflicts.

Although most National DPP and DSMES participants and non-participants were referred directly by their healthcare provider, receptivity to other referral methods may have made a difference in National DPP eligible individuals' decision to participate. Several National DPP participants and non-participants stated that they received their referral from their clinic; however, among participants the referral was via text message and among non-participants the clinics reached out through a telephone call. This difference prompts the question of whether texting patients who are eligible for National DPP is a more effective mode of communication and recruitment than calling. This trend was not observed among the DSMES participants and non-participants.

Regardless of referral source, very few DSMES non-participants reported feeling a sense of urgency about their referral. While a few National DPP non-participants felt urgency to participate when they received their referral, only one DSMES non-participant felt the same. This finding supports statements made by interviewees that the DSMES "pitch" to eligible individuals could be enhanced to motivate joining DSMES through compelling messages conveying the positive impacts DSMES can have on future health outcomes, especially if DSMES is begun immediately.

While healthcare providers were identified by interviewees as one of the most trusted and effective referral sources for National DPP and DSMES, several of the participants and non-participants from both programs mentioned that their interest in the programs stemmed from receiving limited to no guidance on steps to take following their prediabetes or diabetes diagnosis. For these interviewees, National DPP and DSMES filled a frustrating gap left by their healthcare providers.

Throughout the interviews, many National DPP and DSMES non-participants made it clear that healthcare providers are a trusted source of medical information and guidance. Over three-quarters of National DPP non-participants and almost half of DSMES non-participants named their healthcare provider as the person most likely to convince them to enroll in National DPP and DSMES, respectively.

Once enrolled in National DPP or DSMES, participants from both programs perceived that the Lifestyle Coaches/instructors were very influential in their ability to succeed at program goals, and emphasized that Lifestyle Coaches'/instructors' interpersonal skills, such as empathy,

kindness and relatability, were as important to participants as their professional knowledge and competencies.

**A. LIMITATIONS**

The relatively small number of interviewees in each of the four study groups (National DPP and DSMES participants and non-participants) limits the ability to apply the interview findings to prediabetic and diabetic populations throughout Los Angeles County. Further study with larger numbers of interviewees and in languages other than English and Spanish would allow a more extensive exploration of the themes discussed in this report.

Participant and non-participant demographic matching was initiated to reduce confounding factors when interpreting the findings. However, matching non-participant demographics to those of participants was more challenging than anticipated. Both partner organizations experienced difficulties in recruiting non-participants due to the high rate of non-participant interview no-shows (37% of all scheduled interviews for NEVHC and 33% for DCP), which contributed to challenges around matching non-participants to participants.

**V. Conclusion and Recommendations**

Findings from National DPP and DSMES participant and non-participant interviews indicate that efforts by LACDPH, the Coalition and many dedicated DSPs to promote, support, and expand the reach of National DPP and DSMES programming are worthwhile. The interviews provided insight into the experience of County residents, identifying their motivators and challenges around accessing diabetes prevention and management services.

Several recommendations emerged from this interview analysis to guide continued efforts to overcome challenges and maximize National DPP and DSMES uptake in Los Angeles County; these recommendations confirm findings from other efforts on scaling and sustaining National DPP and DSMES and support continued investment in efforts currently underway.

- Continue providing the National DPP and DSMES in virtual, in person and hybrid formats to meet the varied preferences of individuals referred to the programs. Ensure that in-person classes are offered at convenient locations and times.
- Explore the feasibility of introducing more flexibility into programming, especially for National DPP, by offering more class times, the option for make-up classes, and reducing the yearlong program commitment.
- Develop multipronged outreach and referral mechanisms that include multiple attempts to enroll those referred to National DPP or DSMES, using more than one mode of contact (telephone calls, texting and/or emailing). Many who initially refuse may maintain openness to the programs and might agree to participate at a different time.
- Support healthcare providers as an essential National DPP and DSMES referral source; encourage healthcare providers to discuss and refer to diabetes prevention and

management programs during in person interactions with patients and follow up with patients around referral follow through.

- Expand incentives for program participants, especially those that support program goals and may be cost prohibitive, such as gym memberships, fresh fruits and vegetables, access to wellness classes, financial incentives, scales and cooking classes.
- Emphasize attracting Lifestyle Coaches/instructors who have the personal characteristics program participants value to successfully engage and retain program participants. Cultural and linguistic alignment between Lifestyle Coaches/instructors and program participants is an essential ingredient for a successful National DPP or DSMES participant experience.



## VI. Appendices

- A. NATIONAL DPP/DSMES PARTICIPANT EXPERIENCE INTERVIEW GUIDES (ENGLISH AND SPANISH)
- B. INTERVIEW RECRUITMENT PROTOCOL
- C. NATIONAL DPP/DSMES PARTICIPANT AND NON-PARTICIPANT DEMOGRAPHIC MATCHING
- D. QUOTES IN SPANISH

**A. NATIONAL DPP/DSMES PARTICIPANT EXPERIENCE INTERVIEW GUIDES**  
*(English and Spanish)*

## DPP/Discovering Diabetes Participant Experience Interview Guide

**Note to interviewers:** Tailor the interview questions to each interviewee – make sure to use the appropriate interview guide (participant or non participant) and adjust each question to refer to the specific program that the interviewee participated in/declined.

All interviewees recruited through **Northeast Valley Health Corporation** will have participated in or declined the **National Diabetes Prevention Program (DPP)**.

All interviewees recruited through **Diabetes Care Partners** will have participated in or declined the **Discovering Diabetes Program** (this is the name used for Diabetes Care Partners' DSMES program).

Adjust the interview guide before each interview to include only the appropriate set of questions and the appropriate program name.

**Interviewee #:**

**Interviewee name:**

**Date:**

**Interviewer name:**

### Interviewees who Participated in National Diabetes Prevention Program (or DPP) with Northeast Valley Health Corporation/the Discovering Diabetes Program with Diabetes Care Partners

#### Welcome and Introduction

- Hello, thank you for joining our discussion today.
- My name is (name).
- Could you confirm for me your first and last name? [Add name above]
- I'll be asking you questions, asking follow up questions and keeping track of time to make sure we can get through all the questions.
- Our discussion today will take about 30 minutes.
- The Los Angeles County Department of Public Health (LACDPH) is working with Northeast Valley Health Corporation, Diabetes Care Partners and Ad Lucem Consulting to improve diabetes prevention and management in Los Angeles County. Specifically, we are interested in talking with people who have participated in the **National Diabetes Prevention Program (or DPP) with Northeast Valley Health Corporation/ the Discovering Diabetes Program with Diabetes Care Partners** to hear thoughts on the factors influencing participation. Your experience and opinions will really help organizations

working on diabetes to enhance their services to better meet the needs of community members like you.

- Just to refresh your memory, you participated in the **DPP with Northeast Valley Health Corporation/the Discovering Diabetes with Diabetes Care Partners**. Do you remember this program? *If answer no, describe the program in which the interviewee participated:*
  - a. The National Diabetes Prevention Program (also known as the National DPP) is a year-long program that helps participants reduce their risk of developing type 2 diabetes. **National DPP participants learn how to:** Eat healthy and measure portions, add physical activity to daily life, manage stress, and stay on track when eating out and in social situations.
  - b. The Discovering Diabetes Program provides the skills and knowledge an individual needs to manage their diabetes. The program is tailored for an individual's needs, goals, and experience. By working with a certified diabetes educator or healthcare professional, individuals learn how to eat healthy, increase their physical activity, monitor blood sugar levels, take medication, and reduce the risk for other health conditions. Successfully managing diabetes helps people with diabetes feel better and can reduce the risk of developing complications like heart disease, vision problems, kidney disease, and others.
- Please know that your participation in this interview is voluntary and you may choose to end the interview at any time.
- If there are questions you don't know about or don't wish to answer, please feel free to say you'd like to skip the question.
- While the interview notes will be shared with LA County Department of Public Health, interviewee names will remain confidential and your name will not be listed in our reporting or associated with any statements.
- Do you have any questions before we begin? By continuing with this interview, you are providing consent to participate.

### Interview Questions:

1. When you think about the **DPP/Discovering Diabetes** program, what do you see as the 3-4 most important benefits of participating? Examples if needed: *learning about diabetes/health, learning healthy behaviors, social support for diabetes prevention and/or management, weight loss, better control of diabetes, better overall health.*
2. What factors influenced your decision to participate in **DPP/Discovering Diabetes**? *Examples include: wanted to improve health, like or dislike being part of a group, avoid thinking about illness or diabetes management, in person or online programming.*
  - a. Probe: When you were referred to **DPP/Discovering Diabetes**, did it seem urgent that you follow the referral? Why or why not?

- b. When you first heard about **DPP/Discovering Diabetes**, what did you think the program would help you with? Why or why didn't the program topics seem important to you?
  
3. How did you hear about or get referred to **DPP/Discovering Diabetes**? *Probe for communications via text messages, social media, flyers, personal referral from a health care provider/community health worker for **DPP/Discovering Diabetes**.*
  - a. What do you think is the most effective way for you and your friends/neighbors/community members to receive information and referrals for **DPP/Discovering Diabetes**? *Examples if needed: Probe for communications via text messages, social media, flyers, personal referral from a health care provider/community health worker for **DPP/Discovering Diabetes**.*
  
4. What factors make it easier for you and your friends/neighbors/community members to participate in **DPP/Discovering Diabetes**? *Examples include convenient location of program, easy transportation to program, reminders, no or low cost/insurance coverage for program, language of program and materials right for my culture.*
  
5. What factors make it hard for you or and your friends/neighbors/ community members to participate in **DPP/Discovering Diabetes**? *Examples include far way location of program, no transportation to easily get to program, cost for program, lack of time to participate in program, program not provided in my primary language or right for my culture.*
  
6. What characteristics do you think make for an effective **DPP/Discovering Diabetes** teacher or coach? *Examples: easy to understand, inspiring, reflect my language/culture/community, available for questions outside of program meetings.*
  
7. If a friend or neighbor asked you for advice on whether or not they should participate in **DPP/Discovering Diabetes**, what would you say?

Thank you so much for taking the time to speak with me today. You will receive a \$25 gift card for your time spent on this interview. The gift card will be mailed to you in the next week or so. What is the best address for us to mail the gift card to? [For DPP interviewees, if no home address] We can mail the gift card to a NEVHC clinic for you to pick up. What is the name and location of the clinic most convenient for you?



# Interviewees Declining National Diabetes Prevention Program (or DPP) with Northeast Valley Health Corporation/the Discovering Diabetes Program with Diabetes Care Partners

## Welcome and Introduction

- Hello, thank you for joining our discussion today.
- My name is (name).
- Could you confirm for me your first and last name? [Add name above]
- I'll be asking you questions, asking follow up questions and keeping track of time to make sure we can get through all the questions.
- Our discussion today will take about 30 minutes.
- The Los Angeles County Department of Public Health (LACDPH) is working with Northeast Valley Health, Diabetes Care Partners and Ad Lucem Consulting to improve diabetes prevention and management in Los Angeles County. Specifically, we are interested in talking with people who are eligible for but have declined to participate in **DPP with Northeast Valley Health Corporation/the Discovering Diabetes with Diabetes Care Partners**. Your experience and opinions will really help organizations working on diabetes to enhance their services to better meet the needs of community members like you.
- Just to refresh your memory, you were eligible for **DPP with Northeast Valley Health Corporation/the Discovering Diabetes with Diabetes Care Partners**. Do you remember this program? *If answer no, describe the program for which the interviewee was eligible:*
  - a. The National Diabetes Prevention Program (also known as the National DPP) is a year-long program that helps participants reduce their risk of developing type 2 diabetes. **National DPP participants learn how to:** Eat healthy and measure portions, add physical activity to daily life, manage stress, and stay on track when eating out and in social situations.
  - b. The Discovering Diabetes program provides the skills and knowledge an individual needs to manage their diabetes. The program is tailored for an individual's needs, goals, and experience. By working with a certified diabetes educator or healthcare professional, individuals learn how to eat healthy, increase their physical activity, monitor blood sugar levels, take medication, and reduce the risk for other health conditions. Successfully managing diabetes helps people with diabetes feel better and can reduce the risk of developing complications like heart disease, vision problems, kidney disease, and others.
- Please know that your participation in this interview is voluntary and you may choose to end the interview at any time.
- If there are questions you don't know about or don't wish to answer, please feel free to say you'd like to skip the question.

- While the interview notes will be shared with LA County Department of Public Health, interviewee names will remain confidential and your name will not be listed in our reporting or associated with any statements.
  - Do you have any questions before we begin? By continuing with this interview, you are providing consent to participate.
1. Thinking about the **DPP/Discovering Diabetes program** I just described, what do you think could be the benefits to participating? *Examples if needed: learning about DM/health, learning healthy behaviors, social support for diabetes prevention and/or management, weight loss, better control of diabetes, better overall health.*
  2. What factors influenced your decision to NOT participate in **DPP/Discovering Diabetes program**? *Examples include: dislike being part of a group, avoid thinking about illness or diabetes management, in person or online programming.*
    - a. Probe: When you were referred to **DPP/Discovering Diabetes program**, did it seem urgent that you follow the referral? Why or why not?
    - b. When you first heard about **DPP/Discovering Diabetes program**, did you think the program might help you with anything? If yes, what? Why or why didn't the program topics seem important to you?
    - c. How did you hear about or get referred to **DPP/Discovering Diabetes**? *Probe for communications via text messages, social media, flyers, personal referral from a health care provider/community health worker for **DPP/Discovering Diabetes**.*
  3. What factors make it hard for you or your friends/neighbors/community members to participate in **DPP/Discovering Diabetes**? *Examples include far way location of program, no transportation to easily get to program, cost for program, lack of time to participate in program, program not provided in my primary language or right for my culture.*
  4. What factors might make it easier for you or your friends/neighbors/community members to participate in **DPP/Discovering Diabetes**? *Examples include convenient location of program, easy transportation to program, reminders, no or low cost/insurance coverage for program, language of program and materials right for my culture.*
  5. When you decided not to join **DPP/Discovering Diabetes**, what could have convinced you to join the program?

- a. Probe: Who would be the person(s) or professional(s) most likely to be able to convince you to join **DPP/Discovering Diabetes**?
  
  - b. Probe: What do you see as the most effective way to get information about **DPP/Discovering Diabetes** to people who need it? *Examples if needed: communications via text messages, social media, flyers, personal referral from a health care provider/community health worker for DPP/Discovering Diabetes.*
6. If a friend or neighbor asked you for advice on whether or not they should participate in **DPP/Discovering Diabetes**, what would you say?

Thank you so much for taking the time to speak with me today. You will receive a \$25 gift card for your time spent on this interview. The gift card will be mailed to you in the next week or so. What is the best address for us to mail the gift card to? [For DPP interviewees, if no home address] We can mail the gift card to a NEVHC clinic for you to pick up. What is the name and location of the clinic most convenient for you?

## Guía de entrevistas sobre la experiencia del participante de DPP/Descubriendo Y Deteniendo La Diabetes

**Nota para los entrevistadores:** Adapte las preguntas de la entrevista a cada entrevistado: asegúrese de usar la guía de entrevista adecuada (participante o no participante) y ajuste cada pregunta para referirse al programa específico en el que participó o rechazó el entrevistado.

Todos los entrevistados reclutados a través de **Northeast Valley Health Corporation** habrán participado o rechazado el **Programa Nacional de Prevención de la Diabetes (DPP)**.

Todos los entrevistados reclutados a través de **Diabetes Care Partners** habrán participado o rechazado el programa **Descubriendo Y Deteniendo La Diabetes**

(este es el nombre que se usa para el programa DSMES de Diabetes Care Partners).

Ajuste la guía de entrevistas antes de cada entrevista para incluir solo el conjunto apropiado de preguntas y el nombre del programa apropiado.

**Entrevistado #:**

**Nombre del entrevistado**

**Fecha:**

**Nombre del entrevistador:**

### Entrevistados que participaron en el Programa Nacional de Prevención de la Diabetes (o DPP) con Northeast Valley Health Corporation/el programa Descubriendo Y Deteniendo La Diabetes con Diabetes Care Partners

#### Bienvenida e Introducción

- Hola, gracias por unirse a nuestra discusión de hoy.
- Mi nombre es (nombre).
- ¿Podría confirmarme su nombre y apellido? [Añadir nombre arriba]
- Le haré preguntas, haré preguntas de seguimiento y controlaré el tiempo para asegurarme de que podamos responder todas las preguntas.
- Nuestra discusión de hoy tomará alrededor de 30 minutos.
- El Departamento de Salud Pública del Condado de Los Ángeles (LACDPH) está trabajando con Northeast Valley Health Corporation, Diabetes Care Partners y Ad Lucem Consulting para mejorar la prevención y el control de la diabetes en el Condado de Los Ángeles. Específicamente, estamos interesados en hablar con personas que han participado en el **Programa Nacional de Prevención de la Diabetes (o DPP) con Northeast Valley Health Corporation/ Descubriendo Y Deteniendo La Diabetes con**

**Diabetes Care Partners** para escuchar opiniones sobre los factores que influyen en la participación. Su experiencia y opiniones realmente ayudarán a las organizaciones que trabajan en diabetes a mejorar sus servicios para satisfacer mejor las necesidades de los miembros de la comunidad como usted.

- Solo para refrescar su memoria, participó en el **DPP con Northeast Valley Health Corporation/Descubriendo Y Deteniendo La Diabetes con Diabetes Care Partners**. ¿Recuerdas este programa? En caso negativo, describa el programa en el que participó el entrevistado:
  - a. El Programa Nacional de Prevención de la Diabetes (también conocido como el DPP Nacional) es un programa de un año que ayuda a los participantes a reducir el riesgo de desarrollar diabetes tipo 2. Los participantes del DPP aprenden a: Comer saludable y medir porciones, agregar actividad física a la vida diaria, manejar el estrés y mantenerse enfocados cuando comen afuera y en situaciones sociales.
  - b. El programa Discovering Diabetes proporciona las habilidades y el conocimiento que una persona necesita para controlar su diabetes. El programa se adapta a las necesidades, los objetivos y la experiencia de cada individuo. Al trabajar con un educador certificado en diabetes o un profesional de la salud, las personas aprenden a comer sano, aumentar su actividad física, controlar los niveles de azúcar en la sangre, tomar medicamentos y reducir el riesgo de otras afecciones médicas. El control exitoso de la diabetes ayuda a las personas con diabetes a sentirse mejor y puede reducir el riesgo de desarrollar complicaciones como enfermedades cardíacas, problemas de la vista, enfermedades renales y otras.
- Tenga en cuenta que su participación en esta entrevista es voluntaria y puede optar por finalizar la entrevista en cualquier momento.
- Si hay preguntas que no sabe o que no desea responder, no dude en decir que desea omitir la pregunta.
- Si bien las notas de la entrevista se compartirán con el Departamento de Salud Pública del Condado de Los Ángeles, los nombres de los entrevistados permanecerán confidenciales y su nombre no aparecerá en nuestros informes ni se asociará con ninguna declaración.
- ¿Tiene alguna pregunta antes de que comencemos? Al continuar con esta entrevista, usted está dando su consentimiento para participar.

### **Preguntas de la entrevista:**

1. Cuando piensa en el programa **DPP/Descubriendo y Deteniendo la Diabetes**, ¿cuáles considera que son los 3 o 4 beneficios más importantes de participar? Ejemplos si es necesario: *aprender sobre diabetes/salud, aprender comportamientos saludables, apoyo social para la prevención y/o control de la diabetes, pérdida de peso, mejor control de la diabetes, mejor salud en general.*

2. ¿Qué factores influyeron en su decisión de participar en **DPP/ Descubriendo y Deteniendo la Diabetes**? Ejemplos incluyen: quería mejorar la salud, me gusta o no me gusta ser parte de un grupo, evita pensar en el control de la enfermedad o la diabetes, la programación en persona o en línea.
  - a. Indague: Cuando lo derivaron a **DPP/ Descubriendo y Deteniendo la Diabetes**, ¿le pareció urgente que siguiera la derivación? ¿Por qué o por qué no?
  - b. Cuando escuchó por primera vez sobre **DPP/ Descubriendo y Deteniendo la Diabetes**, ¿en qué pensó que el programa lo ayudaría? ¿Por qué o por qué no te parecieron importantes los temas del programa?
3. ¿Cómo se enteró o fue referido a **DPP/ Descubriendo y deteniendo la Diabetes**? Indague la forma de comunicación: a través de *mensajes de texto, redes sociales, folletos, referencia personal de un proveedor de atención médica/trabajador de salud comunitario para el programa DPP/ Descubriendo y Deteniendo la Diabetes*.
  - a. ¿Cuál cree que es la forma más efectiva para que usted y sus amigos/vecinos/miembros de la comunidad reciban información y referencias para **DPP/ Descubriendo y Deteniendo la Diabetes**? Ejemplos, si es necesario: preguntar sobre formas de comunicación: *a través de mensajes de texto, redes sociales, folletos, referencia personal de un proveedor de atención médica/trabajador de salud comunitario para el programa DPP/ Descubriendo y Deteniendo la Diabetes*.
4. ¿Qué factores facilitan que usted y sus amigos/vecinos/miembros de la comunidad participen en **DPP/ Descubriendo y Deteniendo la Diabetes**? Ejemplos incluyen: *ubicación conveniente del programa, fácil transporte al programa, recordatorios, sin o de bajo costo/ cobertura de seguro, idioma del programa y materiales adecuados para mi cultura*.
5. ¿Qué factores dificultan que usted o sus amigos/vecinos/miembros de la comunidad participen en **DPP/ Descubriendo y Deteniendo la Diabetes**? Los ejemplos incluyen: *ubicación lejana del programa, la falta de transporte para llegar fácilmente al programa, el costo del programa, la falta de tiempo para participar en el programa, el programa no proporcionado en mi idioma principal o adecuado para mi cultura*.
6. ¿Qué características cree que hacen a un buen maestro o entrenador del programa **DPP/ Descubriendo y Deteniendo la Diabetes**? Ejemplos: *fácil de entender, inspirador, refleja*

*mi idioma/cultura/comunidad, disponible para preguntas fuera de las reuniones del programa.*

7. Si un amigo o vecino le pidiera consejo sobre si debería o no participar en **DPP/ Descubriendo y Deteniendo la Diabetes**, ¿qué le diría?

Muchas gracias por tomarse el tiempo para hablar conmigo hoy. Recibirá una tarjeta de regalo de \$25 por el tiempo que dedicó a esta entrevista. La tarjeta de regalo se le enviará por correo en la próxima semana más o menos. ¿Cuál es la mejor dirección para que le enviemos la tarjeta regalo? [Para los participantes de DPP, si no tienen la dirección de su casa) Podemos enviar la tarjeta regalo a una clínica NEVHC para que la recoja. ¿Cuál es el nombre y la ubicación de la clínica que más le conviene?

## **Entrevistados que rechazaron el Programa Nacional de Prevención de la Diabetes (o DPP) con Northeast Valley Health Corporation/el programa Descubriendo y Deteniendo la Diabetes con Diabetes Care Partners**

### **Bienvenida e Introducción**

- Hola, gracias por unirse a nuestra discusión de hoy.
- Mi nombre es (nombre).
- ¿Podría confirmarme su nombre y apellido? [Añadir nombre arriba]
- Le haré preguntas, haré preguntas de seguimiento y controlaré el tiempo para asegurarme de que podamos responder todas las preguntas.
- Nuestra discusión de hoy tomará alrededor de 30 minutos.
- El Departamento de Salud Pública del Condado de Los Ángeles (LACDPH) está trabajando con Northeast Valley Health, Diabetes Care Partners y Ad Lucem Consulting para mejorar la prevención y el control de la diabetes en el Condado de Los Ángeles. Específicamente, estamos interesados en hablar con personas que son elegibles pero que se han negado a participar en **DPP con Northeast Valley Health Corporation/Descubriendo y Deteniendo la Diabetes con Diabetes Care Partners**. Su experiencia y opiniones realmente ayudarán a las organizaciones que trabajan en diabetes a mejorar sus servicios para satisfacer mejor las necesidades de los miembros de la comunidad como usted.
- Solo para refrescar su memoria, usted fue elegible para **DPP con Northeast Valley Health Corporation/Descubriendo y Deteniendo la Diabetes con Diabetes Care Partners**. ¿Recuerdas este programa? *Si responde no, describa el programa para el cual el entrevistado era elegible:*



- a. El Programa Nacional de Prevención de la Diabetes (también conocido como el DPP Nacional) es un programa de un año que ayuda a los participantes a reducir el riesgo de desarrollar diabetes tipo 2. Los participantes de National DPP aprenden a: Comer saludablemente y medir porciones, agregar actividad física a la vida diaria, controlar el estrés y mantenerse enfocados cuando comen afuera y en situaciones sociales.
  - b. El programa Descubriendo y Deteniendo la Diabetes proporciona las habilidades y el conocimiento que una persona necesita para controlar su diabetes. El programa se adapta a las necesidades, los objetivos y la experiencia de cada individuo. Al trabajar con un educador certificado en diabetes o un profesional de la salud, las personas aprenden a comer sano, aumentar su actividad física, controlar los niveles de azúcar en la sangre, tomar medicamentos y reducir el riesgo de otras afecciones médicas. El control exitoso de la diabetes ayuda a las personas con diabetes a sentirse mejor y puede reducir el riesgo de desarrollar complicaciones como enfermedades cardíacas, problemas de la vista, enfermedades renales y otras.
- Tenga en cuenta que su participación en esta entrevista es voluntaria y puede optar por finalizar la entrevista en cualquier momento.
  - Si hay preguntas que no sabe o que no desea responder, no dude en decir que desea omitir la pregunta.
  - Si bien las notas de la entrevista se compartirán con el Departamento de Salud Pública del Condado de Los Ángeles, los nombres de los entrevistados permanecerán confidenciales y su nombre no aparecerá en nuestros informes ni se asociará con ninguna declaración.
  - ¿Tiene algunas preguntas antes de que comencemos? Al continuar con esta entrevista, usted está dando su consentimiento para participar.
1. Pensando en el programa **DPP/ Descubriendo y Deteniendo la Diabetes** que acabo de describir, ¿cuáles cree que podrían ser los beneficios de participar? Ejemplos si es necesario: *aprender sobre DM/salud, aprender comportamientos saludables, apoyo social para la prevención y/o control de la diabetes, pérdida de peso, mejor control de la diabetes, mejor salud en general.*
  2. ¿Qué factores influyeron en su decisión de NO participar en el programa **DPP/ Descubriendo y Deteniendo la Diabetes**? Ejemplos incluyen: *no les gusta ser parte de un grupo, evita pensar en el control de la enfermedad o la diabetes, en persona u online.*
    - a. Indague: Cuando lo derivaron al programa **DPP/ Descubriendo y Deteniendo la Diabetes**, ¿le pareció urgente que siguiera la derivación? ¿Por qué o por qué no?
    - b. Cuando escuchó por primera vez sobre el programa **DPP/ Descubriendo y Deteniendo la Diabetes**, ¿pensó que el programa podría ayudarlo en algo? Si es



así, ¿qué? ¿Por qué o por qué no te parecieron importantes los temas del programa?

- c. ¿Cómo se enteró o fue referido a **DPP/ Descubriendo y Deteniendo la Diabetes**? Indague la forma de comunicación: *mensajes de texto, redes sociales, folletos, referencia personal de un proveedor de atención médica/trabajador de salud comunitario para DPP/ Descubriendo y Deteniendo la Diabetes.*
3. ¿Qué factores dificultan que usted o sus amigos/vecinos/miembros de la comunidad participen en **DPP/ Descubriendo y Deteniendo la Diabetes**? *Ejemplos incluyen la ubicación lejana del programa, la falta de transporte para llegar fácilmente al programa, el costo del programa, la falta de tiempo para participar en el programa, el programa no proporcionado en mi idioma principal o adecuado para mi cultura.*
4. ¿Qué factores podrían hacer que sea más fácil para usted o sus amigos/vecinos/miembros de la comunidad participar en **DPP/ Descubriendo y Deteniendo la Diabetes**? Los ejemplos incluyen la ubicación conveniente del programa, fácil transporte al programa, recordatorios, cobertura de seguro/sin costo o de bajo costo para el programa, idioma del programa y materiales adecuados para mi cultura.
5. Cuando decidió no participar en el **DPP/ Descubriendo y Deteniendo la Diabetes**, ¿qué pudo haberlo convencido a que participe del programa?
  - a. Indague: ¿Quién sería la(s) persona(s) o profesional(es) con más probabilidades de convencerlo de unirse a **DPP/ Descubriendo y Deteniendo la Diabetes**?
  - b. Indague: ¿Cuál considera que es la forma más eficaz de llevar información sobre **DPP/ Descubriendo y Deteniendo la Diabetes** a las personas que la necesitan? Ejemplos, si es necesario: comunicaciones a través de mensajes de texto, redes sociales, volantes, referencia personal de un proveedor de atención médica/trabajador de salud comunitario para **DPP/ Descubriendo y Deteniendo la Diabetes.**
6. Si un amigo o vecino le pidiera consejo sobre si debería o no participar en **DPP/ Descubriendo y Deteniendo la Diabetes**, ¿qué le diría?

Muchas gracias por tomarse el tiempo para hablar conmigo hoy. Recibirá una tarjeta de regalo de \$25 por el tiempo que dedicó a esta entrevista. La tarjeta de regalo se le enviará por correo en la próxima semana más o menos. ¿Cuál es la mejor dirección para que le enviemos la tarjeta regalo? [Para los participantes de DPP, si no tienen la dirección de su casa) Podemos enviar la tarjeta regalo a una clínica NEVHC para que la recoja. ¿Cuál es el nombre y la ubicación de la clínica que más le conviene?

**B. INTERVIEW RECRUITMENT PROTOCOL**



# National DPP/DSMES Participant Experience Exploration

## INTERVIEW RECRUITMENT PROTOCOL

**Thank you for partnering on this important research!** Our goal is to speak with people who have participated in National DPP/DSMES, as well as those who were referred to National DPP/DSMES but declined to participate, to hear their thoughts on the factors influencing participation. Their experiences and opinions will help organizations enhance services to better meet the needs of community members.

### Who are we interested in interviewing?

- Each diabetes service provider partner will recruit/schedule 30 people
- Half of the interviews (15) will be with program participants and half (15) will be with non-participants (those who have been recommended/referred to National DPP/DSMES and declined to participate)
  - National DPP/DSMES participant interviews will be conducted first, to match the demographics of non-participants to the participants
- Approximately half of the interviews will be with Spanish-speaking interviewees and half will be conducted in English
- Other factors for recruiting:
  - Age – the interviewees should represent the broad age range of National DPP/DSMES participants
  - Gender – avoid overrepresentation of any one gender among interviewees
  - Race/ethnicity
  - Primary language spoken

### Who should not be recruited for interviews?

- Children under 18
- Anyone who has not been referred to National DPP/DSMES
  - Non-participants should be those who have chosen not to participate in National DPP/DSMES, not simply those who would be eligible for National DPP/DSMES
- Anyone who is unable to or not comfortable with speaking to an interviewer in English or Spanish
- Anyone who is unable or unwilling to commit to a scheduled interview

**Questions?** Please contact: *Contact name (email, text or call phone number)*

**C. NATIONAL DPP/DSMES PARTICIPANT AND NON-PARTICIPANT DEMOGRAPHIC MATCHING**



## Matching between National DPP participant and non-participant interviewees

- 9 perfect matches
- 5 age group mismatches
- 1 race/ethnicity mismatch
- 1 interview language mismatch

Shading = mismatch

INTERVIEWEE	INTERVIEW LANGUAGE	RACE/ETHNICITY	AGE CATEGORY	GENDER
Participant	English	Black or African American	65-74	Female
Non-Participant	English	Black or African American	35-54	Female
Participant	English	Asian	55-64	Female
Non-Participant	English	Black or African American	55-64	Female
Participant	English	Black or African American	18-34	Female
Non-Participant	English	Declined to specify	18-34	Female
Participant	English	Hispanic or Latino	18-34	Female
Non-Participant	English	Hispanic or Latino	18-34	Female
Participant	English	Hispanic or Latino	18-34	Female
Non-Participant	English	Hispanic or Latino	18-34	Female
Participant	English	Hispanic or Latino	35-54	Male
Non-Participant	English	Hispanic or Latino	35-54	Male
Participant	English	Hispanic or Latino	35-54	Female
Non-Participant	English	Hispanic or Latino	35-54	Female
Participant	Spanish	Hispanic or Latino	35-54	Female
Non-Participant	Spanish	Hispanic or Latino	35-54	Female
Participant	Spanish	Hispanic or Latino	35-54	Female
Non-Participant	Spanish	Hispanic or Latino	35-54	Female
Participant	Spanish	Hispanic or Latino	55-64	Female
Non-Participant	Spanish	Hispanic or Latino	55-64	Female
Participant	Spanish	Hispanic or Latino	35-54	Female
Non-Participant	Spanish	Hispanic or Latino	35-54	Female

Participant	Spanish	Hispanic or Latino	35-54	Female
Non-Participant	Spanish	Hispanic or Latino	55-64	Female
Participant	Spanish	Hispanic or Latino	35-54	Female
Non-Participant	Spanish	Hispanic or Latino	55-64	Female
Participant	Spanish	Hispanic or Latino	85+	Female
Non-Participant	Spanish	Hispanic or Latino	65-74	Female
Participant	Spanish	Hispanic or Latino	35-54	Female
Non-Participant	English	Hispanic or Latino	18-34	Female

UNMATCHED ADDITIONAL NON-PARTICIPANT INTERVIEWS				
Non-Participant	English	White or Caucasian	55-64	Female
Non-Participant	Spanish	Hispanic or Latino	35-54	Male

### Matching between DSMES participant and non-participant interviewees

- 5 perfect matches
- 7 age group mismatches
- 3 interview language mismatches
- 2 race/ethnicity mismatches

Shading = mismatch

INTERVIEWEE	INTERVIEW LANGUAGE	RACE/ETHNICITY	AGE CATEGORY	GENDER
Participant	English	Black or African American	18-34	Female
Non-Participant	English	Black or African American	35-54	Female
Participant	English	Hispanic or Latino	18-34	Female
Non-Participant	Spanish	Hispanic or Latino	18-34	Female
Participant	Spanish	Hispanic or Latino	35-54	Female
Non-Participant	English	Hispanic or Latino	35-54	Female
Participant	English	Native Hawaiian or Pacific Islander	75-84	Male
Non-Participant	English	Hispanic or Latino	75-84	Male
Participant	English	Declined to state	55-64	Male
Non-Participant	English	Multiracial	55-64	Male

Participant	English	White or Caucasian	35-54	Male
Non-Participant	English	White or Caucasian	35-54	Male
Participant	Spanish	Hispanic or Latino	55-64	Female
Non-Participant	Spanish	Hispanic or Latino	65-74	Female
Participant	Spanish	Hispanic or Latino	55-64	Male
Non-Participant	Spanish	Hispanic or Latino	55-64	Male
Participant	English	Declined to state	55-64	Male
Non-Participant	English	Black or African American	55-64	Male
Participant	English	White or Caucasian	65-74	Male
Non-Participant	English	White or Caucasian	35-54	Male
Participant	English	White or Caucasian	75-84	Male
Non-Participant	English	White or Caucasian	75-84	Male
Participant	Spanish	Hispanic or Latino	35-54	Female
Non-Participant	Spanish	Hispanic or Latino	18-34	Female
Participant	Spanish	Hispanic or Latino	55-64	Female
Non-Participant	English	White or Caucasian	35-54	Female
Participant	Spanish	Hispanic or Latino	55-64	Male
Non-Participant	Spanish	Hispanic or Latino	65-74	Male
Participant	Spanish	Hispanic or Latino	55-64	Male
Non-Participant	Spanish	Hispanic or Latino	65-74	Male

UNMATCHED ADDITIONAL NON-PARTICIPANT INTERVIEW				
Non-Participant	English	Hispanic or Latino	65-74	Male



D. QUOTES IN SPANISH





**PAGE 7:**

*“A mi me detectaron prediabetes, y me ayudó bastante en la alimentación... mi esposo tiene prediabetes, y ya está controlada. Nos ha ayudado bastante. De hecho él estaba siempre, él no quiso entrar en el programa pero escuchó todas mis clases.”*

- PARTICIPANTE DEL DPP NACIONAL DE HABLA HISPANA

**PAGE 8:**

*“Lo hicieron por Zoom y no tuvimos que gastar en gasolina. Yo dos clases las hice desde México. Eso se me facilitó mucho...y no las perdí. Yo recomiendo clases por Zoom porque mucha gente va saliendo del trabajo, en sus carros, otros andaban por mandado o recogiendo a sus hijos de la escuela.”*

- PARTICIPANTE DEL DPP NACIONAL DE HABLA HISPANA

**PAGE 9:**

*“Por lo menos en cuestión de horario, acoplarse a las personas; que haya más clases. Más posibilidades de hacerlos en ciertas [diferentes] horas.”*

- NO PARTICIPANTE DEL DPP NACIONAL DE HABLA HISPANA

**PAGE 10:**

*“La cuestión de la comida...no puedo comprar cosas costosas. La verdad yo agarro mercado de emergencia donde dan comida gratis, pero no es nutritiva, es mucha harina.”*

- NO PARTICIPANTE DEL DPP NACIONAL DE HABLA HISPANA

*“Es que no es que no me convenció [a participar], es que no pude conectar. Se me pierde, yo soy a la antigua. No me funciona... que entrar allí, que el link aquí, a veces se me pasa. Lo quieren hacer más modernos los programas y nosotros que no somos tan jóvenes se nos hace difícil. Entonces preferiría una llamada telefónica. Y que el programa sea una clínica, que uno llegue a una clase, que le expliquen, que le ayuden a uno a llenar todos los papeles...hago todo allí.”*

- NO PARTICIPANTE DEL DPP NACIONAL DE HABLA HISPANA

## PAGE 11:

*“No sabía qué hacer con el diagnóstico pre diabética. Y yo no estuve haciendo [ciertas] cosas, como comer saludable, me seguía saliendo la glucosa bien alta.”*

- PARTICIPANTE DEL DPP NACIONAL DE HABLA HISPANA

*“Porque puede llegar a ser frustrante...no entiendo, el doctor dice [que uno] está saliendo con azúcar alta...pero yo no sé qué hacer para bajarlo, no sé qué comer... entonces el participar fue como conocer un poco más la enfermedad, cómo se desarrolla, o que estoy yo haciendo para que esto se esté fomentando.”*

- PARTICIPANTE DEL DPP NACIONAL DE HABLA HISPANA

## PAGE 12:

*“Cuando el doctor me dijo que en el futuro podría tener diabetes, enseguida quise hacer algo. Yo quiero que alguien me ayude...Nosotros los latinos...somos una cultura que les gusta de todo. Yo nunca en mi vida tuve problemas, pero se ve que con la edad por más de 40, el metabolismo cambia, y a mí me da miedo.”*

- PARTICIPANTE DEL DPP NACIONAL DE HABLA HISPANA

*“Lo primero se me ocurrió es como, ¡Ah! ¡Clases de nutrición! Por eso me interesó, porque a mí me interesa mucho todo lo que tiene que ver con comida saludable y eso.”*

- PARTICIPANTE DEL DPP NACIONAL DE HABLA HISPANA

## PAGE 13:

*“Yo pensé que [la derivación al programa DPP era urgente], sí. Como me lo recomendaron pensé lo empiezo, pero pensé que iba a hacerlo por un mes, por todo un año yo no puedo a esa hora.”*

- NO PARTICIPANTE DEL DPP NACIONAL DE HABLA HISPANA

## PAGE 15:

*“Yo creo que está bien cuando vas a la clínica por una consulta y te cuentan sobre el programa. Uno presta más atención y lo ve más urgente si viene directamente del doctor o la clínica. Yo no confiaría si un desconocido me diera un folleto así nomás, o si me llegara en mi correo o lo viera en la calle.”*

- PARTICIPANTE DEL DPP NACIONAL DE HABLA HISPANA

*“Un texto... pero un texto que sea real, no solo información, a veces los textos no son creíbles. Por ejemplo, te dicen: si responde a este texto le vamos a mandar algo, una tarjeta,etc..tiene que ser algo real, de la doctora o la clínica.”*

- NO PARTICIPANTE DEL DPP NACIONAL DE HABLA HISPANA

**PAGE 17:**

*“Es gratis, eso es importante. La gente quiere un resultado, y si no tiene un resultado la mayoría de la gente, no va a pagar. Si la gente tiene que pagar sería un obstáculo para tomar la clase.”*

- PARTICIPANTE DEL PROGRAMA DESCUBRIENDO Y DETENIENDO LA DIABETES DE HABLA HISPANA

**PAGE 18:**

*“También hay gente que no quiere participar, eso es lo que le puedo decir...Nosotros los latinos no queremos buscar información, aún para otras enfermedades.”*

- NO PARTICIPANTE DEL PROGRAMA DESCUBRIENDO Y DETENIENDO LA DIABETES DE HABLA HISPANA

**PAGE 19:**

*“Porque hay muchas veces que las personas no quieren aceptar la diabetes; no quieren que otras personas sepan que tienen diabetes. No quiero que la gente se entere que tengo diabetes. Yo creo que hay un estigma alrededor de la enfermedad.”*

- PARTICIPANTE DEL PROGRAMA DESCUBRIENDO Y DETENIENDO LA DIABETES DE HABLA HISPANA

*“Yo decidí participar porque traía los niveles de azúcar muy altos. Pensaba que comía bien y en realidad no lo hacía. Mis niveles de azúcar estaban altísimos. Tomé el programa para ver si me podía ayudar en algo. Yo la verdad estaba dudando, pero después de haber tomado el programa me sirvió muchísimo.”*

- PARTICIPANTE DEL PROGRAMA DESCUBRIENDO Y DETENIENDO LA DIABETES DE HABLA HISPANA

**PAGE 21:**

*“También hace falta motivación a veces, especialmente en la comunidad hispana. No sé si todas las culturas tienen esa mentalidad de que, “de algo me voy a morir,” pero es algo que tenemos que cambiar.”*

- NO PARTICIPANTE DEL PROGRAMA DESCUBRIENDO Y DETENIENDO LA DIABETES DE HABLA HISPANA

**PAGE 24:**

*“Yo pienso que llamando es mejor para que participen, porque muchas veces ignoramos los textos porque pensamos que no es cierto, que es mentira. Creo que hablando la gente lo entiende mejor.”*

- PARTICIPANTE DEL PROGRAMA DESCUBRIENDO Y DETENIENDO LA DIABETES DE HABLA HISPANA

