



ENHANCING ENGAGEMENT AND CONSIDERATIONS FOR IMPLEMENTATION OF THE NATIONAL DIABETES PREVENTION PROGRAM FOR THE WIC POPULATION

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Project summary and key recommendations

Background

Through a five-year partnership with the Centers for Disease Control and Prevention (CDC), Comagine Health works with CDC to increase access to, and engagement in, the National Diabetes Prevention Program (DPP) for people living in rural and underserved areas who did not previously have access to a lifestyle change program. To achieve this goal, Comagine Health partners with patients, providers, payers, and other stakeholders in sixteen Oregon counties including Baker, Clackamas, Clatsop, Columbia, Douglas, Klamath, Marion, Morrow, Multnomah, Tillamook, Umatilla, Wallowa, Washington, Jackson, Yamhill and Lane.

The National DPP is a one-year lifestyle change approach developed by CDC to prevent or delay type 2 diabetes, or adult-onset diabetes. Participants work with a trained lifestyle coach and a small group of other participants focused on making lifestyle changes to reduce risk for type 2 diabetes. Participants learn strategies to eat healthier, increase their physical activity and manage stress. Some National DPP cohorts meet weekly in-person with a coach and small group; others take place entirely online.

Women who qualify for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Program may have limited access to options for participating in the National DPP despite that fact that Oregon is one of the few states where the State Medicaid program can implement coverage of the National DPP for eligible individuals.

Nutrition & Health Screening Section (Oregon WIC) entered into a cooperative agreement with Comagine Health to explore opportunities between the National DPP and WIC. To inform the project, information was gleaned from WIC participants and staff through surveys, focus groups and informational interviews.

Desired outcomes of the Comagine Health – Oregon WIC project:

1. Increase the knowledge and awareness of WIC Registered Dietitian Nutritionists (RDNs) regarding National DPP.
2. Support workforce development of WIC dietitians working less than fulltime in WIC by offering National DPP training.

3. Utilize data from participant focus groups, to develop and deliver DPP promotion materials to eligible WIC participants.
4. Decrease access barriers to the DPP program by funding DPP enrollment to eligible WIC participants interested in participating in an online DPP program.
5. Assist, support individuals enrolled in DPP by increasing the knowledge and support of the WIC RDNs.
6. Provide Comagine Health/CDC with recommendations from WIC RDNs, WIC participants and lessons learned from the pilot project to make recommendations for identifying and engaging WIC participants, modifications to program delivery, and considerations for engaging the WIC population.

Informational Interviews

Informational interviews were conducted with three WIC RDNs familiar with the Diabetes Prevention Program during 2020 and 2021. Two RDNs are trained DPP lifestyle coaches working in WIC. Both worked less than full time in WIC and provided DPP lifestyle coaching in group or individual settings outside of WIC; Indian Health Services and Primary Care in a Federally Qualified Health Center (FQHC). All informants agreed that a partnership between WIC and National DPP could strengthen referrals to National DPP to improve health outcomes for women with a history of gestational diabetes, who are prediabetic and/or have qualifying risk factors for prediabetes.

Identified strengths of the project:

- Supports workforce development by training WIC RDNs to be DPP lifestyle coaches.
- Greater knowledge of DPP assists WIC RDNs in making a more informed, effective referral to community DPP.
- Trained WIC staff seeking additional employment are eligible to be DPP providers in the community.
- Social support is a frequent request of WIC participants and a valuable component of the National DPP.
- The National DPP curriculum emphasizes behavior change.

- Enrolling women younger in age (as compared to the average age of DPP participants, who average in their mid-50's) could have a positive impact on the women and their families and adds age diversity to the cohort.
- Online DPP options allows more flexibility and accessibility for WIC participants.

Identified concerns regarding the National Diabetes Prevention Program:

- DPP is a year-long program, a long-term commitment that isn't always communicated well to eligible participants before they enroll.
- The DPP curriculum and outcome measurement emphasizes weight loss. This is counter to the philosophy of the Oregon WIC program which promotes counseling that focuses on individual strengths, wellness, self-care, and non-diet approaches.
- There are many communities and regions where access to DPP options are limited.
- Of existing DPP offerings, most are in-person contacts which can be a barrier to participation (examples: it can be difficult for young families requiring childcare, the day/time of the offering may not be congruent with availability and some individuals are not interested in participating in groups with people from their community).
- Cost of DPP is a hardship for most WIC participants; most DPP offerings cost from \$400-\$500 to participate unless covered by insurance.

Workforce development: Survey of WIC RDNs

(See Appendix A for full report)

An online survey was sent to members of the Oregon WIC Local Agency WIC Nutritionists group. The survey asked a range of questions from education level, current and desired credentials and areas of professional development, current amount of practice time focused on serving the health needs of postpartum women, perceptions about most and least successful approaches for counseling women about common postpartum concerns such as weight retention and increased risk associated with having gestational diabetes, and perceptions around diabetes related support.

22 of 38 (58%) of Local Agency RDNs who provide direct participant services completed the survey. Most had a Bachelor's degree and over 1/3 had been an

RDN for less than 5 years. Most identified self-assessed gaps in their diabetes knowledge. Gestational diabetes ranked as the #1 priority for additional training by 75% of respondents, with nutrition interventions for type II diabetes, behavioral strategies, and diabetes medications being ranked as interests by over 20%. Topics of least interest were methods and strategies for weight management (68%), chronic or acute diabetes complications (67%), and interventions for type 1 diabetes. When asked if training to become a lifestyle coach for the National Diabetes Prevention Program were to be a future, sponsored training option, more than two-thirds said they would be very interested in taking part in the training and 28% somewhat interested.

Oregon WIC RDNs clearly identified a desire for increased competency and training opportunities to grow skills and expertise in gestational and type II diabetes. More than three-quarters were interested in pursuing the Diabetes Prevention Program Lifestyle Coach training if funding and support were provided. Currently, there is no designated funding stream to support training for RDNs in WIC nor an allowance for release of duties to attend trainings. This creates a substantial barrier to RDNs accessing further training. Future work should explore funding and support mechanisms for professional development.

Workforce development: Providing DPP Lifestyle Coach Training to WIC RDNs

Comagine Health funded peer mentorship and sponsored training to five RDNs who work with Oregon WIC. The mentorship of the trainees was provided by two additional registered dietitians (to be referred to as “mentor RDNs”) who work with both WIC and primary care who had previously trained as DPP lifestyle coaches. The mentor RDNs were brought into the project through independent contracts with Comagine Health to support this work.

Recruitment of Oregon WIC RDNs to train as lifestyle coaches for the DPP began in November 2020. In addition to participation in the lifestyle coach training, potential participants were also asked to participate in mentorship meetings with the mentor RDNs. The recruitment successfully filled all five training spots and included representation from 5 different regions (Baker County, Deschutes County, Josephine County, Linn County and Multnomah County).

The training program was a distance learning DPP lifestyle coach training through the Diabetes Training and Technical Assistance Center of Emory's Rollins School of Public Health. Four of the five RDN trainees completed the Lifestyle Coach training in April 2021. The remaining RDN completed it in May 2021. The training included asynchronous modules as well as four interactive group sessions. The mentor RDNs met with the first four trainees to debrief the training and met with the fifth trainee separately. All five trainees joined the mentor RDNs for a final follow-up session to further discuss steps for moving forward and identifying potential interest in leading or co-leading their own DPP cohort. For those interested, the mentor RDNs utilized contacts of Comagine Health to connect them with relevant partners and stakeholders in their geographical area to explore future opportunities.

Overall, the trainees reported that they found the virtual Lifestyle Coach training to be a valuable continuing education opportunity. They noted that it was helpful to have a clearer picture of what the DPP entails to strengthen their ability to refer WIC participants to the program, and 3 of the 5 were potentially interested in leading or co-leading a cohort of the DPP. The attendees reported that the group facilitation skills covered in the Lifestyle Coach training were a highlight and felt many were immediately applicable to their work with WIC participants.

Discussion around the implementation of DPP with its current design and within the WIC population occurred with the trainees as well. Trainees felt that the lifestyle change focus and the group support were well-aligned with the interests of WIC participants. The time commitment of an in-person or distance learning model seemed to be of potential concern, as well as DPP's overall focus on weight and weight loss. Trainees felt that they would need further support and guidance if leading their own DPP cohort. Specific supports identified were technical (if offering a distance learning model), administrative (billing, scheduling, supplies) and recruitment support.

Gathering participant voices:

(See Appendices B and C for full reports)

Participant Survey

The WIC Program serves pregnant and postpartum women, infants, and children up to the age of five. Currently, women who are not breastfeeding receive services for only six months postpartum and those who are breastfeeding for twelve

months. Yet although WIC services for the mother may end, physical, emotional, and practical needs do not. Therefore, the purpose the survey was to capture the most common concerns of women in the later postpartum period, understand supports and barriers to addressing these concerns, measure women's self-assessed risk for future type II diabetes, as well as inform WIC and collaborating programs on how to create programs that best suit the needs of this population.

In April 2021, an email invitation to complete an online survey was sent to 1,580 English speaking women who were current Oregon WIC program participants, and initially signed up to be a participant in a focus group about the needs of women with infants between 6 and 24 months postpartum.

A total of 488 WIC participants responded to the survey. On average, respondents were 14 months postpartum. Self-care and sleep were the two topics most frequently classified as "very concerned" by respondents. More than two-thirds of respondents had at least some hesitancy sharing their concerns with others. Sixteen percent reported having a history of gestational diabetes with 25% of those with the diagnosis stating they were not very concerned or had not thought about their risk for Type II diabetes. Most respondents had not participated in group support before. A hybrid model of online and in-person support was favored by 62%. When asked about incentives for participating in a group many basic needs such as gift cards for grocery, diapers and wipes along with self-care options like exercise equipment or treats like of pedicure were mentioned. In response to an open-ended question asking what else they would like to share the majority of comments touched on need for greater emotional and mental health support.

Programs seeking to reach women in the later postpartum period at risk for developing diabetes should center promotional messaging around self-care and being a judgement free space. Funding mechanisms to support women's basic needs should be explored along with collaborations with mental health providers.

Participant Focus Groups-Methods and Key Themes

In March 2021, a text blast was sent from the State WIC program thorough its existing text communication platform to English speaking participants with a child between 6 and 24 months of age. The text blast stated "Help WIC explore the needs of postpartum moms in a focus group. Click <http://bit.ly/wic-focus-group> to learn

more. Participants will get a \$30 gift card.” Approximately 1,800 completed the screening survey and 1,580 women were determined to meet the eligibility criteria. A stratified random sample was used to select a total of 30 participants for the 3 focus groups.

Primary themes from the focus groups included simple desires for self-care ranging from taking a hot bath, hiking, or just getting time to read. For some, self-care seemed like a selfish indulgence or far off dream. Concerns during the early postpartum period included financial and career worries, and physical and mental health concerns for mother and infant. Most shared feeling isolated and that while being postpartum is always challenging being a new mother during the COVID pandemic made it more so. Many reported as though they had to carry multiple burdens on their own and had limited support networks. Experiences with health care providers and WIC staff were mixed at best with many feeling like sincere inquiries about their postpartum health were insufficient. While there was some interest in group support options for postpartum women, the majority did not want it to be weight or diet focused but rather touch on a range of topics of common concern. Fears of being judged by others was mentioned by multiple respondents.

Women who participated in the focus groups candidly shared the difficulty of becoming new mothers during the pandemic. Fatigue, isolation, loneliness, and the day-to-day struggles were common themes. For WIC and other programs working with mothers of older infants and toddlers, a more comprehensive, frequent, and caring check-in is needed to help uncover and address the common issues raised in the groups.

Delivery model: Online DPP

The delivery model used for the project was a virtual asynchronous online DPP program offered by [Hope 80/20](#), an existing partner of Comagine Health with Comagine Health providing scholarships for WIC participants to access the online course. The online option provided a safe alternative to in-person contacts for WIC participants across the state during the pandemic.

During the planning process several meetings were held with WIC State staff, mentor RDNs, Comagine Health, and leadership of Hope 80/20. Comagine Health provided access to a staff person specializing in health promotion and consumer

engagement to assist the WIC team in making adaptations to recruitment materials for the WIC population. Hope 80/20 was receptive to concerns raised by the WIC team regarding webpage content that places a heavy emphasis on weight loss and testimonials that did not reflect the WIC population. Hope 80/20's emphasis on weight loss was understandable given the weight-based DPP metric (aiming for 5-7% weight loss for each participant) that CDC utilizes to evaluate their performance as a recognized provider of the DPP.

As a way of personalizing the online program for Oregon, Hope 80/20 provided a lifestyle coach that was based in Oregon. In addition to the online DPP curriculum, Hope 80/20 provided the following offerings:

- Access to mobile apps with the full curriculum (mobile apps are equipped with offline mode for very rural areas). Participants were also able to access the program from the website on a mobile device or desktop computer if downloading the app was not preferred.
- Private chat with the lifestyle coach based in Oregon
- Bonus one-on-one coaching calls awarded based on participation
- Bonus meal plans, recipes, grocery lists awarded based on activity.
- Bi-weekly group coaching support calls
- Inner Circle Private Support Community
- All qualified individuals were given access to view the first Session and decide if the program was right for them. If not, they were given an option to opt-out.

Adaptations were made to promotional materials, URL and Hope 80/20 webpages for the project based on the input from the focus groups and participant surveys. The promotional materials removed any mention of weight loss and instead focused on health as a journey, readiness to change, clear communication on program length and that there would be no cost to the participant. Branding of Oregon WIC was purposefully left off the promotional materials and the URL, hope8020.com/OregonMothers to remain neutral in the offering.

Comagine Health provided fiscal support for 50 scholarships, which was increased to 100 scholarships by the end of the project, a value of \$50,000. Emails (Exhibit 1) were sent twice during the summer of 2021 by WIC staff to 1,580 individuals from the survey/focus group cohort. The cohort was statewide and not limited to the 16

areas served by Comagine Health. In addition, the promotional flyer (Exhibit 2) and email was shared with all Oregon WIC local agency Coordinators and WIC RDNs for sharing with potentially qualified individuals during WIC appointments.

Participation Data (July 15-September 14, 2021):

- Total Applicants: 135
- Total Eligible Participants who were Enrolled in the Program: 50
- Eligible participants who opted to give their slot away after seeing session one: 1
- Participants who were disqualified according to the readiness to change questions: 0

WIC provides 4 key services to WIC participants: breastfeeding promotion and support, nutrition education, nutrient-specific foods, and referrals. Traditionally, WIC is not in the business of recruitment or endorsing specific businesses or practices. Oregon WIC partnered with an external entity, Comagine Health, who selected the vendor of the DPP offering. Traditional email marketing/promotional strategies were not utilized. The only communication to WIC participants was via email to a closed cohort which resulted in all 50 scholarship slots to be filled. The success of the initial enrollment in the online DPP may be an indication of interest in the WIC population. More information is needed regarding the retention of this population in the year long program.

Recommendations for engaging and retaining WIC participants:

- Recruitment, promotional materials that reflect the values of WIC participants
- Relevant/relatable testimonials
- Financial support for program access
- Incentives to support retention in the program
- Follow up with evaluations for the OregonMothers cohort

Recommendations for CDC DPP:

Oregon WIC approaches nutrition and lifestyle education with a body positive and health at every size (HAES) lens. As such, the weight loss focus of the DPP was a potential deterrent in determining whether promoting the DPP was a good fit for Oregon WIC. The value of the education and support of the DPP and the

willingness of Hope 80/20 to adapt marketing materials to highlight the group support and lifestyle change aspects increased the appeal of this partnership and pilot project.

The CDC evaluates recognized providers of the DPP on metrics related to the individuals of their cohorts. At the beginning of this project, there were only two metrics for those who complete the program, and a minimum of 60% of completing participants must achieve:

- At least 5% weight loss 12 months after the cohort began or
- At least 4% weight loss and at least 150 minutes/week on average of physical activity 12 months after the cohort began

In the spring of 2021, the CDC added a third option:

- At least a 0.2% reduction in HbA1C

Moving forward, a minimum of 60% of completing participants must achieve one of the three parameters in order for a recognized provider to continue with their recognition status. The addition of the third outcome offers a weight-neutral metric for those who are engaged in the program whose participation and success with the program may not be captured by the other two weight-based metrics. One limitation of utilizing the HbA1C metric is that a participant would need to have obtained the HbA1C lab (that is within the prediabetic range) prior to beginning the program as well as at the completion of the program.

Considerations for CDC adjustments to Diabetes Prevention Program criteria:

- Allow for adjustments to be made to meet unique needs of populations (such as WIC) in order to boost enrollments.
- Including at least one additional weight-neutral option for evaluation of cohorts that does not involve lab values.
- With additional weight-neutral evaluation metrics, consideration of the requirement of all participants to have a BMI of 25 or higher to instead become an optional risk factor is suggested.
- Offering an approved and reimbursable option as an introduction (such as 3-6 months), giving participants the ability to experiment with the program before committing to the full 12 months.

Future opportunities for collaboration

Workforce development, improving women's health and contributing to the reduction of diabetes prevalence in the WIC population were all desired outcomes for the project. The willingness of Comagine Health and Hope 80/20, along with the support of CDC, to explore new ways of engaging WIC participants were significant contributing factors to the success of this project. An example of this innovative approach was to waive the initial requirement that dietitians trained in DPP must become a lifestyle coach in DPP upon completion of the training. Comagine Health recognized that an investment in WIC RDNs is an investment in DPP.

While not specific to DPP, the need for more collaboration and emphasis on mental health is warranted given the feedback from the participant focus groups and surveys.

This phase of the project does not include data on participant satisfaction with DPP, retention or measures of success. As the project moves into year five of funding and opportunities with Comagine Health, Oregon WIC has the following considerations for WIC and Comagine Health.

Considerations for promoting DPP in WIC:

- Host DPP screening days in WIC clinics for participants to learn of their risk factors for diabetes as well as have the opportunity to check their HbA1C.
- Explore the use of incentives to enroll and retain WIC participants in DPP.
- Train WIC staff to be DPP lifestyle coaches and be the point of contact for WIC participants since the relationship has been established.
- Identify pathways in assessment and referral to focus on women's health and diabetes prevention.
- Explore opportunities to create an online community for WIC participants.
- Offer quarterly virtual DPP groups with monthly online asynchronous classes as part of a pilot project in WIC.
- Consider options for DPP when advocating for extending WIC program eligibility for breastfeeding and postpartum mothers from the existing 6-12 months to two years.

Considerations for Comagine Health:

- Continue to partner, train and mentor WIC dietitians in DPP. If not as DPP lifestyle coaches, then as an intensive workshop option to gain exposure to the program to strengthen confidence in referrals.
- Continue to explore innovative delivery models that modify the DPP program to the unique needs of the target population (e.g. shorter duration, variety of offerings, culturally diverse, etc.).
- Work with Medicaid partners and CDC recognized programs to develop toolkits for reimbursement to support workforce development.
- Provide incentives and additional support for Hope 80/20 Oregon Mothers participants.
- Continue to fund additional WIC participants to provide equitable access to DPP.
- Evaluation of participants participating in the current Hope 80/20 pilot.
- Explore Medicaid funding options for supporting basic needs among DPP enrolled WIC participants (e.g. grocery store gift cards, diapers, basic work out equipment, etc.)