

LESSONS FROM THE FIELD

PRISMA HEALTH

Columbia, South Carolina

Systematic Screening and Assessment of Diabetes Intervention Programs

PRISMA HEALTH

Prisma Health is the largest integrated health care system in the South Carolina midland region. The National Diabetes Prevention Program (National DPP) lifestyle change program is housed within the health system's Office of Community Health. Approximately 10% of the health system's annual profits are dedicated to funding the Office of Community Health. Funds are targeted for program recruitment, community outreach, and type 2 diabetes screenings for underserved communities in Columbia. The program initially targeted a specific county with nearly 50% African American residents who live in a zip code with the highest rates of prediabetes. New participants for the program are recruited through primary care clinicians' referrals, community health fairs, local churches, and local libraries.

WHAT IS THE SYSTEMATIC SCREENING AND ASSESSMENT (SSA) PROCESS?

SSA identifies innovative practice-based programs to help decide if a more rigorous evaluation would be valuable. The five key SSA steps function as a set of filters to identify highly promising programs that are ready for rigorous evaluation.

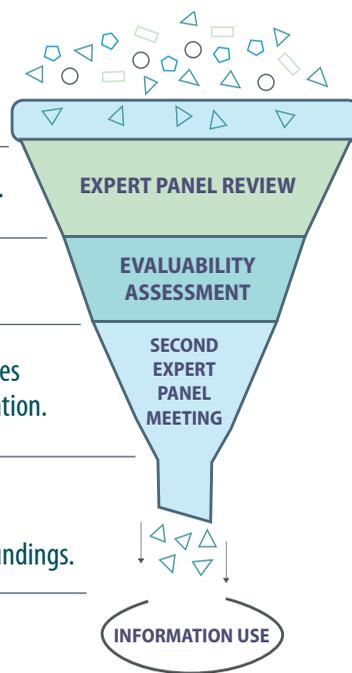
Scan public information about the National Diabetes Prevention Program (National DPP) and Diabetes Self-Management Education and Support (DSMES) programs using relevant criteria.

An expert panel identifies a subset of programs to consider using.

Conduct evaluability assessment that includes a site visit for four selected national DPP and four selected DSMES programs.

An expert panel reviews evaluability assessment results and makes recommendations on programs that are ready for rigorous evaluation.

Distribute results through briefs on lessons learned and present findings.



EVALUABILITY ASSESSMENT CRITERIA

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| Cultural Tailoring | Identify intervention approaches that fit the cultural identity of the populations they serve. |
| Innovative Strategies | Assess interventions' use of strategies to identify, recruit, enroll, and retain participants. |
| Evidence of Effectiveness | Prove effectiveness in improving knowledge, behavioral, and clinical measures. |
| Data System Capacity | Assess the program's ability to collect and report baseline and follow-up data on program participants. |
| Organizational Capacity | Confirm that sponsoring organization and staff can participate fully in the assessment. |
| Stakeholders and Partners | Collect information on program partners, collaborators, and other stakeholders assisting in program implementation. |



LESSONS FROM THE FIELD PRISMA HEALTH

KEY ACTIVITIES

Prisma Health uses a variety of activities to engage program participants.



Cultural Tailoring

- Conducts individual follow-up by coaches with program participants via phone, text, or e-mail to facilitate personal connections.
- Encourages peer-to-peer learning during classes to foster an exchange of ideas.
- De-emphasizes weight loss and focuses on healthy lifestyle changes.
- Provides social support groups for participants after program completion for continued support.



Recruitment and Enrollment

- Engages potential participants at popular community locations like flea markets, churches, and public libraries.
- Collaborates with other organizations holding health fairs and community events to offer screenings for type 2 diabetes and other health conditions.
- Leverages relationships with local community leaders and identifies champions to recruit participants and bring awareness to the program.



Retention

- Offers informational group sessions to explain the program to potential participants, and recruits those who are committed to completing the program.
- Uses the “Readiness to Change Survey” to help staff encourage potential participants to join the National DPP, hospital-based nutrition workshops, or other interventions offered by Prisma Health.
- Uses reminder calls, make-up sessions (in person or by phone), and incentives to encourage consistent class attendance and completion of diet and activity logs.

PROGRAM ACCOMPLISHMENTS

• Participants who completed the program showed reductions in body mass index (1.73kg/m²), body fat percentage (0.45%), and waist circumference (2.15 inches).



• After completing the program, participants reduced their body weight by an average of 5.3%.

LESSONS LEARNED

• **Sustainability and scalability.** The program secured funding from the Office of Community Health’s budget. Diabetes prevention has been a priority for the organization since its inception, with significant buy-in from clinicians. Community health needs assessments continue to point to type 2 diabetes as an area of need in African American and Latino communities.

• **Cultural tailoring and engagement.** Program staff frequently discuss ideas for how to improve program delivery and outcomes, and they continue to innovate in their recruitment and offerings. Prisma Health modifies the class environment to meet the individual needs of each participant, including curriculum delivery, diet and exercise recommendations, and interactive demonstrations to ensure understanding and engagement.

• **Data collection and evaluation capacity.** Program staff have prioritized strengthening the data collection and reporting system with clear protocols and procedures. Staff record clinical measures at four points throughout the program.

- » Baseline (class 1).
- » Midpoint of the core component (class 8).
- » End of core component (class 16).
- » End of the post-core component (final session).

FOR MORE INFORMATION

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