

Virtual National Diabetes Prevention Program Delivery: Challenges, Successes, and Suggestions for Lifestyle Coach Training

Qualitative Data Brief

SUMMARY

This brief describes the perspectives of National Diabetes Prevention Program (NDPP) lifestyle coaches on the successes and challenges of delivering the program virtually (i.e., via video conference or phone) during the COVID-19 pandemic lockdown. It also highlights implications for coach training and describes NYC REACH training resources.

METHODS

Between September 2020 and June 2022, NYC REACH evaluators interviewed 18 NDPP coaches at 15 community-based organizations and safety-net hospitals located in neighborhoods with high diabetes prevalence. Evaluators aimed to identify coaches' 1) implementation challenges and successes; 2) strategies for adapting NDPP to a virtual context; and 3) training needs.

KEY FINDINGS

Challenges

Engagement. Coaches found it challenging to engage participants in discussion and build group cohesion, especially with those who joined by phone or did not turn on their cameras. Additionally, recruitment was hampered without face-to-face outreach.

"We want to do things in person and have always found it more successful. We did a lot of our communication through Zoom, and it was never, never as effective for the people we work with."

Technology. Many coaches had never used Zoom, relying on NYC REACH staff and colleagues to teach them how to use the platform. Participants struggled with Zoom, requiring coaches to assist them during sessions, by phone or in person. Over time, skills improved, but initial challenges limited participant engagement and caused some participants to drop out of the program.

Curriculum Activities. Some coaches reported difficulty delivering interactive, visually based activities—such as exercise routines, portion-size demonstrations (Healthy Plate), and cooking demonstrations—virtually. As a result, they omitted some integral curriculum components.

"It's a whole different story when you do it virtually, when you do it in person. Because we will have a class where we can bring fruits, we can bring vegetables. We can bring examples like right there. But for now, because we're all virtual, we're limited in the case of nutrition."

Collecting Participant Weights. Coaches experienced challenges with obtaining participant-reported weights and physical activity minutes, often needing to follow up with participants by phone or text multiple times.

"I will phone them to get their [weight], so they know they have to take the weight in the morning before I call them. As long as I get [their weight] twice a month, I'm happy because you're not going to find too many variations within the weeks. It's a constant fight to get the weight."

Successes

Expanded Access. Virtual NDPP sessions enabled coaches to reach and enroll participants who faced barriers to attending in-person sessions, such as mobility issues, caregiving responsibilities, or long commutes.

One-on-One Touchpoints. Coaches built trust by calling or texting participants between program sessions to offer support and track progress. Participants, especially those feeling isolated, appreciated these individual connections.

“People loved that we called them every week because many seniors lived alone. They were lonely. When we called, they were happy and felt like somebody was checking on them.”

Creative Adaptation for Online Engagement. Some coaches adapted the curriculum creatively, utilizing videos and visuals, as well as WhatsApp groups to effectively foster a sense of community and share resources.

“We have a [WhatsApp] chat which has been a tremendous success for us. Participants are blown away because we keep them really active through the chat. To keep them motivated, we post articles about eating healthy and stress management activities.”

Addressing Stress and Social Needs. Coaches observed that participants experienced increased food insecurity and mental health challenges during the pandemic. They expanded stress management activities (e.g., meditation, mindfulness, deep breathing exercises) and referred participants to food and social services.

“In every session, we talk about the importance of self-care...And we provide resources in terms of food that they can access.”

Coach Training. Motivational Interviewing (MI) training, provided by NYC REACH, improved coaches' confidence in virtual facilitation and was considered valuable across delivery modes. Coaches found MI useful because it equipped them to non-judgmentally motivate and support participants in their journey toward lifestyle change.

“I found myself incorporating in my style a lot of Motivational Interviewing, compassionate communication. It really helps because people recognize that you aren't trying to tell them what to do, but you're equipping them to make the best decisions for their lives, and you're walking alongside them. It has helped me to do a better job coaching these classes.”

IMPLICATIONS FOR LIFESTYLE COACH TRAINING

Coaches faced several challenges with virtual NDPP, and most returned to in-person workshops after the pandemic. To strengthen virtual programming, coach training should address effective use of video platforms, building trust and group cohesion online, adapting curriculum activities for virtual engagement, and collecting participant weight and activity data. MI training can further enhance coaches' confidence and facilitation skills. Additionally, training in behavioral health and social needs screening can help coaches better support low-income participants who face stress and other barriers.

RESOURCES

NYC REACH offers training for lifestyle coaches in motivational interviewing, group facilitation techniques for virtual and in-person program delivery, and social needs screening and referrals. For information about these trainings, contact our Clinical Community Program Linkages Team at EBI_referrals@health.nyc.gov.

[A Guide for Using Telehealth Technologies in Diabetes Self-Management Education and Support and in the National Diabetes Prevention Program Lifestyle Change Program](#) (Centers for Disease Control and Prevention)