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CENTERS FOR DISEASE CONTROL AND PREVENTION

Centers for Disease Control and Prevention Diabetes Prevention Recognition Program

Standards and Operating Procedures

www.cdc.gov/diabetes/prevention/recognition

September 2, 2011

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Centers for Disease Control and Prevention Diabetes Prevention Recognition Program

I. Overview

The Centers for Disease Control and Prevention (CDC) established the CDC Diabetes Prevention Recognition Program (DPRP) (www.cdc.gov/diabetes/prevention/recognition) as part of the National Diabetes Prevention Program (www.cdc.gov/diabetes/prevention). The DPRP provides information to people at high risk of type 2 diabetes, their health care providers, and health payers on the location and performance of local type 2 diabetes prevention programs. The purpose of DPRP is to recognize organizations that have demonstrated their ability to effectively deliver a proven type 2 diabetes prevention lifestyle intervention. The recognition program helps to assure that decisions about individual participation, patient referral, and health insurance benefits are based on accurate, reliable, and trustworthy information.

The DPRP assures the quality of recognized programs and provides standardized reporting on their performance. The DPRP standards for type 2 diabetes prevention lifestyle interventions and requirements for recognition are based on the successful U.S. Diabetes Prevention Program research trial (DPP), led by the National Institutes of Health (NIH), the largest clinical trial of lifestyle intervention for prevention of type 2 diabetes ever conducted. In the DPP research trial, participants in the lifestyle intervention experienced a 58% lower incidence of type 2 diabetes than those who did not receive the lifestyle intervention.
(See www.diabetes.niddk.nih.gov/dm/pubs/preventionprogram.)

The DPRP has three key objectives:

- Assure program quality, fidelity to scientific evidence, and broad use of effective type 2 diabetes prevention lifestyle interventions throughout the United States
- Develop and maintain a registry of organizations that are recognized for their ability to deliver effective type 2 diabetes prevention lifestyle interventions to people at high risk
- Provide technical assistance to local type 2 diabetes prevention programs to assist staff in effective program delivery and in problem-solving to achieve and maintain recognition status

This document—*CDC Diabetes Prevention Recognition Program Standards and Operating Procedures* (or *DPRP Standards*, for short)—describes in detail the DPRP standards for type 2 diabetes prevention lifestyle interventions and explains how an organization may apply for, earn, and maintain recognition.

II. Standards and Requirements for Recognition

Any organization that has the capacity to deliver an approved type 2 diabetes prevention lifestyle intervention may apply for recognition. It is strongly recommended that potential applicants thoroughly read *DPRP Standards* (this document) and conduct a capacity assessment (see Appendix A) before submitting an application for recognition.

Participant Eligibility

Recognized organizations will enroll participants according to the following requirements:

1. All of a program's participants must be 18 years of age or older and have a body mass index (BMI) of ≥24 kg/m^2 (≥22 kg/m^2, if Asian).
2. A minimum of 50% of a program's participants must have had a recent (within the past year), documented, blood-based diagnostic test indicating they have prediabetes, or a history of gestational diabetes mellitus (GDM), according to one of the following specifications:
   a. Fasting plasma glucose of 100 to 125 mg/dl
   b. Plasma glucose measured 2 hours after a 75 gm glucose load of 140 to 199 mg/dl
   c. A1c of 5.7 to 6.4
   d. Clinically diagnosed GDM during a previous pregnancy (may be self-reported)
3. A maximum of 50% of a program's participants may be considered eligible without a blood-based test or history of GDM only if they screen positive for prediabetes based on the CDC Prediabetes Screening Test, which was validated for prediabetes using 2007–2008 National Health and Nutrition Examination Survey data (see Appendix B).

A health care professional may refer potential participants to the program, but a referral is not required.

Studies of type 2 diabetes prevention lifestyle programs have not included children; these programs are intended for adults at high risk for developing type 2 diabetes. Lifestyle programs for type 2 diabetes prevention emphasize weight loss and are not appropriate for women who are currently pregnant. Participants who become pregnant may continue at the discretion of the lifestyle program provider.

Safety of Participants and Data Privacy

Lifestyle programs for type 2 diabetes prevention typically do not involve physical activity during class time. If physical activity is offered, it is the applicant organization's responsibility to have procedures in place to assure safety. This may include obtaining a liability waiver from the participant.

Along with the physical safety of the participants, applicant organizations should also be mindful of the need to ensure the privacy and confidentiality of participants' data. It is the applicant organization's responsibility to comply with any federal, state, and/or local laws governing individual-level identifiable data, including those laws related to data collection, storage, use and disclosure.

Location

Any venue agreeable to the applicant organization and suitable for the activities to be undertaken can be used for group lifestyle programs. However, lifestyle programs often provide private settings in which participants can be weighed or meet individually with lifestyle coaches.

Staffing

The eligibility criteria, skills, knowledge and qualities required of lifestyle coaches and prevention coordinators are discussed in Appendix C.

Lifestyle coaches should have the ability to deliver the program (or specific components within the program) in a way that increases the capacity of participants to make and sustain positive lifestyle changes. This includes understanding and being sensitive to issues and challenges for individuals trying to make and sustain significant lifestyle changes.

Recognized programs must designate an individual to serve as the diabetes prevention coordinator. If a recognized program serves a large number of participants at one time, multiple coordinators may be needed. Similarly, if a recognized program serves a small number of participants at any one time, it may be possible for a diabetes coordinator to serve simultaneously as the lifestyle coach. It is the applicant organization's responsibility to determine staffing needs for effective implementation.

Required Curriculum Content

The type 2 diabetes prevention lifestyle intervention will be presented in a series of in-person sessions, providing information, assigning homework, and offering feedback in stages to optimize behavioral change. As with the DPP research trial, lifestyle intervention, as well as behavioral and motivational content must remain geared toward the overarching goal of preventing type 2 diabetes. In addition, this content should emphasize the need to make lasting lifestyle changes, rather than simply completing a one-time curriculum.

All sessions must include measurement and documentation of the participant's body weight. Goals should focus on moderate changes in both diet and physical activity to achieve modest weight loss over the first six months in the range of 5% to 10% of baseline body weight. Strategies used to achieve these goals must include a focus on self-monitoring of diet and physical activity; building of self-efficacy and social support for maintaining lifestyle changes; and problem-solving strategies for overcoming common challenges to sustaining weight loss.

Recognized organizations must emphasize that the lifestyle intervention is specifically for prevention of type 2 diabetes in persons at high risk for diabetes. Therefore, rather than focusing solely on weight loss, the lifestyle intervention must also emphasize long-term improvements in nutrition and physical activity. To support learning and lifestyle modification, programs must provide appropriate written materials to all participants.

The lifestyle intervention must be based directly on the DPP research trial lifestyle intervention curriculum found at www.bsc.gwu.edu/dpp/manuals.htmlvdoc. The recommended curriculum is the *National Diabetes Prevention Program Curriculum* developed for CDC by the Diabetes

Training and Technical Assistance Center (www.dttac.org.) This curriculum can be found at www.cdc.gov/diabetes/prevention/recognition. If the applicant organization chooses to use a different curriculum, it must send the curriculum to DPRP so it can be evaluated to ensure that it meets all the key elements of the DPP research trial lifestyle curriculum. The curriculum used in the core and post-core sessions must contain the topics outlined below.

Core Sessions Curriculum Topics

During the core phase, all 16 sessions of the curriculum must be covered.

1. Welcome to the National Diabetes Prevention Program
    a. Explain the purpose and benefits of the National Diabetes Prevention Program
    b. Identify the participant weight loss and activity goals established by the National Diabetes Prevention Program
    c. Identify individual weight loss and physical activity goals for the program
    d. Explain the importance of self-monitoring food intake and physical activity
    e. Begin self-monitoring food intake

2. Self-Monitoring Weight, Fat and Calorie Intake (Be a Fat and Calorie Detective)
    a. Begin self-monitoring weight
    b. Explain the reason for, and basic principles of, self-monitoring fat grams and calories
    c. Identify personal fat gram goals
    d. Identify amounts of fat grams and calories for a given selection of foods
    e. Calculate a daily fat gram goal and budget
    f. Identify fat grams, calories and serving sizes from nutrition labels

3. Eating Less Fat and Fewer Calories (Reducing Fat and Calories)
    a. Demonstrate how to weigh and measure foods
    b. Estimate the fat and calorie contents of common foods
    c. Describe three ways to eat less fat and fewer calories
    d. Create a plan to eat less fat and fewer calories

4. Healthy Eating
    a. Explain the health benefits of eating less fat and fewer calories
    b. Describe the MyPlate food guide and its recommendations, including how to lower fat and calorie intake
    c. Compare and contrast MyPlate guidelines with their own eating habits
    d. List ways to replace high-fat and high-calorie foods with lower-fat, lower-calorie options
    e. Explain the importance of eating more whole grains, vegetables, and fruits, while staying within their fat goals
    f. Explain the importance of including foods from all groups of MyPlate, and incorporating a variety of foods from each group
    g. Explain why a more balanced diet is beneficial

h. Explain why "ritualistic eating" (eating the same foods over and over) is not the best strategy for long term success

5. Introduction to Physical Activity (Move Those Muscles)
   a. Explain importance of physical activity goal
   b. Identify ways to be physically active in daily life
   c. Develop personal physical activity plans
   d. Begin to self-monitor activity

6. Overcoming Barriers to Physical Activity (Being Active—A Way of Life)
   a. Describe how time can be a barrier to physical activity
   b. Identify two different ways to find the time to be active
   c. Define lifestyle activity
   d. Describe ways to prevent injury

7. Balancing Calories In and Calories Out (Tip the Calorie Balance)
   a. Define "calorie balance"
   b. Describe the relationship between calorie balance and weight loss
   c. Discuss how healthy eating and being active affect calorie balance

8. Environmental Cues to Eating and Physical Activity (Take Charge of What's Around You)
   a. Recognize food and activity cues
   b. Identify ways to change problem food and activity cues
   c. Identify ways to add positive cues for activity and eliminate cues for inactivity

9. Problem Solving (Problem Solving)
   a. Learn the five steps to problem solving
   b. Practice the steps using a problem the participant is experiencing now with eating less fat/calories or being more active

10. Strategies for Healthy Eating Out (Four Keys to Healthy Eating Out)
    a. Learn four basic principles for healthy eating out: planning ahead, asking for what you want, taking charge of what's around you, and choosing foods carefully
    b. Identify ways to apply these principles

11. Reversing Negative Thoughts (Talk Back to Negative Thoughts)
    a. Define negative thoughts
    b. Learn how to stop negative thoughts and talk back to them with positive ones
    c. Practice stopping negative thoughts and talking back to them with positive ones

12. Dealing with Slips in Lifestyle Change (The Slippery Slope of Lifestyle Change)
    a. Identify causes of slipping away from healthy eating or being active
    b. Identify methods for overcoming slips

13. Mixing Up Your Physical Activity: Aerobic Fitness (Jump Start Your Activity Plan)
    a. Discuss ways to add interest and variety to activity plans
    b. Learn the definition of "aerobic fitness"
    c. Learn the F.I.T.T. Principles (frequency, intensity, time, and type of activity) as related to heart (aerobic) fitness
14. Social Cues (Make Social Cues Work For You)
    a. Review examples of problem social cues and helpful social cues
    b. Discuss ways to change problem social cues and add helpful ones
    c. Review strategies for coping with social events such as parties, vacations, having visitors, and holidays
15. Managing Stress (You Can Manage Stress)
    a. Discuss how to prevent stress and cope with unavoidable stress
    b. Discuss how the National Diabetes Prevention Program can be a source of stress and how to manage that stress
16. Staying Motivated, Program Wrap Up (Ways to Stay Motivated)
    a. Review progress since Session 1, and if not at goal, develop a plan to improve progress
    b. Discuss the importance of motivation and ways to stay motivated
    c. Introduce maintenance program

Post-core Sessions Curriculum Topics

The post-core phase must have a minimum of six sessions and focus on topics that reinforce and build on the content delivered during the 16 core sessions. Lifestyle coaches will select topics from the menu below based on the participants' needs and interests. Lifestyle coaches do not need to select from all of the following topics and may choose the order in which they are presented.

1. Welcome to the Post-core Program
    a. Explain the purpose and benefits of the post-core program
    b. Revisit personal goals for weight loss and physical activity
    c. Reinforce the importance of self-monitoring weight, food intake, and physical activity
    d. Discuss ways to increase the accuracy of self-monitoring
2. Healthy Eating: Taking It One Meal at a Time
    a. Discuss the health benefits of eating regular meals
    b. Identify ways to lower fat and calories and enhance the nutritional content of meals and snacks
3. Making Active Choices (Stepping Up to Physical Activity)
    a. Revisit "lifestyle activity" and the importance of being active as a part of a normal routine
    b. Discuss the impact of lifestyle activity and the benefit of using a pedometer to track steps
    c. Discuss techniques to improve flexibility and balance

4. Balance Your Thoughts for Long-Term Maintenance
   a. Discuss ways of managing self-defeating thoughts that stand in the way of lifestyle change
   b. Identify ways to use assertive behavior to respond to challenging interpersonal situations
5. Healthy Eating With Variety and Balance
   a. Revisit the MyPlate food guide and its recommendations
   b. Discuss ways to incorporate produce into eating habits, how to shop for produce, and the nutritional differences between fresh, canned, frozen, and cooked produce
   c. Describe techniques for mindful eating
6. Handling Holidays, Vacations, and Special Events
   a. Discuss ways to maintain healthy habits during special occasions
   b. Discuss how proper planning can help with maintaining a healthy lifestyle during special events
7. More Volume, Fewer Calories
   a. Identify ways to add volume to eating habits by reducing fat, and adding water, fiber, fruits, and vegetables
   b. Describe the role of fiber in weight loss
   c. Discuss tips for increasing fiber intake
8. Fats: Saturated, Unsaturated, and Trans Fat
   a. Define fat and its sources
   b. Describe the different types of fat
   c. Discuss ways to make healthier choices related to fat intake
9. Stress and Time Management
   a. Identify sources of stress for participants
   b. Discuss ways to respond to stressful situations
   c. Discuss and practice using relaxation techniques to help reduce stress
   d. Discuss strategies for time management
10. Healthy Cooking: Tips for Food Preparation and Recipe Modification
   a. Discuss techniques that may be used to lower the fat and calorie content of recipes
   b. Identify lower-fat and calorie substitutions for common ingredients
11. Physical Activity Barriers (Staying on Top of Physical Activity)
   a. Identify common barriers to physical activity
   b. Identify alternatives and solutions to help overcome barriers to physical activity
   c. Discuss ways to stay motivated to be physically active
12. Preventing Relapse
   a. Define the terms “lapse” and “relapse”
   b. Review the steps for dealing with a lapse in healthy eating or physical activity

13. Heart Health
    a. Explain heart disease
    b. Identify risk factors for heart disease
    c. Define cholesterol and blood pressure
    d. Identify recommendations for preventing and managing heart disease
14. Life With Type 2 Diabetes
    a. Discuss the medical care required once a person is diagnosed with type 2 diabetes
    b. Discuss how diabetes is managed through diet, physical activity, and medication
    c. Explain the conditions and complications related to type 2 diabetes
    d. Describe the potential financial costs of managing type 2 diabetes, including medical treatment, blood glucose monitoring, and medications
15. Looking Back and Looking Forward
    a. Discuss habits of those who lose weight successfully
    b. Establish long-term weight, calorie, and physical activity goals

Requirements for Pending and Full Recognition

Pending and full recognition will be offered through DPRP. After an organization has applied for recognition with DPRP, the organization will achieve pending recognition if it agrees to the curriculum, duration, and intensity requirements (1–4) described below (see also **Table 1)**.

Each organization will be required to submit evaluation data to DPRP every six months from the date of the first lifestyle intervention core group session offered after the application acceptance date (henceforth referred to as the first session). This will allow for timely data analysis and provide opportunities for the organization to receive interim feedback on its progress in meeting recognition requirements.

Recognition status will be assessed 24 months after the first session. The organization will receive full recognition status if it has demonstrated program effectiveness by achieving *all* of the remaining seven requirements (5–12) described below (see also **Table 1)**. These recognition requirements will be assessed based on data from all of the lifestyle interventions (each having a duration of 1 year) that were delivered in their entirety by the organization during the 24-month period.

If after 24 months the organization has not achieved all of the requirements for full recognition, it will continue in pending recognition status for an additional 12 months. During this period, DPRP will provide technical assistance to the organization to help it achieve full recognition. A 36-month evaluation will be performed based on data from all of the lifestyle interventions completed during those additional 12 months. If the organization is not successful in achieving full recognition at the end of this period (36 months after the first session), it will lose recognition and must wait 12 months before reapplying for recognition.

Fully recognized organizations will continue to submit evaluation data every six months and will be re-evaluated every 24 months (based on data from all of the lifestyle interventions completed during the most recent 24-month period), but will not need to reapply for recognition.

Figure 1 (Appendix D) provides a visual representation of a sample recognition timeline.

Requirements for Pending Recognition Status

1. **Application for recognition** Submit completed application at www.cdc.gov/diabetes/prevention/recognition.
2. **Lifestyle curriculum** The lifestyle intervention must be based directly on the DPP research trial lifestyle intervention curriculum found at www.bsc.gwu.edu/dpp/manuals.htmlvdoc. The required curriculum content can be found in Section II Standards and Requirements for Recognition (Required Curriculum Content) of *DPRP Standards* and the recommended curriculum (National Diabetes Prevention Program Curriculum) at www.cdc.gov/diabetes/prevention/recognition.

   If the applicant organization chooses to use a different curriculum, it must send the curriculum to DPRP so it can be evaluated to ensure that it meets all the key elements of the DPP research trial lifestyle curriculum.
3. **Intervention duration** The lifestyle intervention must have duration of 1 year.
4. **Intervention intensity** The lifestyle intervention must begin with an initial core phase during which a minimum of 16 one-hour, in-person, group-based sessions are offered to all participants over a period lasting at least 16 weeks and not more than 26 weeks.

   The core phase must be followed by a post-core phase offered to all participants and consisting of a minimum of 6 one-hour, in-person, group-based sessions occurring once a month for the remaining year of the lifestyle program.

   A lifestyle coach may deliver the curriculum content from a remote location using audio and video technology (i.e., via tele-health methods), as long as participants meet in person for group sessions. Body weights should be measured, and evaluation data elements recorded, by an on-site facilitator who has received appropriate training.

   If participants miss a core or post-core session, the lifestyle program may offer a make-up session. The format and duration of make-up sessions (e.g., in-person, phone-based, etc.) is up to the discretion of the lifestyle program, keeping in mind that body weights should be measured and recorded at as many sessions as possible.

Additional Requirements for Full Recognition Status (Based on Evaluation Data)

5. **Session attendance during the core phase** Session attendance will be averaged over all participants who attended at least four core sessions. The average number of core sessions attended by participants must be a minimum of nine.

6. **Documentation of body weight during the core phase** Documentation of body weights will be based on all participants who attended at least four core sessions. Body weight must have been recorded at 80% or more of all core sessions (including makeup sessions) attended by these participants.
7. **Documentation of physical activity minutes during the core phase** Documentation of physical activity minutes will be based on all participants who attended at least four core sessions. Physical activity minutes must have been recorded at 80% or more of all core sessions (including makeup sessions) attended by these participants. Refer to Section IV for more information about the documentation of physical activity minutes.
8. **Weight loss achieved during the core phase** The average weight loss (mean percentage weight loss) achieved by participants attending at least four core sessions must be a minimum of 5% of "starting" body weight (defined as the body weight measured at the first core session attended). For those who do not complete the core phase, the end-of-core weight will be the weight recorded at the last core session attended.
9. **Session attendance during the post-core phase** Post-core session attendance will be averaged over all participants who attended at least four core sessions. The average number of post-core sessions attended by participants must be a minimum of three.
10. **Documentation of body weights during the post-core phase** Documentation of body weights will be based on all participants who attended at least one post-core session. Body weight must have been recorded at 60% or more of all post-core sessions attended by these participants.
11. **Weight loss achieved by the end of the post-core phase** The average weight loss (mean percentage weight loss) achieved over the entire intervention period by participants attending at least one post-core session must be a minimum of 5% of "starting" body weight (defined as the body weight measured at the first core session attended). For those who do not complete the post-core phase, the end-of-post-core weight will be the weight recorded at the last post-core session attended.
12. **Program eligibility requirement** Minimum of 50% of participants must be eligible for the lifestyle intervention based on either a blood-based test indicating prediabetes or a history of GDM. The remainder (maximum of 50% of participants) must be eligible based on the CDC Prediabetes Screening Test. Calculation of these percentages will be based on all participants who attended at least four core sessions. Refer to Section II for participant eligibility requirements.

Note: These requirements for recognition are presented in tabular form on the following page (**Table 1**). A hypothetical example of how program performance is assessed is included in Appendix E. The DPRP will calculate all of the performance indicators (5–12 above) for organizations seeking recognition.

Table 1. Diabetes Prevention Recognition Program Requirements for Recognition

	Standard	Requirement	How Evaluated	When Evaluated	Recognition Status
1	Application for recognition	Must provide the organization's identifying information to DPRP	- Name of organization - Address - Contact person - Contact phone/e-mail	Upon receipt of application	Pending
2	Lifestyle curriculum	Must meet requirements for curriculum content described in section II.E.	- Check box on application form agreeing to use the recommended curriculum *—or—* - Provide alternative curriculum to DPRP for approval	Upon receipt of application	Pending
3	Intervention duration	1 year duration	Data review	Every 6 months	Pending and Full
4	Intervention intensity	16 one-hour, core sessions during first 16–26 weeks, followed by a minimum of 6 post-core sessions, delivered once per month, during the remainder of the 12-month lifestyle intervention	Data review	Every 6 months	Pending and Full
5	Session attendance during the core phase	Minimum of 9 core sessions attended, on average	Attendance averaged over all participants attending a minimum of 4 core sessions	Every 6 months	Pending and Full
6	Documentation of body weight during core phase	During the core phase, on average, participants must have had body weights recorded at a minimum of 80% of the sessions attended (including makeup sessions)	Documentation of body weights based on all participants attending a minimum of 4 core sessions	Every 6 months	Pending and Full
7	Documentation of physical activity minutes during core phase	During the core phase, on average, participants must have had physical activity minutes recorded at a minimum of 80% of the sessions attended (including makeup sessions)	Documentation of physical activity minutes based on all participants attending a minimum of 4 core sessions	Every 6 months	Pending and Full
8	Weight loss achieved during the core phase	Average weight loss achieved by participants attending a minimum of 4 core sessions must be a minimum of 5% of "starting" body weight (defined as the body weight measured at the first core session attended). End-of-core weight will be the weight recorded at the last core session attended	Weight loss averaged over all participants attending a minimum of 4 core sessions	Every 6 months	Pending and Full
9	Participant average session attendance during the post-core phase	Minimum of 3 post-core sessions	Post-core session attendance averaged over all participants attending a minimum of 4 core sessions	Every 6 months	Pending and Full
10	Documentation of body weights during the post-core phase	During the post-core phase, on average, participants must have body weights recorded at a minimum of 60% of the sessions attended	Documentation based on body weights of all participants attending a minimum of 1 post-core session	Every 6 months	Pending and Full

	Standard	Requirement	How Evaluated	When Evaluated	Recognition Status
11	Weight loss achieved by the end of the post-core phase	Average weight loss achieved over the entire intervention period by participants attending a minimum of 1 post-core session must be a minimum of 5% of "starting" body weight (defined as the body weight measured at the first core session attended)	Weight loss averaged over all participants attending a minimum of 5 sessions during the entire intervention period (4 core + 1 post-core)	Every 6 months	Pending and Full
12	Program eligibility requirement	Minimum of 50% of participants must be eligible for the lifestyle intervention based on either a blood-based test indicating prediabetes or a history of GDM. The remainder (maximum of 50% of participants) must be eligible based on the CDC Prediabetes Screening Test.	Calculation of these percentages based on all participants who attended at least four core sessions.	Every 6 months	Pending and Full

DPRP Diabetes Prevention Recognition Program; GDM Gestational Diabetes Mellitus

III. Applying for Recognition

CDC welcomes organizations that offer a lifestyle program to prevent type 2 diabetes to apply for recognition by DPRP. Any organization with the capacity to deliver a lifestyle intervention meeting DPRP standards may apply for recognition.

Before you apply, you should read the *Diabetes Prevention Recognition Program: Standards and Operating Procedures* (this document), which spells out the criteria for delivering lifestyle interventions that meet the standards for full recognition by DPRP. *DPRP Standards* also contains a capacity assessment—a list of six questions to ask about your organization's readiness to participate in the national program (Appendix A). You are strongly encouraged to conduct this assessment. Answering those questions will help you decide if your organization has the resources to start and maintain lifestyle classes that fit the requirements for full recognition.

To apply for recognition, you must complete the online application at www.cdc.gov/diabetes/prevention/recognition. After you submit the application form, you will receive a confirmation e-mail. This e-mail will include instructions for submitting an alternative curriculum, if applicable. If you are using the recommended *National Diabetes Prevention Program Curriculum*, DPRP staff will notify you by e-mail of the outcome of your application within 15 working days. If you are using an alternative curriculum, your curriculum must be sent to DPRP within 10 working days after you submit your application. DPRP staff will review your alternative curriculum along with your application. In this case, DPRP staff will notify you by e-mail of the outcome of your application within 30 working days of receiving your curriculum.

The specific data elements that each applicant organization will be required to enter in the online application form are listed below.

1. **Type of Application** Select *Initial* if your organization has not previously applied for recognition; *Change* if there has been a change in your organization's contact information; *Re-applying* if your organization lost recognition and you are re-applying for recognition.

2. **Organization Code** This code is assigned by DPRP. If you are applying for the first time, choose *Not applicable*. If you selected *Change* or *Re-applying* in the box above, enter your previously assigned organization code in this box.
3. **Organization Name** Upon approval of your application, this will be published in the DPRP registry and on the program's Web site.
4. **Organization Physical Address** Upon approval of your application, this will be published in the DPRP registry and on the program's Web site.
5. **Organization Mailing Address** Include if different from Organization Physical Address. DPRP staff will use this address to communicate by mail with your organization.
6. **Organization Web Address or URL** Optional. Upon approval of your application, if provided, this will be published in the DPRP registry and on the program's Web site.
7. **Organization Phone Number.** This is the number that participants, payers, and others should call to obtain information about your program. Upon approval of your application, this will be published in the DPRP registry and on the program's Web site.
8. **Contact Person Name** The name of the individual who will be the applicant organization's DPRP contact person. Salutation (e.g., Mr., Mrs., Dr., Ms., Miss, other [please specify]), last name, first name, middle initial, academic credentials (e.g., MD, RN, MPH, MPA, PhD, etc. [please specify]). The contact person's information will not be included in the registry.
9. **Contact Person Title** The contact person's title within your organization (e.g., Lifestyle Program Coordinator)
10. **Contact Person E-mail Address** DPRP staff will use The contact person's e-mail address to communicate with your organization
11. **Contact Person Phone Number** DPRP staff will use the contact person's phone number to communicate with your organization
12. **Contact Person Fax Number** Optional. DPRP staff may use the contact person's fax number to communicate by fax with your organization
13. **Curriculum** Select *National Diabetes Prevention Program Curriculum* or *Other Curriculum*. If you selected *Other Curriculum*, you must send your alternative curriculum to DPRP upon submission of your application.

Electronic signature: By submitting this application, your organization asserts that it has thoroughly reviewed the *CDC Diabetes Prevention Recognition Program: Standards and Operating Procedures* and would like to participate in CDC's voluntary recognition program. Your organization agrees to comply with all of the recognition criteria contained in *DPRP Standards*, including the transmission of data to CDC every six months from the date of the initial lifestyle class for the purpose of program evaluation, continuing recognition, and technical assistance. **[Enter name of authorized representative, title of authorized representative, organization name, and date.]**

How will DPRP review alternative curriculum submissions?
Organizations that choose to apply for recognition status with CDC and choose to use a curriculum other than the *National Diabetes Prevention Program Curriculum* must ensure that the alternative curriculum is based directly on the DPP research trial lifestyle intervention curriculum and contains all of the required curriculum content as detailed in *DPRP Standards* or the alternate curriculum will not be approved. The proposed curriculum will be reviewed by the DPRP Project Officer and, as appropriate, by other DPRP staff. Proposed alternative curricula will be assessed using a curriculum checklist consisting of criteria for content, duration, and intensity drawn directly from *DPRP Standards*.

Does DPRP recognize organizations outside of the United States and U.S. territories?
No, DPRP is a U.S. program and does not recognize programs outside the United States. However, the *National Diabetes Prevention Program Curriculum* is freely available to all at no cost. The curriculum is downloadable at the National Diabetes Recognition Program Web site (www.cdc.gov/diabetes/prevention/recognition).

My organization is part of a larger local, state, regional, or national organization. Can the larger organization apply for recognition on behalf of my organization and other organizations under its umbrella?
In order to assure the consistent quality of recognized programs, provide appropriate feedback for quality improvement, and maintain a registry of recognized programs that will be helpful to participants and payers, DPRP seeks to recognize the individual organizations that actually deliver the lifestyle intervention. For larger or more complex organizations, DPRP will recognize the smallest organizational unit that delivers the intervention. For example, DPRP will recognize individual branches of a metropolitan-area community organization, but will not award overall recognition to the community organization. The larger organization may provide administrative and technical support for its branch organizations. However, a separate application should be submitted for each branch, and each branch will be independently evaluated and recognized.

My organization conducts lifestyle classes at several locations. Do I need to fill out a separate application for each location?
The application should be submitted by the organizational entity that delivers the intervention. For example, a branch of a metropolitan-area community organization may offer lifestyle classes at the branch facility, a local school, and several churches. As long as all of these classes are delivered by the branch's lifestyle program and its staff, separate applications for each location are not required; a single DPRP application is appropriate.

If you have any questions about your application or DPRP, please call the Centers for Disease Control and Prevention's help line, CDC-Info:
800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348
8 a.m. – 8 p.m. Eastern Standard Time
cdcinfo@cdc.gov

Please ask the help desk staff for information about applying to the Diabetes Prevention Recognition Program. You may also send an e-mail to the CDC help desk with the subject line "Diabetes Prevention Recognition Program Application."

IV. Submitting Evaluation Data to DPRP

Once an organization's application has been reviewed and accepted, DPRP will send an e-mail to the organization's contact person indicating that the organization has been awarded pending recognition status. This e-mail will include the unique organization code assigned by DPRP, and the e-mail address to which evaluation data is to be submitted. At the same time, the organization will be listed in the DPRP Registry.

Six months after the application acceptance date, DPRP will send an e-mail reminder to the organization's contact person regarding the requirement to begin submitting evaluation data six months after the date of the organization's first lifestyle session.

When the organization makes its first data submission, DPRP will review the data and note the actual date of the first session. This date will determine the organization's data submission, evaluation, and recognition timeline. It will also determine the timing of future data submission reminders, which will be sent to the organization, as a courtesy, approximately two weeks after each due date.

If DPRP does not receive the first evaluation data submission within 12 months of an organization's acceptance date, DPRP will send a second e-mail reminder to the organization's contact person. If the first evaluation data submission is not received within 18 months, the organization will lose recognition and will be removed from the DPRP Registry.

After the first evaluation data submission, if subsequent data submissions are not received by DPRP within four weeks after the due date, the organization will lose recognition and will be removed from the DPRP Registry.

Each DPRP recognized organization (full or pending) must transmit evaluation data to CDC every six months. This requirement begins six months from the date of the first lifestyle intervention session held following acceptance of the DPRP application. Each transmission must include data from all of the lifestyle intervention sessions conducted during the preceding six months.

All of the data elements listed below must be transmitted to CDC. Data must be transmitted as a data file using the comma separated value (CSV) format, which is compatible with the majority of statistical, spreadsheet, and database applications. Each row in the data file should represent one session attended by one participant (i.e., participant will have new row for each session). Each column in the data file should represent one field containing specific data for the evaluation data elements listed below.

Transmitted data must conform to the specifications in the data dictionary that is included below. The variable names, codes, and values, contained in the data dictionary (**Table 2**) must be used. Applicant organizations should take time to become familiar with all of the data elements and specifications.

No information in identifiable form (directly or indirectly identifiable) (IIF) about lifestyle program coaches or participants should be transmitted to CDC. All identifiers (except the organization code, which is provided by CDC) will be assigned and maintained by the applicant organization according to the specifications outlined in the data dictionary.

Evaluation Data Elements

1) **Participant ID** Will be assigned by the applicant organization to uniquely identify and track participants across sessions. Must be included on all session attendance records generated for an individual participant. The Participant ID should not be based on social security number or other IIF.

2) **Participant's Prediabetes Determination** Should be recorded at enrollment and included on all session attendance records generated for an individual participant. Indicates whether a participant's prediabetes status was determined by a blood-based diagnostic test, by a previous diagnosis of gestational diabetes mellitus (GDM), or by screening positive on the CDC Prediabetes Screening Test (see appendix B). Multiple responses are allowed. This element requires responses for five fields (refer to Table 2, the data dictionary).

3) **Participant's Age** Should be recorded at enrollment and included on all session attendance records generated for an individual participant. Should be recorded to the nearest whole year.

4) **Participant's Ethnicity** Should be recorded at enrollment and included on all session attendance records generated for an individual participant. The participant should self-identify and have the opportunity to choose one of the following: "Hispanic or Latino" or "Not Hispanic or Latino."

5) **Participant's Race** Should be recorded at enrollment and included on all session attendance records generated for an individual participant. The participant should self-identify and have the opportunity to choose one or more of the following: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. Multiple responses are allowed. This element requires responses for five fields (refer to Table 2, the data dictionary).

6) **Participant's Sex** Should be recorded at enrollment and included on all session attendance records generated for an individual participant. The data record should indicate male or female.

7) **Participant's Height** Should be recorded at enrollment and included on all session attendance records generated for an individual participant. Height may be self-reported (i.e., it is not necessary to measure the participant's height; the participant may simply be asked, "What is your height" or "How tall are you?"). Participant's height should be recorded in inches.

8) **Organization Code** Will be assigned by CDC after the DPRP application is received and prior to the first data transmission. Each DPRP applicant will have a unique organization code. Should be included by the applicant organization on all data records submitted.

9) **Location Code** Will be assigned by the applicant organization to uniquely identify each venue or location used to conduct the applicant's lifestyle intervention program sessions. The location code will indicate the venue used for each session.

10) **Core Group Code** Will be assigned by the applicant organization to uniquely identify each lifestyle intervention class (set of core program sessions).

11) **Session Date** Each time a participant attends a session, the actual date of the session should be recorded. The date should be recorded in mm/dd/yyyy format.

12) **Lifestyle Coach ID** Will be assigned by the applicant organization to uniquely identify each lifestyle coach conducting lifestyle intervention sessions for the applicant organization. The Lifestyle Coach ID should not be based on social security number or other IIF.

13) **Participant's Weight** Each time a participant attends a core or post-core session, his or her body weight will be measured and recorded to the nearest whole pound. The weight must be included on the record for that participant and session. If a participant is pregnant, her data will not be included when calculating average weight loss (see data dictionary for the appropriate code.)

14) **Participant's Physical Activity Minutes** Once physical activity monitoring has begun in the curriculum, participants will be asked to report the number of minutes of brisk physical activity completed during the preceding week. This information should be included on the record for that participant and session. If physical activity monitoring has not yet begun in the curriculum, this element may be coded "monitoring not begun in curriculum." If physical activity is not recorded for any other reason (e.g., if physical activity monitoring is not done during the post-core phase), the default code should be used. (Refer to the data dictionary for the appropriate codes.)

15) **Session Type** This element will identify the session attended as a scheduled core session, a makeup session (attended to make up for a missed core session), or a post-core session.

16) **Session ID** This element will identify the session attended as one of the core sessions (numbered 1 through 16) or as a post-core session (coded as "99").

Table 2. Data Dictionary: Evaluation Data Elements

Data element description	Variable name	Coding/valid-values	Comments
Participant ID	PARTICIP	Up to 25 alphanumeric characters	Required. Participant ID is uniquely assigned and maintained by the applicant organization, must not contain any IIF
Participant's Prediabetes Determination (1 of 5)	FPG	1 Prediabetes diagnosed by FPG 2 Prediabetes NOT diagnosed by FPG (default)	Required
Participant's Prediabetes Determination (2 of 5)	OGTT	1 Prediabetes diagnosed by 2-hour OGTT 2 Prediabetes NOT diagnosed by OGTT (default)	Required
Participant's Prediabetes Determination (3 of 5)	A1C	1 Prediabetes diagnosed by A1c 2 Prediabetes NOT diagnosed by A1c (default)	Required
Participant's Prediabetes Determination (4 of 5)	GDM	1 Prediabetes determined by clinical diagnosis of GDM during previous pregnancy 2 Prediabetes NOT determined by GDM (default)	Required
Participant's Prediabetes Determination (5 of 5)	RISKTEST	1 Prediabetes determined using the CDC Prediabetes Screening Test 2 Prediabetes NOT determined using the CDC Prediabetes Screening Test (default)	Required
Participant's Age	AGE	18 to 125 (in years, rounded with no decimals)	Required
Participant's Ethnicity	ETHNIC	1 Hispanic or Latino 2 Not Hispanic or Latino 9 Not reported (default)	Required; if ethnicity is not reported by the participant, this variable will be coded as '9'
Participant's Race (1 of 5)	AIAN	1 American Indian or Alaska Native 2 Not American Indian or Alaska Native (default)	Required; if race is not reported by the participant, all of the 5 race variables will be coded as '2'
Participant's Race (2 of 5)	ASIAN	1 Asian 2 NOT Asian (default)	Required; if race is not reported by the participant, all of the 5 race variables will be coded as '2'
Participant's Race (3 of 5)	BLACK	1 Black or African American 2 NOT Black or African American (default)	Required; if race is not reported by the participant, all of the 5 race variables will be coded as '2'
Participant's Race (4 of 5)	NHOPI	1 Native Hawaiian or Other Pacific Islander 2 NOT Native Hawaiian or Other Pacific Islander (default)	Required; if race is not reported by the participant, all of the 5 race variables will be coded as '2'
Participant's Race (5 of 5)	WHITE	1 White 2 NOT White (default)	Required; if race is not reported by the participant, all of the 5 race variables will be coded as '2'
Participant's Sex	SEX	1 Male 2 Female	Required

Data element description	Variable name	Coding/valid-values	Comments
Participant's Height	HEIGHT	30 to 98 (in inches) *— or—* 99 Not reported (default)	Required
Organization Code	ORGCODE	Up to 25 alphanumeric characters	Required, provided by CDC
Location Code	LOCATION	Up to 25 alphanumeric characters	Required
Core Group Code	CORECODE	Up to 25 alphanumeric characters	Required
Session Date	DATE	mm/dd/yyyy	Required. Each data record represents attendance by one participant at one session; must include actual date of the session
Lifestyle Coach ID	COACH	Up to 25 alphanumeric characters	Required. The lifestyle coach ID is uniquely assigned and maintained by the applicant organization; must not contain any IIF
Participant's Weight	WEIGHT	70 to 997 (in pounds) *—or—* 998 Pregnant (data will not be included when calculating average weight loss *—or—* 999 Not recorded (default)	Required. At each session, participants are weighed; weight must be included on the record for that session and participant
Participant's Physical Activity Minutes	PA	0 to 997 (in minutes) *—or—* 998 Monitoring not begun in curriculum *—or—* 999 Not recorded (default)	Required. At some or all program sessions, participants are asked to report the number of minutes of brisk physical activity they completed in the preceding week
Session Type	SESSTYPE	C Core session P Post-core session M Make-up for core session	Required
Session ID	SESSID	1 to 16 Core or makeup session *—or—* 99 Post-core session	Required. Core group sessions and core-group make-up sessions should be numbered 1 through 16. The session ID should correspond to the specific session attended. Post-core sessions should all be coded as '99'

A1c Hemoglobin A1c test; FPG fasting plasma glucose test; GDM Gestational Diabetes Mellitus; IIF information in identifiable form (directly or indirectly identifiable); OGTT oral glucose tolerance test

If you have any questions about the evaluation data elements or their transmission, please call the Centers for Disease Control and Prevention's help line, CDC-Info:
800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348
8 a.m. – 8 p.m. Eastern Standard Time
cdcinfo@cdc.gov

Please ask the help desk staff for information about submitting evaluation data to the Diabetes Prevention Recognition Program. You may also send an e-mail to the CDC help desk with the subject line "Diabetes Prevention Recognition Program Evaluation Data."

V. Random Audits

Random audits will be conducted to assure that applicant organizations are accurately collecting and reporting data and addressing all of the DPRP requirements for recognized diabetes prevention programs.

VI. National Registry of Recognized Diabetes Prevention Programs

A list of National Diabetes Prevention Program sites with pending and full recognition will be published on the DPRP Web site (www.cdc.gov/diabetes/prevention/recognition).

Appendix A: Capacity Assessment

Prior to your organization applying to become a CDC-recognized Diabetes Prevention Program, your organization is encouraged to consider its capacity to provide resources and to deliver the program effectively. Therefore, please consider the following questions before submitting an application.

1. Is your organization interested in:
   a. Offering the diabetes prevention program itself? If so, continue to question 2.
   b. Referring eligible participants into a recognized lifestyle program? If so, consider partnering with an existing provider of the lifestyle program in your community.
2. Does your organization have the resources to train lifestyle coaches to deliver the CDC-approved curriculum?
   a. If yes, continue to question 3.
   b. If no, consider partnering with an existing provider of the lifestyle program in your community.
3. Does your organization have sufficient volunteer or paid staff to employ lifestyle coaches who meet its eligibility and skill requirements to carry out the responsibilities of the position?
   a. If yes, continue to question 4.
   b. If no, consider partnering with an existing provider of the lifestyle program in your community.
4. Does your organization have sufficient volunteer or paid staff who meet its eligibility and skill requirements to employ a diabetes prevention coordinator to carry out the responsibilities of the position?
   a. If yes, continue to question 5.
   b. If no, consider partnering with an existing provider of the lifestyle program in your community.
5. Can your organization satisfy requirements related to the Health Insurance Portability and Accountability Act (HIPAA) when referring eligible participants into the program?
   a. If yes, continue to question 6.
   b. If no, consider partnering with an existing provider of the lifestyle program in your community that is able to satisfy HIPAA requirements.
6. Does your organization have sufficient volunteer or paid staff and organizational capacity to collect and submit all required evaluation data to CDC?
   a. If yes, continue with planning and offering the program.
   b. If no, consider partnering with an existing provider of the lifestyle program in your community that is able to satisfy data collection and submission requirements.

Appendix B: CDC Prediabetes Screening Test

A score of nine or higher on this screening test indicates that the tested person is at high risk for having prediabetes. In a national sample of U.S. adults aged 18 years and older (2007–08 National Health and Nutrition Examination Survey), this screening test correctly identified 27%–50% of those with a score of 9 or higher as true cases of prediabetes based on the HbA1c, fasting blood glucose, or two-hour oral glucose tolerance confirmatory diagnostic tests (Division of Diabetes Translation, Centers for Disease Control and Prevention, 2010).

An online widget of the screening test can be downloaded at http://www.cdc.gov/widgets. The screening test can be given on paper using the document on the following pages.

Prediabetes You Could Be at Risk

Prediabetes means your blood glucose (sugar) is higher than normal, but not yet diabetes. Diabetes is a serious disease, which can cause heart attack, stroke, blindness, kidney failure, or loss of toes, feet or legs. Type 2 diabetes can be delayed or prevented in people with prediabetes, however, through effective lifestyle programs. Take the first step. Find out your risk for prediabetes.[1]

Take the Test — Know Your Score!

Answer these seven simple questions. For each "Yes" answer, add the number of points listed. All "No" answers are 0 points.

	Yes	No
Are you a woman who has had a baby weighing more than 9 pounds at birth?	1	0
Do you have a sister or brother with diabetes?	1	0
Do you have a parent with diabetes?	1	0
Find your height on the chart. Do you weigh as much as or more than the weight listed for your height? (See chart on Page 21)	5	0
Are you younger than 65 years of age and get little or no exercise in a typical day?	5	0
Are you between 45 and 64 years of age?	5	0
Are you 65 years of age or older?	9	0
Total points for all "yes" responses:		

[1] Based on Herman WH, Smith PJ, Thomason TJ, Engelgau MM, Aubert RE. A new and simple questionnaire to identify people at risk for undiagnosed diabetes. Diabetes Care 1995 Mar;18(3);382-7.

Know Your Score

9 or more points: High risk for having prediabetes now. Please bring this form to your health care provider soon.

3 to 8 points: Probably not at high risk for having prediabetes now. To keep your risk level below high risk:

- If you're overweight, lose weight
- Be active most days
- Don't use tobacco
- Eat low-fat meals including fruits, vegetables, and whole-grain foods
- If you have high cholesterol or high blood pressure, talk to your health care provider about your risk for type 2 diabetes

What if I I Scored a '9' or Higher on the Test?

How Can I Get Tested for Prediabetes?

Individual or group health insurance: See your health care provider. If you don't have a provider, ask your insurance company about providers who take your insurance. Deductibles and copays may apply.

Medicaid: See your health care provider. If you don't have a provider, contact a state Medicaid office or contact your local health department.

Medicare: See your health care provider. Medicare will pay the cost of testing if the provider has a reason for testing. If you don't have a provider, contact your local health department.

No insurance: Contact your local health department for more information about where you could be tested or call your local health clinic.

At-Risk Weight Chart

Height	Weight (in Pounds)
4’10”	129
4’11”	133
5’0”	138
5’1”	143
5’2”	147
5’3”	152
5’4”	157
5’5”	162
5’6”	167
5’7”	172
5’8”	177
5’9”	182
5’10”	188
5’11”	193
6’0”	199
6’1”	204
6’2”	210
6’3”	216
6’4”	221

Appendix C: Staff Eligibility, Skills and Roles, and Sample Job Descriptions

Use of Lifestyle Coaches

Recognized programs must use a lifestyle coach to deliver the program to participants. The position description below identifies the responsibilities, eligibility criteria, skills, knowledge, and qualities of such coaches.

Position Description: Lifestyle Coach

Summary: Provide support and guidance to participants in the lifestyle program and implement standard curriculum designed for the lifestyle program.

1. **Responsibilities may include:**
   a. Providing curriculum to class participants in effective, meaningful, and compelling ways
   b. Encouraging group participation and interaction through the use of open-ended questions and facilitating commitment to activities and retention of knowledge of participants
   c. Creating a motivating environment that is friendly and noncompetitive
   d. Fostering relationships with and between participants
   e. Making learning a shared objective for the group
   f. Preparing before each class (i.e., reviewing participants' food and activity trackers, lesson plan, content for class, and making a reminder call to participants)
   g. Making self accessible to participants both before and after sessions to answer questions and follow up on any questions not addressed during class time
   h. Following up with participants outside of class if they are unable to attend (offering an in-person makeup session opportunity)
   i. Supporting and encouraging goal setting on a weekly basis
   j. Recording session data for each participant (attendance, body weight, total weekly minutes of physical activity, etc.)
   k. Arriving for class on time and dressed appropriately
   l. Complying with all applicable laws and regulations, including those governing privacy and data security

2. **Eligibility**
   People who have been trained to deliver the required curriculum content and possess the skills, knowledge, and qualities listed below are eligible to be lifestyle coaches. Lifestyle coaches may have credentials (e.g., RD, RN), but credentials are not required.

3. Skills, knowledge and qualities

After receiving program training, lifestyle coaches should be proficient in the following areas:

a. Organizing program materials and delivering the program with adherence to a CDC-approved curriculum
b. Facilitating groups to optimize social interaction, shared learning, and group cohesion
c. Understanding and overseeing participant safety-related issues with respect to program delivery

In addition, lifestyle coaches should demonstrate the following skills, knowledge and qualities:

d. Ability to guide behavior change efforts in others without prescribing personal actions or solutions, so that participants increase their self-confidence and capacity to make and sustain positive lifestyle changes
e. Ability to communicate empathy for participants, who will likely experience difficulty and frustration at times when trying to adopt and sustain healthy lifestyle behavior changes and who may be unlike the lifestyle coach in terms of weight status and level of commitment to living a healthy lifestyle
f. Ability to build strong relationships with individuals and build community within a group.
g. Knowledge of basic health, nutrition, and fitness principles
h. Knowledge of the principles of behavior change, including motivational interviewing techniques
i. Commitment to the mission of the organization that is offering the program
j. Flexibility to work with people from all walks of life
k. Strong interpersonal and communication skills
l. Attention to detail and data collection

Use of a Diabetes Prevention Coordinator

Recognized programs should designate an individual to serve in the role of diabetes prevention coordinator. If a recognized program serves a large number of participants at any one time, multiple coordinators may be required. Similarly, if a recognized program serves a small number of participants at any one time, it may be possible for a lifestyle coach to serve simultaneously in the role of the diabetes coordinator.

The position description below identifies the responsibilities, eligibility criteria, skills, knowledge, and qualities required of the diabetes prevention coordinator.

Position Description: Diabetes Prevention Coordinator

Summary: Implement the lifestyle program, supervise daily operations related to the lifestyle program, provide support and guidance to lifestyle coaches, and ensure that the program achieves quality performance outcomes.

1. Responsibilities may include

a. Establishing relationships with public health, physician, payer communities, and other referral networks to enhance awareness of and referrals to the lifestyle program

b. Serving as a liaison, ambassador, and advocate for the lifestyle program within public health, physician, health care professional, and payer communities
c. Responding to inquiries about the lifestyle program from the general public and members of the public health, physician, health care provider, and payer communities
d. Assisting senior leaders within the organization in leveraging their relationships with public health, physician, health care provider, and payer communities to benefit the lifestyle program
e. Engaging senior leaders within the organization to be ambassadors and advocates for the lifestyle program in the public health, physician, health care provider, and payer communities
f. Acting as spokesperson for the lifestyle program to the press and media
g. Hiring and supervising lifestyle coaches
h. Organizing lifestyle coach training and supporting coaches in implementing the lifestyle program
i. Monitoring the quality of support that lifestyle coaches provide to lifestyle program participants
j. Recruiting, screening, and registering eligible participants into the lifestyle program
k. Organizing a master schedule of the lifestyle program classes offered by the applicant organization
l. Ensuring adequate publicity for and marketing of the lifestyle program
m. Assisting lifestyle coaches with launching each group and evaluating the group
n. Assisting with retention and commitment of lifestyle program participants
o. Regularly reviewing data from the lifestyle program to ensure it meets quality performance standards
p. Internally auditing the lifestyle program to ensure compliance with DPRP standards
q. Providing class coverage, if needed, to prevent a canceled class
r. Ensuring compliance with all applicable laws and regulations, including those governing privacy and data security

2. Eligibility

Individuals must have been trained as lifestyle coaches to be considered as diabetes prevention coordinators.

3. Skills, knowledge and qualities

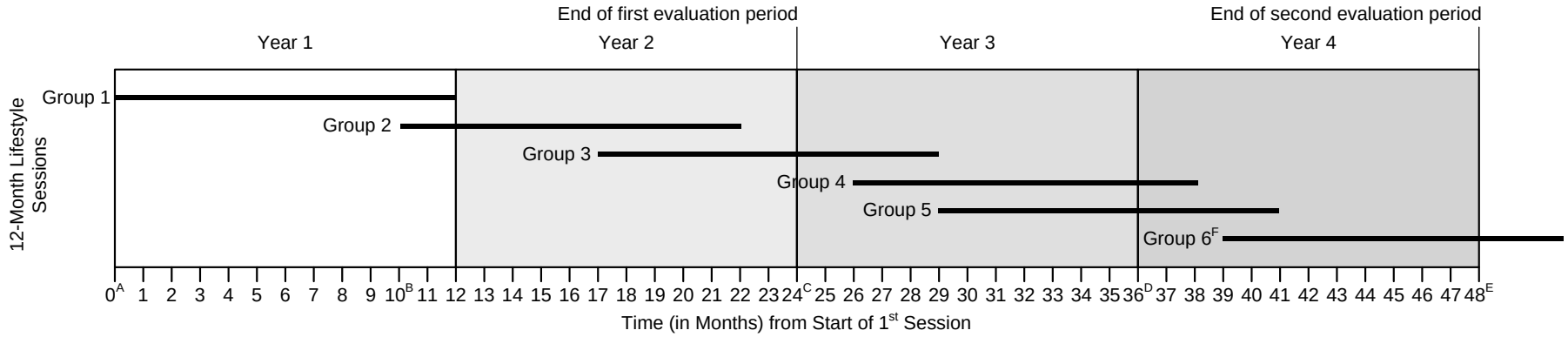
Coordinators should be proficient in the following areas:

a. Organizing lifestyle program materials and delivering the lifestyle program with adherence to a CDC-approved curriculum
b. Facilitating groups to optimize social interaction, shared learning, and group cohesion
c. Understanding and overseeing participant safety-related issues with respect to lifestyle program delivery

In addition, coordinators should have the following skills, knowledge and qualities:

a. Ability to guide behavior change efforts in others without prescribing personal actions or solutions, so that participants increase their self-confidence and capacity to make and sustain positive lifestyle changes
b. Ability to communicate empathy for participants, who will likely experience difficulty and frustration at times when trying to adopt and sustain healthy lifestyle behavior changes and who may be unlike the coordinator in terms of weight status and level of commitment to living a healthy lifestyle
c. Ability to build strong relationships with individuals and build community within a group
d. Ability to administer all aspects of delivering the service, build a network of referrers, and provide quality assurance for program delivery
e. Ability to supervise and evaluate lifestyle coaches' performance according to standards specified in this appendix and mentor their ongoing improvement
f. Ability to act as a resource for lifestyle coaches by answering questions and providing evidence-based information in a timely manner
g. Ability to understand and oversee all aspects of participant safety-related issues with respect to program delivery
h. Knowledge of basic health, nutrition, and fitness principles
i. Knowledge of the principles of behavior change, including motivational interviewing techniques
j. Familiarity with the public health community
k. Commitment to the mission of the organization that is offering the lifestyle program
l. Flexibility to work with people from all walks of life and with a variety of stakeholders (participants, physicians, health care providers, public health officials, employers, payers)
m. Outstanding interpersonal, communication, and organizing skills
n. Attentiveness to details and data collection

Appendix D: Sample Timeline



Notes

A 24-month evaluation period starts with beginning of first lifestyle session (at any time after organization receives Pending Recognition designation from DPRP)

B Additional lifestyle sessions may begin at any time after the first session

C End of first 24-month evaluation period. Only data collected from Groups 1 and 2 (completed before 24-month cutoff) used for evaluation. Two possible outcomes:
- If data provided meet required criteria, organization will receive Full Recognition status from DPRP
- If data collected within the 24-month evaluation period do not meet required criteria, organization continues to send data and is re-evaluated at 36 months from the beginning of the first session

D Only data collected from sessions ending between 24 months and 36 months on the timeline will be used for the 36-month evaluation. (In the sample timeline above, only data from Group 3 would be used for the 36-month evaluation.) Two possible outcomes:
- If data provided meet required criteria, organization will receive Full Recognition status from DPRP
- If the organization does not receive full recognition at 36 months, it will lose recognition and must wait 12 months before reapplying

E End of second 24-month evaluation period. Data collected from Groups 3, 4, and 5 (completed between 24th and 48th months) used for evaluation

F Data collected from Group 6 (completed after 48-month cutoff) used for evaluation at end of third 24-month period

Figure 1. Sample timeline showing sequencing of events for organizations seeking recognition status from the Diabetes Prevention Recognition Program

Appendix E: Example of Using Data for Evaluation

Hypothetical example of how DPRP will calculate some of the measures used to assess recognition status.

Participant	Core sessions attended	Core sessions with weight measured	Weight (lbs) at *first* core session attended*	Weight (lbs) at *last* core session attended	Post-Core sessions attended	Post-Core sessions with weight measured	Weight (lbs) at *last* post-core session attended
1	9	7	200	180	3	2	182
2	8	6	175	166	2	2	168
3	12	12	305	275	5	2	288
4	13	11	181	183	6	4	175
Total	42	36	861	804	16	10	813
Standard	9	80%		–5%	3	60%	–5%
Achieved	10.5[1]	85.7%[2]		–6.0%[3]	4[4]	62.5%[5]	–5.5%[6]

* Starting Body Weight

1. Average number of core sessions attended:
   42 sessions/4 participants = 10.5.
2. Percentage of core sessions in which weight was measured:
   (36/42) × 100 = 85.7%.
3. Average per-participant percentage weight loss at end of core phase:
   [(180/200 – 1) + (166/175 – 1) + (275/305 – 1) + (183/181) – 1)] × 100/4 = –6.0%
4. Average number of post-core sessions attended:
   16 sessions/4 participants = 4.
5. Percent of post-core sessions in which weight was measured:
   (10/16) × 100 = 62.5%.
6. Average per-participant percentage weight loss at end of post-core phase:
   [(182/200 – 1) + (168/175 – 1) + (288/305 – 1) + (175/181) – 1)] × 100/4 = –5.5%

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