These suggested modifications will be reviewed and implemented into future DPP to jumpstart a participant's ability to make the necessary lifestyle changes. About Diabetes. (2022, 02 04). Retrieved from American Diabetes Association: Nutrition.

DISCUSSION

Notable barriers to DPP attendance include:
- Time of Day
- Work Conflicts
- Parent Health Problems/Caring for Family Members
- Suggestions for future cohorts:
  - Ask previous participants to come back and give Success Stories
  - Offer ECUP RDs, LDNs, CDced, Mls, and Endocrinologists as Guest Speakers
  - Provide Grocery Giveaways to jumpsart a participant's ability to make the changes
  - Offer DPP to Residential Communities
  - Provide Exercise Classes for physical activity discussions
  - Make program participation available from Day 1 to increase Accountability

Some of these suggested modifications will be reviewed and implemented into future DPP cohorts if feasible. ECUP may not be able to successfully meet CDC mandates for the DPP program and may need to explore other Health Service Organization (HOSO) programming initiatives for pre-diabetes and other chronic disease prevention.

CONCLUSION

Type 2 Diabetes affects over 35.4 million people in America each year, and 1.3 adults with prediabetes are unaware they suffer from the health condition. Lifestyle changes taught in the Diabetes Prevention Program (DPP) such as increasing physical activity and maintaining a healthy weight have been proven to lower a person's risk for developing Type 2 Diabetes. In a 10 year follow up study completed by the CDC, they found that compared to people who did not complete the program, those who completed the DPP in its entirety were 1.3 times less likely to develop Type 2 Diabetes. However, many people who begin the 12-month DPP do not complete it in its entirety.

Existing literature shows that barriers to retention include lack of connection with the lifestyle coaches, transportation, childcare, and work conflicts. The purpose of this study is to discover possible barriers that hinder participants from fully engaging and completing the DPP. With this knowledge we can improve future cohorts and increase participant retention.

METHODS

A literature review was conducted to explore barriers and facilitators around the DPP.

When interviews were completed, the data was transcribed verbatim and independently coded by 23 transcribers.

A topic guide was created based on existing literature, the Health Reform Initiative, and the social ecological model.

Interviews were conducted beginning and ending with a question that asked participants their overall experiences with the program, followed by specific questions related to barriers and facilitators of participation attendance, adherence, and overall experience.

The interview guide consisted of questions related to barriers and facilitators of participant attendance, adherence, and overall experience.

The average interview lasted approximately 15 minutes. The shortest interview was 55 seconds, and the longest interview was 36 minutes and 9 seconds.

Based on interview guide questions and any data that were newly emergent from transcripts, a consolidated codebook was created.

Coders independently coded 23 transcripts.

Code reports and frequency tables were used to determine major themes and subthemes.

This project was deemed as a quality improvement by the UNICMD and did not need further IRB approval.

Participants for the project were identified from an existing list of all DPP patients at ECU Family Medicine. This list was further narrowed by excluding deceased patients and patients with 100% noted attendance.

Interview guide consisted of questions related to barriers and facilitators of participant attendance, adherence, and overall experience.

On average each interview lasted approximately 15 minutes. The shortest interview was 55 seconds, and the longest interview was 36 minutes and 9 seconds.

Based on interview guide questions and any data that were newly emergent from transcripts, a consolidated codebook was created.

Coders independently coded 23 transcripts.

Code reports and frequency tables were used to determine major themes and subthemes.

Participant demographics were calculated based on gender, race, and age. A majority of participants in the project identified as Non-Hispanic Black, were 60-79 years of age, and female.

Major themes, subthemes, and corresponding quotes appear in Table 2. Themes and subthemes revolved around the larger concepts of enrollment, motivation to join, positive experiences, and barriers to attendance.

Table 2. Major themes, subthemes, and corresponding quotes

<table>
<thead>
<tr>
<th>Major Theme</th>
<th>Subtheme</th>
<th>Major Themes and Subthemes and Corresponding Quotes</th>
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| Enrollments | How enrolled | 1. Speaker 1 (P 53) Question: "How was your enrollment in the program?"
|                |          | Speaker 2: "Can you recall how you were enrolled in the program?"
|                |          | Speaker 3: "How did you learn about the referral?"
|                |          | Speaker 4: "I spoke to a couple of flyers pertaining to the program, and I did inquire with my physician about it."
| Motivation to join Program | Very nice | 1. Speaker 1 (P 69) Question: "What motivated you to join the entire program?"
|                |          | Speaker 2: "I did not want to become and do not want to become diabetic. It was basically self-motivation."
|                |          | Speaker 3: "Why did you not keep up with the program?"
|                |          | Speaker 4: "I was pre-diabetic, and I didn’t want to get to the point where I needed to take medication."
| Attendance | Barriers to attendance | 1. Speaker 1 (P 62) Question: "What was the worst part about attending the program?"
|                |          | Speaker 2: "I found out that I had cancer because I got sick."
|                |          | Speaker 3: "What did you do to keep attending the program?"
|                |          | Speaker 4: "I changed my weight because it was a long road."
| Positive Experience | Positive Aspects | 1. Speaker 1 (P 53) Question: "Okay, absolutely. Now, what do you think some of the benefits of participating in the DPP were?"
|                |          | Speaker 2: "I think being better informed about food and calories and giving you different options. It was really insightful in overeating and hard to understand. It was just really simple. I like even other people that were in my class at that time, they all seemed to enjoy it."
|                |          | Speaker 3: "What are the benefits of participating in the program, do you believe?"
|                |          | Speaker 4: "Weight loss, healthier lifestyle, better carbs. It was really beneficial."

Time of Day

Earlymorning, no

Midday, some

2. Speaker 1 (P 61) Question: "What are the benefits of participating in the program, do you believe?"

Speaker 2: "I think being better informed about food and calories and giving you different options. It was really insightful in overeating and hard to understand. It was just really simple. I like even other people that were in my class at that time, they all seemed to enjoy it."

Speaker 3: "What are the benefits of participating in the program, do you believe?"

Speaker 4: "Weight loss, healthier lifestyle, better carbs. It was really beneficial."

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REFERENCES

• Vinger, C., Qualitative Analysis of the Diabetes Prevention Program at ECU Family Medicine (2022).