

National Diabetes Prevention Program

FINAL REPORT SUMMARY

August 2019

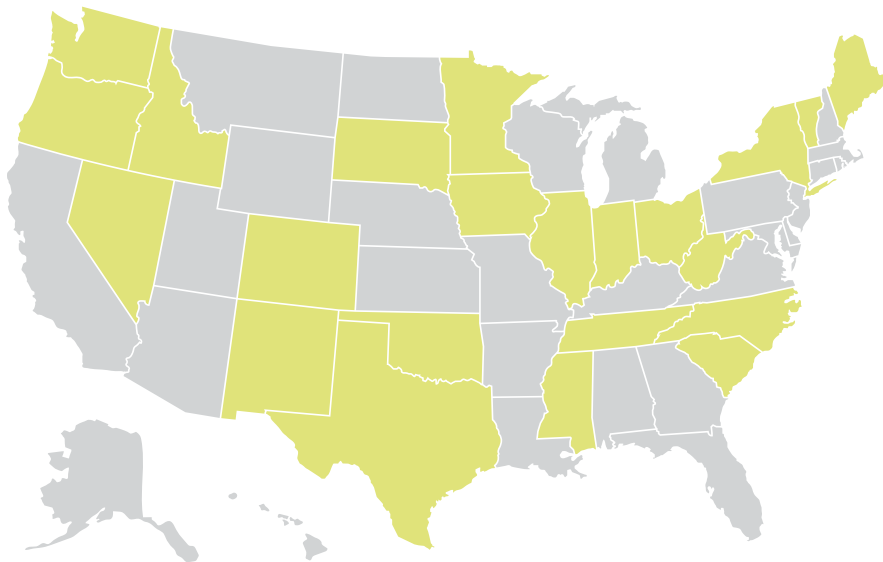


**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a PHMC affiliate



Type 2 Diabetes Prevention Program

Landscape Scan Results



Overall, 23 Primary Care Associations (PCAs) representing 22 states responded to the scan, yielding a response rate of 43%. States in **yellow** completed the landscape scan.

In March and April 2019, the National Nurse-Led Care Consortium disseminated a nationwide landscape scan to gauge PCAs' knowledge of and interest in prediabetes and type 2 diabetes prevention. The scan was sent to 54 PCAs where, ultimately, 23 PCAs responded representing 22 states for an overall response rate of 43%. For the PCAs that responded to this scan, the majority reported being 'very concerned' on the overall health of adults in their respective states on the effect of prediabetes (77%) and diabetes (95%). The majority of PCAs reported some level of awareness of prediabetes rates in their state (68% were at least "somewhat aware"). Additionally, 95% of PCAs stated that they were "very concerned" about the effects diabetes may have on the overall health of adults.

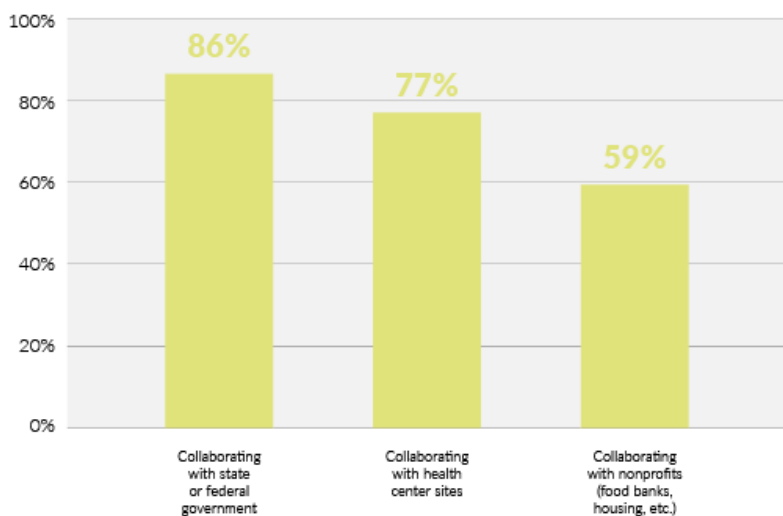
Questions asked on the PCA diabetes program engagement levels found that 59% of the PCAs that responded reported discussing diabetes in staff meetings either most or all of the time. Nearly all PCAs indicated that they conduct yearly programmatic needs assessments with their health centers (82%). Of those PCAs that conducted assessments with their health centers, approximately half (56%) identified type 2 diabetes prevention as a need in their last needs assessment. In support of type 2 diabetes prevention programming, 86% of the PCAs reported engaging directly with member health centers to primarily provide technical assistance via workgroup meetings and quality improvement initiatives.

When prompted to report the most effective ways to support health centers' type 2 diabetes work, the majority of PCAs (82%) indicated that they could raise awareness of prediabetes and the National DPP.

Responding PCAs were familiar with CDC’s National Diabetes Prevention Program (91%), with 36% of PCAs being ‘very familiar’ with NDPP. In addition to that, 27% of the PCAs responded that at least one of their health centers have applied for CDC recognition to offer the National DPP lifestyle change program. PCA National DPP implementation needs were also a point of interest as ‘online webinars outlining NDPP requirements and tips’ were reported to be the most useful potential support item for PCAs (59%).

Eighty-two percent of PCAs also indicated that program delivery and program planning were needed to successfully implement/support the NDPP - monetary/budgetary support came in at a close second (77%). Half of PCA respondents said that their current staff and leadership were not well equipped to plan, implement, and support a new NDPP across health centers.

PCAs and Organizational Partnerships



PCAs reported varying levels of organizational partnerships to support type 2 diabetes prevention work. The majority of PCAs reported collaborating with state or federal governments (86%) and health center sites (77%). While over half of the PCAs (59%) have formed partnerships with nonprofits (i.e. food banks, transitional housing, etc.).

Open-Ended Question

The open-ended question asking, “What would your PCA and leadership need to implement new NDPP services or expand existing services across your health centers?” from the Diabetes Prevention Landscape Scan allowed respondents to provide open-ended feedback for necessary supports. Analyzing the collected open-ended answers, four themes emerged relating to funding, staff capacity, program planning resources, and service delivery resources.

Funding:

“Assistance with buy-in and money for patient incentives”

“First and foremost, funding”

Staff Capacity:

“More internal capacity”

Program Planning Resources:

“Increased knowledge of program and then development of strategies to implement the new services”

“ROI and guidance on targeting specific health centers that would benefit implementation strategies”

Service Delivery Resources:

“A way to provide services to patients in a more effective way, i.e. via online delivery. Our health centers serve a very rural population with farmers and also migrant workers so coming to the clinic for classes for a year-long program is not realistic for their population”

When asked “Indicate which of the following assets your PCA has for implementing the National DPP lifestyle change program or supporting health centers in implementing referral systems to connect patients with prediabetes to CDC-recognized organizations?” a little over half (55%) of PCA's indicated Staff Buy-in. Following that, Leadership Buy-in, Partnerships with CDC-recognized organizations and External Systems Support were chosen as assets indicated by the PCAs.

PCA Readiness Index

To assess the readiness of PCAs that responded to implement a National DPP program in their state, the Research & Evaluation group conducted an item-level analysis of multiple survey items by grouping them under three categories. The three categories consisted of PCA Resources, PCA Preparedness, and PCA Support Requirements. The first category, PCA Resources, focuses on pre-existing resources that could help assist the establishment of a National DPP program. Assets like clients, leadership, staff buy-in, partnerships with state and local organizations are examples of pre-existing resources. The second category, PCA Preparedness, includes items that show a PCA's level of concern for prediabetes and steps taken to address the problem. Lastly the third category, PCA Support Requirements, focuses on items like support and assistance that PCAs may need before implementing a National DPP program.

Through this analysis, the readiness level of PCAs was identified. This PCA readiness index can expedite National DPP implementation by recognizing states that are at a high level of readiness. By recognizing the states at a high level of readiness, support and direction can be provided to implement their National DPP program. Contrarily, PCAs that are not ready can be identified and given additional assistance before implementing their National DPP program.

NNCC and Partners

- National Nurse-Led Care Consortium: <https://nurseledcare.org>
- Health Resources and Services Administration, Bureau of Primary Health Care: <https://bphc.hrsa.gov>
- Centers for Disease Control and Prevention: <https://www.cdc.gov>
- Health Promotion Council: <https://www.hpcpa.org>
- Association of Asian Pacific Community Health Organizations: <https://www.aapcho.org>
- Public Health Management Corporation's Research and Evaluation Group: <https://www.phmcresearch.org>

Notes

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