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**Title**

*Moving Diabetes Prevention to the Workplace: a qualitative evaluation of DPP engagement in an employer-based clinic*

**Priority 1 (Research Category)**

Dissemination and implementation research

**Presenters**

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**Abstract**

**CONTEXT:** The Diabetes Prevention Program (DPP) is an effective evidence-based strategy to reduce the incidence of type 2 diabetes. The DPP has been implemented in a variety of locations, yet limited research exists for participant engagement in the DPP in a workplace setting.

**OBJECTIVE:** To explore employee engagement in DPP at a large technology company in collaboration with an employer-based clinic, in a novel employer-academic health care partnership.

**STUDY DESIGN AND ANALYSIS:** 5 focus groups of DPP participants; data were analyzed using inductive thematic analysis, focused on engagement barriers and facilitators, using a social ecological framework.

**SETTING/POPULATION STUDIED:** The DPP took place at a large technology company based in an urban area. Cohort 1 had 14 participants and Cohort 2 had 12. Both cohorts were led by the same instructors. Referrals to the DPP were from the employer-based primary care clinic.

**INTERVENTION:** Standard DPP curriculum offered in the workplace setting with referral from the employer based clinic, resulting in two cohorts, each over 1 year (22 sessions). In Cohort 1, participants started sessions in-person, then after 6 months moved to virtual sessions due to the COVID-19 pandemic. In Cohort 2, participants were offered virtual sessions only.

**OUTCOME MEASURES:** Thematic results of perceived barriers and facilitators to engagement, from participants and instructor.

**RESULTS:** Engagement barriers and facilitators were identified among 5 themes: 1)individual-motivation, 2)interpersonal community, 3)balancing work and self-care, 4)integrated employer-based healthcare, and 5)the COVID-19 pandemic. Results highlight that pre-pandemic workplace demands (i.e. meetings and travel) impacted DPP participation, yet the group setting provided social support in the workplace to engage in and maintain healthy habits. Engagement was also bolstered by shared buy-in and collaboration between the employer and the healthcare team. This allowed participants to partner with

their healthcare providers to achieve health goals; also, having the DPP integrated with workplace healthcare conveyed a sense of support from the employer, and was perceived as supporting a more integrated approach to wellness.

**CONCLUSION:** A workplace DPP delivered in integrated fashion with employer based primary care facilitated engagement, especially paired with flexibility of the virtual format; personal motivation and group accountability were also key to engagement