Supplementary Material (S1): Interview Guides

Expert Key Informant Interview Guide

1. Reflecting back on the COVID19 pandemic, please comment on how you saw DPP/DSMES program provision change?

2. What do you think are the major challenges related to programs switching to virtual DPP/DSMES program provision due to the pandemic? *Probe:* If not mentioned, probe for outreach/enrollment/retention, behavioral/health indicator outcomes[1], reimbursement, technology, etc.

3. How do you think the switch to virtual programming due to the pandemic impacts the reach to low-income and ethnically diverse populations?
   a. What are your ideas for how virtual programming can maximize reach to these populations?

4. What do you think are the overall best practices for successful virtual DPP/DSMES implementation by organizations who initially provided in person programming? *Probe:* If not mentioned, probe for best practices around, outreach/enrollment/retention, behavioral/health indicator outcomes, reimbursement, technology, etc.

5. What types of evaluation are needed to assess the value/impacts of virtual DPP/DSMES programming?
   a. What key information do you think would make the case (or not) for continuing virtual programming?

6. What do you think the future looks like for DPP/DSMES programs? Is widespread virtual provision here to stay? Are there benefits to in person or virtual program provision that make a strong case for that type of provision? What type of program provision do you see becoming the standard?

7. What opportunities do you currently see for policy and systems changes (e.g., at the county, state or federal level) to support ongoing virtual and/or hybrid DPP/DSMES program provision?
   a. What opportunities exist for DPP/DSMES reimbursement changes?

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[1] Examples of behavioral changes are healthy eating, physical activity, testing blood sugar, and adhering to medication regimens. Examples of health indicators include weight, blood sugar.

8. What role should local public health departments like the Los Angeles County Department of Public Health play in supporting virtual/hybrid DPP/DSMES?

9. Are there other experts or leaders in the field with whom you recommend we speak?

<u>Provider Key Informant Interview Guide</u>

1. Can you tell me briefly about how the COVID-19 pandemic affected your DPP/DSMES program and what factors were involved in moving forward with either one program or both programs virtually?
   a. Which program did your organization switch to providing virtually:
      o DPP and DSMES
      o DPP only
      o DSMES only

   b. If either program (or both) was NOT provided virtually, please describe the factors involved in that decision.

2. What did your program experience as the three greatest challenges to implementing the virtual DPP/DSMES program?
   a. Did your program experience challenges around the technology? e.g., participants not having a computer or smart phone, participants not having internet connection, participants not comfortable with online meeting platforms, staff not comfortable running a virtual meeting?

3. What was the impact of the switch to virtual programming on DPP/DSMES outreach, enrollment, and retention?

4. What was the impact of the switch to virtual programming on DPP/DSMES behavioral/health indicator outcomes?[2]

5. How did the switch to virtual programming change program costs, reimbursements, billing and return on investment?

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[2] Examples of behavioral changes are healthy eating, physical activity, testing blood sugar, and adhering to medication regimens. Examples of health indicators include weight, blood sugar.

6. What are the best practices for overcoming the challenges you mentioned earlier?
    a. e.g., best practices for technology use; enhancing outreach/enrollment/retention; improving behavioral/health indicator outcomes; and/or maximizing costs/reimbursements/billing/ROI?

7. What are the best practices for reaching low-income and ethnically diverse populations with virtual DPP/DSMES programs?

8. What additional infrastructure, staffing and/or capacity are needed for the virtual DPP/DSMES program? (e.g., staffing, training, money for new technologies)

9. Are you planning to continue with virtual or hybrid DPP/DSMES programming? Please describe why.

10. We are interested in hearing about policy and systems changes to support ongoing virtual and/or hybrid DPP/DSMES program provision:
    a. What policy and systems changes are needed at the organizational/institutional level?
    b. What policy and systems changes are needed at the governmental level (e.g., county, state, CDC, Medicare/Medicaid, etc.)?

11. What role should the Los Angeles County Department of Public Health play in supporting virtual/hybrid DPP/DSMES?

12. If you were going to give one piece of advice to a DPP/DSMES program moving toward virtual program provision, what would be the most important advice?