

Spreading the National DPP: One Safety-Net Provider's Experience

It will take more than health insurance coverage to expand access to DPP particularly to underserved communities although coverage is a primary concern. To illustrate the challenges faced by safety net providers who want to offer DPP to their patients, consider the experience of Northeast Valley Health Corporation (NEVHC) in Los Angeles County.

NEVHC, a Federally Qualified Health Center (FQHC) located in California's San Fernando and Santa Clarita valleys, is one of the nation's largest community health centers. Its mission is to provide quality, safe, and comprehensive health care to the medically underserved residents of Los Angeles County in a manner that is sensitive to the economic, social, cultural, and linguistic needs of the community. It has 14 sites, which include one mobile clinic, three school-based centers, four dental sites, and one pharmacy. Most of NEVHC's patients are low-income residents covered by Medicaid or Medicare.

In 2015, NEVHC served 63,596 patients and provided 250,123 total medical and dental visits. Twenty-three percent of the patients NEVHC serves say they are best served in a language other than English. Ninety-eight percent live below 200 percent of the federal poverty level (FPL); 81 percent are below 100 percent of FPL; and 43.9 percent of the adults are uninsured. NEVHC also is the Women, Infant and Children's (WIC) local agency for the San Fernando and Santa Clarita valleys. WIC centers provide nutrition counseling, breastfeeding support and vouchers for WIC foods for pregnant and lactating women and their children under the age of 5. In 2015, NEVHC's WIC Program provided services to 60,040 clients.

NEVHC's Health Education Department offers patients education and self-management classes that cover a wide range of health conditions, including diabetes, asthma, weight management, and autism. Debra Rosen, Director of the Quality and Health Education Department, is deeply committed to connecting with patients and providing them with different approaches to managing chronic conditions. But she notes that it is an ongoing challenge to get patients to participate in health education programs, given their busy and often complicated lives.

For over four years, NEVHC has received funding from the WISEWOMAN Program, CDC- sponsored cardiovascular disease (CVD) risk reduction program for underinsured and uninsured women ages 40–64 years. The goal of WISEWOMAN is to implement interventions such as DPP to improve diet, increase physical activity and promote hypertension control, thus decreasing clinical CVD risk factors and optimizing participants' health. In March 2015, NEVHC started a DPP group as part of their

WISEWOMAN work. The group's target population is patients diagnosed with prediabetes based on an A1C result of between 5.7 and 6.4. (The A1C test is a blood test that measures a person's blood glucose or blood sugar.) The DPP program takes 12 months to complete; participants meet weekly for the first six months, and then once or twice a month for the second six months. Twenty participants enrolled in NEVHC's first DPP group, but only three completed the course.

In September 2015, the Los Angeles County Department of Public Health (LACDPH) funded NEVHC to expand DPP at their sites using a grant from the Centers for Disease Control and Prevention (CDC). As part of its work for LACDPH, the NEVHC team uses changelabsolutions.org CDC's public education materials and curricula for DPP delivery, and information logs among other resources. To date, NEVHC has organized three DPP groups and enrolled more than 70 patients. About half are on track to complete the year-long program. Patient participation and retention are improving, although it is still difficult to get patients to complete all the required sessions.

While the health education team at NEVHC is committed to offering DPP, they are clear about the challenges. Maria Guerrero, Program Manager, Health Education at NEVHC, notes that it is time-consuming and labor-intensive to meet enrollment targets for DPP classes. Members of NEVHC's health education team post flyers about classes at all NEVHC facilities, highlight the programs on social media and call at-risk patients individually. In addition, doctors refer patients and patients self-refer.

Although NEVHC has advertised DPP groups in English, to date, the sessions have been conducted in Spanish. NEVHC serves a large Latino population, and DPP participants have requested that the groups communicate in Spanish. Currently, NEVHC does not bill any payers for DPP services. They would like to be able to bill for DPP, which would make the program much more sustainable.

Patient retention is the greatest challenge to expanding DPP at NEVHC. Rosen and Guerrero say the two biggest barriers for current and prospective participants are lack of transportation to the sites and the time commitment the program requires. NEVHC is trying to address the challenges associated with participant recruitment and retention by offering an online DPP class through Omada Health.¹⁹ NEVHC is part of an evaluative research study on whether an online DPP class can serve Medi-Cal and uninsured patients well. NEVHC plans to enroll one hundred patients in this program.

Despite hurdles in DPP implementation, the NEVHC team is committed to offering the program to their patients. Many members of their patient population are prediabetic, and DPP offers an evidenced-based strategy for delaying or preventing the onset of diabetes.