Bringing the VISION of a Healthy Los Angeles to REALITY

National Diabetes Prevention Program Implementation Toolkit

Designed for Program Providers, Healthcare Providers, Program Implementers, Administrators and anyone interested in developing and implementing the National Diabetes Prevention Program

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CDC resources in this guide are provided for information and are not an endorsement of the toolkit by the CDC.

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Introduction to the
National Diabetes Prevention Program Provider Toolkit

The National Diabetes Prevention Program (National DPP) is a cost-effective and evidence-based intervention that has been proven to delay and prevent type 2 diabetes. Because of this evidence, the National DPP is recognized and promoted by the Centers for Disease Control and Prevention (CDC). Programs that follow the CDC curriculum (or have received special approval for modified/tailored curriculums), track participants progress, and have outcomes comparable to those in the original trial are eligible to apply for and obtain recognition by the CDC. Programs that have achieved pending, preliminary or full CDC recognition are known as Diabetes Prevention Recognized Programs and listed on the CDC National DPP online registry.

This toolkit is a comprehensive guide for how to develop a program, become CDC recognized and implement a National DPP within your organization. The toolkit addresses key questions such as (1) Does my organization have the capacity and staff to run a National DPP; (2) What are the requirements to apply for CDC recognition (3) How can my organization recruit and sustain program participants; and (4) How can my organization collect data and evaluate your program? The toolkit has been designed to use based on what stage your organization is currently in so please feel free to skip around and use each resource to meet organizational need to implementing the National DPP.

Background

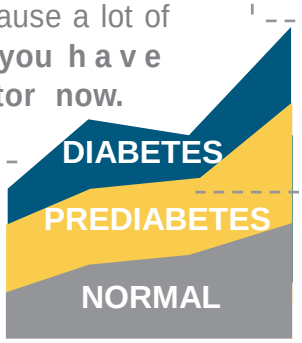
DIABETES AND PREDIABETES

TYPE 2 DIABETES is when there is more sugar in the blood than there should be. This happens when the body cannot turn the sugar you eat into energy for you to use. This extra sugar in your blood can cause a lot of health problems.[1] **If you think you have diabetes, talk to your doctor now.**

PREDIABETES is when your blood sugar levels are higher than normal, but not high enough to be type 2 diabetes. People who have prediabetes are at high risk for developing type 2 diabetes.[2]

1 in 10

PEOPLE HAVE DIABETES



1 in 3

PEOPLE HAVE PREDIABETES
MOST PEOPLE DON'T KNOW THEY HAVE IT

WHY KNOWING YOUR RISK MATTERS

It is important to identify diabetes and treat it as early as possible, because uncontrolled diabetes can lead to serious health problems, such as

- Heart attack or stroke
- Vision problems and blindness
- Kidney Failure
- Toe, foot, or leg amputations

WHAT CAN I DO IF I HAVE PREDIABETES

Prediabetes does not have to become diabetes!
Blood sugar levels can be brought back to normal with healthy lifestyle changes such as:

- Eat Healthier
- Do more physical activity
- Be a healthy weight
- Join National DPP*

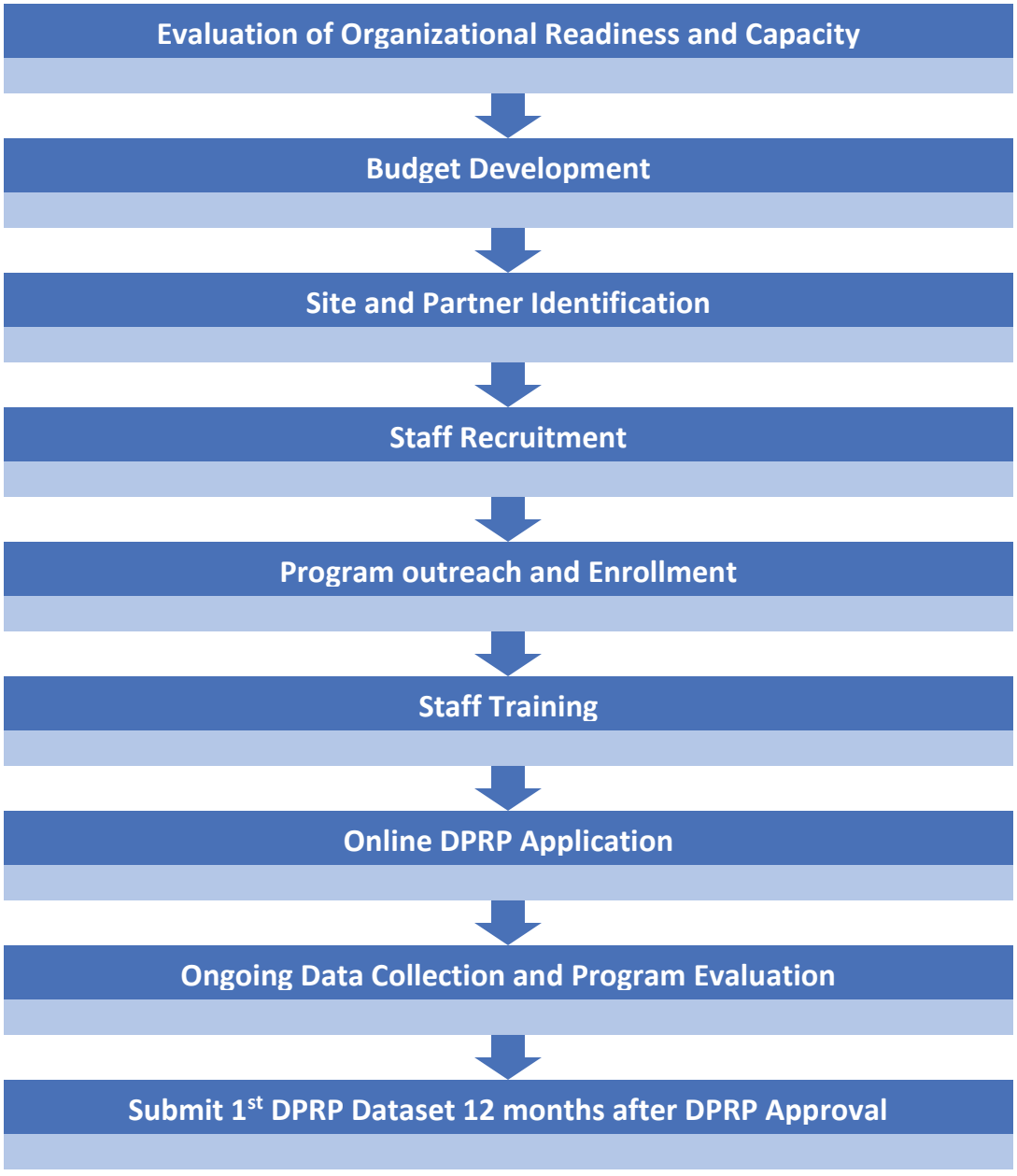
The National Diabetes Prevention Program (NDPP) is a one-year group class that motivates you to lose weight and keep it off.
To learn more, call or visit: LA Healthline: 1-800-793-8090 211 LA County: https://www.211la.org
For more information on the National Diabetes Prevention Program, please visit:
https://www.cdc.gov/diabetes/prevention/about/index.html

REFERENCES:

1. Centers for Disease Control and Prevention website. "Prediabetes." http://www.cdc.gov/diabetes/basics/prediabetes.html Accessed 8.19.15
2. Centers for Disease Control and Prevention website. "Basics About Diabetes" http://www.cdc.gov/diabetes/basics/diabetes.html Accessed 8.19.15
3. American Diabetes Association Website. "Lower Your Risk," http://www.diabetes.org/are-you-at-risk/lower-your-risk/ Accessed 8.20.15

Visual Timeline for CDC Recognition

CDC recognition is a time sensitive process. The timeline below outlines the steps that are needed for an organization to establish a National DPP, operate it in a way that meets CDC standards, and provides the order in which activities should be implemented. The order is important, because once you submit your application for CDC recognition, you must start to provide the Diabetes Prevention Program within 6 months to comply with CDC guidelines. Please refer to this timeline as a resource for implementing the steps highlighted throughout this toolkit.[1]



[1] Created by the American Diabetes Association, Los Angeles Chapter, June 2016

Section 1:

Development and Implementation of a National Diabetes Prevention Program

This section of the toolkit will go over all the preparations and considerations that your organization should make when you decide to offer the National Diabetes Prevention Program. This section will cover: organizational readiness; staffing and job descriptions; lifestyle coach training; curriculum; participant eligibility, participant readiness, participant intake; and the program fidelity manual.

*If your organization has an established diabetes prevention program, you may have completed many of these steps. Please refer to the table of contents for additional resources to meet your organizational needs.

Infrastructure

Tools in this Section:

A. Organizational Resource Checklist

Operating a successful, CDC recognized National DPP is a somewhat complex process that requires several components, including: an appropriate location and equipment to conduct sessions, and qualified staff trained to perform all necessary duties (recruitment, delivery, and data entry and evaluation).

Organizational Resource Checklist:

Site Requirements:	
Private room, with door, to conduct group intervention sessions and maintain confidential participant information	
Separate area for weigh-ins (with curtain, screen, or other blockade)	
Table(s) and chairs for participants	
Ability to maintain compliant with HIPAA regulations for all records and communications with participants	
Equipment Requirements:	
Scale (balance beam or digital) to weigh National DPP participants with maximum weight of 500 lbs.	
Printer and copier to print/copy participant handouts and other program materials	
Blackboard, whiteboard, or flip chart	
Appropriate writing utensils	
Binders, binder clips tabs	
Computer to enter data for submission to CDC	
Staff Requirements:	
At least 2 trained lifestyle coaches (in case a substitute is needed)	
Program coordinator	
Curriculum Requirements:	
Familiarity with, and agreement to use, the CDC National DPP curriculum, “Prevent T2.”	
If not using CDC curriculum, get CDC approval for DPP curriculum	

B. Developing a Budget[2]

The cost per person for the National DPP can vary by region, depending on the setting, mode, and intensity of the program offered. Additionally, many of these expenses are up-front costs of starting the program. Your organization should assess both your fixed and variable costs associated with the program, starting with your program launch. How much will you pay your lifestyle coaches? What program supplies will you need to purchase? Will you use participant incentives? How will you offset your expenses? How many participants do you need per class to make your program financially sustainable? To earn revenue? A sample budget template is below:

Diabetes Prevention Program Budget Template

Item	Quantity	Itemized Cost	Total Cost	Notes on Formulas
Administrative Costs				
Program Coordinator Salary				
Program Coordinator Benefits				
Rent for facility				
Office Supplies				
Total Administrative Costs				
Startup Costs				
Marketing Materials (table tents, postcards, referral pads, posters, etc.)				
Training for Lifestyle coaches				
Room rental for Lifestyle coach training				
Printing costs for Training materials				
Scales				
Total Startup Costs				
Direct Costs (per class, 12 participants)				
Lifestyle Coach time (@hourly rate)				
Mileage				
Participant Binders				
Printing participant handouts				
Participant incentives				
Indirect Costs				
Facility (if applicable)				
Administrative				
Total Cost per Class				
Total Expenses				
Program Fee Income				
Total Income				

[2] IMAGE Toolkit Working Group (2010). Take action to prevent diabetes: A Toolkit for the Prevention of type 2 diabetes in Europe. Brightsea Press, Exeter, United Kingdom

C. Staffing the National Diabetes Prevention Program[3]

To implement and deliver the National DPP, your organization will need to hire staff and/or delegate duties to current staff and train all designated staff to meet CDC requirements (lifestyle coach training, page 13). The number of staff dedicated to operating the organization's National DPP depends on the size and breadth of the program. Successful programs should have at least one primary lifestyle coach and a program coordinator. However, it is recommended that at least two employees are trained lifestyle coaches, in case a substitute is needed. For smaller programs, one of the trained lifestyle coaches may be the program coordinator. If a program serves many participants at one-time, multiple lifestyle coaches and more than one program coordinator may be necessary. Some organizations may decide to divide the duties of the program coordinator among more than one staff member or use an administrative support staff for data entry. When deciding how many staff to hire and train, your organization should consider plans for staffing, supervision, and substitution when lifestyle coaches are unavailable, to assure quality performance and continuity of the program.

[3] NM National Diabetes Prevention Program Assessment Form for Implementation Sites. (2013, July). http://c.ymcdn.com/sites/www.chronicdisease.org/resource/resmgr/National DPP/National DPP_assessment_July_2013.pdf Accessed 8.19.16

Job Descriptions

Lifestyle Coach[4]

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.

Responsibilities may include:

a. Providing curriculum to class participants in effective, meaningful, and compelling ways
b. Encouraging group participation and interaction by using open-ended questions and facilitating commitment to activities and retention of participants' knowledge
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 for each class (review of: food and activity logs, lesson plan, class content, and reminder calls to participants)
g. Being accessible to participants before and after sessions to answer questions and follow up on anything not addressed during class
h. Following up with participants outside of class if they are unable to attend (offering a makeup session)
i. Supporting and encouraging goal setting on a weekly basis
j. Recording session data for participants (attendance, body weight, total minutes of physical activity)
k. Arriving for class on time and dressed appropriately
l. Complying with all applicable laws and regulations, including those governing privacy and data security

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.

Skills, knowledge and qualities

After receiving program training, lifestyle coaches should be proficient in the following areas:
a. Organizing program materials and delivering 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 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 have trouble 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

[4] Centers for Disease Control and Prevention. (2015). Prevention Diabetes Prevention Recognition Program Standards and Operating Procedures. Atlanta, GA.

Diabetes Prevention Coordinator[5]

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

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
CDC Diabetes Prevention Recognition Program 27
c. Responding to inquiries about the lifestyle program from the 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

Eligibility

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

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-issues with respect to lifestyle program delivery
In addition, coordinators should have the following skills, knowledge and qualities:
a. Ability to guide behavior change 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 have trouble 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

[5] Centers for Disease Control and Prevention. (2015). Prevention Diabetes Prevention Recognition Program Standards and Operating Procedures. Atlanta, GA.

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 the lifestyle coach fidelity manual 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
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

National Diabetes Prevention Program Master Trainer

A Master Trainer for the National Diabetes Prevention Program is a highly qualified individual who has been trained and meets the requirements for a Lifestyle Coach in the National DPP program and provides Lifestyle Coach training for the National DPP to assist in capacity building for scaling of the program. In some cases, National DPP Master Trainers also provide subject matter expertise to the Lifestyle Coaches beyond the initial training experience.
Pre-requisites:

Eligibility:

- Be affiliated with an organization that has pending, preliminary or full recognition of their program through the Centers for Disease Control and Prevention (CDC) or the Center for Medicare and Medicaid Service (for the Medicare Diabetes Prevention Program only)
- Have successfully completed Lifestyle Coach training according to the CDC Diabetes Prevention and Recognition Program Recognition Standards (CDC DPRP Standards)
- Have direct in-person delivery experience with the year-long National DPP intervention, leading at least one group through the yearlong program successfully

Qualifications:

- Thinks ahead:
  - Looks for opportunities to utilize questions arising in training to role model facilitation skills
  - Intentionally creates an environment in training that mirrors the ideal environment that a lifestyle Coach should create with their participant groups
- Training and facilitation skills:
  - Facilitates rather than teaches
  - Understands adult learners and adult learning strategies
  - Can provide developmental feedback and positive reinforcement
  - Has an ability to model group facilitation skills and has knowledge of and ability to utilize a variety of facilitation techniques and skills and describe the links between skill and situation
  - Organizes program materials, delivers the program and training with adherence to a CDC-approved curriculum and understands and adheres to program and training fidelity
- Understands and can discuss CDC DPRP Standards
- Has Strong interpersonal and communication skills that promote empathy and unconditional positive regard for each participant and can model these skills for trainees:
  - Provide curriculum to class participants and trainees in effective, meaningful and compelling ways
  - Communicate empathy for participants, who will likely have trouble and frustration at times when trying to adopt and sustain healthy lifestyle behaviors
  - Encourage group participation and interaction using a variety of facilitation skills that help participants to find their personal motivation and commitment to lifestyle change activities
- Creates a motivating, friendly and non-competitive environment:
  - Builds strong relationships with individuals and builds community within a group by fostering relationships with and amongst participants and trainees
  - Able to positively reinforce behavior change efforts in a non-judgmental way to participants and model this behavior to trainees

Successful Master Trainers model the following behaviors:

- Encourages group participation and interaction using open-ended questions
- Facilitates commitment to activities and knowledge retention
- Makes learning a shared objective for the group
- Guides behavior change efforts in others without prescribing personal actions or solutions and by supporting and encouraging goal setting on a weekly basis

- Demonstrates flexibility and sensitivity to work comfortably with people from a variety of lived experiences
- Prepares before each session and training and allow time both before and after each session or training to answer questions for trainees or participants as appropriate; and will follow up on questions not addressed during the workshop session when needed
- When conducting a workshop, stays connected to participants outside of the regular session time by providing make-up sessions if needed and encouraging attendance
- Has a working knowledge of basic health, nutrition, and fitness principles
- Has a working knowledge of the basic principles of behavior change, including motivational interviewing techniques
- Demonstrates commitment to the mission of the organization that is offering the program
- Attends to details and data collection. Must have the ability to record session data for each participant during workshops each week and the ability to record training data for each trainee
- Complies with all applicable laws and regulations, including those governing privacy and data security

Responsibilities

To become a Master Trainer for [insert organization name here] trainee must:

- Attend both days of National DPP Master Trainer training and satisfactorily demonstrate program and training skills necessary to be certified to train in the program
- Lead a minimum of one Lifestyle Coach Training within 12 months of training completion
- Keep accurate records of Lifestyle Coach Trainees and submit those records to your organization's National DPP Program Coordinator
- Report to [insert organization name here], annually, the numbers of Lifestyle Coaches trained and for which organizations
- Understand and oversee participant safety-related issues with respect to program delivery. Complete an annual survey regarding your quality assurance and capacity building efforts
- Collect data and return data as required by [sponsoring organization]
- Participate in Quality Assurance checks and fidelity procedures as required

D. Lifestyle Coach Training Resources

To ensure program fidelity and quality, lifestyle coaches must deliver the National DPP as it was designed. It is important that lifestyle coaches are trained correctly. The organizations listed below have a memorandum of understanding (MOU) with the CDC to train lifestyle coaches in the CDC-approved curriculum. This list can also be found on the CDC website: [6]
http://www.cdc.gov/diabetes/prevention/lifestyle-program/staffing-training.html

Organizations with MOU with CDC for National DPP Lifestyle Coach Training

Organization name	Contact info
American Association of Diabetes Educators, Diabetes Prevention Program	800-338-3633 education@aadenet.org
Black Women's Health Imperative	BWHI 202-548-4000 imperative@bwhi.org
Center for Excellence in Aging & Community Wellness/Quality and Technical Assistance Center (QTAC)	877-496-2780 qtac@albany.edu
Diabetes Training and Technical Assistance Center, The Emory Centers for Training and Technical Assistance at Emory University	404-712-8474
Magnolia Medical Foundation	http://www.magmedfound.org/contact-us/
Solera Health Inc.	store@soleranetwork.com
State of Wellness	410-715-2268
Innovative Wellness Solutions (at the University of Pittsburgh)	Contact: Kaye Kramer Phone number: 888-330-6891 Email: DPPinfo@iwellnessnow.com
Virginia Center for Diabetes Prevention and Education	https://med.virginia.edu/vcdpe/lifestyle-coach-training/lifestyle-coach-training-registration/ 434-924-0239

[6] CDC Website. Training Your Lifestyle Coaches. http://www.cdc.gov/diabetes/prevention/lifestyle-program/staffing-training.html Accessed 8.19.16

National Diabetes Prevention Program Recruitment and Referral Protocols

Recruitment and retention for this program is key to the success and sustainability of the National DPP. There are several ways that your organization can recruit participants, which include: targeted outreach and advertising, referrals from health care providers and community-based organizations, and partnering with either a health system, employer, or other organization to facilitate screening and recruitment. Program referrals can increase by also having your organization listed on local databases, such as 211, or the California Healthier Living Website (A full list of databases resources can be found on page 162).

Tools in this Section:

A. Diabetes Risk Assessment Questionnaire

The risk assessment can be used in multiple ways as a resource for identifying potential program participants. For example, some organizations have used this resource at outreach events such as health, in clinic waiting rooms, and even as a digital platform on web ads. In addition, health systems can use this tool as a means for identifying people at risk. Tool can be embedded into EMR for patient identification.

TYPE 2 DIABETES RISK TEST

Write your score in the box:

1 **How old are you?**

Less than 40 years (0 points)
40-49 years (1 point)
50-59 years (2 points)
60 years or older (3 points)

2 **Are you a man or a woman?**

Man (1 point)
Woman (0 points)

3 **If you are a woman, have you ever been diagnosed with gestational diabetes?**

Yes (1 point)
No (0 points)

4 **Do you have a mother, father, sister or brother with diabetes?**

Yes (1 point)
No (0 points)

5 **Have you ever been diagnosed with high blood pressure?**

Yes (1 point)
No (0 points)

6 **Are you physically active?**

No (1 point)
Yes (0 points)

7 **What is your weight status?** (see chart at right)

WEIGHT STATUS CHART

Height	Weight (lbs.)		
4' 10"	119 - 142	143 - 190	191+
4' 11"	124 - 147	148 - 197	198+
5' 0"	128 - 152	153 - 203	204+
5' 1"	132 - 157	158 - 210	211+
5' 2"	136 - 163	164 - 217	218+
5' 3"	141 - 168	169 - 224	225+
5' 4"	145 - 173	174 - 231	232+
5' 5"	150 - 179	180 - 239	240+
5' 6"	155 - 185	186 - 246	247+
5' 7"	159 - 190	191 - 254	255+
5' 8"	164 - 196	197 - 261	262+
5' 9"	169 - 202	203 - 269	270+
5' 10"	174 - 208	209 - 277	278+
5' 11"	179 - 214	215 - 285	286+
6' 0"	184 - 220	221 - 293	294+
6' 1"	189 - 226	227 - 301	302+
6' 2"	194 - 232	233 - 310	311+
6' 3"	200 - 239	240 - 318	319+
6' 4"	205 - 245	246 - 327	328+
	(1 Point)	(2 Points)	(3 Points)

You weigh less than the amount in the left column (0 points)

If you scored a 5 or higher:
You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes*.

Add up your score:

To learn more, call or visit:
LA Healthline: 1-800-793-8090
211 LA County: https://www.211la.org

*(a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

B. Prediabetes Screening and Referral Resources

Healthcare Practitioner Referral Forms (page 19) can be provided to practitioners to use to refer their prediabetic patients to the National DPP. If they have the forms with them or embedded in the EMR, it makes it easier for them to write the referral, the same way they would refer a patient to any specialist for continuing medical care.

Several **clinical algorithms** have been developed for prediabetes identification and referral that can be tailored to meet organizational needs. These algorithms can be used as an educational tool for healthcare teams to enhance screening of patients at risk of developing diabetes or other chronic conditions. In addition, these resources can be used to enhance referral practices into chronic disease prevention and management programs. The toolkit contains a few examples that organizations can use/tailor to enhance screening and referral protocols.

- **Algorithm 1 (page 20):** Shows how to identify individuals at risk for prediabetes and how the provider should screen their patients. The action for next steps can be found at the bottom, based on the results of the screening.
- **Algorithm 2 (page 21):** covers the process of identification and treatment. The resource highlights all the risk factors for type 2 diabetes, the diagnoses that correspond to laboratory test results, and how to counsel and refer eligible patients to a lifestyle change program, as well as how to follow up on intermediary lifestyle change goals to create a feedback loop.
- **Algorithm 3 (page 22)** describes the process for retroactively identifying patients at risk for prediabetes in a medical setting, using the Electronic Medical Record (EMR) queries, patient lists and guidelines for referral to treatment follow-up.
- **Algorithm 4 (page 23)** is most useful for organizations that want to create a chronic disease registry using medical chart reviews and intend to have a designated person or team call patients to set up an appointment and then counsel them on their options to manage their condition. The sample algorithm uses pharmacists as the point-persons for counseling and uses a “decision making aid” that organizations that conduct lifestyle change counseling may find useful.

HEALTH CARE PRACTITIONER REFERRAL FORM TO A DIABETES PREVENTION PROGRAM[7]

By providing your information below, you authorize your health care practitioner to provide this information to a diabetes prevention program provider, who may in turn use this information to communicate with you regarding its diabetes prevention program.

PATIENT INFORMATION

FIRST NAME _____
LAST NAME _____
HEALTH INSURANCE _____
GENDER ☐ MALE ☐ FEMALE ☐ PREFER NOT TO SAY
BIRTHDATE MM/DD/YYYY ☐☐/☐☐/☐☐☐☐
EMAIL ADDRESS: _____

ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____
HOME PHONE: _____
CELL PHONE: _____

PRACTITIONER INFORMATION (COMPLETED BY HEALTH CARE PRACTITIONER)

PHYSICIAN/NP/PA _____
PRACTICE CONTACT _____
PHONE NUMBER _____
FAX NUMBER _____

ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____

SCREENING INFORMATION

BODY MASS INDEX (BMI) ___

BLOOD TEST (CHECK ONE)	ELIGIBLE RANGE	TEST RESULT (ONE ONLY)
HEMOGLOBIN A1C	5.7-6.4%	_____
FASTING PLASMA GLUCOSE	100-125 mg/dL	_____
2-HOUR PLASMA GLUCOSE (75gm OGTT)	140-199 mg/dL	_____

For Medicare requirements, I will maintain this signed original document in the patient's medical record.

_____ _____
Practitioner Signature Date

OPTIONAL

By signing this form, I authorize my physician to disclose my diabetes screening results to the (insert program/organization name here) for determining my eligibility for the diabetes prevention program and conducting other activities as permitted by law.
I understand that I am not obligated to participate in this diabetes screening program and that this authorization is voluntary.
I understand that I may revoke this authorization at any time by notifying my physician in writing.
Any revocation will not influence actions taken before my physician received my written revocation.

_____ _____
Patient Date

[7] From American Medical Association (2015). Preventing type 2 diabetes. Accessed 8.19.16

POINT-OF-CARE
PREDIABETES IDENTIFICATION[8]

MEASURE

If patient is age ≥18 and does not have diabetes, provide self-screening test
(CDC Prediabetes Screening Test or ADA Diabetes Risk Test)

Review medical record to determine if BMI ≥24 (≥22 if Asian) or history

YES

Determine if a HbA1C, FPG or OGTT was performed in the past 12 months

NO

If **NO:** Patient does not currently meet program eligibility requirements

NO

Order of the tests below:
- Hemoglobin A1C (HbA1C)
- Fasting Plasma Glucose (FPG)
- Oral Glucose Tolerance Test (OGTT)

RESULTS

DIAGNOSTIC TEST	NORMAL	PREDIABETES	DIABETES
HbA1C (%)	<5.7	5.7-6.4	≥6.5
Fasting Plasma Glucose (mg/dL)	<100	100-125	≥126
Oral Glucose Test	<140	140-199	≥200

ACT

NORMAL:

Encourage patent to maintain a healthy lifestyle.
Continue with exam/consult.

Retest within three years of last negative test

PREDIABETES:

Refer to diabetes prevention program, provide brochure.
Consider retesting annually to check for diabetes onset

DIABETES:

Confirm diagnosis; retest if necessary.

Counsel patient re: diagnosis.

Initiate therapy.

PARTNER

Communicate with your local diabetes prevention program.
Contact patient and troubleshoot issues with enrollment or participation.
At the next visit, ask patient about progress and encourage continued participation in the program.

[8] New York State Department of Health. New York State Diabetes Prevention Program (NYS National DPP) prediabetes identification algorithm. New York: NY: Department of Health; 2012

Comprehensive Clinical Practice Algorithm for Prediabetes Identification and Treatment [9]

Screen patients age 40-70, and those who are overweight or obese (BMI >25 kg/m² or >33kg/m² for Asians) or Age 45+ with other risk factors

Screen younger patients who are overweight or obese and have additional risk factors for diabetes including:

- **BMI >25 kg/m² (BMI >23 kg/m² for Asians)**
- **Physical inactivity (exercises less than 3 times/week)**
- **Hypertension (>140/90 or on therapy for hypertension)**
- **African American, American Indian or Alaska Native, Hispanic or Latino, or Native Hawaiian or Pacific Islander**
- **Family history of diabetes**
- **Cardiovascular disease**
- **HDL<35mg/dL or Triglycerides >250mg/dL**
- **Gestational Diabetes or history of baby >9lbs**
- **Medication that predispose to diabetes (glucocorticoids, thiazide diuretics, antipsychotics)**

Perform Fasting Plasma Glucose (FPG) or 75 gm 2 h Oral Glucose Tolerance Test

FPG <100 or OGGT <140 or HbA1C <5.7%

No diabetes or prediabetes:

- **Counsel on lifestyle in context of cardiovascular risk factors**
- **Test again in 3 years or annually if patient has multiple risk factors**

FPG = 100-125 or OGGT = 140-199 or HbA1C = 5.7-6.4%

Results indicate elevated risk for development of diabetes and cardiovascular disease

FPG ≥126 or OGGT ≥200 or HbA1C > 6.5%

Perform 2nd test to confirm diabetes diagnosis. If 2nd test is positive, initiate therapy

Assess patient's readiness for lifestyle change. Counsel about diabetes prevention using therapeutic lifestyle changes. Components include:

- **5-7% weight loss**
- **Healthy diet**
- **Physical Activity (30min, 5 times/week)**
- **Consider metformin therapy for adults with prediabetes with BMI >35, those aged <60 years, and women with prior gestational diabetes**

Refer to an area National Diabetes Prevention Program to provide support for lifestyle change.

Reassess at next visit:

- **Is patient achieving their lifestyle goals**
- **Client's motivation to prevent or delay diabetes onset**
- **Support self-management goal setting around lifestyle changes**
- **Provide positive feedback**
- **Re-evaluative for progression to diabetes annually**

[9] Adapted from: Washington State Department of Public Health. Healthy Communities Washington. Prediabetes and Type 2 Diabetes Clinical Practice Algorithm 20

Retrospective Prediabetes Identification Algorithm[10]

Query Electronic Medical Record (EMR) or Patient Database every 6-12 months using the following criteria:

A. Inclusion criteria:
- Age≥ 18 years *and*
- Most recent BMI ≥ 24 (≥22 if Asian)* *and*
- Positive lab test result within previous 12 months:
  - HbA1C 5.7-6.4% (LOINC code 4548-4) *or*
  - FPG 100-125 mg/dL (LOINC code 1558-6) *or*
  - OGTT 140-199 mg/dL (LOINC code 62856-0) or
- History of gestational diabetes (ICD-9: V12.21/ ICD-10: Z86.32)

B. Exclusion criteria:
- Current diagnosis of diabetes (ICD-9: 250.xx/ICD-10: E10.x, E11.x, and O24.x) *or*
- Current insulin use

Generate a list of patient names and relevant information that fit the criteria

Contact patients on the EMR list to:

A. Inform of risk status, explain prediabetes, and share info on diabetes prevention programs

B. Send information to diabetes prevention program provider – program coordinator will contact patient directly

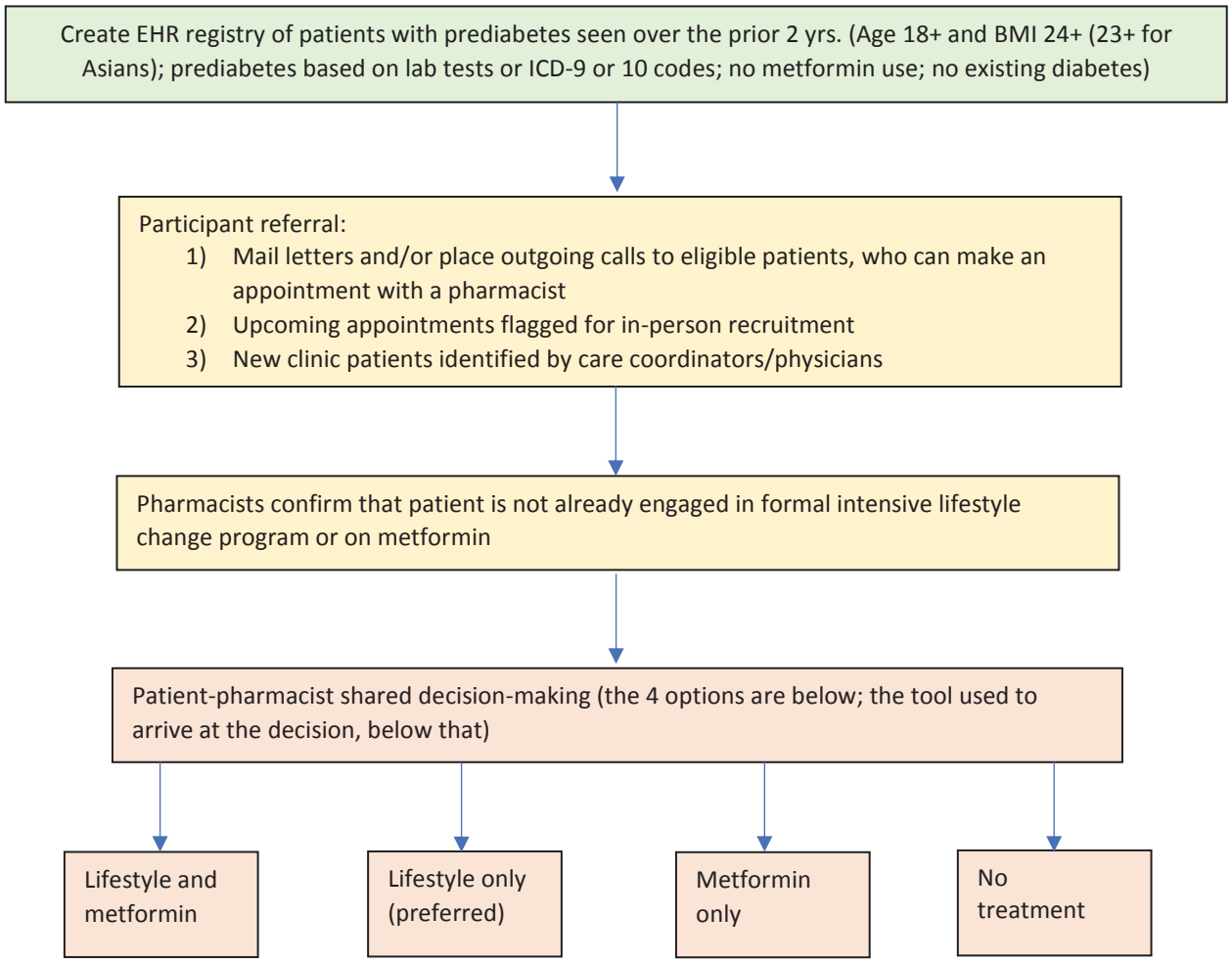
AND

C. Flag medical record for patient's next office visit

Discuss National Diabetes Prevention Program participation at patient's next visit!

[10] From American Medical Association (2015). Preventing type 2 diabetes. Accessed 8.9.16

Pharmacist-based Chronic Disease Counseling Algorithm[11]



Pharmacist-Led Sharing Decision-Making Tool

Stage 1:
Talk about Choice

- **Step back & describe problem**
- **Offer choice**
- **Justify choice (uncertainty, personal preferences)**
- **Check patient reaction**

Stage 2:
Talk about Options

- **Check knowledge**
- **Options (lifestyle, metformin)**
- **Describe options, harms, benefits**
- **Provide decision support**
- **Summarize**

Stage 3:
Talk about Decisions

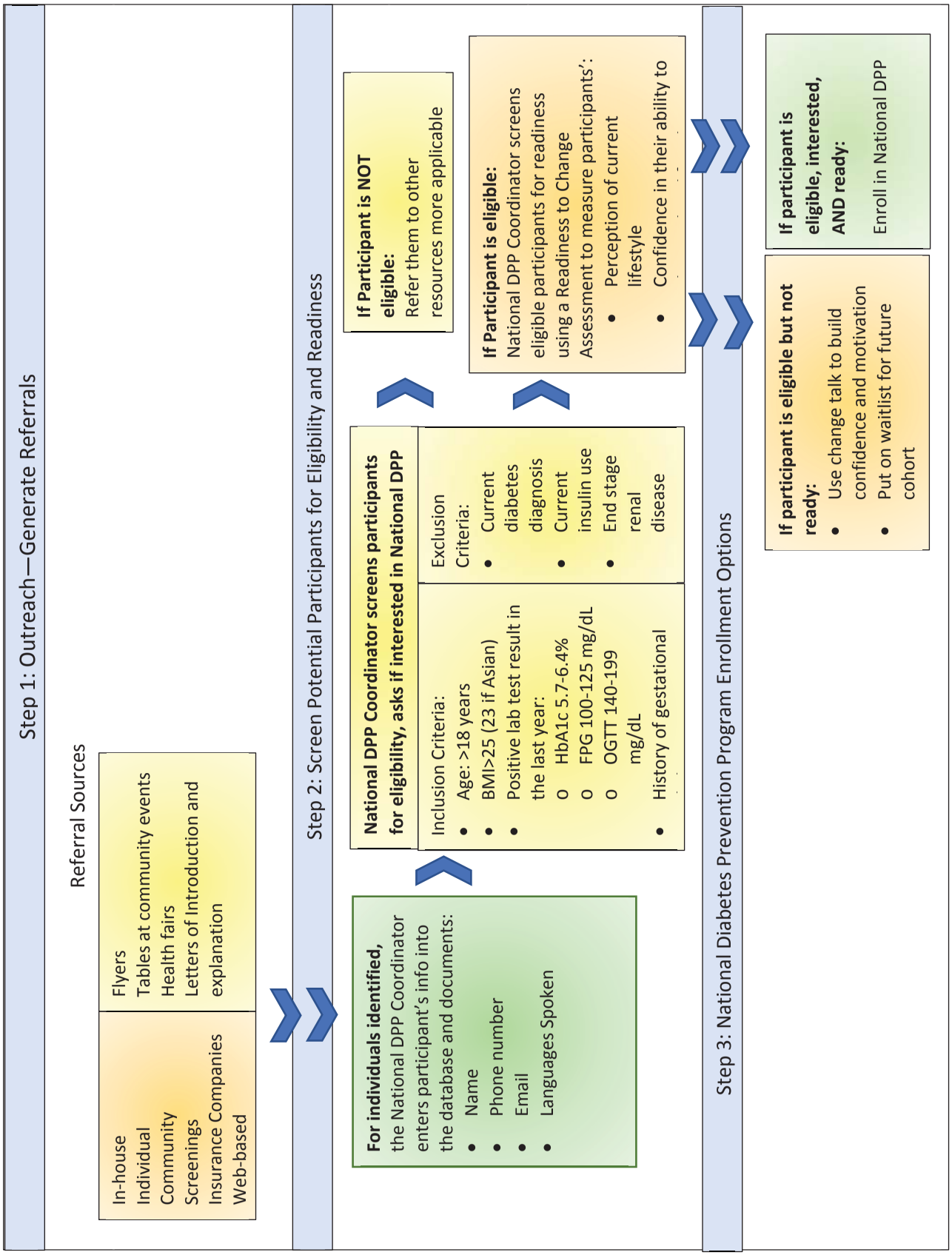
- **Focus on preferences**
- **Elicit a preference**
- **Leaning toward decision**
- **Offer review**
- **Make decision**

Follow-up: Outcomes including uptake of evidence-based diabetes prevention (primary outcome), weight loss, change in A1c, changed in BP, etc. will be measured at **baseline, 4 and 12 months** with data abstraction from the EHR. The computer-assisted telephone interview (CATI) will only be conducted in the intervention arm.

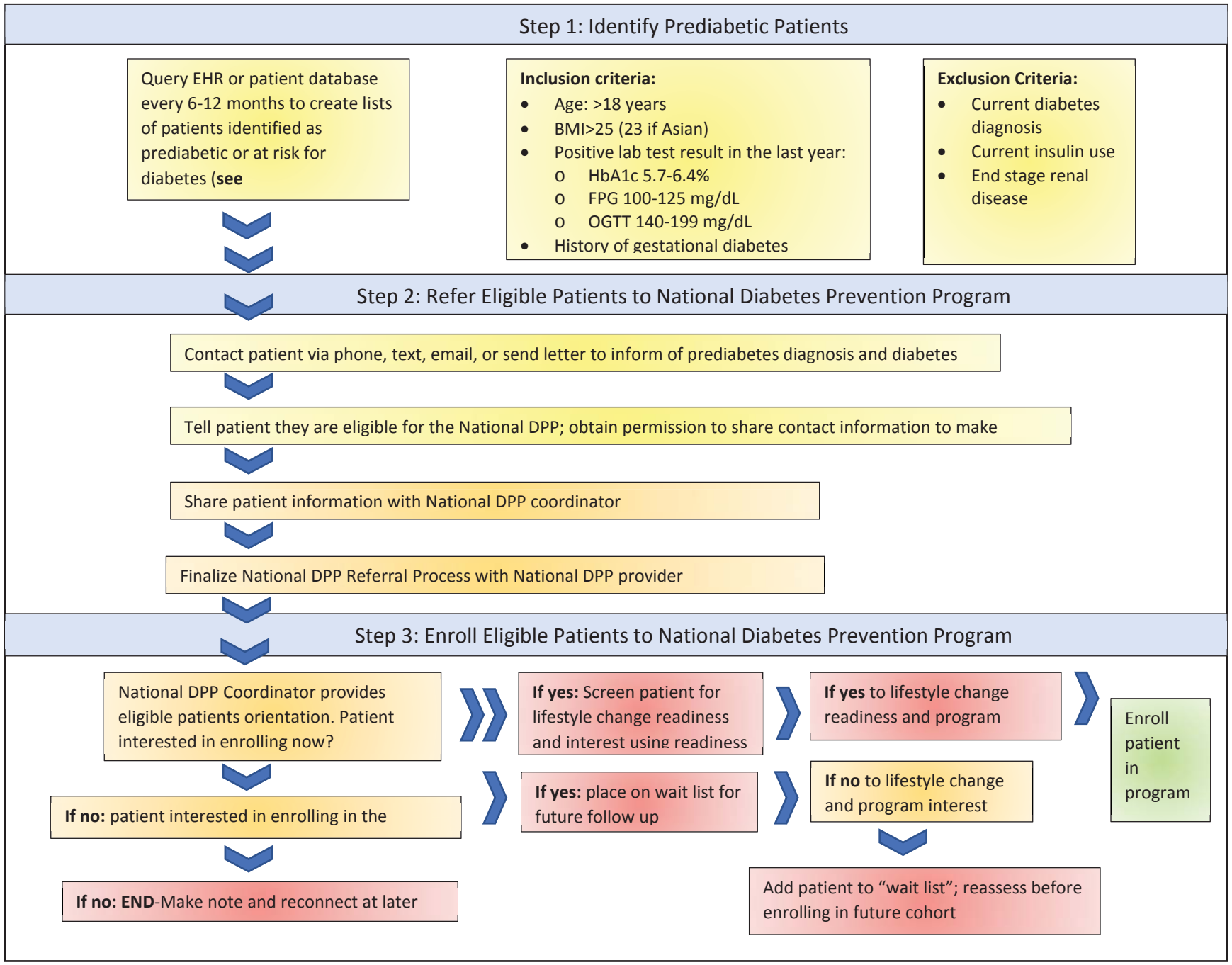
[11] UCLA PRIDE Study Algorithm and decision-making tool 2016

C. Operational Flow Charts

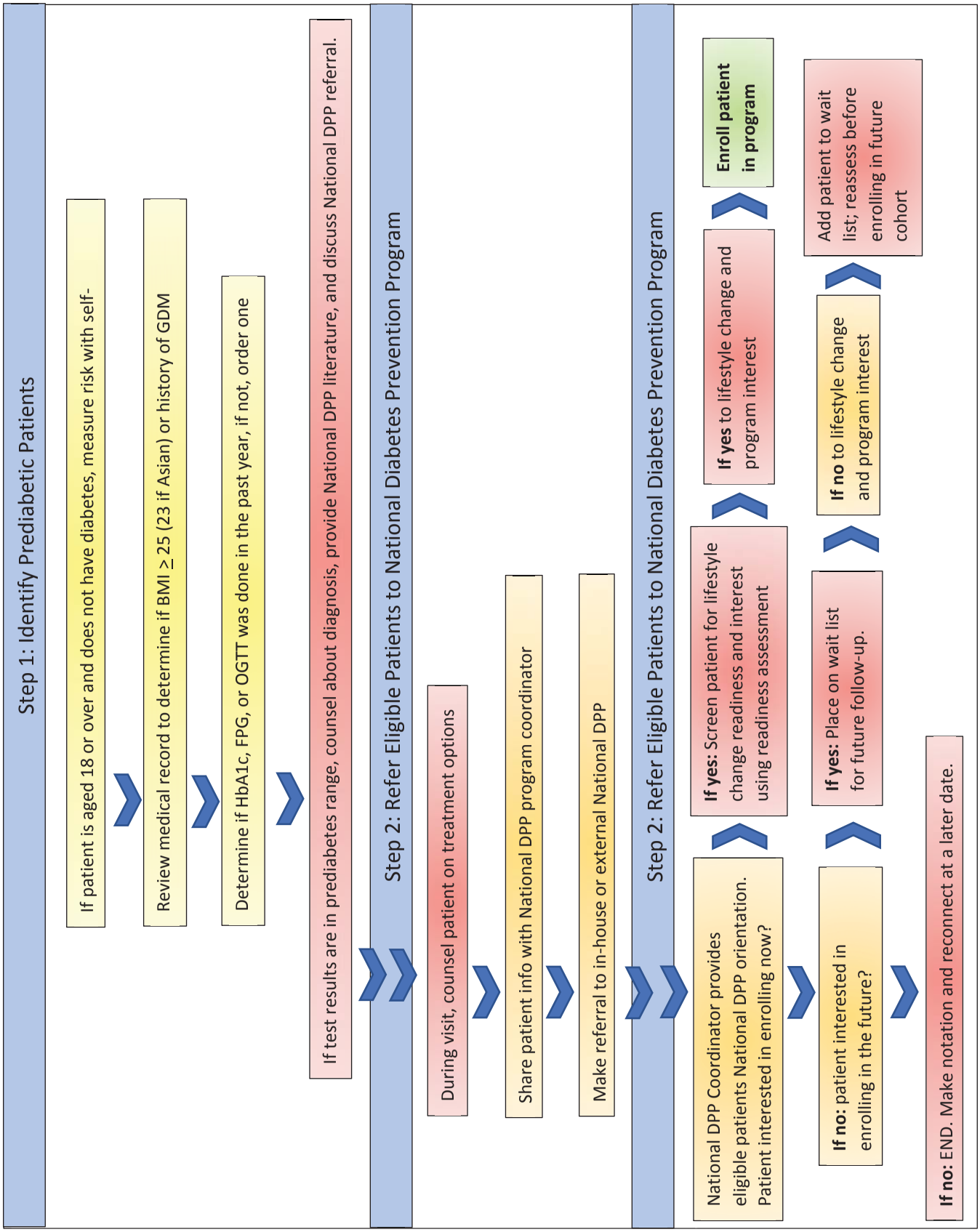
Community-based National Diabetes Prevention Program Operational Flow



Health System-based National Diabetes Prevention Program Operational Flow: Retrospective Pathway



Health System-based National Diabetes Prevention Program Operational Flow: Point of Care Pathway



D. Sample Recruitment Brochure

Your organization should have a target population in mind to reach when implementing through the National DPP. Your organization can place flyers and brochures that advertise your program in locations where your target population will notice them. The sample flyer included in this manual includes some information that you can use to promote your program.

Front

Prediabetes is when your blood sugar level is higher than normal but not high enough to be diagnosed with type 2 diabetes.

1 in 3 adults in the United States have prediabetes but most do not know it!

The PreventT2 lifestyle change program is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention (CDC). This proven-to-work program can help you make modest lifestyle changes and cut your risk of type 2 diabetes by more than half.

You Can Change your Life and Prevent Type 2 Diabetes with the **National Diabetes Prevention Program** at **<<Insert Organization>>**

For more information:

Call <<number>>

Email <<email>>

Back

What You Get:

- A CDC-approved curriculum
- The skills you need to lose weight, be more physically active, and manage stress
- A trained lifestyle coach to guide and encourage you
- Support from other participants with the same goals as you — and fun
- A year-long program with weekly meetings for the 1st 6 months, then once or twice a month for the 2nd 6 months

Program Goals:

The National Diabetes Prevention Program is a lifestyle change program that helps people at risk for type 2 diabetes learn skills to live a healthy life, including:

- Make an ongoing lifestyle change in their eating habits
- Portion control decision making
- Understand the triggers that contribute to overeating
- Lose 5-7% of your body weight

You May Be At Risk For Type 2 Diabetes, or Have Prediabetes, If You:

- Are 45 years old or over
- Have a family history of type 2 diabetes
- Are overweight
- Are physically active fewer than 3 times/week
- Had gestational diabetes

You are also eligible if you have had a blood sugar test in the last year that shows prediabetes. (including an A1c between 5.7 and 6.4, FPG between 5.5 and 7.0 or an OGTT between 7.8 and 11.1)

E. Introduction to Sample Recruitment Letters

The next several pages includes letters your organization can use to partner, advertise, and expand your National DPP. Letters provided include (1) healthcare providers (2) patients (3) employers, and (4) employees. These sample "recruitment letters" contain information on the National DPP that providers and employers who are unfamiliar with the program will want to know and provide a rationale for why the National DPP is important to each recipient. The letters are described below and can be tailored to meet organizational needs.

Letter to a Healthcare Provider: This sample letter introduces your organization and your National DPP to healthcare providers/clinics. It briefly explains the importance of diabetes prevention, evidence supporting the National DPP, and sets the stage for a meeting in which you can set up a referral feedback loop.

Letter to a Patient: This sample letter is for healthcare providers to send to their patients at risk for diabetes. These letters can be sent out once a clinic has performed a retrospective search of their database for individuals eligible for the National DPP, or to remind patients who have been identified as eligible for the National DPP at the point of care, that they were referred and informed of next steps.

Letter to an Employer: This sample letter can be used to reach out to employers who can promote and provide access to the National DPP for their employees. It explains why employers should care about diabetes prevention, describes financial and workplace benefits of diabetes prevention, and details how the employer can facilitate access to the National DPP for their employees.

Letter to an Employee: This sample letter is for an employer to send to their employees, once they have partnered with a National DPP provider organization. The letter explains that this benefit exists, what it is, and why the employee should care. It also describes how to access the National DPP, and who to contact for more information.

1. Sample Letter to Engage a Healthcare Provider

<<Your Letter Head>>

<<Address>>

<<Phone number>>

Dear <<Insert your connection, name of the clinic administrator, or HR professional>>___:

I am contacting you from <<name of organization >>. Our organization serves individuals from <<_____>> and provides services focused on <<list things your org works on>>. We are currently reaching out to healthcare systems in the region to discuss chronic disease prevention efforts and to learn more about the programs currently offered by your healthcare clinics focused on disease prevention. In addition, we are reaching out to healthcare system to see if there are any opportunities for us to work together to either expand your current programs or help you develop programs geared towards chronic disease prevention and management.

Type 2 diabetes is one of the most common, and fastest growing conditions in the US: 29.1 million adults suffer from diabetes: 21 million are diagnosed and 8.1 million are undiagnosed. Furthermore, another 86 million Americans have prediabetes, but 90% of them don't know they have it. Without weight loss and moderate physical activity, 15% to 30% of people with prediabetes will develop type 2 diabetes within 5 years, and adults with diabetes are at risk for other complications such as hypertension, vision and nerve problems, kidney failure, and 50% higher risk of death than adults without diabetes. Action must be taken to prevent this health crisis from further affecting our population, and we at <<your organization>> would like to help you prevent these conditions and improve health outcomes for your patients!

There is an intervention proven to delay or prevent the onset of type 2 diabetes among individuals at risk for diabetes: The National Diabetes Prevention Program (National DPP) is a 1-year program that lowers blood sugar levels by facilitating weight loss through lifestyle change. Impacts of the Diabetes Prevention Program outcomes study have been detailed in peer reviewed journals for the last decade. <<Your organization>> provides the National Diabetes Prevention Program according to Centers for Disease Control and Prevention (CDC) Guidelines and is a CDC recognized provider. We would like the opportunity to support your healthcare practice in its aim to provide quality care to your patients, by partnering to offer those at risk for diabetes the opportunity to enroll in our National DPP. <<Basic info about your program: language, location, numbers in cohort, any additional info, etc.>> We are committed to keeping our referring physicians apprised of their patients' progress. Enclosed is a brochure that describes our Diabetes Prevention Program, the fees for service, and the avenues for reimbursement.

I would like to set up a time to chat with you and your team about this program or other opportunities for chronic disease prevention. Please feel free to contact me by email or phone at <<insert email and phone number here>> I hope you will take advantage of this program, which can help your patients from developing serious health problems. I look forward to working with you.

Yours in health,

[Name]

Organization

2. Sample Letter to Engage a Patient[12]

<<YOUR LETTERHEAD>>
<<ADDRESS>>
<<PHONE NUMBER>>
<<DATE>>

<<PATIENT NAME>>
<<PATIENT ADDRESS>>
Dr. Mr./Mrs. <<PATIENT LAST NAME>>,

Thank you for being a patient of the <<PRACTICE NAME HERE>>. We are writing to tell you about a service to help make your health better.

Based on our review of your medical chart, you have a condition known as prediabetes. This means your blood sugar is higher than normal, which increases your risk of developing serious health problems including type 2 diabetes, as well as heart disease and stroke.

We have some good news. Our office wants you to know that you may be eligible for a diabetes prevention program run by our partners, <<NAME OF PROGRAM PROVIDER>>. This program is proven to reduce your risk of developing diabetes and other health problems.

We have sent a referral to <<NAME OF PROGRAM PROVIDER>> and someone will call you to discuss the program, answer any questions you may have and, if you are interested, enroll you in the program.

Please feel free to give <<NAME OF PROGRAM PROVIDER>> a call at <<PHONE NUMBER>>.

---OR--

We have sent a referral to <<NAME OF PROGRAM PROVIDER>> and we urge you to call <<PHONE NUMBER>> to learn more about the program and enroll.
We hope you will take advantage of this program, which can help prevent you from developing serious health problems.

Sincerely,
Dr. <<PHYSICIAN LAST NAME>>
The American Medical Association

[12] From the CDC AMA Prevent Diabetes STAT Toolkit 2016
https://preventdiabetesstat.org/toolkit.html

3. Sample Letter to Engage an Employer

<< Your Letterhead>>
<<Address>>
<<Phone Number>>

Dear ___name of worksite wellness coordinator, or HR Representative, etc.,

I am contacting you from <<name of organization >>. Our organization serves individuals from <<catchment area>> and provides services focused on <<things organization works on>>. We are reaching out to employers to learn about preventative health programs available to your employees and discuss chronic disease prevention efforts. We would like to explore opportunities to work together to expand your current programs or help you develop programs geared towards chronic disease prevention and management.

One of the services that we offer is The National Diabetes Prevention Program (NDPP), which can reduce the negative impact of diabetes on the workforce. The NDPP is a 1-year program proven to delay or prevent type 2 diabetes among at-risk individuals by helping them lose weight through lifestyle change. Impacts of the NDPP have been detailed in peer reviewed journals for the last decade. <<organization>> provides the NDPP according to Centers for Disease Control and Prevention (CDC) Guidelines and is a CDC recognized provider.

Diabetes prevention is beneficial to employers, because Type 2 diabetes has a serious impact on both them and their workforce. In 2012, the American Diabetes Association reported the total cost of diabetes to be $245 billion. While medical costs account for $176 billion, costs such as disability, loss of productivity, and early death total $69 billion. Furthermore, employers are required to offer diabetic individuals "reasonable accommodations" under the Americans with Disabilities Act, including: breaks to check blood sugar, take medication or use the bathroom; a private area to test blood sugar or administer insulin at work; modified attendance policies and/or work schedules; a modified work schedule; and assistive devices such as stools or large screens if requested. However, the NDPP is an effective solution: out of 100 typical workers, the NDPP helps 11 people avoid the need for blood pressure or cholesterol medication, add 20 years of good health, prevent 162 lost work days, and save $91,400 in diabetes related health care costs. Since 1 out of 3 adults in the US have prediabetes, and 90% don't know they have it, there is a strong possibility that some of your employees are at risk for diabetes.

<<My organization>> can help you enable your at-risk employees to be healthier through this lifestyle change program. Many employers and insurance companies offer the NDPP as a covered benefit because it is proven to be cost effective and providing coverage for the program is important to give access to people who need it most. <<My organization>> can help you start a conversation with your insurance carrier about adding CDC-recognized lifestyle change programs as part of your total benefits package, or <<Company Name>> can also fully or partially cover program costs, and employees can attend class at your worksite or at any convenient community location.

I would like to set up a time to speak with you and your team about this program or other opportunities for chronic disease prevention. Please feel free to contact me by email or phone at <<insert email and phone number here>>I hope you will take advantage of this program, which can help your patients from developing serious health problems. I look forward to working with you.

Yours in health,
[name]
Organization

4. Sample Email/Letter to Employees Announcing National DPP Availability

Dear <<employer>> staff,

To support the health of all our employees at <<ORGANIZATION NAME>>, the National Diabetes Prevention Program will be provided as a covered benefit. The Diabetes Prevention Program (National DPP), is a 1-year program that helps you lose weight through improved diet and exercise, and reduce the risk of developing type 2 diabetes by 58%, as a result.

Reducing your risk of getting diabetes is important because 86 million Americans have prediabetes and 90% of them do not know they have it. Prediabetes means having higher than normal blood glucose levels, but not high enough to be diagnosed as diabetes.

To find out if you are at risk for type 2 diabetes and qualify for this program, take the risk assessment quiz at << http://www.diabetes.org/are-you-at-risk/diabetes-risk-test/?referrer=https://www.google.com/>>

There can also be a risk test on the back of this paper

DPP classes will be offered at <<LOCATION>>, and we encourage you to be a part of this healthy lifestyle program which requires 1 hour of your time per week for the first 16 weeks, then 1-2 hours per month for the remainder of the year. As soon as we have 10 interested individuals we will form a small group and begin a class. << If applicable: Incentives will be offered for enrollment and completion of the DPP including INCENTIVE 1 and INCENTIVE 2.>>

If you have any questions about the program, or to enroll, please contact <<NAME OF CONTACT>> at <<EMAIL or PHONE>>.

Sincerely,

Name
Business name
Phone number
Email address

F. Tips for Engaging Healthcare Providers[13] [14]

- Distribute educational materials on prediabetes and the National DPP for waiting rooms and exam rooms.
- Identify a National DPP champion at a clinic or health system and communicate with them regularly.
- Organize a "guidance team" at the health system and include someone from each area that interacts with patients.
- Emails notifying providers of new classes, including how to easily refer patients using an electronic referral system.
- Individualized emails prompting providers to refer by sending a list of their eligible patients (as needed to fill classes).
- Regular communication regarding patient progress.
- Create protocol for feedback loop to demonstrate reach and successful patient outcomes.
- Follow your referral, enrollment, and feedback plan.
- Conduct in-clinic presentations showing DPP success data.

[13] Croston, JK. (2014) 7 Tips for Gaining Support for Clinical Improvements. Becker's Hospital Review
[14] Colorado Department of Public Health and the Environment and DTTAC. (2015) Optimizing Referral Systems to the Diabetes Prevention Program.

Implementation Resources

Once you have recruited participants, you must make sure they are eligible for the National DPP, and ready to make lifestyle changes. Then you may enroll them into your program using the form provided by the CDC. Using this form ensures that you collect all intake data required by the CDC at the beginning of the program and makes future reporting easier.

Tools in this Section:

A. Program Eligibility Criteria

Once you have trained lifestyle coaches, and have recruited participants, it is time to enroll them! It is usually the program coordinator's responsibility to assess eligibility and readiness of participants for the National DPP. To meet CDC recognition standards, the eligibility criteria below must be followed.

Recognized organizations will enroll participants according to the following requirements[15]:

1. All program participants must be 18 years of age or older and have a body mass index (BMI) of ≥24 kg/m2 (≥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) blood test (may be self-reported) or claim code indicating they have prediabetes, or a history of gestational diabetes mellitus (GDM), according to one of the following specifications:

    a. Fasting 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 test or history of GDM only if they screen positive for prediabetes based on the CDC Prediabetes Screening Test (available in Appendix B of this document for a hard copy or accessible online at http://www.cdc.gov/widgets/Prediabetes/Prediabetes.swf) or screen positive for diabetes on the hard copy or electronic version (http://www.diabetes.org/are-you-at-risk/diabetes-risk-test/) of the American Diabetes Association Type 2 Diabetes Risk Test or on a claims-based risk test.

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

*Individuals may enroll in the National DPP without a referral if they meet the eligibility criteria outlined above.

*Children under age 18 and pregnant women are not eligible for the National DPP. Participants who become pregnant may continue at the discretion of the lifestyle program provider.

[15] Centers for Disease Control and Prevention. (2015). Prevention Diabetes Prevention Recognition Program Standards and Operating Procedures. Atlanta, GA.

B. Delivering the National Diabetes Prevention Program with Cultural Sensitivity

Forty-four percent of adults in Los Angeles County have prediabetes, and Latinos, African Americans, Asian Americans, and American Indians/Alaska Natives are affected at higher rates than non-Hispanic whites.[16] This demographic picture of prediabetes combined with the robust evidence of the role that culture plays in health, underscores the need to: recognize cultural differences among Diabetes Prevention Program participants; hire and train culturally competent program coordinators and lifestyle coaches; and deliver the program with racial and cultural sensitivity to reach and retain people that most need diabetes prevention services. This section is meant to serve as a guide for how to develop cultural awareness, competence and humility, to provide the National DPP with cultural sensitivity.

Culture and health

Each culture has attitudes, beliefs, practices, and values about good health and disease prevention; the care and treatment of the sick; whom to consult when ill; and the social roles between the client or patient and health care professional.[17] Additionally, culture shapes the way that a person learns, how they utilize information, and the way they relate to support networks. Understanding culture is an active, developmental learning process requiring a long-term commitment.[18] Evidence supports a connection between understanding a client's culture and health outcomes, particularly as it relates to client satisfaction and adherence, which is very relevant to behavior change programs like the National DPP.

Applying Cultural Constructs to delivering the National DPP

Awareness of the need for cultural sensitivity is the first step toward facilitating lifestyle change with sensitivity and cultural competency. However, lifestyle coaches, must go beyond a knowledge of cultural values, beliefs, customs, language, thoughts, and actions, by developing and showing insight into participants' situations, and recognizing what they do not know. This is cultural humility and will help develop a mutually respectful and positive relationship among patients and lifestyle coaches. Follow-up with an emphasis on participant-family-community empowerment can also improve diabetes outcomes. The more National DPP participants and their support networks are motivated and involved in the National DPP, the more likely they are to achieve desired outcomes and improve their quality of life.[19] In order to optimize program success and sustainability, lifestyle coaches must recognize participants' prior experiences, take advantage of their support networks, and adapt their facilitation to cultural variations in learning style and health beliefs.[20]

Overcoming linguistic and cultural barriers

A key element to overcome cultural barriers during facilitator-participant interactions is the use of effective communication. Successful cross-cultural communication and understanding occurs when health care professionals address clients' perceptions of illness, treatment, and outcomes. Strategies for effective communication must be considered with populations with low literacy, low health literacy, limited English

[16] Babey, S. H., Wolstein, J., Diamant, A. L., & Goldstein, H. (2016). Prediabetes in California: Nearly Half of California Adults on Path to Diabetes. Policy brief (UCLA Center for Health Policy Research), (PB2016-1), 1-8.
[17] ibid
[18] Bandura A. (2002) Social Cognitive Theory in Cultural Context. Applied Psychology. 51(2):269-290.
[19] AADE Practice Synopsis (2015). Cultural Considerations in Diabetes Education
[20] Goody, C. M., & Drago, L. (2009). Using cultural competence constructs to understand food practices and provide diabetes care and education. Diabetes Spectrum, 22(1), 43-47.

proficiency, and non-English speakers. The Prevent T2 curriculum is designed at a 6th grade reading level, but the facilitation should also be at that level when working with patients with low literacy and limited English proficiency, along with use of teach back methods to confirm participant understanding. The use of trained and properly integrated bilingual facilitators or professional interpreters is essential when delivering National DPP to non-English speakers. Communicating at the linguistic, cultural and educational level of the participants is essential to providing education to diverse populations, as it enables the use of proper verbal and non-verbal communication style across cultures.

Role of the National DPP Facilitator

Facilitators need be mindful of the cultural traditions and customs among all cultural and ethnic groups and to recognize socio-economic challenges that may exist. Culture and traditions are a cluster of learned behaviors, customs, preferences, beliefs, and ways of knowing.[21] Understanding the motivations of people from diverse backgrounds will enable facilitators to develop effective teaching strategies. For example, to effectively motivate clients to make healthier food choices, facilitators must possess specific knowledge about food habits, preferences, and practices (e.g., holidays, celebrations, and fasting practices) for the ethnic and racial groups they see in their classes. In this way, clients feel as if they have been understood and their beliefs, behaviors, and values have been respected.

When lifestyle change programs, such as the National DPP, are delivered using culturally appropriate methods in diverse populations, they can result in improved patient health behavior, knowledge, health status, and self-efficacy.[22] [23] [24] Integrating the individual cultures within health education and training is important for program effectiveness.[25] Expanding beyond racial, ethnic and religious sensitivity to further individualization based on age-appropriate and socio-economic considerations increases retention of program participants and improves the rates of program success.

[21] Kittler P, Sucher K. Food and culture in America: a nutrition handbook. New York: Van Nostrand Reinhold; 1989.
[22] Schrop S, Pendleton B, McCord G, et al. The Medically Underserved: Who Is Likely to Exercise and Why? Journal of Health Care for the Poor and Underserved. 2006;17(2):276-289.
[23] Slattery M, Sweeney C, Edwards S, et al. Physical activity patterns and obesity in Hispanic and non-Hispanic white women. Medicine and science in sports and exercise. 2006;38(1):33-41.
[24] Ivey SL, Tseng W, Kurtovich E, et al. Evaluating a Culturally and Linguistically Competent Health Coach Intervention for Chinese-American Patients with Diabetes. Diabetes Spectrum. 2012;25(2):93-102.
[25] American Association of Diabetes Educators. Competencies for Diabetes Educators: A Companion Document to the Guidelines for the Practice of Diabetes Education. 2011.

1. Recommendations for Lifestyle Coaches

A culturally humble, competent, prepared and sensitive National DPP facilitator provides important information and support to persons at risk for diabetes in a manner that:[26]

- Acknowledges that cultural perceptions of health can be unique for the individual.
- Considers the context of learning experiences already present when developing collaborative efforts with participants to identify barriers successful lifestyle change.
- Conveys accurate information in a fashion that is understandable to the learner. Proactively addresses limitations to plan adherence to lifestyle changes and designs and negotiates culturally appropriate goals.
- Utilizes educational materials and resources appropriate for culture, age, literacy level, and learning readiness.
- Includes resources that address access limitations to lifestyle change and considers the environment in which the participant is making these changes.
- Incorporates sensitivity and respect when educating all people irrespective of ethnicity, race, age, and socioeconomic status.

To develop a culturally competent relationship with National DPP participants, a facilitator can and should:[27]

- Examine their own backgrounds and ask themselves, and participants, questions related to values, beliefs, and practices.
- Ask themselves how the participants perceive the National DPP sessions, and the facilitator, and how the participants' food habits and preferences affect their ability to make lifestyle changes.
- Familiarize their self with the cultural variations in families, health beliefs, and sociodemographic among various cultural groups.
- Develop an understanding of and educational base about different cultures' health practices, food habits, and relationships with health professionals.
- Develop cultural skill in the context of lifestyle change, by asking participants what kinds of foods they prefer when feeling well versus when not feeling well; to be healthy and indulge, and what foods they avoid and why (health beliefs, religious or cultural reasons); and what they think are the causes of their prediabetes, and how the participant thinks that their prediabetes should be managed.
- Observe, take cues from participants, and mimic them, in nonverbal communication, such as amount of personal space, manner of eye contact, and use of silence, among other gestures. When unsure about the meaning of or motivation behind a nonverbal communication, ask questions and listen to participants' answers.

[26] AADE Practice Synopsis (2015). Cultural Considerations in Diabetes Education

[2727]Goody, C. M., & Drago, L. (2009). Using cultural competence constructs to understand food practices and provide diabetes care and education. Diabetes Spectrum, 22(1), 43-47.

- Encourage participants to bring food labels and supermarket flyers from home, and to take pictures of their meals and share them.

- Express an interest in the participant and their life, especially around the things that relate to lifestyle change facilitators and barriers. Ask about their family, their work, their free time (if they have it) their stresses, etc.

- Utilize Motivational Interviewing to connect with participants from different backgrounds, assess their motivations and for lifestyle change and experience with and response to the National DPP.

C. Motivational Interviewing

Motivational interviewing is an evidence-based counseling style founded in principles of psychology. It is a technique that focuses on helping interviewees make changes to their behavior, by assisting them to explore and resolve ambivalence that is inhibiting that change. This method is frequently used to encourage individuals to change behaviors that damage their health, such as substance abuse, obesity and related lifestyle habits. The facilitation style that National Diabetes Prevention Program Lifestyle Coaches use is based on the same fundamental assumptions and techniques as motivational interviewing.

Motivational Interviewing is based on the following assumptions:

- Ambivalence (conflicting reactions, beliefs, or feelings towards something) about change is normal and constitutes an important motivational obstacle in recovery.
- Ambivalence can be resolved by working out the interviewee's intrinsic motivations and values.
- The alliance between the interviewer and the interviewee is a collaborative partnership to which each person brings important expertise.
- An empathetic, supportive, yet directive method of counseling fosters conditions for change. (Direct Argument and aggressive confrontation may tend to increase client defensiveness and reduce the likelihood of behavioral change.

Trained therapists use motivational interviewing to influence participants' decision-making by using 4 (four) principles:

- Expressing empathy through reflective listening.
- Avoid disagreement and direct confrontation.
- Developing discrepancy between interviewees' goals and values and their current behavior.
- Adjust to interviewee resistance rather than opposing it directly.
- Supporting self-efficacy (the participant's belief that they can make a change) and optimism.

Motivational interviewing triggers the capability for change that everyone possesses. Thus, the goal is to create discrepancy to enhance motivation to change, elicit statements from the interviewee that demonstrate confidence in their ability to change and finally, elicit demonstrated behavior change from the individual.

More Resources for Motivational Interviewing are below:

Treatment Improvement Protocols, Chapter 3—Motivational Interviewing as a Counseling Style Series, No. 35. Center for Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. https://www.ncbi.nlm.nih.gov/books/NBK64964/

Center for Evidence Based Treatment Practices Website. Motivational Interviewing. https://www.centerforebp.case.edu/practices/mi

SAMHSA-HRSA Center for Integrated Health Solutions. Motivational Interviewing. http://www.integration.samhsa.gov/clinical-practice/motivational-interviewing

For Technical Assistance on motivational interviewing to change health behavior, you can also contact **Jennifer Mosst** at jmosst@ph.lacounty.gov

D. Readiness to Change

Readiness to change refers to a person's willingness to change their behavior. Participants entering the National DPP must be prepared to make lifelong changes to their behaviors and surroundings. If participants enroll in the program resistant or unwilling to change their current behaviors, they are less likely to successfully reach their goals. To ensure effective National DPP sessions and that participants receive the greatest benefits from program, it is important to assess the readiness level the individual.

Readiness to Change Questionnaire[28]

Where am I right now?

Thinking about your physical activity and eating over the past three months, please answer the following questions. Please circle one number to indicate how strongly you agree or disagree with the following statements. (Check "Don't know or refused" if you do not know or do not want to answer).

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Don't Know or Refused
I eat healthily.	5	4	3	2	1	
I get enough physical activity.	5	4	3	2	1	
I want to eat more healthily.	5	4	3	2	1	
I want to be more physically active.	5	4	3	2	1	

How confident are you that you can make changes now?

Please circle one number to indicate how confident you are that you can make the following changes.
(Check "Don't know or refused" if you do not know or do not want to answer).

Physical Activity:	Sure I can	Think I can	Not sure I can	Don't think I can	Don't know or refused
Get physical activity more often	4	3	2	1	
Be physically active for longer time	4	3	2	1	

Eating:	Sure I can	Think I can	Not sure I can	Don't think I can	Don't know or refused
Eat more healthful food	4	3	2	1	
Overeat less often	4	3	2	1	

[28] Diabetes Training and Technical Assistance Center. (2016) Common Ground. Readiness to Change form. Accessed 6.27.16

Readiness to Change Screening Tool

1. **Are you here because YOU want to make changes?** If you feel pressured into coming by your spouse, doctor or a friend, you may not be ready to lose weight. There a good chance you'll be setting yourself up to fail.

2. **Are you ready to make a life-long commitment to healthy moderate eating habits and regular physical activity?** Think about the amount of weight you want to lose. Everyone wants to lose weight instantly, but in this program, you will lose weight gradually. If you're willing to spend time developing new eating and activity patterns over the next several months, there's good chance this program is for you.

3. **Are you ready to make this a priority in your life**? Changing long upheld behaviors and losing weight takes time and effort. Besides attending the session weekly for 16 weeks then monthly for the next year, you'll need to spend time recording your food and activity each day. If you're already ***overcommitted,*** this might not be the right time for you to start. This program will be available when it works best for you to begin.

4. **Are you willing to be accountable for your food and physical activity choices**? You may have been in other programs where everything is laid out for you. The key of this program is to find what works best for you. This will involve some serious thinking and decisions about what you are willing to change.

5. **Are you ready to create a target goal weight that is realistic and healthy for you**? Studies have shown that a weight loss of 7% is sufficient to provide health benefits and reduce risks for type 2 diabetes. If you have a substantial amount to lose, you may have intermediate goals. The success of this program involves achieving a weight that can be maintained by staying active and eating at sufficient levels.

Your commitment is important as it takes hard work to change habits. We know this program works, as it's based on years of research. To be successful, we ask you think about your readiness, sign a contract and make a commitment to the goals of 7% weight loss and 150 minutes of weekly physical activity.

Signature: **Date:**

E. Tips to Improve Readiness to Change

Not all patients referred to National DPPs are ready to enroll in a lifestyle change program right away. Many patients feel that they face too many or too large of barriers to commit to a 1-year program that requires them to change their lifestyle so drastically. This section identifies ways to improve a participant's readiness to change and suggests language (in italics) to discuss each barrier in a non-threatening way. This resource can be given to your partners to enhance referrals. It can also be used by your organization's National DPP coordinator when following up with referred potential participants to improve the enrollment and retention of participants in your programs. For more information, see the section on Motivational Interviewing in this guide (page 39).

Making Lifestyle Changes: Tips for Enhancing Conviction and Confidence[29]

Enhancing conviction:

If conviction is very low, emphasize patient autonomy. *"Perhaps now is not the right time to talk about this…I don't want to push you into a decision, it's clearly up to you. I suggest you take time to think about it…"* If conviction is very low, ask permission to provide new information. Avoid giving the same old lecture—vary the message.

Expand on limited conviction. *"You said it was somewhat important that you change this behavior. Why did you score a 4 and not a 1? What would have to happen to move you up to a 6 or 7?"*

Identify ambivalence. Avoid hard confrontation, which causes the patient to defend the attacked position. Identifying ambivalence helps the patient believe you understand his or her perspective*: "So, you have considered this before, but you do not like people telling you what to do."*

Identify barriers to considering change. Brainstorm replacements: *"Watching television seems to help you relax. What else have you noticed helps you relax? How might you combine your goals of relaxing and improving physical fitness?"*

Brainstorm around obstacles. *"What will make it hard to increase your activity level?"*

Address stated worries directly. *"Because you are uncomfortable exercising in public, let's think of some other ways to increase your physical activity."*

Discuss pros and cons. Have the patient list the benefits and costs of no change versus change. Start with benefits of no change—there are obviously benefits to the patient or he or she would not be continuing that behavior. Summarize and let patient draw conclusions.

Take a hypothetical look over the fence. "*So, you're not too sure about changing your diet. Let's imagine for a moment that you did make this change. How would that make you feel?"*

[29] Koenigsberg, M. R., Bartlett, D., & Cramer, J. S. (2004). Facilitating treatment adherence with lifestyle changes in diabetes. American family physician, 69(2), 309-324.

Enhancing confidence:

Review previous change successes, praising positive steps and exploring obstacles. *"Have you tried this before? How long did you continue that effort? What helped you succeed for that long? What do you think will work for you now? What obstacles were there? What might help with those obstacles now? Tell me about some of the things you have successfully changed in the past."*

Expand on limited confidence. "*You said you had some confidence that you could change this. Why did you score a 4 and not a 1? What would have to happen to move you up to a 6 or 7?"*

Brainstorm solutions. Coach the patient to select small, easy steps based on patient's previous experiences and preferences.

Facilitate the shift from success or failure to a stage model. "*Most people have partial success several times before they succeed for good. Previous attempts to change increase the odds of success. People go through a period of not wanting to think about it, thinking about it, considering options, deciding to change, struggling to change, struggling with temptations or slips, and finally feeling like it's behind them. Sometimes people cycle through all or parts of that process several times before changing for good."*

Address relapse prevention. Discuss "slips" rather than failures; brainstorm ways to break any pattern of slips that leads to a sense of failure; anticipate triggers and plan solutions.

F. Introduction to the Participant Intake Form

The lifestyle-change program two-page intake form (pages 47-48) can be filled out by either the program coordinator or the lifestyle coach. The form contains all the information needed for initial CDC participant data reporting, including eligibility. The 2nd page, or back, includes a prediabetes screening test, to calculate risk on the spot. Once the intake form is filled out and the participant is enrolled, an ID number should be assigned in the space at the bottom of the form, to streamline CDC reporting. The form on the following two pages (participant info on the front, risk test on the back) can be copied or printed on its own for use enrolling participants in your National DPPs.

Lifestyle Change Program Intake Form[30]

Today's Date *(mm/dd/yyyy)*: _____

First Name:	**Last Name:**
Emory E-mail Address:	**Phone Number**: _____-_____-_____
Date of Birth *(mm/dd/yyyy)*: _____/_____/_____	**Gender** *(check one)*: ☐ Male ☐ Female
State of Residency:	**Ethnicity** (*check one*): ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race (*check all that apply):* ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	
Height: _____ feet _____ inches	**Starting Weight** *(weight taken today):* _____ pounds *(round to nearest pound)*

Have you been told by a health care provider that you have prediabetes, elevated blood sugar, or borderline diabetes? *(Check one*):

☐ Yes ☐ No

<u>If yes</u>, what type of blood test was performed? *(Check all that apply)*

- ☐ Finger prick blood test
- ☐ Fasting glucose test (blood test where blood was drawn with needle)
- ☐ Hemoglobin A1c test
- ☐ Oral Glucose Tolerance Test
- ☐ Don't know / don't remember

<u>If you are a woman</u>, have you ever been told by a health care provider that you had Gestational Diabetes Mellitus (GDM) during pregnancy? *(Check one*):

☐ Yes ☐ No

[30] Diabetes Training and Technical Assistance Center. (2016) Common Ground. Lifestyle Change Intake form. Accessed 6.27.16

TYPE 2 DIABETES RISK TEST

Write your score in the box:

1 **How old are you?**
Less than 40 years (0 points)
40-49 years (1 point)
50-59 years (2 points)
60 years or older (3 points)

2 **Are you a man or a woman?**
Man (1 point)
Woman (0 points)

3 **If you are a woman, have you ever been diagnosed with gestational diabetes?**
Yes (1 point)
No (0 points)

4 **Do you have a mother, father, sister or brother with diabetes?**
Yes (1 point)
No (0 points)

5 **Have you ever been diagnosed with high blood pressure?**
Yes (1 point)
No (0 points)

6 **Are you physically active?**
No (1 point)
Yes (0 points)

7 **What is your weight status?**
(see chart at right)

WEIGHT STATUS CHART			
Height		Weight (lbs.)	
4' 10"	119 - 142	143 - 190	191+
4' 11"	124 - 147	148 - 197	198+
5' 0"	128 - 152	153 - 203	204+
5' 1"	132 - 157	158 - 210	211+
5' 2"	136 - 163	164 - 217	218+
5' 3"	141 - 168	169 - 224	225+
5' 4"	145 - 173	174 - 231	232+
5' 5"	150 - 179	180 - 239	240+
5' 6"	155 - 185	186 - 246	247+
5' 7"	159 - 190	191 - 254	255+
5' 8"	164 - 196	197 - 261	262+
5' 9"	169 - 202	203 - 269	270+
5' 10"	174 - 208	209 - 277	278+
5' 11"	179 - 214	215 - 285	286+
6' 0"	184 - 220	221 - 293	294+
6' 1"	189 - 226	227 - 301	302+
6' 2"	194 - 232	233 - 310	311+
6' 3"	200 - 239	240 - 318	319+
6' 4"	205 - 245	246 - 327	328+
	(1 Point)	(2 Points)	(3 Points)
	You weigh less than the amount in the left column (0 points)		

If you scored a 5 or higher:
You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes.

Add up your score:

(a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

To learn more, call or visit:

LA Healthline:
1-800-793-8090

211 LA County:
https://www.211la.org

For Lifestyle Coach Use Only

Risk Score Total: _____ (high risk = 9 or more)

Eligible for Program (Yes or No)? _____

Assigned Participant ID # _____

G. "Session Zero" or Information Sessions

Organizations delivering the National Diabetes Prevention Program can consider offering an information session sometimes called "Session Zero" before the first session to accomplish a variety of tasks:

1. **Recruit participants to the program**
2. **Assess readiness of participants**
3. **Inform participants of program goals, structure, and commitment**
4. **Collect program intake information**

Considerations for Session Zero content/tasks:	Considerations for Session Zero activities:
• Background on diabetes epidemic and the DPP study: the program is evidence-based • Goals of the National DPP: risk reduction through modest weight loss and moderate physical activity • Structure of the year-long program: weekly sessions followed by monthly sessions • Expectations of participants: attendance, food and activity tracking, group participation, weekly weigh- ins, record and share physical activity minutes with Lifestyle Coach • Complete organizational enrollment paperwork • Complete readiness assessment if applicable • Conduct initial weight-in	• Have a panel of former or current participants speak about their experience with the program • Show the CDC video "A Change for Life" as an introduction to the program • Show a video created by your organization featuring other successful participants reflecting on the program

Below is a sample "Session Zero" Agenda:

Session Zero Agenda

- Greet attendees and have them sign-in
- Hand out National DPP information sheet and review program goals and expectations
- Hand out intake forms and program flyers
- Begin Q&A session
- Collect completed registration forms
- End session

H. Planning and Scheduling National Diabetes Prevention Program Sessions

The National Diabetes Prevention Program is an attendance-based program, which requires the coordinator and lifestyle coach to plan to maximize attendance and minimize dropout. You should discuss the sessions' schedule with the class separately for the Core Phase (weekly) and the Maintenance Phase (have organizational discretion as to how often administered, but at least monthly).

Core Phase

During the core phase, at informational and recruitment sessions, and at the first session, review with the cohort all the scheduled dates for the core sessions. Have the participants take these dates home and compare them with their calendars to identify conflicts with their planned schedules. It may be best to reschedule sessions in advance to avoid the lifestyle coach having to conduct a makeup session, or reduced attendance for a large portion of the cohort.

Maintenance Phase

Schedule*:* The lifestyle coach should repeat the process of reviewing scheduled monthly (or bi-monthly) sessions with participants and have them review their calendars to identify conflicts. Since meetings are less frequent, finding a day and time that works for as many participants as possible is important to promote attendance.

Sessions: The curriculum for the Maintenance Phase is much more flexible than the curriculum for the Core Phase. Another way to encourage attendance is for the lifestyle coach to invite the participants to choose which sessions to hold on which dates, so that participants have specific content to look forward to.

***A Note on Lifestyle Coaches:** It is generally understood that facilitating the National DPP is a year-long commitment for a lifestyle coach, but things do come up. If your organization has the resources, it can be useful to have 2 lifestyle coaches co-facilitate the sessions, so that if one lifestyle coach cannot lead sessions for an entire year, the cohort is not left to a "replacement" at a late stage in the program.*

I. Goal-Setting

Keeping participants engaged over the course of the year is an important strategy for success. One method that has been proven to effectively maintain engagement is goal setting. On pages 52-53, you will find a goal-setting tool developed by a local DPP provider organization in Los Angeles. The tool was designed for low-literacy participants in both English and Spanish with behaviors change and lifestyle modifications.

How to use the goal-setting tool:

The lifestyle coach can use the worksheet provided as a guide, at pre-determined intervals, when working with a participant to help them create their own goals, and track their progress, so that the process remains patient-centered. The lifestyle coach should not give the worksheet to participants to fill out on their own.

When to use the tool:

The goal-setting worksheet can be used during the core phase of the program to help participants choose specific health behaviors to change and focus on how they want to change them. For example, the lifestyle coach and participant can use the worksheet to set a goal at week 2, then check in on progress at week 4; set a new goal at week 5, and so on. Using the worksheet for shorter time periods can help participants stay engaged by allowing them to set short-term/intermediate goals that may be easier to achieve. This tool can also be used before and during the maintenance phase to help participants stay focused on their lifestyle change goals during the transition to fewer sessions.

Goal-Setting Worksheet

Patient Name: Date:

Self-Management Goals for Your Health

Small changes are OK! Make sure your goals are realistic.

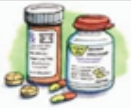
Instructions: Pick one or more goals for yourself, then write your goal in the area where it fits so it answers the following: WHAT, WHEN, WHERE, HOW OFTEN.

For example:

What: *I will walk around my neighborhood.*

When: *3 days a week (Tuesday, Wednesday, Thursday)*

How often: *for at least 30 minutes.*

 **Being Active**	**What:** **When:** **How often:**	 **Healthy Eating**	**What:** **When:** **How often:**
 **Monitoring**	**What:** **When:** **How often:**	 **Sleep Better**	**What:** **When:** **How often:**
 **Taking Medication**	**What:** **When:** **How often:**	 **Cope with Stress**	**What:** **When:** **How often:**
 **Reduce your Risks** *(Ex. quit smoking, reduce asthma triggers, keep medical appointments, etc.)*	**What:** **When:** **How often:**	 **Other Goal(s)**	**What:** **When:** **How often:**

On a scale of 0 to 10 how confident are you that you can accomplish your goal(s)?
(Circle a number 0 = not confident; 10 = very confident)

0 1 2 3 4 5 6 7 8 9 10

What might get in the way of your plan?

What can you do to solve it?

Please do not write below this line; this section is to be filled out by your health instructor. *

Follow-up	***Changes or adjustments needed:***
Date: **2nd session status:**	
Date: **3rd session status:**	

[31] Status Code: 1-In Progress; 2- Revised; 3- Not completed; 4- Completed.

[31] Worksheet provided courtesy of Northeast Valley Healthcare Corporation, San Fernando, CA.

El Manejo de Metas para su Salud

Los cambios pequeños son buenos. Asegúrese que sus metas sean realísticas.

Instrucción: Elija una o más metas para usted. Escriba su meta en el área donde pueda contestar lo siguiente: Cómo, Cuándo, Dónde, Con qué frecuencia.

Por ejemplo:
Cómo: Voy a caminar alrededor de mi vecindad. **Cuándo:** 3 días a la semana (martes, miércoles, jueves) **Con qué frecuencia:** Por lo menos 30 minutos.

 **Ser Activo**	**Cómo:** **Cuándo:** **Con qué frecuencia:**	 **Comiendo Saludable**	**Cómo:** **Cuándo:** **Con qué frecuencia:**
 **Monitorear**	**Cómo:** **Cuándo:** **Con qué frecuencia:**	 **Dormir Mejor**	**Cómo:** **Cuándo:** **Con qué frecuencia:**
 **Tomando Medicamen**	**Cómo:** **Cuándo:** **Con qué frecuencia:**	 **Manejar el Estrés**	**Cómo:** **Cuándo:** **Con qué frecuencia:**
 **Reducir sus Riesgos** (Dejar de fumar, tomar, mantener sus citas médicas, etc.)	**Cómo:** **Cuándo:** **Con qué frecuencia:**	 **Otra meta(s)**	**Cómo:** **Cuándo:** **Con qué frecuencia:**

En una escala de 0 al 10 ¿Que tan segura está usted de poder cumplir su meta? (0 = no muy segura; 10 = segurísima)

0 1 2 3 4 5 6 7 8 9 10

¿Qué podría impedir que usted logre su meta?

¿Qué puede hacer para resolverlo?

Follow-up	*Changes or adjustments needed:*
Date: **2nd session status:**	
Date: **3rd session status:**	

Status Code: 1-In Progress; 2- Revised; 3- Not completed; 4- Completed.

J. HIPAA Training Resources

Participant privacy is essential when developing and implementing a diabetes prevention program. To ensure that organizations are compiling with patient standards it is essential that all organizations be compliant with the Health Insurance and Portability Accountability Act (HIPAA). HIPAA requires that anyone who is handling confidential and identifiable health information be HIPAA trained and certified. This means that HIPAA certification is required for any employee who is collecting or entering participant data for CDC recognition, insurance reimbursement, or any other purposes. Below are two organizations that offer free online HIPAA training.

- **Health and Human Services (HHS)** https://www.hhs.gov/hipaa/for-professionals/training/index.html
- **Occupational Safety and Health (OSH)** http://www.oshatrain.org/courses/mods/625e.html

Lifestyle Coach Fidelity Manual

The purpose of the Lifestyle Coach Fidelity Manual is to establish a standard of best practices for the Diabetes Prevention Program and to build capacity for the organization for adhering to the CDC recognition guidelines for the National DPP.

Tools in this Section:

A. National Diabetes Prevention Program Fidelity Overview[32]

What is Program Fidelity?

Fidelity refers to how closely Lifestyle Coaches (Leaders/Facilitators) follow and deliver the curriculum as intended by the program-developers, including consistency of delivery and program timing. The National DPP is a researched based model, which means that the effectiveness has been measured and the results can be replicated if the program is delivered in a consistent manner.

Why is Fidelity Important?

Program delivery that is not true to the original design and intention decreases the likelihood that the desired outcomes will be obtained. Poor fidelity can result in a range of unintended effects, such as lower retention and success rates, not only for participants but also for the Lifestyle Coaches and the organization. Fidelity is necessary for a quality program, for maintaining a cost-effective program, and for scaling the program's reach to meet the needs of those at risk for chronic conditions.

Key Fidelity Elements for the Diabetes Prevention Program

The Program Coordinator will provide Lifestyle Coach Fidelity checks and include adherence to these key elements:

- Programs offered as designed include:
  - One-hour sessions offered over sixteen weeks (core); thereafter at least six one-hour sessions offered over six months (post core).
  - Following the script consistently
  - Avoid adding additional topics or outside materials prior to covering the core or post core script for the session
  - Avoid offering medical or alternative health advice
  - Effectively use key program elements including problem solving, brainstorming, and action planning.
- Lifestyle Coaches have completed a two-day leader training offered by one of the training organizations that have an MOU with the CDC, or a Program Coordinator (Master Trainer) trained by one of those organizations.
- Lifestyle Coaches must facilitate at least one class series every 12 months, determined by their certification date.
- Lifestyle Coaches who do not facilitate a class during the twelve-month period following their last completed class must attend a "refresher training" before returning to the classroom.

Fidelity Observation Process

1. Lifestyle Coaches will be evaluated every 12 months using the approved fidelity checklist.
2. A Program Coordinator that can provide constructive feedback in a positive way should do observation and completion of the fidelity checklist.
3. It is recommended that the fidelity visit take place during sessions 2 -5 to ensure observation of action planning, feedback/problem solving, brainstorming, and adherence to the curriculum.

[32] adapted from the Statewide Colorado Disease Self-Management Program Collaborative Fidelity Visit Policy Manual of the Diabetes Self-Management Program

B. Fidelity Observation Process and Logistics[33]

1. The Program Coordinator (Fidelity Observer) should notify the Lifestyle Coach at least one week in advance that they will be observed. The Lifestyle Coach should ask their group if they would be willing to be observed.

2. The Fidelity Observer should arrive before the program begins, stay through the full session, and plan for a minimum of thirty minutes with the Lifestyle Coach to discuss their evaluation following the class.

3. The Fidelity Observer should be introduced briefly to the group and sit in the back of the room, not joining in as a participant.

4. The Fidelity Observer will follow up with the Lifestyle Coach immediately after observation to share the feedback. Coaches should plan on remaining an additional one-half hour after the class is completed to meet with the observer for discussion. A typed checklist should be returned to the Lifestyle Coach and organization.

5. If a Lifestyle Coach scores below an average of "2" on Part II of the checklist, another observation may be scheduled.

6. If there are serious concerns, a Lifestyle Coach should be re-observed before their next class series begins to ensure that recommended changes have been made. If concerns continue, the Program Coordinator will work one-on-one with the Coach to correct the problem. The Program Coordinator needs to document their concerns and share the concerns with the Coach. The organization may then consider not using the Coach for future assignments.

7. The organization will be responsible for monitoring their Lifestyle Coaches in their first-class series and a least every twelve months thereafter.

[33] Adapted from the Statewide Colorado Disease Self-Management Program Collaborative Fidelity Visit Policy Manual of the Diabetes Self-Management Program

C. National Diabetes Prevention Program Session Requirements Checklist

This checklist identifies everything that a lifestyle coach should do before, during, and after a National DPP session to ensure successful delivery of the program. It includes actions that pertain to preparation, data collection, and attendance logistics, as well as briefly touching on session facilitation (which is evaluated more in-depth in a later checklist).

1) Availability	Arrive at class 15 minutes before time, remain for 15 minutes after class.
2) Weigh-ins	Weigh-in up until class start time. Start on time. If students are late, weigh them after class. Keep weights private.
3) Call Absentees	Call the same day, no later than the next day to schedule a make-up session either in person or by phone. Provide a copy of missed lessons.
4) Enrollment	All participants have signed intake forms. A participant may enroll up through session 4. Missed sessions must be a make-up.
5) Class Data	Complete in data entry within 24 hours or call Program Coordinator for assistance.
6) Facilitation	• Do not give your experiences. Ask the participants for their experiences.
	• Stay on the script – lessons build one upon the other. Use the "ASK, PRESENT, SAY." script.
	• Complete each lesson.
	• Keep class on task – do not let a student derail the class.
	• Each week collect and record the Food and Activity Tracker, weight and minutes of physical activity.
7) Complaints	If a complaint arises to you – escalate internally for resolution. A Program Coordinator will enter complaints in after resolution, if needed.
8) Accountability	Enforce the individual responsibility agreement covered in session 1, page 6 and 16 for attendance, program adherence, and support guidelines.
9) Pre-visit observations	Plan to sit in and observe one or two live National DPP classes of a Lifestyle Coach who has been observed and completed the fidelity visit process.

D. Components of Successful Facilitation

The observer should be familiar with the principle components that are essential to effectively facilitating DPP sessions: **brainstorming and problem solving,** and the actions they comprise. The fundamentals and principles, which are founded in motivational interviewing techniques, and detailed on the next 2 pages should help the observer to identify these actions when implemented during a session, and fill out the facilitation checklist, on the last page of the manual.

1. Brainstorming Fundamentals for Lifestyle Coaches (LCs)

Preparation

Have all brainstorm questions ready. All open-ended questions are provided in the class materials.

Process

1. Facilitator reviews Brainstorm Guidelines with the participants.
2. As ideas are given, facilitator repeats ideas to the scribe in the participant's exact words.
3. If an idea is long or unclear, the LC may ask participant to paraphrase it. If the participant has trouble doing so, the leader may paraphrase it and ask the participant permission to use the paraphrased version; if approved, write it down.
4. If responses come slowly, WAIT, and then read over the question again. Leaders give ideas only when all ideas are exhausted from the group.
5. Leaders should make no comments when ideas are flowing. If members start to make comments or ask questions about any the ideas, explain that we are generating ideas and after the brainstorm is complete we will discuss or clarify any ideas.
6. Leader then adds the ideas listed from the script that were not suggested by the group. These can be written down or not.
7. The leader reads the list of ideas and then asks if there are any questions or need for clarification.
8. If an idea is questioned or clarification is requested, ask the participant who contributed the idea to give an explanation.
    - Appoint a scribe.
    - Repeat the ideas while looking at the group, not to the scribe.
    - The scribe should listen only to the Leader.
    - The facilitator controls the "traffic", glancing at the board occasionally to make sure the scribe is caught up.
    - Do not allow questions until after the brainstorm is over.
    - Do not comment or allow anyone else to comment on the ideas (positively or negatively, verbally or by facial expression).
    - Clarification should not be obtained until after the brainstorm.
    - If there are fewer than 5 ideas, WAIT. (It is not over until 15 seconds have passed with no new ideas).
    - If there are five ideas, tell the group you will take two more and end the brainstorm.
    - Do not call on people.
    - Write down the ideas in the contributors' words. If you want to shorten or rephrase them, ask permission first.
    - Read the list to the group after the brainstorm, and then ask if anyone need clarification. Do not use abbreviations or symbols!

2. Guide to Problem Solving Process for Lifestyle Coaches

Should be used in cases in which: Group members may have trouble making an Action Plan or reporting back on Action Plans.

If Action Plan was:	
Successful/Modified:	**PROCEED**
Not successful:	**STOP**
If not successful, what were the barriers? (Allow participant to respond)	
Does participant have any ideas for how to address those barriers?	If Yes, **PROBLEM SOLVE WITH THE GROUP**
	If No, **STOP**
Has anyone else ever had a similar problem? (By show of hands)	
Would the participant like help from the group?	If Yes: **PROBLEM SOLVE WITH GROUP**
	If No: **STOP**
Does the participant think that any of the group's ideas will help solve the problem?	

E. Lifestyle Coach Facilitation Fidelity Checklist[34]

Lifestyle Coach Name_____Date _____

Seminar Location _____ Person Conducting Visit _____

Date Follow-up Sent to Coach /Coordinator _____

Lifestyle Coach Checklist-Preparation	Yes/No	Comments
Prepared for Class • Arrives on time		
• Necessary supplies on hand		
• Prepared to teach		
• Correct class materials in place		
Lifestyle Coach Checklist Facilitation	**1 – 3 Scale***	**Comments**
Follows the National DPP curriculum		
Facilitates group activities appropriately • Presents		
• Open-ended Questions		
• Brainstorming		
• Feedback/Response		
• Problem Solving		
• Positively reinforces group members/encourages group		
• Handles difficult situations or disruptions effectively		
• Speaks effectively in front of a group		

[34] adapted from the Statewide Colorado Disease Self-Management Program Collaborative Fidelity Visit Policy Manual of the Diabetes Self-Management Program

Lifestyle Coach Checklist Facilitation (non-verbal)	1-3 Scale*	Comments
• Body language		
• Eye contact		
• Voice projection/volume		
• Pace		
• Engaged throughout entire class		
• Non-judgmental of people and/or choices		
• Models activities appropriately		
• Manages time appropriately		
TOTAL of Part Two		
AVERAGE (**TOTAL** divided by the number of scores)		

***1-3 Scale Legend:**

1 – Additional practice recommended

2 – Meets expectations and demonstrates understanding of the process

3 – Demonstrates mastery

N/A – Did not see this during class

The Lifestyle Coach needs to have an average score of "2" on the Lifestyle Coach Checklist Part Two

Other Comments:

Section 2:
Obtaining CDC Recognition

This section will go over everything your organization needs to know and do to achieve CDC recognition. It will detail organizational requirements, the application, the curriculum, data collection and submission and the timeline for each of these things.

If your organization already has pending CDC recognition, you may have already completed many of these steps. Please refer to the table of contents for where in this manual you can find resources that clarify parts of the process that apply to your program.

Please note that although this section reflects the most current CDC Recognition Standards please always refer to the DPRP website for any updates on process and procedures.
(https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf)

Organization	Address	City	State	Zip Code	Phone Number	Website	Class Type	Who can participate?
★ A Vision of Health Achieved Full Recognition	17247 BIRCHER ST	Granada Hills	CA	91344	(310) 628-4191	http://www.avisionof..	In-Person	Public
★ Pre-Diabetes Professional Training Center Achieved Full Recognition	14421 Glorietta Drive	Sherman Oaks	CA	91423	(844) 786-7362	http://pdptcenter.org	In-Person	Public
★ Skinny Gene Project Achieved Full Recognition	10620 Treena St. Ste 230	San Diego	CA	92131	(619) 793-2010	http://www.skinnyge..	In-Person	Public
★ UCLA Campus-Wide DPP Achieved Full Recognition	2131 John Wooden Center	Los Angeles	CA	90095 1612	(310) 794-7765		In-Person	Other
★ Valley Jewish Community Center Achieved Full Recognition	20350 Ventura Blvd., Suite 100	Woodland Hills	CA	91364	(818) 360-2211	http://nvjcc.org	In-Person	Public
● Black Women for Wellness Achieved Preliminary Recognition	4340 11th Ave., 2nd Floor	Los Angeles	CA	90008	(323) 290-5955	http://www.bwwla.org	In-Person	Public
● Canary Health Achieved Preliminary Recognition	1539 Sawtelle Blvd. Suite 10	Los Angeles	CA	90025	(310) 444-0636 Ext: 111	http://www.canaryh...	OnLine	Members
● Chinese Hospital Association Achieved Preliminary Recognition	845 Jackson St.	San Francisco	CA	94133	(415) 677-2475	http://www.chineseh..	In-Person	Other
● Livingston Community Health Center Achieved Preliminary Recognition	1140 Main St.	Livingston	CA	95334	(209) 394-7913 Ext: 1384		In-Person	Public
● Omada Health Achieved Preliminary Recognition	500 Sansome St., Suite 200	San Francisco	CA	94111 2323	(888) 987-8337	http://www.omadah...	OnLine	Public

Overview of Recognition Process

Tools in this Section:

To identify National DPPs that follow the CDC recognized curriculum and achieve participant outcomes comparable to those in the original study, the CDC has developed a recognition program. Organizations follow a specific set of standards including collecting and submitting data elements for evaluation. There are three stages to CDC recognition: pending recognition, preliminary recognition, and full recognition.

Recognition Stages

Achieving CDC recognition is a 2-year, multi-step process. First, you must read the 2018 CDC recognition standards (page 91). Then you should conduct an organizational capacity assessment. Upon applying, your organization will achieve pending recognition, and be required to submit at least 6 months of data every 12 months. After submitting data for 1 year, completing one full cohort, and demonstrating that your program meets the CDC's prescribed attendance rates, you will be granted preliminary CDC recognition. Preliminary recognition will allow you to enroll as a Medicare Diabetes Prevention Program (MDPP) provider and bill Medicare for services. If your organization submits all required data for 2 years and shows that your program meets CDC standards of effectiveness at delaying or preventing type 2 diabetes, you will be granted full recognition status and become a fully recognized program. However, you are required to submit data each year to retain full recognition. This section will walk you through the process of conducting an organizational capacity assessment, applying for recognition, the requirements for pending recognition status, data reporting and evaluation elements, and requirements for achieving and maintaining full recognition. The CDC timeline illustrates the order of program delivery, data submission, and CDC evaluation, and you can refer to it during the rest of the recognition process.[35]

Diabetes Prevention Recognition Program (DPRP)—Three Main Goals

1. **Assure program quality and fidelity to scientific evidence**
   - ✓ **2002 DPP research trial and follow-up efficacy studies**
   - ✓ **Community translation of the studies**
   - ✓ **Evidence-based, yearlong CDC-approved curricula**
2. **Maintain national registry of organizations recognized for delivering effective programs**
3. **Provide technical assistance to achieve and maintain full CDC recognition**

[35] Centers for Disease Control and Prevention. (2011). Prevention Diabetes Prevention Recognition Program Standards and Operating Procedures. Atlanta, GA.

A. CDC Requirements for Recognition

Before beginning the application and data submission process, it is useful to have a good overview of the CDC recognition requirements. The chart below is from the CDC, and outlines the specific requirements, how and when they are evaluated, and which type of recognition each item counts towards. The requirements will be described in more detail in the order they should be achieved, as recommended by this manual.

Diabetes Prevention Program Requirements for CDC Recognition [36]

	Standard	Requirement	How Evaluated	When Evaluated	Recognition Status
1	Application for recognition	Must provide the organization's identifying information to CDC RECOGNITION.	. Name of organization . Address . Contact person	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 CDC for approval	Upon receipt of application	Pending
3	Intervention duration	1 year duration.	Data review	Every 12 months	Pending and Full
4	Intervention intensity	Minimum of 16 sessions, delivered approximately once per week during months 1-6, followed by a minimum of sessions, delivered at least 1 session per month, during months 7- 12.	Data review	Every 12 months	Pending and Full
5	Session attendance months 1-6	Minimum of 9 sessions attended, on average.	Attendance averaged over all participants attending a minimum of 4 sessions.	Every 12 months	Pending and Full
6	Documentation of body weight	On average, participants must have had body weights recorded at a minimum of 80% of the sessions attended.	Documentation of body weights based on all participants attending a minimum of 4 sessions.	Every 12 months	Pending and Full
7	Documentation of physical activity minutes	On average, participants must have had physical activity minutes recorded at a minimum of 60% of all sessions attended.	Documentation of physical activity minutes based on all participants attending a minimum of 4 sessions.	Every 12months	Pending and Full
8	Weight loss achieved at six months	Average weight loss achieved by participants attending a minimum of 4 sessions must be a minimum of 5% of "starting" body weight.	Weight loss averaged over all participants attending a minimum of 4 sessions. The first and last weights recorded for each participant during months 1-6 will be used to calculate this measure.	Every 12 months	Pending and Full
9	Participant avg. session attendance during months 7-12	Minimum of 3 sessions in months 7- 12.	Attendance averaged over all participants attending a minimum of 4 sessions.	Every 12 months	Pending and Full
10	Weight loss achieved at 12 months	Average weight loss achieved over the entire 12-month intervention period by participants attending a minimum of 4 sessions must be a minimum of 5% of "starting" body weight.	Weight loss averaged over all participants attending a minimum of 4 sessions during the entire intervention period. The first and last weights recorded for each participant during months 1-12 will be used to calculate this measure.	Every 12 months	Pending and Full

[36] Centers for Disease Control and Prevention. (2015). Prevention Diabetes Prevention Recognition Program Standards and Operating Procedures. Atlanta, GA.

B. Organizational Capacity Assessment Tool [37]

This tool is used to assess whether your organization is ready to start a diabetes prevention program and apply for CDC recognition. It also identifies your organization's strengths and weaknesses related to implementing a CDC-recognized National DPP.

Directions for Completing the Organizational Capacity Assessment (page 69)

1. Read the Organizational capacity assessment questions and check one box: "yes" "no" or "unsure". Not applicable may apply to online/virtual National DPP organizations in some cases.

2. Refer to the CDC Recognition Standards and Operating Procedures document when completing the questionnaire, available at: https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards

3. Total the number of "yes" "no" and "unsure" responses at the bottom of the questionnaire. If the total number of "no" or "unsure" responses outnumber the number of "yes" responses, consider applying later, when your organization is better prepared to meet the standards.

4. Read the recommendations to determine if your organization is ready to apply for CDC Recognition.

Recommendations

For each Topic with a "No" or "Unsure" consider:

1. Working with your organization's leadership to enhance the Organizational Capacity Topic to enable your organization to check "Yes" to the capacity assessment question.

2. Partnering with an existing National DPP provider organization in your community.

3. Contacting the CDC's Diabetes Prevention Recognition Program for technical assistance through DPRPAsk@cdc.gov.

[37] Centers for Disease Control and Prevention. (2015). Prevention Diabetes Prevention Recognition Program Standards and Operating Procedures. Atlanta, GA.

Organizational Capacity Assessment for DPRP Applicant Organizations

Capacity Topic	DPRP Standards Reference	Organizational Capacity Assessment Questions	Yes	No	Unsure	N/A
DPRP Standards	CDC DPRP Standards and Operating Procedures- https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf	A. Have the following people from your organization read the CDC DPRP Standards and Operating Procedures (DPRP Standards)?				
		1. Leadership/management.				
		2. Program Coordinator (if already hired).				
		3. Lifestyle Coach(es) (if already hired).				
Leadership and Staff Support		B. Do the following people from your organization support submission of this application for CDC recognition?				
		1. Leadership/management.				
		2. Program Coordinator (if already hired).				
		3. Lifestyle Coach(es) (if already hired).				
Staff	Guidelines for Staff Eligibility, Skills and Roles, and Sample Job Descriptions	C. Does your organization have or plan to hire the following staff (at minimum) with the knowledge, skills, and abilities listed in Guidelines for Staff Eligibility, Skills and Roles, and Sample Job Descriptions of the DPRP Standards?				
		1. A Diabetes Prevention Coordinator responsible for submitting data to CDC and receiving all programmatic and data-related correspondence about the organization's recognition status.				
		2. A Lifestyle Coach responsible for implementing the yearlong CDC-approved curriculum and providing support and guidance to participants in the program.				
Staff Training		D. Does your organization have a plan for Program Coordinator(s) and Lifestyle Coach(es) to offer or attend the following?				

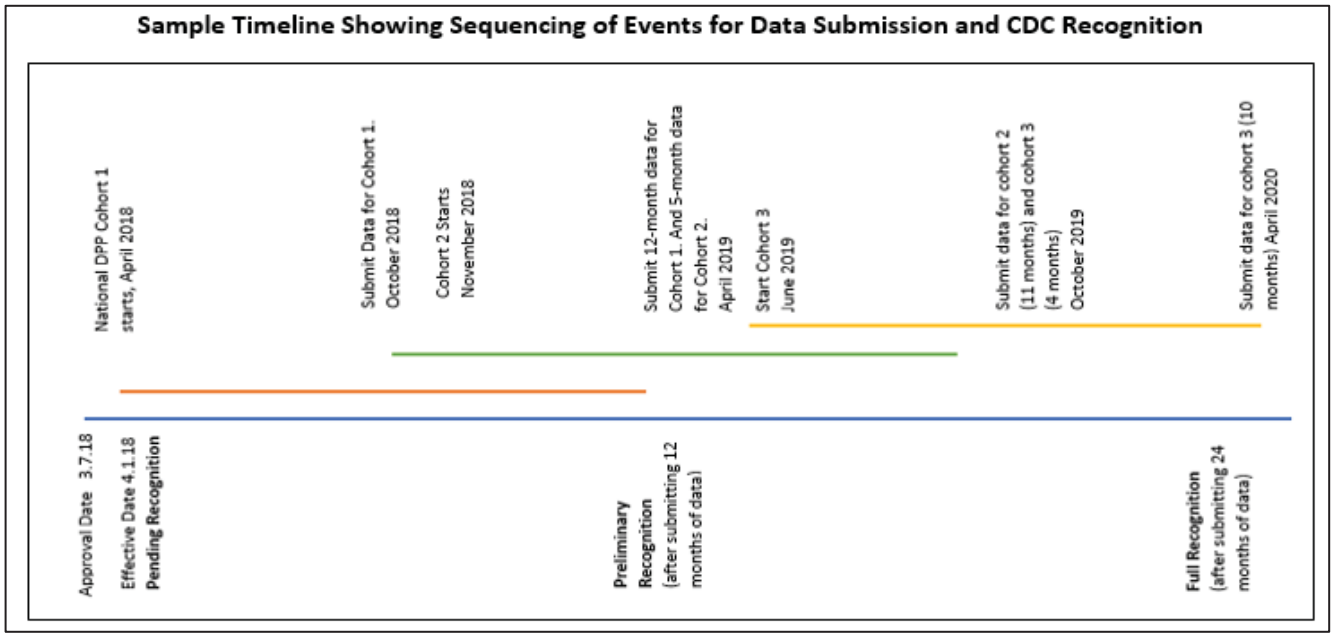
		1. A training on delivery of a CDC-approved curriculum that includes the required content listed within the DPRP Standards (If outside training is needed, please see a list of training entities that hold Memorandums of Understanding with CDC here: https://www.cdc.gov/diabetes/prevention/lifestyle-program/staffing-training.html).				
		2. For organizations offering online only or combination programs, training on the specific technology platform to be used to deliver the online lifestyle change program.				
		3. Training on computer skills necessary for data collection and interpretation of participants' outcomes to effectively monitor their progress toward meeting program goals.				
		4. CDC-sponsored webinar trainings on specialized topics such as program delivery ("Welcome to the DPRP") and data submission ("Submit for Success").				
		5. Training to comply with federal, Health Insurance Portability and Accountability Act (HIPAA), state, and or local laws governing Personally Identifiable Information (PII), including laws related to data collection, storage, use, and disclosure (CDC does not permit the transmission of PII).				
		6. Additional refresher training or training to develop new skills needed to effectively manage and deliver the yearlong lifestyle change program.				
DPRP Evaluation Data Collection and Submission	Submitting Evaluation Data to the DPRP	E. Does your organization have staff with the knowledge, skills, and tools needed to collect, enter, and submit the required DPRP evaluation data elements using a comma separated value (CSV) format to the CDC DPRP every 6 months?				
		1. If you answered "Yes" to question E. above, has your organization designated a staff member who will be responsible for collecting, entering, and submitting the required DPRP evaluation data elements to CDC every 6 months?				

		2. If you answered "No" or "Unsure" to question E. above, does your organization have a plan for training a designated staff member who will be responsible for collecting, entering, and submitting the required DPRP evaluation data elements to CDC every 6 months?				
		3. If you answered "No" or "Unsure" to question E. above, does your organization have a plan to contract with an external organization (i.e., a third-party data administrator) with the knowledge, skills, and tools needed to collect, enter, and submit the required DPRP evaluation data elements on behalf of your organization to the CDC DPRP every 6 months?				
Organization Infrastructure: in-person only	Location and Delivery Mode	F. For organizations offering in-person only programs:				
		1. Does your organization have any designated space in which to conduct the yearlong lifestyle change program?				
		2. Does your organization provide private settings in which participants can be weighed and monitored by a Lifestyle Coach?				
Organization Infrastructure : online only, distance learning, or combinatio n programs	Location and Delivery Mode	G. For organizations offering online only, distance learning, or combination programs:				
		1. Does your organization have any designated space in which to conduct **the in-person portion** of your combination yearlong lifestyle change program?				
		2. Does your organization have an appropriate technology platform to deliver the online version of the yearlong lifestyle change program?				
		3. Does your organization have an appropriate technology platform to allow participants to interact with a Lifestyle Coach over the yearlong lifestyle change program?				
		4. Does your organization have the ability to obtain weights via digital technology such as Bluetooth-enabled scales?				
Eligible Participants	Participant Eligibility	H. Does your organization have access to a large number of individuals at high risk for type 2 diabetes that meet the eligibility? requirements listed with the DPRP Standards?				

Recruitment and Enrollment	Participant Eligibility	A. a. Does your organization have the ability to recruit and enroll a sufficient number of eligible participants (i.e., via marketing and media outreach, partnership engagement, health fairs, etc.) to maintain an adequate number of classes over time? b. Does your organization have the capacity to offer at least one class every 12 months? c. Have you made connections with health care providers, insurers, or employee wellness programs to help ensure referrals to your program?				
Sustainability		J. Does your organization have a plan to sustain the yearlong lifestyle change program long-term without federal, state, or local government or other nongovernmental grants?				
Tools and Resources		K. Has your organization reviewed the following downloadable tools and resources on CDC's National Diabetes Prevention Program web site available at https://www.cdc.gov/diabetes/prevention/lifestyle-program/resources/index.html?				
		1. Resources for Recruiting Participants available at: https://www.cdc.gov/diabetes/prevention/lif estyle-program/resources/participants.html				
		2. Resources for Health Care Professionals available at https://www.cdc.gov/diabetes/prevention/lif estyle-program/resources/professionals.html				
		3. Resources for Employers and Insurers available at https://www.cdc.gov/diabetes/prevention/lif estyle-program/resources/employers.html				
		4. Resources to Encourage Participant Retention available at https://www.cdc.gov/diabetes/prevention/lif estyle-program/resources/retention.html				
		5. Spread the Word available at https://www.cdc.gov/diabetes/prevention/lif estyle-program/resources/spreadtheword.html				
		Total number of boxes check for each				

C. CDC-Recognition Status Timeline and Description[38]

It is important to understand when you will need to submit deliverables to the CDC. The timeline below provides a good visual for understanding the chronology of data submission and CDC feedback.



The effective date is the start of your CDC recognition timeline. The CDC will provide your organization with your "effective date," which will be used for data submission and evaluation. Your organization *is required to submit evaluation data every 12 months* from the "effective date" of the application. The CDC will send reminders four weeks before and two weeks after each subsequent data due date. ***If the CDC does not receive data submissions within 6 weeks of the due date, the organization will lose recognition and will be removed from the CDC recognition Registry.***[39]

After the first (12 month) data submission, if you have submitted 12 full months of program data in compliance with, and meeting, CDC standards, the CDC will award your program preliminary recognition.

After the second (24 month) data submission, CDC will prepare the first evaluation report (ER) and assess whether the organization has met the standards for full recognition. The evaluation will be based on data about participants who attended their first session at least one year before the 24-month submission due date.

*Once fully recognized**, to maintain recognition status,** your organization must submit data every year, using data from the previous year. Your program will be re-evaluated each year, using data from classes that started at least 1 year, but less than 2 years, before the submission date. However, your organization will *not* need to reapply for recognition.

*If your program has not met all requirements after 24 months**,** you have another 12 months to achieve all the requirements for full recognition. If you do not achieve full recognition at the end of 36 months, you will lose pending recognition status and must wait 12 months before reapplying for recognition.

[38] Centers for Disease Control and Prevention. (2015). Prevention Diabetes Prevention Recognition Program Standards and Operating Procedures. Atlanta, GA.
[39] Centers for Disease Control and Prevention. (2015). Prevention Diabetes Prevention Recognition Program Standards and Operating Procedures. Atlanta, GA.

D. Requirements for Pending Recognition

Pending recognition status is the first step in the CDC recognition process. Your organization will receive pending recognition within 2 weeks of submitting the application and agreeing to the lifestyle change curriculum and delivery requirements specified by CDC Recognition standards. Once your organization has pending recognition, you will be added to the registry of CDC-recognized DPPs, on their website. These requirements are:

1. **Application for recognition** Submit completed application at www.cdc.gov/diabetes/prevention/recognition.

2. **Lifestyle Curriculum** The lifestyle intervention should be based on evidence from efficacy and effectiveness trials. The required curriculum topics can be found in Section II Standards and Requirements for Recognition (Required Curriculum Content) of CDC Recognition Standards and the CDC-preferred curriculum at http://www.cdc.gov/diabetes/prevention/recognition/curriculum.htm.

3. **Duration** The lifestyle intervention must have duration of one year (if organizations choose to continue interventions for a period longer than one year, only the first 12 months – 365 days - of data from each intervention will be analyzed to determine recognition).

4. **Intensity** The lifestyle intervention must begin with an initial six-month phase during which a minimum of 16 sessions are offered over a period lasting at least 16 weeks and not more than 26 weeks. Each session must be approximately one hour in length. The first six-month phase must be followed by a second six-month phase in which at least one session per month is delivered (for a minimum of six sessions). Organizations wishing to deliver more sessions (going beyond the minimum requirement of one session each month) are encouraged to do so as this may be beneficial to participants.

***If your organization wants to use a curriculum other than the one provided by the CDC, it must send the curriculum to the CDC so it can be evaluated to ensure that it meets all the key elements of the DPP research trial lifestyle curriculum*.**

***Note on Updated CDC-Approved Curricula**: CDC approved curricula cannot include: specific diets, dietary supplements and/or any other diet-related or medical weight loss products. CDC recognized organizations cannot prescribe any specific diet or products as part of their curriculum. National DPP providers cannot require their participants to purchase or use any specific diet or product as part of the curriculum. CDC recognized organizations cannot promote any diet or supplemental products on a webpage designed to provide information about, or enroll participants in, a National DPP. However, the CDC will not prohibit the voluntary supplemental use of special diets or products by participants in the lifestyle change program.

E. Collection and Submission of Data

The second step in the recognition process is the collection and submission of evaluation data to the CDC. When your organization begins delivering the National DPP, you need to make sure you are collecting all of the required data elements, from all participants, starting from the first session. Data must be transmitted as a data file using the comma separated value (CSV) format (compatible with most applications).

Each row in the data file should represent one session date attended by one participant (i.e., participant will have new row for each session date). If a participant is absent from a session, no record should be submitted for that participant for that session.

Each column in the data file should represent one field containing specific data for the evaluation data elements listed below. There should be no empty fields and no empty cells. When a data value is unknown, the default value should be entered. The sample submission form, below, describes the correct format to record data for submission to the CDC.

The Data Dictionary on the next page describes each evaluation data element and how to fill out each box (page 76).

The Sample Data Submission Form, below, shows what a filled in data sheet looks like.

Sample National DPP Data Submission Form

ORG CODE	PARTICIP	EN ROLL	PAY ER	STA TE	GLUC TEST	GDM	RISK TEST	AGE	ETH NIC	AI AN	ASIA N	BLACK	NH OPI	WHI TE	SEX	HEI GHT	EDU	DMO DE	SESS ID	SESS TYPE	DATE	WEI GHT	PA
559109	01	2	3	CA	1	2	2	44	2	2	1	2	2	2	2	60	2	1	1	C	9.1	152	125
559109	01	2	3	CA	1	2	2	44	2	2	1	2	2	2	2	60	2	1	2	C	9.8	150	150
559109	01	2	3	CA	1	2	2	44	2	2	1	2	2	2	2	60	2	3	3	C	9.15	149	135
559109	01	2	3	CA	1	2	2	44	2	2	1	2	2	2	2	60	2	1	4	C	9.22	149	100
559109	02	1	1	CA	2	1	2	66	2	2	2	2	2	1	2	63	4	1	1	C	9.1	171	125
559109	02	1	1	CA	2	1	2	66	2	2	2	2	2	1	2	63	4	1	2	C	9.8	171	100
559109	02	1	1	CA	2	1	2	66	2	2	2	2	2	1	2	63	4	1	3	C	9.15	170	100
559109	02	1	1	CA	2	1	2	66	2	2	2	2	2	1	2	63	4	3	4	C	9.22	168	115
559109	03	6	7	CA	2	2	1	54	1	2	2	2	2	2	2	69	1	1	1	C	9.1	201	120
559109	03	6	7	CA	2	2	1	54	1	2	2	2	2	2	2	69	1	1	2	C	9.8	196	135
559109	03	6	7	CA	2	2	1	54	1	2	2	2	2	2	2	69	1	1	3	C	9.15	198	180
559109	03	6	7	CA	2	2	1	54	1	2	2	2	2	2	2	69	1	1	4	C	9.22	197	180

Data Dictionary[40]

Data element description	Variable name	Coding/valid-values	Comments
Organization Code	ORGCODE	Up to 25 alphanumeric characters*	Required, provided by CDC
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
Enrollment Source	ENROLL	1 Non-primary care health professional (e.g., pharmacist, dietitian) 2 Primary care provider/office or specialist (e.g., MD, DO, PA, NP, or other staff at the provider's office) 3 Community-based organization or community health worker 4 Self (decided to come on own) 5 Family/friends 6 An employer or employer's wellness program 7 Insurance company 8 Media (radio, newspaper, billboard, poster/flyer, etc.), national media (TV, Internet ad), and social media (Twitter, Facebook, etc.) 9 Other 10 Not reported	Required. At enrollment, participants are asked by whom they were referred to this lifestyle change program. If a participant's referral source is not provided, this variable will be coded as '9'
Payer Type	PAYER	1 Medicare 2 Medicaid 3 Private Insurer 4 Self-pay 5 Dual Eligible (Medicare and Medicaid) 6 Grant funding 7 Employer 8 Other 9 Not reported	Required. At enrollment, participants are asked "Who is the primary payer for your participation in this lifestyle change program?" If a participant's payer source is not provided, this variable will be coded as '9
Participant State	STATE	Two-letter abbreviation for the U.S. state or territory in which the participant resides	Required
Participant's Prediabetes Determination (1 of 3)	GLUCTEST	1. Prediabetes diagnosed by blood glucose test 2. Prediabetes NOT diagnosed by blood glucose test (default)	Required; acceptable tests include FG, OGTT, A1c, or claim code indicating diagnosis of prediabetes
Participant's Prediabetes Determination (2 of 3)	GDM	- Prediabetes determined by clinical diagnosis of GDM during previous pregnancy - Prediabetes NOT determined by GDM (default)	Required

[40] Centers for Disease Control and Prevention. (2015). Prevention Diabetes Prevention Recognition Program Standards and Operating Procedures. Atlanta, GA.

Participant's Prediabetes Determination (3 of 3)	RISKTEST	1 Prediabetes determined by risk test 2 Prediabetes NOT determined risk 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 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 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 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 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 5 race variables will be coded as '2'
Participant's Sex	SEX	1 Male 2 Female 9 Not reported	Required
Participant's Height	HEIGHT	30 to 98 (in inches)— *or*— 99 Not reported (default)	Required
Education	EDU	1 Less than grade 12 (No high school diploma or GED) 2 Grade 12 or GED (High school graduate) 3 College- 1 year to 3 years (Some college or technical school) 4 College- 4 years or more (College graduate) 9 Not reported (default)	Required
Delivery Mode	DMODE	1 In-person 2 Online 3 Distance learning	Required
Session ID	SESSID	1 to 26 Core or makeup session —or— 99 Core maintenance or makeup session —or— 88 Ongoing maintenance or makeup session (for Medicare DPP supplier organizations or other organizations that choose to offer	Required. Core sessions and any core make-up sessions should be numbered 1 through 26. The session ID should correspond to the specific session attended. Core maintenance and any core maintenance make-up sessions should all be coded as '99' Ongoing maintenance and any ongoing maintenance make-up

		ongoing maintenance sessions)	sessions should all be coded as '88'
Session Type	SESSTYPE	C Core session CM Core maintenance session OM Ongoing maintenance sessions (for Medicare DPP supplier organizations or other organizations that choose to offer ongoing maintenance sessions) MU Make-up session	Required. Any session delivered in months 1-6, even if pulled from months 7-12 of the PreventT2 curriculum content, for example, must be coded as a Core session, C. Any session delivered in months 7-12, even if pulled from months 1-6 of curriculum content, must be coded as a Core Maintenance session, CM
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
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. Weight may be obtained by Lifestyle Coach or participant
Participant's Physical Activity Minutes	PA	0 to 997 (in minutes)—*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. If the number of minutes is greater than or equal to 997, 997 should be used

F. Requirements for Preliminary Recognition

Preliminary recognition status is the step after pending recognition and is the first stage which an organization can become a Medicare DPP supplier. To be evaluated for preliminary recognition, organizations must have submitted a full 12 months of data on at least one COMPLETED cohort. Once you have preliminary recognition, your organization can enroll as a Medicare MDPP supplier.

Important: Organizations will ONLY be evaluated for preliminary recognition at the time of required data submissions. This means you must start a National DPP cohort before or on your effective date in to be evaluated for preliminary recognition at your 12-month submission date.

The requirements to be awarded preliminary recognition are:

1. Continue to fulfill the requirements for pending recognition
2. Submit data on at least 5 eligible participants who:
    - started National DPP sessions at least 12 months prior to the submission date, but not more than 18 months before the first submission date
    - attended at least 3 sessions
    - whose time from first session to last session was at least 9 months
3. Among participants who meet the criteria for evaluation in #2:
    - at least 60% attended at least 9 sessions in months 1-6 (the core phase)
    - at least 60% attended at least 3 sessions in months 7-12 (core maintenance phase)

Organizations keep preliminary recognition for at least 2 consecutive data submission periods (1 year) before being eligible to achieve full CDC recognition. Organizations may stay at preliminary recognition for up to 4 consecutive data submission periods, or 2 years, before either fulfilling the requirements for full recognition or losing all recognition status. If an organization loses recognition, it will need to wait 6 months before reapplying.

G. Requirements for Full Recognition Status (Based on Evaluation Data)[41]

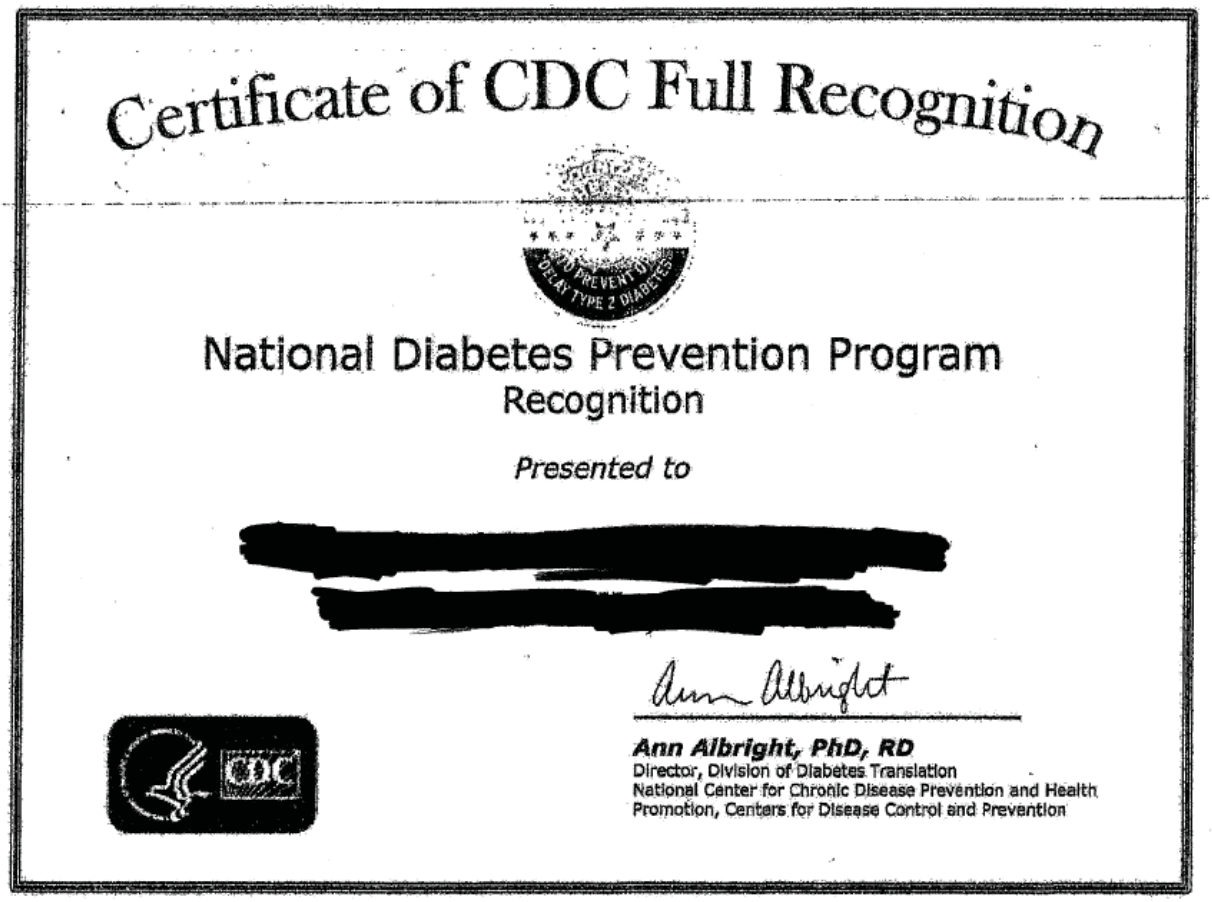
The third step in the recognition process is the achievement of full recognition. Once your organization has received pending recognition and begun to deliver the National DPP, you need to make sure that you are collecting evaluation data on program eligibility, attendance, participants' weight, and physical activity minutes. ***To achieve full recognition, your National DPP not only document these data elements, but must meet specific minimum benchmarks, or outcomes, for these data elements, culminating in an average weight loss across participants of at least 5%. The minimum outcomes are italicized below:***

5. **Session attendance during months 1-6:** will be averaged over all participants who attended a minimum of three sessions and whose time from first session to last session is at least 9 months. *Participants must attend an average of nine sessions.*
6. **Documentation of body weight:** will be based on all participants who attended a minimum of three sessions and whose time from first session to last session is at least 9 months. *Body weight must have been recorded at 80% or more of all sessions attended. At least 5 participants who meet this criterion are required for evaluation.*
7. **Documentation of physical activity minutes:** will be based on all participants who attended a minimum three sessions and whose time from first session to last session is at least 9 months. *Physical activity minutes must have been recorded at 60% or more of all sessions attended.*
8. **Weight loss achieved at six months:** *The average weight loss (mean percentage weight loss) achieved by participants attending a minimum of three sessions must be a minimum of 5% of "starting" body weight* (defined as the body weight measured at the first intervention session attended). Weight loss will be averaged over all participants attending a minimum of three sessions. The first and last weights recorded for each participant during months 1-6 will be used to calculate this measure.
9. **Session attendance during months 7-12:** will be averaged over all participants who attended a minimum of three sessions, and whose time from first session to last session is at least 9 months. *The average number of sessions attended during months 7-12 must be a minimum of three*.
10. **Weight loss achieved at 12 months:** *The average weight loss (mean percentage weight loss) achieved over the entire intervention period by participants attending a minimum of three sessions and whose time from first session to last session is at least 9 months must be a minimum of 5% of "starting" body weight*. Weight loss will be averaged over all participants attending a minimum of three sessions and whose time from first session to last session is at least 9 months during the entire intervention period. The first and last weights recorded for each participant during months 1-12 will be used to calculate this measure.
11. **Program eligibility requirement:** *A minimum of 35% of participants must be eligible for the lifestyle intervention based on either a blood test indicating prediabetes or a history of GDM*. The remainder (maximum of 65% of participants) must be eligible based on the CDC Prediabetes Screening Test, the American Diabetes Association Type 2 Diabetes Risk Test or a claims-based risk test. If a participant comes into a program based on a risk test score, organizations are permitted to make a one-time change to the participant's eligibility status based on a post-enrollment blood test. Calculation of these percentages will be based on all participants who attended a minimum of three sessions and whose time from first session to last session is at least 9 months. Refer to Section 3 for participant eligibility requirements.

[41] Centers for Disease Control and Prevention. (2015). Prevention Diabetes Prevention Recognition Program Standards and Operating Procedures. Atlanta, GA.

H. CDC Recognition Certificate

After your organization successfully completes all the requirements for recognition, and the data is reviewed by the CDC, they will grant your National DPP full recognition. Your organization will be denoted as having "Full Recognition Status" on the national registry of National DPPs, and you will receive a certificate from the CDC, like the sample below[42].



[42] Modified from Valley Jewish Community Center (2015). National Diabetes Prevention Program Certificate of Recognition, Woodland Hills, CA

Prevent T2 National Diabetes Prevention Program Curriculum Overview and Participant Handouts

Tools in this Section:

A. Curriculum Overview and Modules

There are several logistics involved in delivering the National DPP according to CDC recognition standards. Your organization needs to become familiar with, and agree to use, the CDC curriculum, "Prevent T2". The CDC's National DPP curriculum consists of: an emphasis on the overarching goal of preventing type 2 diabetes; a focus on making sustainable lifestyle changes, building up to moderate changes in diet and physical activity; discussion of strategies for self-monitoring of diet and physical activity to build participant self-efficacy, building social support to maintain lifestyle changes, and problem solving to overcome common challenges.

The program must include weigh-ins every week, and lead to 5-7% weight loss in the first 6 months.

The CDC curriculum consists of two phases—the core phase (weekly sessions) and the post-core, or maintenance phase (monthly sessions). The core phase is very rigid, and all of the modules should be delivered in the order presented to teach participants appropriate skills to achieve their weight loss goals. The post-core phase is much more flexible—it requires 6 sessions to be taught over 6 months, though more sessions are acceptable. The post-core sessions can be taught in any order and focus on overcoming barriers to maintaining a healthy lifestyle. The modules for both phases are described below. The resources on pages 84-89, following the module descriptions can assist in programs with delivery of the National DPP curriculum. While all resources are current as of the printing of this guide, providers should visit the website (https://www.cdc.gov/diabetes/prevention/lifestyle-program/curriculum.html) to ensure they have the most current versions of these resources.

Prevent T2 Curriculum Modules [43]

Module	Description
CORE	
Session 1. Introduction to the Program	This module sets the stage for the entire Prevent T2 course.
Session 2. Get Active to Prevent T2	This module provides the core principles of getting active.
Session 3. Track Your Activity	This module provides the core principles of tracking activity.
Session 4. Eat Well to Prevent T2	This module provides the core principles of healthy eating.
Session 5. Track Your Food	This module provides the core principles of tracking food.
Session 6. Get More Active	This module provides the core principles of increasing activity level.
Session 7. Burn More Calories Than You Take In	This module provides the core principles of caloric balance.
Session 8. Shop and Cook to Prevent T2	This module teaches participants how to buy and cook healthy food.
Session 9. Manage Stress	This module teaches participants how to reduce and deal with stress.
Session 10. Find Time for Fitness	This module teaches participants how to find time to be active.

[43] CDC Website. National DPP Curriculum. http://www.cdc.gov/diabetes/prevention/lifestyle-program/curriculum.html Accessed 8.19.16 (all materials from here until page 89 can be found at this web address)

Session 11. Cope with Triggers	This module teaches participants how to cope with triggers of unhealthy behaviors.
Session 12. Keep Your Heart Healthy	This module teaches participants how to keep their heart healthy.
Session 13. Take Charge of Your Thoughts	This module teaches participants how to replace harmful thoughts with helpful thoughts.
Session 14. Get Support	This module teaches participants how to get support for their healthy lifestyle.
Session 15. Eat Well Away from Home	This module teaches participants how to stay on track with their eating goals at restaurants and social events.
Session 16. Stay Motivated to Prevent T2	This module helps participants reflect on their progress and keep making positive changes over the next six months.
POST-CORE	**In Any Order**
When Weight Loss Stalls	This module teaches participants how to start losing weight again when their weight loss slows down or stops.
Take a Fitness Break	This module teaches participants how to overcome barriers to taking a 2-minute fitness break every 30 minutes.
Stay Active to Prevent T2	This module teaches participants how to cope with some challenges of staying active.
Stay Active Away from Home	This module teaches participants how to stay on track with their fitness goals when they travel for work or pleasure.
More About T2	This module gives participants a deeper understanding of type 2 diabetes.
More About Carbs	This module gives participants a deeper understanding of carbohydrates.
Have Healthy Food You Enjoy	This module teaches participants how to have healthy food that they enjoy.
Get Enough Sleep	This module teaches participants how to cope with the challenges of getting enough sleep.
Get Back on Track	This module teaches participants what to do when they get off track with their eating or fitness goals.
LAST SESSION. Prevent T2—for Life!	This module helps participants reflect on their progress and keep making positive changes over the long term.

Lifestyle Coach Log

Today's date _____

Coach's name

_____

Before Prevent T2 starts, write each participant's name in the left column. Then make enough copies for each session. Use this log to record participants' data.

Participant's name	Here today? (yes/no)	Participant's weight today (pounds)	Participant's activity minutes for prior week

Program Meeting Schedule

Meeting location: _____

How to contact Lifestyle Coach: _____

Date	Session name	Date	Session name

Weight Log

Your Lifestyle Coach will tell you how much you weigh at each session of Prevent T2. Use this log to record these numbers. It will help you track your progress over time.

Name _____

Today's date	How much I weigh today (pounds)	Today's date	How much I weigh today (pounds)

Food Log (Optional)

Week of:
_____
Date

Try to use this log each day to track when, what, and how much you eat and drink. Also track how many calories you take in. You don't need to share this log with your Lifestyle Coach. It's just for you.

Monday				
Tuesday				

Week of:
_____
Date

Food Log (Optional)

Date	Time	Item	Amount (piece, volume, weight)	Calories
Wednesday				
Thursday				

Week of:

_____

Date

Food Log (Optional)

Date	Time	Item	Amount (piece, volume, weight)	Calories
Friday				
Saturday				

Week of:
_____
Date

Food Log (Optional)

Date	Time	Item	Amount (piece, volume, weight)	Calories
Sunday				

Week of:
_____
Date

Fitness Log

Use this log to track your minutes of activity each day. Track activity of at least a moderate pace. Share this log with your Lifestyle Coach at the start of each session.

If you'd like, you can also track more details about your activity, such as what activity you did, how far you went, how fast you went, how heavy your weights were, how many steps you took, and how many calories you burned.

Date	Minutes	Other details about your activity (optional)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Action Plan

Set a goal to work on between now and the next session. The goal should help you lower your risk of diabetes. Write three actions you will take to reach it. Then check off each action you complete.

Between now and the next session, my goal is to:	**Today's date:**	
Action 1: What I will do		Done? ☐
Where I will do it		
When I will do it		
How long I will do it		
Challenges I might face		
Ways to cope with these challenges		
Action 2: What I will do		Done? ☐
Where I will do it		
When I will do it		
How long I will do it		
Challenges I might face		
Ways to cope with these challenges		
Action 3: What I will do		Done? ☐
Where I will do it		
When I will do it		
How long I will do it		
Challenges I might face		
Ways to cope with these challenges		

Appendix A: Coverage Resources

Coverage Overview

As a National Diabetes Prevention Program provider, it is important to find ways to cover the costs of operating the program. Each provider should calculate a "per participant" amount to charge for program services to cover operational costs. Like many health services, there are various ways for an organization to get paid this amount (i.e. self-pay, health insurance, Medicare, Medicaid).

Payment Options for National Diabetes Prevention Program

Self-pay
Requires participants to pay the entire 'per participant' cost themselves. Organizations that utilize this payment option bill participants—monthly, per sessions, core and post-core, or one time for the year. Many organizations offer sliding-fee scales and scholarships to make the cost of the program accessible to more participants.

Employer Coverage
Many employers may be interested in providing the program for their employees. Your organization can start this process by identifying employers (small and large) where your lifestyle coaches are willing to travel for onsite sessions. Once you have identified employers, you can establish a relationship by connecting with the human resources (HR) department and/or wellness coordinator to make the case for why they should offer the program to their employees (and pay for this service). Employers with robust workplace wellness programs can be a good place to start outreach. In addition, the employers' HR can work with their insurance plans to offer the National DPP as a covered benefit to their employees if they are interested in that option.

Sample talking points can include but are not limited to:

- Reducing employee absenteeism
- Increasing employee productivity
- Reducing company health insurance costs
    - The Affordable Care Act offers employers flexibility to provide eligible workers with financial incentives to participate in workplace wellness programs, which could be linked to the National DPP.[44]

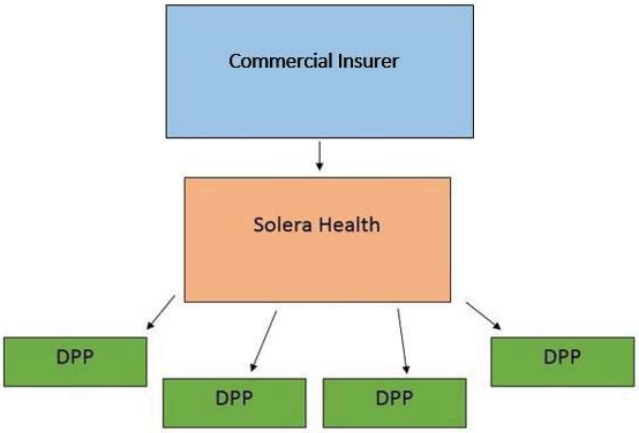
[44] Change Lab Solutions (2016). Expanding Health Insurance Coverage in California for the National Diabetes Prevention Program

Insurance Coverage:

Currently there are several private coverage options, such as Molina Medical, Anthem, BlueShield, and United Healthcare. Some use third party integrators. The most well-known third-party integrators are Solera Health and Optum Healthcare Solutions.

- Solera Health

  Is a third-party integrator for insurance coverage of the National Diabetes Prevention Program. They have partnerships with insurers to take care of the billing for National DPP services for their members. For specific details, visit their website, https://www.solera4me.com/ .



- Optum Health Care Solutions

  Is a subsidiary of the insurer United Healthcare Inc. (UHC), and supports and administers National DPP benefits for UHC members. Optum partners and collaborates with local medical groups, community health centers and other community-based organizations to offer coverage for and access to the National DPP.

Medicare Diabetes Prevention Program (MDPP)[45]

Medicare began covering the National Diabetes Prevention Program on April 1, 2018. This program is known as the Medicare Diabetes Prevention Program, or MDPP. For the most up-to-date information please visit https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/ As of the printing of this manual, the MDPP is subject to the following rules:

1. Eligibility

To be eligible for the MDPP, beneficiaries must be:

- Enrolled in Medicare Part B or Part C (Medicare Advantage)[46]
- Have a BMI of at least 25 (23 if Asian), which must be calculated using in-person height and weight measurements at first core session
- Meet 1 of the 3 test requirements with the last 12 months showing blood sugar levels in the prediabetes range and provide test results by first core-session
    - A1c between 5.7 and 6.4%
    - FPG between 110 and 125 mg/dL
    - OGT between 140 and 199 mg/dL

And must not:

- Have a previous diagnosis of type 1 or 2 diabetes
    - Previous diagnosis of gestational diabetes is okay
    - If beneficiary develops diabetes while receiving MDPP services, they may continue program
- Have end stage renal disease
- Have already received MDPP Services (National DPP services before April 2018, or before patient had Medicare coverage do not count)

2. The Core Benefit

- 12 months long and consists of at least 16 weekly sessions during months 1-6 and at least 6 monthly core maintenance sessions over months 6-12. Participant has 1 year from start date to finish program
- Beneficiaries can only go through the program once—primary goal to lose the 5% body weight
- Core and post-core sessions are covered regardless of weight-loss
- No referral is needed
- No beneficiary copay

3. Ongoing Maintenance

- Beneficiaries must meet weight loss and attendance goal to be eligible for Ongoing Maintenance
- After beneficiaries complete the program, if they achieved (and maintain) 5% weight loss, they have access to maintenance sessions at three-month intervals for 12 additional months, for a total services period of 24 months or 2 years

[45] Adapted from Centers for Medicare and Medicaid Services Website https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/ Accessed 4.10.2017

[46] Medicare Beneficiaries enrolled in Medicare Advantage plans should contact their plan to access MDPP services

3. For Providers

To qualify for Medicare coverage, the organization and beneficiary must be using a CDC approved curriculum.

To enroll as an MDPP supplier, an organization must:

- Have preliminary or full CDC recognition (attainable after one year of program delivery)
- Enroll as Medicare Supplier (an entity that provides services to Medicare beneficiaries and bills Medicare for them) and obtain NPI number
    - To enroll as an MDPP supplier, create an Identity and Access account, then the application can be submitted online using the Provider Enrollment, Chain and Ownership System (PECOS)[47]
    - Must pay fee upon enrollment and revalidate every 5 years, at moderate risk
- Submit roster of all affiliated coaches during enrollment and update CMS within 30 days of coaches beginning or ending. (First and last name, SSN, National Provider Identifier)
    - Coaches must obtain National Provider Identifiers (NPI)

To receive payment from Medicare, an organization must:

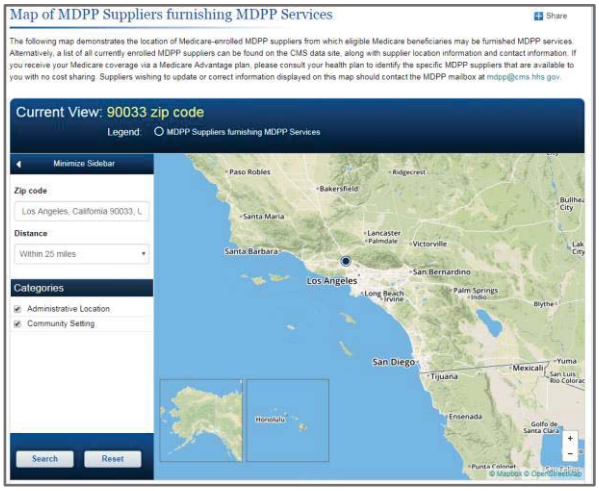
- Submit claims to Medicare using standard claims forms and procedures
- Meet all program requirements, including accepting mandatory assignment
- Take measurements for the 5% weight loss achievement in person at an MDPP session
- Starting 6 months after providing MDPP services, submit and maintain crosswalk between beneficiary identifiers submitted to CMS for billing and participant identifiers provided to CDC with performance data, and submit quarterly thereafter
- Maintain records containing documentation of services furnished, including eligibility, blood test results, sessions attended, type of session, coach NPI, dates and locations of service, and weight
- Keep records for 10 years
- The beneficiary must meet attendance or weight loss goal(s)
- The supplier is eligible for a bridge payment

**This list is an overview of the CMS rule on MDPP but is not exhaustive. For a complete explanation of the rules and guidelines, please see the slides in the MLN MDPP webinar in the footnote.*

MDPP Supplier Map and Resources:

https://data.cms.gov/Special-Programs-Initiatives/Medicare-Diabetes-Prevention-Program/vwz3-d6x2/data

https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/mdpp-map.html



[47] MDPP Enrollment Fact Sheet (2017) https://innovation.cms.gov/Files/x/mdpp-enrollmentfs.pdf Accessed 1.18.2018

MDPP Payment Policy[48]

MDPP Core Services			Ongoing Maintenance Sessions (12 months, 4 intervals)			
Core Sessions (6 months)	Core Maintenance Sessions (6 months, 2 intervals)					
(Months 0 – 6)	*Interval 1 (Months 7-9)*	*Interval 2 (Months 10-12)*	*Interval 1 (Months 13-15)*	*Interval 2 (Months 16-18)*	*Interval 3 (Months 19 – 21)*	*Interval 4 (Months 22-24)*
1 session: $25 4 sessions: $50 9 sessions: $90	2 sessions (with 5% WL*): $60	2 sessions (with 5% WL*): $60	2 sessions (with 5% WL*): $50	2 sessions (with 5% WL*): $50	2 sessions (with 5% WL*): $50	2 sessions (with 5% WL*): $50
NOTE: Core session payments are made regardless of achievement of weight loss	2 sessions (without 5% WL*): $15	2 sessions (without 5% WL*): $15	2 sessions (without 5% WL*): $0	2 sessions (without 5% WL*): $0	2 sessions (without 5% WL*): $0	2 sessions (without 5% WL*): $0
5 Percent weight loss achieved: $160						
9 percent weight loss achieved: $25						

* WL = weight loss from the beneficiary's baseline's weight

Medicare payments are performance-based and will vary depending on both the supplier and beneficiary success in the MDPP. The maximum amount covered per beneficiary can be $670 over 2 years.

To submit claims for MDPP services, organizations must:[49]

- Meet all MDPP supplier requirements and standards
- Have a separate Medicare enrollment as an MDPP supplier

MDPP Billing Codes[50]

HCPCS G-Code for MDPP Services	Payment Amount	Description of MDPP Service	May be reported with Modifier VM (Virtual Make Up Session)
G9873	$25	1st core session attended	No
G9874	$50	4 total core sessions attended	Yes
G9875	$90	9 total core sessions attended	Yes
G9876	$15	2 core maintenance sessions attended in months 7-9 (weight loss goal not achieved or maintained)	Yes
G9877	$15	2 core maintenance sessions attended in months 10-12 (weight loss goal not achieved or maintained)	Yes
G9878	$60	2 core maintenance sessions attended in months 7-9 and weight loss goal achieved or maintained	Yes
G9879	$60	2 core maintenance sessions attended in months 10-12 and weight loss goal achieved or maintained	Yes
G9880	$160	5 percent weight loss from baseline achieved	No
G9881	$25	9 percent weight loss from baseline achieved	No
G9882	$50	2 ongoing maintenance sessions attended in months 13-15 and weight loss goal maintained	Yes
G9883	$50	2 ongoing maintenance sessions attended in months 16-18 and weight loss goal maintained	Yes
G9884	$50	2 ongoing maintenance sessions attended in months 19-21 and weight loss goal maintained	Yes
G9885	$50	2 ongoing maintenance sessions attended in months 22-24 and weight loss goal maintained	Yes
G9890	$25	Bridge payment – first session furnished by MDPP supplier to an MDPP beneficiary who has previously received MDPP services from a different MDPP supplier	Yes
G9891	$0	MDPP session reported as a line-item on a claim for a payable MDPP services HCPCS G-code for a session furnished by the billing supplier that counts toward achievement of the attendance performance goal for the payable MDPP services HCPCS G-code	Yes

[48] Centers for Medicare Innovation (2017) MLN MDPP Webinar Dec 2017 https://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2017-12-05-Diabetes-Prevention-Presentation.pdf

[49] MLN Webinar: Medicare Diabetes Prevention Program: New Covered Service 9.26.2018

[50] Centers for Medicare Innovation (2018) MLN MDPP Webinar June 20th 2018 https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2018-06-20-MDPP.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending Accessed 6.29.2018

How to Apply for an NPI Number[51]

About the National Provider Identification Number

An NPI Number, or National Provider Identification Number, is used by all healthcare providers and organizations to bill and get reimbursed by for services covered by Medicare.

There are 2 types of NPI Numbers:

- Type 1: for individual providers
- Type 2: for organizations

Both are relevant to National DPP providers and organizations as Medicare will begin to reimburse for National DPP services for Medicare beneficiaries beginning April 1, 2018.

Qualifying for MDPP Coverage and Reimbursement

To be able to bill Medicare for MDPP services an organization must have obtained either preliminary recognition or full recognition from the CDC for their program (please refer to DPRP Section H. Page 59). All organizations and coaches must have obtained an NPI number and will be required to submit and maintain a coach roster with NPI numbers for program staff. Individual coach NPIs will not be used for billing purposes in the MDPP. The Medicare Supplier (must be an organization) will use the program NPI to submit claims to CMS.

Example:

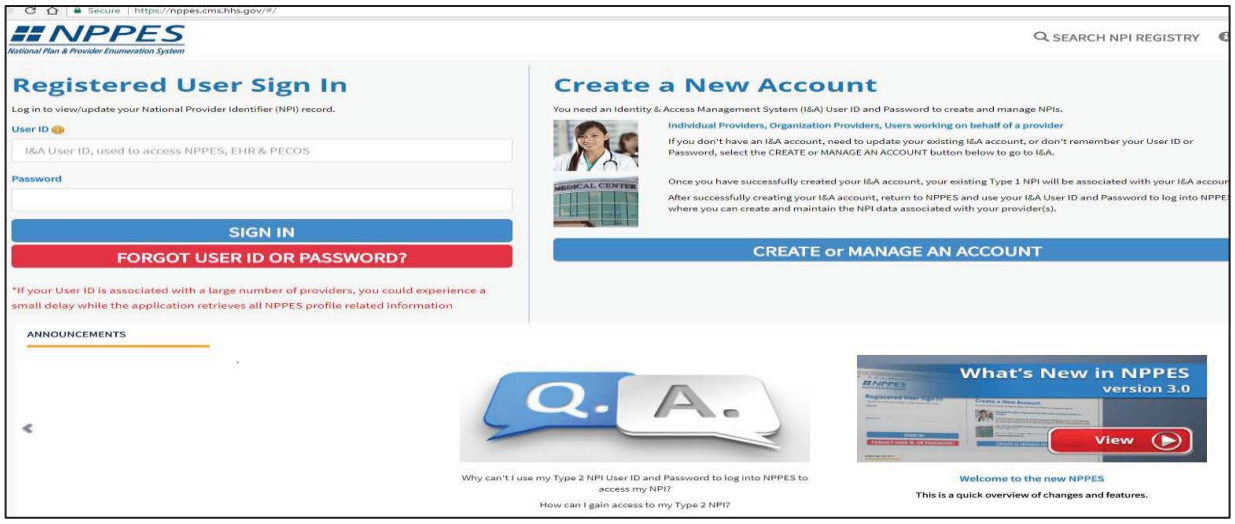
Jane Doe works for Smith Hospital as a lifestyle coach. Smith Hospital already has an NPI number. In order for Smith Hospital to be able to bill Medicare for MDPP services, Jane Doe needs to apply for and receive an active NPI as well. When Smith Hospital submits MDPP claims for reimbursement, they do so under their organization's NPI, but need to provide Jane Doe's NPI as well.

The following pages will provide step-by-step instructions to apply for an NPI number. The screenshots included are for an application for an individual NPI (Type 1), but the same process can be followed for type 2 or organizational NPI application.

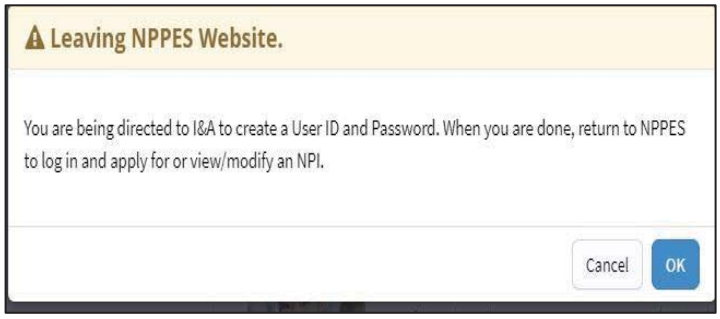
Note:
Once you have an NPI number and navigate to the Provider Profile Page, you will see a provider information grid. The column for NPI numbers will only contain the NPI number if there is only one NPI associated with the provider. If a provider has more than one NPI associated with it, the corresponding row will say "Multiple NPIs". In this case you can click on the "Multiple NPIs" text to see the NPIs associated with the provider.

[51] Apply for a National Provider Identifier (NPI) Main Page. (2016) National Plan and Provider Enumeration System. Center for Medicare Services. Accessed 11.2.2017.

Step 1: Go to the National Plan and Provider Enumeration System website: nppes.cms.hhs.gov and create an account.



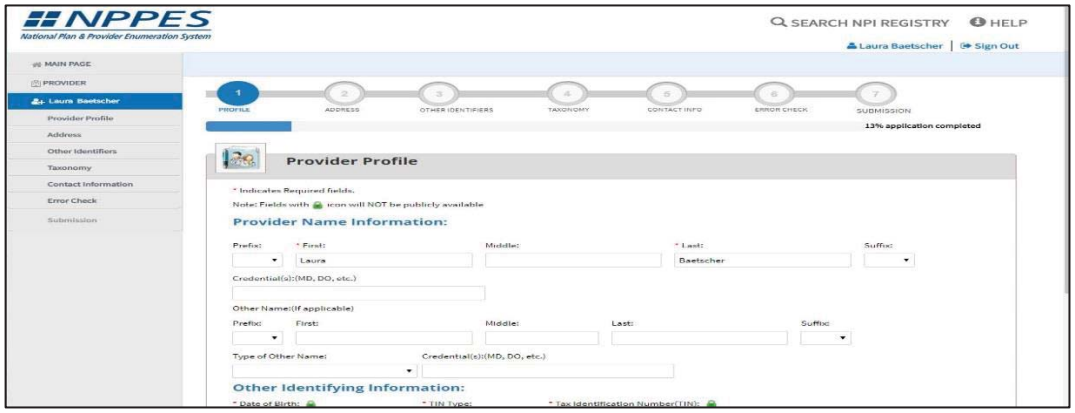
Step 2: When this pop-up window appears, click okay, then follow the instructions to create a user profile.



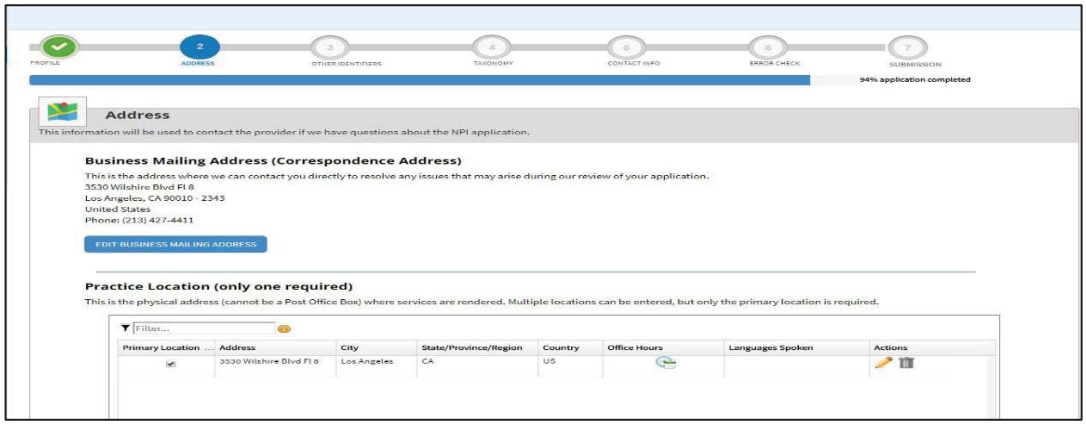
Step 3: Once you have created your NPPES user account, click “continue to homepage” to return to the screen in step 1. Once you are back to the homepage, type the username and password you just created into the boxes under “Registered User Sign In”.

Step 4: Once you are signed in, you will see the “National Provider System Main Page”. It will give you the option to apply for an NPI number for yourself, for another individual, or for an organization. Click on the option that applies to you.

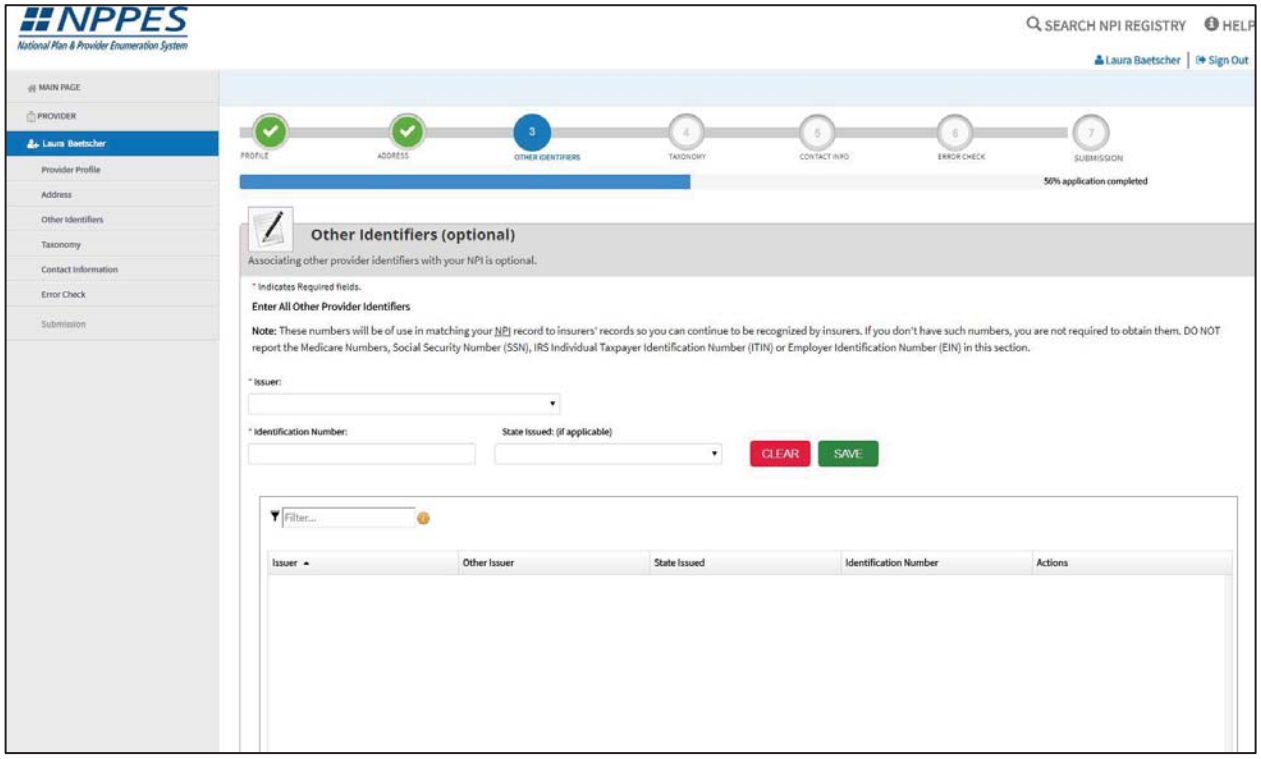
Step 5: Once you select and click on the NPI application option of your choice, a screen will load to create a provider profile. Fill out the information requested in the boxes, and click next.



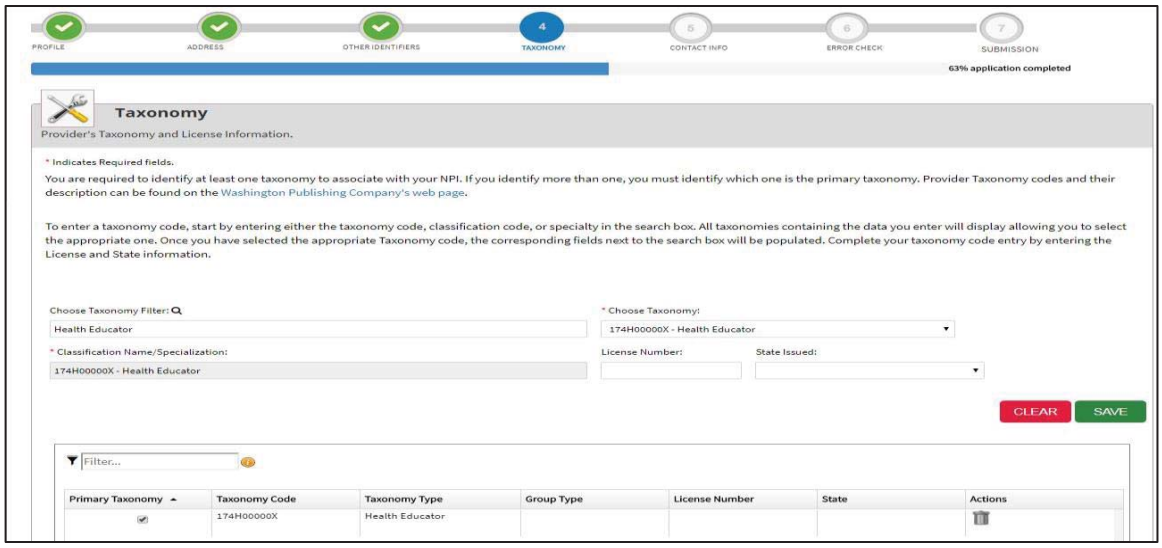
Step 6: The following screen will ask you to fill out both the address of your headquarters and where you will deliver services. Fill out both addresses (if they are the same, that’s fine) and click next



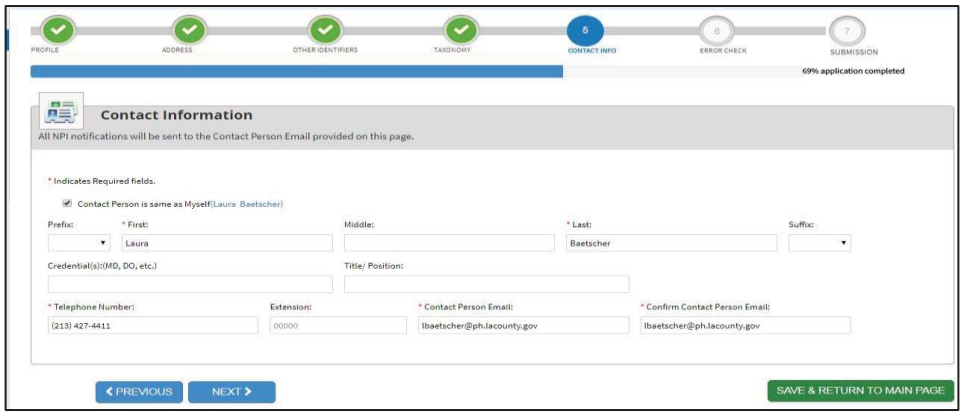
Step 7: The following screen will ask you to fill in "other identifiers" and states that this is optional. This option will allow you to associate other providers with your NPI number if you are an organization. If there are other providers you want to associate with your NPI number, list them here. Therefore, if you are a National DPP provider organization applying for a type 2 NPI number, you can list the (type 1) NPI numbers of your lifestyle coaches here. You can add more than one by clicking "save" between each entry. If you do not have another provider that you want to associate with your NPI number, you can skip this screen by clicking the "next" button at the bottom of the screen.



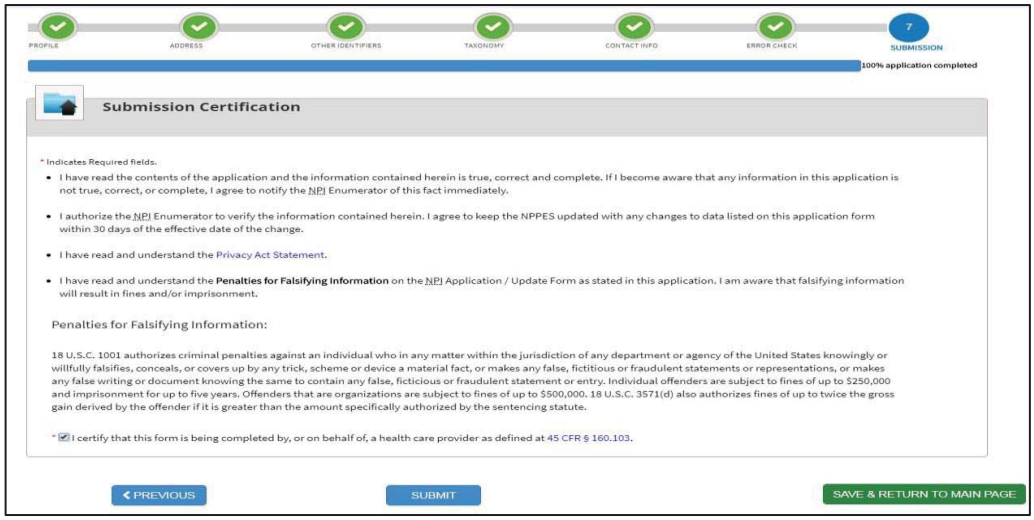
Step 8: This screen is where you enter the taxonomy associated with the services that you will provide. The taxonomy suggested for lifestyle coaches with no other credentials is "Health Educator".



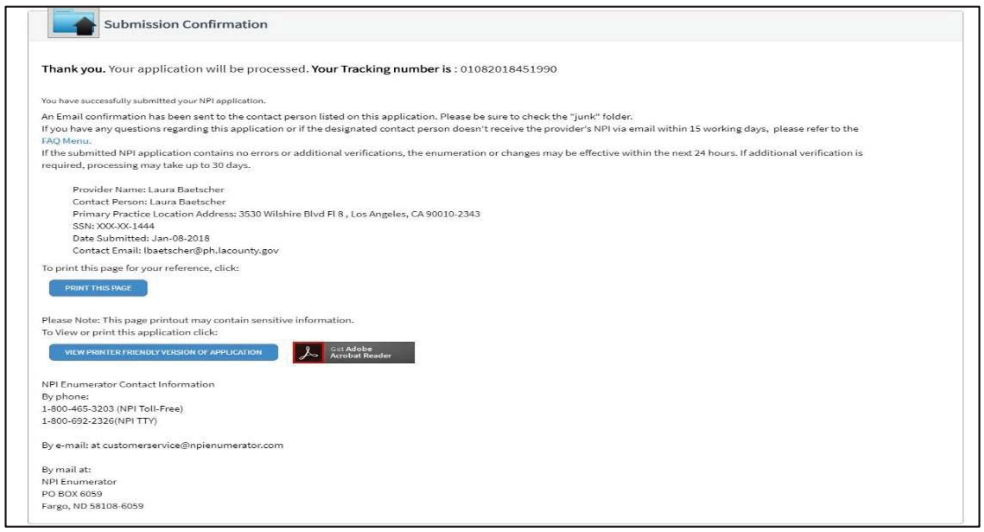
Step 9: Once you have saved your taxonomy and clicked the “next” button, you will see a screen prompting you to enter your contact information. Fill in the information required.



Step 10: After you enter your contact information you then be sent to the error check screen (not pictured). If there are any errors in your application, this screen will identify them and allow you to navigate back to fix them. If there are no errors in your application, you will be able to move forward to the Submission Certificate Screen. Click next to get to the *Submission Certification* screen (below). Check the box to certify the information you have entered is correct, and then you will be able to submit your application.



Step 11: When you complete your application, you should see this screen. You (or the person you listed as the primary contact) should also receive an email confirming your request for an NPI number. Shortly afterward, you should receive an email with your NPI number.



Submission Confirmation

Thank you. Your application will be processed. **Your Tracking number is** : 01082018451990

You have successfully submitted your NPI application.

An Email confirmation has been sent to the contact person listed on this application. Please be sure to check the "junk" folder.
If you have any questions regarding this application or if the designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the FAQ Menu.
If the submitted NPI application contains no errors or additional verifications, the enumeration or changes may be effective within the next 24 hours. If additional verification is required, processing may take up to 30 days.

Provider Name: Laura Baetscher
Contact Person: Laura Baetscher
Primary Practice Location Address: 3530 Wilshire Blvd Fl 8 , Los Angeles, CA 90010-2343
SSN: XXX-XX-1444
Date Submitted: Jan-08-2018
Contact Email: lbaetscher@ph.lacounty.gov

To print this page for your reference, click:

PRINT THIS PAGE

Please Note: This page printout may contain sensitive information.
To View or print this application click:

VIEW PRINTER FRIENDLY VERSION OF APPLICATION

Get Adobe Acrobat Reader

NPI Enumerator Contact Information
By phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326(NPI TTY)

By e-mail: at customerservice@npienumerator.com

By mail at:
NPI Enumerator
PO BOX 6059
Fargo, ND 58108-6059

Medicaid [52]

1. Medicaid Management Plans

Another option for program payment is connecting with local Medicaid Managed Care Organizations (MCOs), Accountable Care Organizations (ACOs), and/or Health Homes to discuss National DPP coverage and payment.

2. California Medicaid (Medi-Cal) Diabetes Prevention Program[53]

All information below is preliminary. Providers should check the California Department of Health Care Services Website (footnote 7) for updated information.

Because of legislation passed at the state level, Medi-Cal will begin covering the National DPP for its beneficiaries within the fee for service and managed care delivery systems in January of 2019.

Eligibility:

Participants in the Medi-Cal DPP must be enrolled in Medi-Cal AND meet the eligibility criteria of the National DPP, including one of the following lab results in the last 12 months:

- A hemoglobin A1c test with a value between 5.7 and 6.7%.
- A fasting plasma glucose of 110-125 mg/dL.
- A two-hour plasma glucose of 140-199 mg/dL.

The Core Benefit: 12 Consecutive Months

- Core: At least 16 weekly, 1-hour sessions over months 1-6.
- Core Maintenance: At least 6 monthly, 1-hour sessions over months 6-12, offered regardless of weight loss.
- Ongoing Maintenance Sessions: Offered monthly after the core benefit **if participant achieves and maintains the required 5% weight loss.** Participants also must maintain 5% weight loss throughout the entire period they are receiving DPP services.

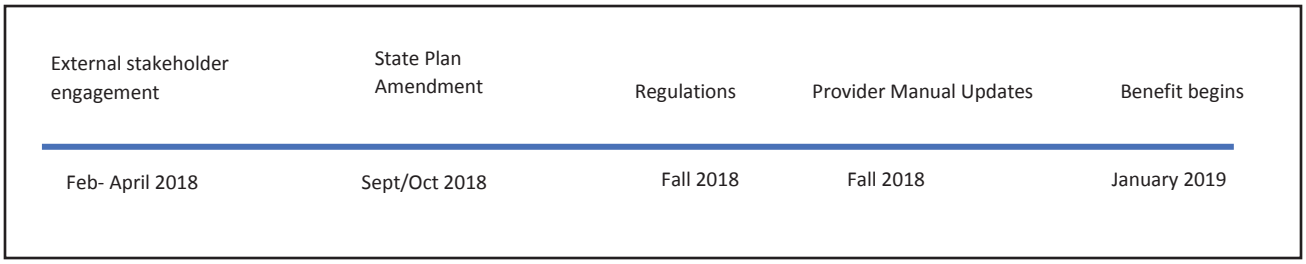
Provider Requirements:

Must enroll in Medi-Cal as a DPP Supplier

- Suppliers must adhere to Medi-Cal Requirements
- Suppliers must be an organization with preliminary or full recognition from the CDC's Diabetes Prevention Recognition Program

Payment Framework: Under development but will be based on the Medicare payment model.

Medicaid Implementation Timeline



[52] National DPP Medicaid Project http://c.ymcdn.com/sites/www.chronicdisease.org/resource/resmgr/Domain4/docs/NationalDPPMedicaidProject12.pdf accessed 4.10.17

Maryland Department of Health and Mental Hygiene http://dhmh.maryland.gov/newsroom/Pages/Medicaid-selects-MCO-participants-for-first-phase-of-type-2-diabetes-project.aspx accessed 4.11.17

[53] Diabetes Prevention Program; California Department of Health Care Services http://www.dhcs.ca.gov/services/medi-cal/Pages/Diabetes-Prevention-Program.aspx Accessed 3.19.18

3. NACDD/CDC Medicaid Demonstration Projects

In April of 2018, the NACDD in partnership with the CDC wrapped up the Medicaid Demonstration Projects taking place in Maryland and Oregon. The purpose of this project was to develop and implement cost-effective payment models for the National DPP. This project was similar to the Medicare demonstration project that resulted in CMS' ruling to cover the National DPP for Medicare beneficiaries.

For this demonstration project, state Medicaid entities selected and funded local MCOs, ACOs, and/or Health Homes to implement delivery models for the National DPP to recipients of Medicaid who are at risk for developing prediabetes. At the discretion of the state awardee or the MCO, the National DPP may be offered either as a stand-alone service or as part of a collection of preventative services, and through virtual, community-based, or health system-based, CDC-recognized National DPP providers. Additional components of the demonstration project included assessing evidence-based engagement strategies for recruitment and enrollment of participants and making the business case for Medicaid coverage.

The National Association of Chronic Disease Directors (NACDD) is currently evaluating all implementation models, to determine the best models for use by other states and scaling the National DPP in the Medicaid population.

Information on the results of this project along with additional resources can be found on the link provided: https://coveragetoolkit.org/medicaid-agencies/medicaid-coverage-2/.

Billing Codes

Another option for billing for providers and health systems is to use ICD codes to justify and bill for services that they provide. ICD-9 and 10 (most recent iteration) codes are used to diagnose a myriad of conditions, including obesity and abnormal blood sugar. The other set of codes known as CPT are used to report services provided, such as blood sugar tests, health behavior counseling, and assessments and reassessments for progress. Healthcare providers can use the ICD-9, ICD-10 and CPT codes below to bill for screening and referral to National DPP. Giving providers these codes can encourage them to screen for prediabetes and refer to the National DPP, because they are the key to reimbursement for these services[54]

Codes for Prediabetes and Diabetes Screening

International Classification of Diseases (ICD) — ***Current Procedural Terminology (CPT)***

ICD-9	*ICD-10*	*Medical Diagnoses*	*CPT Code*	*Service Provided*
V77.1	Z13.1	Diabetes Screening	82947	Fasting Plasma Glucose Test
790.2	R73.0	Abnormal Glucose	82950	Post-meal Glucose (2-hour plasma glucose, 2hPG, 2hr specimen)
790.21	R73.01	Impaired Fasting Glucose	82951	Oral Glucose Tolerance (3 specimens with 3 hour value included)
790.22	R73.02	Impaired Glucose Tolerance	83036	Hemoglobin A1C
790.29	R73.09	Other abnormal Glucose NEC	83036QW	Hemoglobin A1C (used for POC test that is CLIA Waived)
278.00	E66.9	Obesity, unspecified		
278.01	E66.01	Morbid (Severe) Obesity		
278.02	E66.3	Overweight		

Medical Nutrition Therapy Given by a Nutrition Professional — ***HCPS/CPT for Actual Service Delivered***

ICD-9	*ICD-10*	*Medical Diagnosis*	*CPT Code*	*Service Delivered*
250 xx	E11xx	Type 2 diabetes mellitus	97802-MNT	Initial Assessment and intervention, individual, face-to-face, 15 min
			97803-MNT	Reassessment and intervention, individual, face-to-face, 15 min
			97804-MNT	Group (2 or more people) 30 min
			60270-MNT	Reassessment and subsequent intervention for change in diagnosis, individual, 15 min
			60271-MNT	Reassessment and subsequent intervention for change in diagnosis, group, 30 min

CPT and HCPCS for Intensive behavioral therapy for obesity (weight loss)

ICD-9	*ICD-10*	*Medical Diagnosis*	*CPT Code*	*Service Delivered*
V85.30	Z68.30	BMI 30-30.9, adult	60447	Face-to-face behavioral counseling for obesity, individual, 15 minutes
V85.31	Z68.31-45	BMI ranging from 31-70 and higher, adult	60473	Face-to-face behavioral counseling for obesity, group, 30 minutes
			99212-99215	DPP/Obesity/group visits billing; oversight for traditional billing with 99212-99215, plus ICD-9/ICD-10 code
			CPT 0403T	Preventative Behavior Change, intensive programs of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting. Effective 1/2016

[54] Adapted from: Washington State Department of public health. Healthy Communities Washington. Prediabetes and type 2 diabetes Clinical Practice Algorithm 2016

Appendix B: Referral Resources

The resources below may be useful for your lifestyle coaches and program coordinator when addressing needs of your organizations National DPP participants. Your organization's staff can refer participants to these resources if they bring up an issue or situation that is affecting their physical, mental or emotional health either during a session or outside of class. You can also assist them in utilizing these sources and choosing the resources themselves.

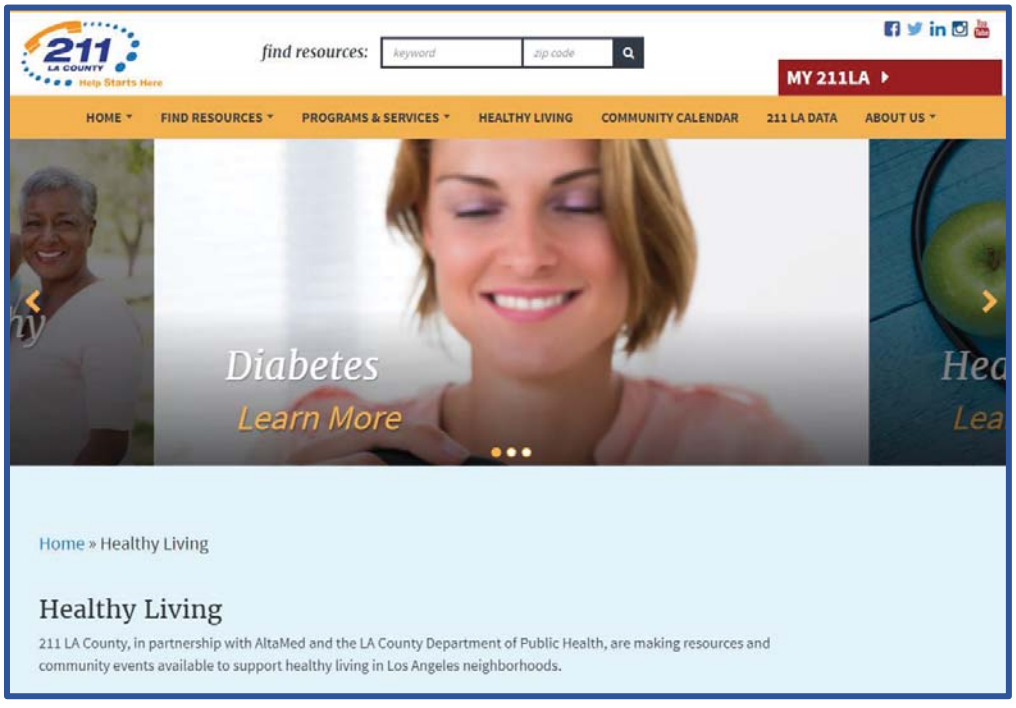
211 LA County[55]

- 211 LA's programs use information and referral best practices to assess, coordinate, and integrate the health and human services needs of the most underserved and vulnerable populations of one of the most culturally diverse counties in the country.

- One of the largest and most effective resource lines in the nation providing access to comprehensive social services and disaster support for L.A. County residents.

- Call 211 to speak to a Community Information Specialist about social services resources near you.

- Features online healthy living resource database which includes prediabetes and lifestyle change resources: https://www.211la.org/healthy-living



[55] 211 LA County Website. https://www.211la.org/ Accessed 8.23.16

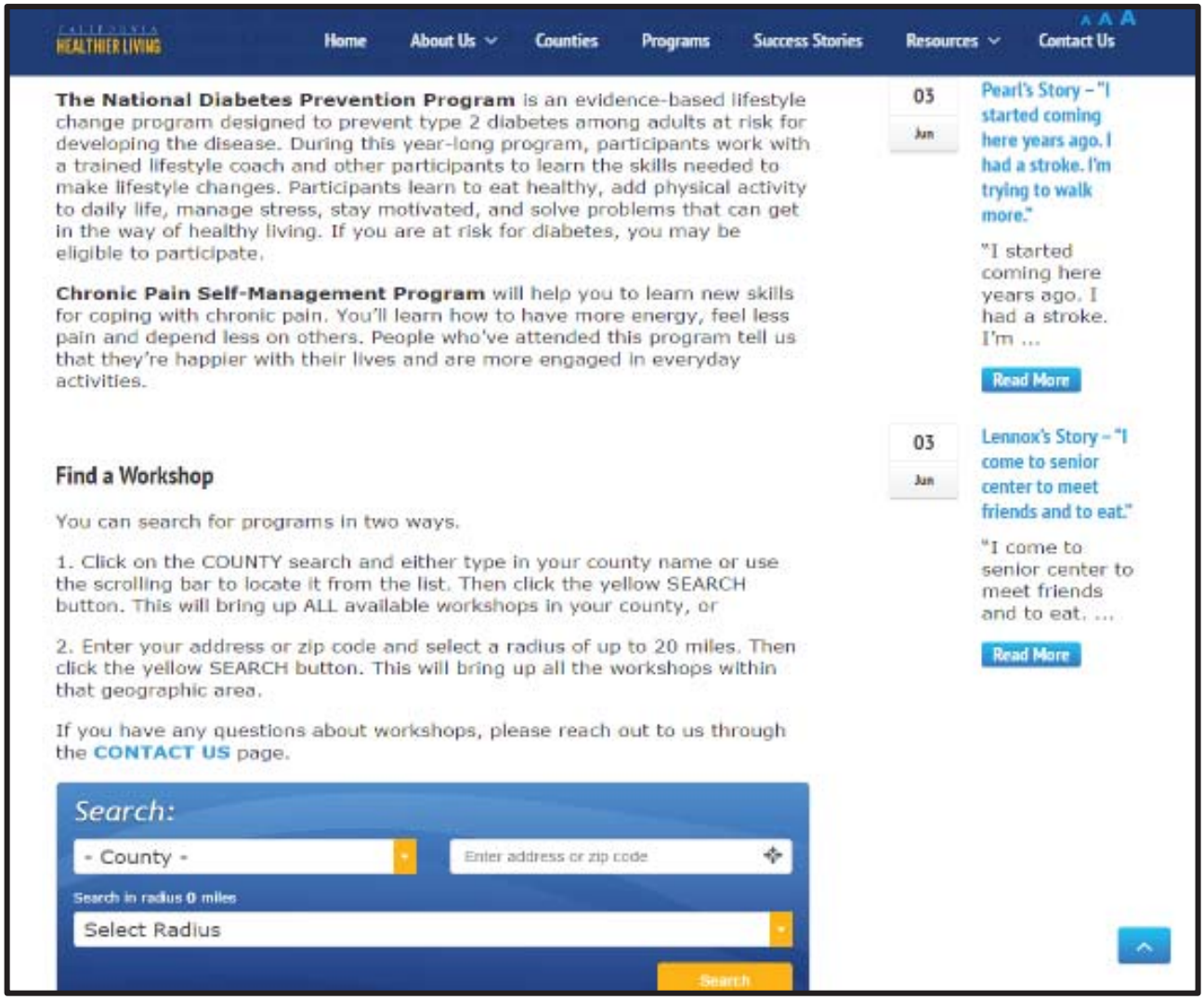
Office of Women's Health Hotline [56]

- The Office of Women's Health Hotline is a FREE service that connects you to resources, services, and information that can help you stay healthy.
- Open to all LA county residents, even if you don't have, cannot afford, or don't think you can get health insurance.
- Telephone operators can conduct telephonic screening for diabetes risk and refer to National DPP programs that are in their database
- Highly trained operators speak English, Spanish, Chinese (Mandarin and Cantonese), Korean, Vietnamese, and Armenian.

[56] LA County Office of Women's Health Website. http://publichealth.lacounty.gov/owh/ Accessed 8.23.16

CA Healthier Living Website[57]

- A partnership between the California Department of Public Health and the California Department of Aging to support and enhance statewide access to evidence-based programs for adults with chronic health conditions and disabilities.
- Aims to implement programs in more local communities and raise awareness of the importance of these programs to help people with chronic conditions by collaborating with local partners and working through a systems-based approach.
- http://cahealthierliving.org/



[57] CA Healthier Living Website. http://www.cahealthierliving.org/health-self-management-3/ Accessed 8.23.16

Registration forms for the CA Healthier Living Website:

Navigators at community organizations or information specialists can screen individuals by phone and refer them to programs on the CA Healthier Living Website. Your organization will receive more referrals from community-based organization if your National DPP is listed on websites such as this one. 211 is another database that your organization can register with to increase community-based referrals to your National DPP.

Workshop Information Request Form for Website Posting (PICF)

Please fill in information on this form to have your scheduled workshop posted to the California Healthier Living website/Los Angeles County web page: http://www.cahealthierliving.org/locations/losangeles and **email form to** jaboagye@picf.org. For questions, please call Jesika Aboagye at (818) 837-3775 ext. 145.

List of evidence-based workshops that can be posted to the website:

Diabetes Self-Management Program	Arthritis Self-Management Program	Healthier Living
Manejo Personal de la Diabetes	Tomando Control de Su Salud	Matter of Balance
Manejo Personal de la Arthritis	Arthritis Foundation Exercise Program	Walk With Ease
Chronic Pain Self-Management	Arthritis Foundation Aquatic Program	Enhance Fitness

Please provide the following information:

Host Organization: (Organization coordinating workshop)	
Organization Holding Program License:	Partners in Care Foundation

Workshop Location Information:

Name of Site Where Workshop is Scheduled:	
Address:	
City:	
State:	
Zip Code:	

Workshop Information:

Workshop type: (Name of Evidence-Based Program)	
Workshop Dates: (Example: Wednesdays, 10/16/13 – 11/20/13)	
Workshop Times: (Example 12:30 pm – 3:00 pm)	
Workshop Language:	
How to Register: (Include phone #, email, etc)	

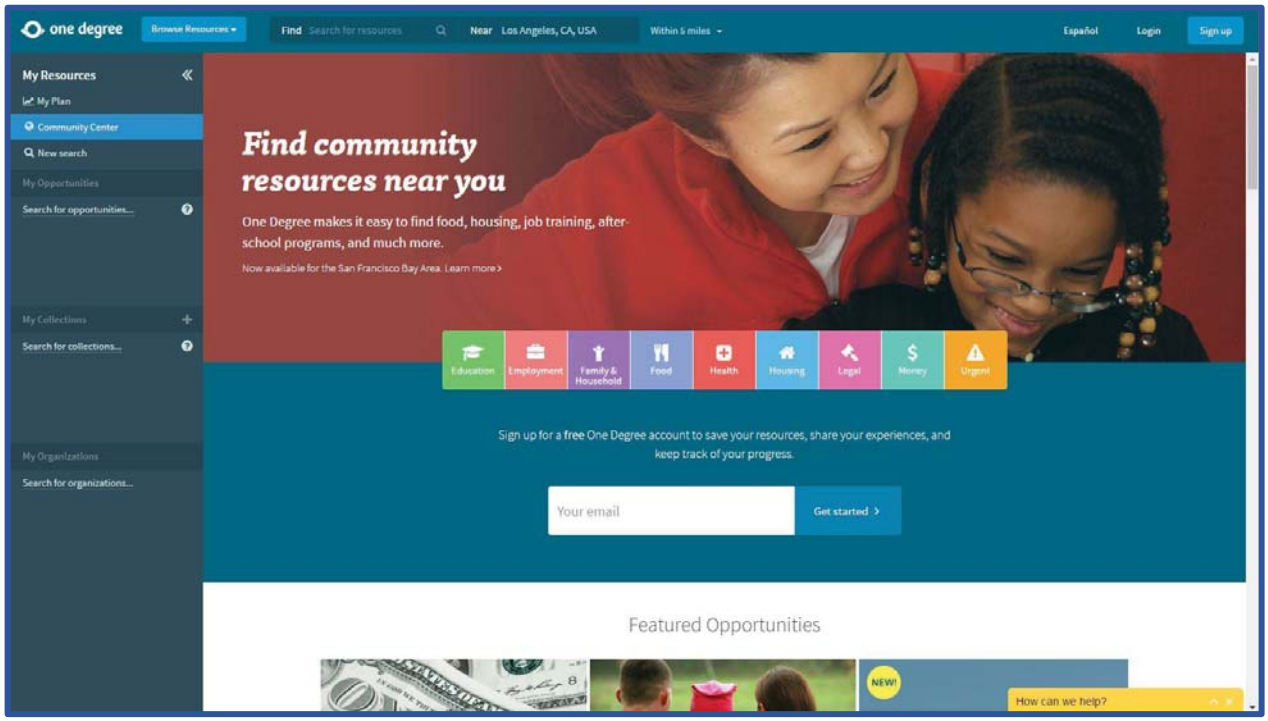
Waiting List:

If you do not have any set dates and times for workshops in your community, please state the text below that you would like to be reflected on the site:

One Degree

www.1degree.org

- An internet-based information and referral system that allows users to look up community resources for themselves or for others (clients, etc.) based on their needs, eligibility, and geography.
- Gives explicit, step-by-step instructions on how to access specific services at each organization.
- Automatically creates referral feedback loops by allowing users to create accounts with an email address or phone number, and sends reminder messages to the user, to follow up with referrals and with the person referred, to confirm that they have accessed the services to which they were referred.
- Facilitates referrals to the National Diabetes Prevention Program (National DPP) by offering online screenings for Type 2 diabetes risk and automatic referrals to National DPP providers.
- National DPP information is constantly updated to stay current, and users can update their information from the site at any time.



Appendix C: Best Practices for National Diabetes Prevention Program Success

While this toolkit aims to make the process of starting and operating a National DPP and becoming a recognized program as smooth and straight forward as possible, there is no substitute for experience. Therefore, the last "tool" in this guide consists of tips and advice from current DPP providers, regarding actions that have contributed to their success in running a DPP.[58]

- Identify a healthcare provider who has been supportive and invite them to serve as a champion--be clear on what you are asking them to do. Healthcare providers may be more receptive to hearing from their peers about the program, so aligning with a healthcare provider will open doors.

    - *Rocio Pereira, MD, Director of the Diabetes Prevention Program at the Anschutz Health and Wellness Center, is a practicing endocrinologist with specialization in diabetes. She saw the need to bring the DPP out to the community in Denver and specifically to the Latino community. She has been instrumental in the success of the DPP as a champion for the program, particularly in her work to engage providers.*

      Dr. Pereira approached clinicians at MCPN about developing a referral system for MCPN patients who are enrolled in WISEWOMAN, a CDC program targeted toward low income, underinsured women with chronic disease risk. In MCPN's electronic medical record (EMR) system, a healthcare provider can automatically populate a referral form to easily refer participants to the lifestyle change program.

      The provider faxes the referral to Anschutz, and CREA staff contact the participants to set up the classes. Eventually, the referral form will include the DPP eligibility criteria, so the providers can more easily see if a patient is eligible.

- Establish community partnerships with organizations and stakeholders that are known and trusted among the people you are trying to reach. Gain visible support from organizations and stakeholders trusted and respected by potential participants.

- Track how people enter your program. Use this data to determine the most efficient ways to recruit eligible participants.

- Create a closed loop referral process and follow through with feedback to referring provider.

- Create simple referral tools for providers. A quick and easy way to refer patients to your program minimizes barriers to participation.

- Be persistent! Cultivate relationships with local healthcare providers to help keep the door open to conversations about the DPP.

[58] Diabetes Training and Technical Assistance Center (2016) Pathways to diabetes prevention. http://www.nacdd1305.org/domain4/docs/Colorado_casestudies.pdf. Atlanta, GA

CDC DPRP Recognition Resources

Diabetes Prevention Recognition Program (DPRP) Application Form

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0909).

General Information

1. Type of Application*

   Initial ○ Re-Apply ○

   Previous Org Code Assigned (Enter only if Re-Apply is selected)

2. Organization Name*

   Upon approval of your application, this will be published in the CDC registry and on the program's website.

3. Organization Physical Address (No P.O. Boxes) *

   Upon approval of your application, this will be published in the DPRP registry and on the program's website.

   Street Address

   Street Address Line 2

   City*

   State* Zip Code* +4

4. Organization Mailing Address

   (Include if different from Organization Physical Address. DPRP staff will use this address to communicate by mail with your organization.)

   Street Address

   Street Address Line 2

   City*

   State*

   Select from List

   Zip Code* +4

5. 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 website.

6. 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 website.

- - ext.

7. Organization Type Select from List

Program Coordinator

1. Program Coordinator Name*

The name of the individual who will serve as the applicant organization's Program Coordinator and primary contact. Salutation (e.g. Mr., Ms., Mrs., Miss, Dr., other [please specify]), last name, first name, middle initial, academic credentials (e.g. MD, RN, MPH, MPA, PhD, etc. [please specify]). The program coordinator's information will not be included in the registry.

Salutation:

Last Name* First Name* Middle Initial*

Academic Credentials

2. Program Coordinator Contact Information*

The Program Coordinator's contact information DPRP Staff will use this information to communicate with your organization.

Contact Email Address*

Verify Email Address*

Contact Phone Number*

The contact person's phone number. CDC staff will use this number to communicate with your organization.

- - ext.

Contact Fax Number

Optional. The contact person's fax number. CDC staff will use this number to communicate by fax with your organization.

- -

Secondary Contact (If no secondary contact, check here __)

10. Secondary Contact Name*

The name of the individual who will serve as the applicant organization's secondary contact. Salutation (e.g. Mr., Ms., Mrs., Miss, Dr., 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.

Salutation:

Last Name* First Name* Middle Initial*

Academic Credentials

11. Secondary Contact Information *

The Secondary Contact's contact information. DPRP staff will use this information to communicate with the organization in the event on organization's Program Coordinator cannot be reached for routine communication, including data-related communication.

Email Address*

Verify Email Address*

Contact Phone Number*

The contact person's phone number. CDC staff will use this number to communicate with your organization.

- - ext.

Contact Fax Number

Optional. The contact person's fax number. CDC staff will use this number to communicate by fax with your organization.

- -

Data Preparer (If no data preparer, check here __)

12. Data Preparer Name*

The name of the individual who will be the applicant organization's data preparer. Salutation (e.g. Mr., Ms., Mrs., Miss, Dr., 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.

Salutation:

Last Name* First Name* Middle Initial*

Affiliation* (the contact person's affiliated organization. If none, enter "self".)

13. Data Preparer Contact Information*

The data preparer's contact information. DPRP staff will use this information to communicate with your organization.

Email Address*

Verify Email Address*

Contact Phone Number*

The contact person's phone number. CDC staff will use this number to communicate with your organization.

- - ext.

Contact Fax Number

Optional. The contact person's fax number. CDC staff will use this number to communicate by fax with your organization.

- -

Curriculum Information

14. Delivery Mode (check only one) *

- In-person
- Online
- Distance Learning
- Combination
- Organization offers classes in states other than the state in which it is located

15. Class Type (Check all that apply) *

- Public
- Employees
- Members
- Other Write in target audience served such as American Indians/Alaskan Natives, patients, clients, etc.

16. Lifestyle Coach

The Primary training entity the applicant organization will use or has used to train their main Lifestyle Coaches.

- A training entity on the CDC website
- A private organization with National reach
- A Virtual Organization with National Reach
- A Master Trainer who completed an MT program

Name of Training Provider*

17. Curriculum*

If you select Other Curriculum, you must submit your curriculum files.

- ○ 2016 Prevent T2- English
- ○ 2016 Prevent T2- Spanish
- ○ 2016 Prevent T2- English and Spanish
- ○ 2012 National DPP curriculum- English
- ○ 2012 National DPP curriculum- Spanish
- ○ 2012 National DPP curriculum- English and Spanish
- ○ Other Curriculum

Certification of 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 the CDC's voluntary recognition program. Your organization agrees to comply with all of the recognition criteria contained in the standards document, including the transmission of data to CDC every 12 months from the date of the initial lifestyle class for the purpose of program evaluation, continuing recognition and technical assistance.

Name of Authorized Representative*

Title of Authorized Representative*

Organization Name*

Today's Date*

Verification

Spam Prevention* I am not a robot ☐

Form Approved OMB No. 0920-0909
Exp. Date: 02/28/2021

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

March 1, 2018

2018 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) (https://www.cdc.gov/diabetes/prevention/lifestyle- program/index.html) as part of the National Diabetes Prevention Program (National DPP) (https://www.cdc.gov/diabetes/prevention/index.html). The DPRP provides information to people at high risk of type 2 diabetes, their health care providers, and health payers about the location and performance of type 2 diabetes prevention programs across organizations with various delivery modes (in-person, online, and combination). The purpose of the DPRP is to recognize organizations that have demonstrated their ability to effectively deliver a proven type 2 diabetes prevention lifestyle change program. 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 is further committed to ensuring health equity by increasing access to type 2 diabetes prevention lifestyle change programs among vulnerable populations, including those living in geographically hard to reach or rural areas, through a variety of modalities.

The DPRP assures the quality of recognized organizations and provides standardized reporting on their performance. The original 2011 DPRP Standards for type 2 diabetes prevention lifestyle change programs and requirements for recognition were based on successful efficacy and effectiveness studies. In one such efficacy study, the U.S. Diabetes Prevention Program research trial (DPP), participants in the lifestyle intervention losing 5-7% of their bodyweight experienced a 58% lower incidence of type 2 diabetes than those who did not receive the lifestyle intervention (see https://www.niddk.nih.gov/about-niddk/research-areas/diabetes/diabetes-prevention- program-dpp/Documents/DPP_508.pdf). The current standards, though still grounded in the earlier research, incorporate innovations from further translational studies, best practices, and expert opinion.

The DPRP has three key objectives:

3 Assure program quality, fidelity to scientific evidence, and broad use of effective type 2 diabetes prevention lifestyle change programs throughout the United States;

4 Develop and maintain a registry of organizations that are recognized for their ability to deliver effective type 2 diabetes prevention lifestyle change programs to people at high risk;

5 Provide technical assistance to organizations 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 change programs and explains how an organization may apply for, earn, and maintain CDC recognition

II. Standards and Requirements for Recognition

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

A. 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 not pregnant at time of enrollment. These programs are intended for adults at high risk for developing type 2 diabetes.
2. All of a program's participants must have a body mass index (BMI) of ≥25 kg/m^2 (≥23 kg/m^2, if Asian American).
3. All of a program's participants must be considered eligible based on either:
   a. a recent (within the past year) blood test (may be self-reported for CDC recognition purposes; but, for Medicare DPP suppliers, a self-reported blood test is not permitted) meeting one of these specifications:
      i. Fasting glucose of 100 to 125 mg/dl (CMS eligibility requirement for Medicare DPP suppliers is 110 to 125 mg/dl)
      ii. Plasma glucose measured 2 hours after a 75 gm glucose load of 140 to 199 mg/dL
      iii. A1c of 5.7 to 6.4
      iv. Clinically diagnosed gestational diabetes mellitus (GDM) during a previous pregnancy (may be self-reported; allowed for CDC, but not for Medicare beneficiaries.); or
   b. a positive screening for prediabetes based on the CDC Prediabetes Screening Test (available in the Guidance section of this document or accessible online at https://www.cdc.gov/diabetes/prevention/pdf/prediabetestest.pdf) or a screening result indicating high risk for type 2 diabetes on the hard copy or electronic version of the American Diabetes Association Type 2 Diabetes Risk Test (http://www.diabetes.org/are- you-at-risk/diabetes-risk-test/). Note: These are not options for eligibility for Medicare beneficiaries.
4. Participants cannot have a previous diagnosis of type 1 or type 2 diabetes prior to enrollment.
5. A health care professional may refer potential participants to the program, but a referral is not required for participation in CDC-recognized programs.

Recognized organizations can retain participants if the following occurs:

1. Participants who develop type 2 diabetes while in the program should be referred to their primary care provider for referrals to ADA-recognized or AADE-accredited diabetes self-management education and support (DSMES) programs and other resources such as Medical Nutrition Therapy (MNT) as appropriate. See Submitting Evaluation Data to the DPRP section for details on how to code these participants.

2. Lifestyle change 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 their health care provider and the CDC-recognized delivery organization. See Submitting Evaluation Data to the DPRP section for details on how to code these participants.

B. Safety of Participants and Data Privacy

Lifestyle change programs for type 2 diabetes prevention typically do not involve physical activity during class time. If physical activity is offered, it is the organization's responsibility to have procedures in place to assure safety. This may include obtaining a liability waiver from the participant and/or having the participant obtain clearance from his/her primary care provider to participate in physical activity.

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

C. Location

If the lifestyle change program is offered in-person, organizations may use any suitable venue. Organizations should provide private settings in which participants can be weighed or meet individually with Lifestyle Coaches. Some may choose to deliver the lifestyle change program online or via one or more distance learning modalities (e.g., telehealth, remote classroom). Those organizations can obtain weights via digital technology, such as Bluetooth-enabled scales, or accept a self-report from a participant's own at-home digital scale. (Bluetooth-enabled scales refer to scales that transmit weights securely via wireless or cellular transmission.)

D. Delivery Mode

Organizations may offer the program through any or all of the following delivery modes, **but are required to submit a single application for each delivery mode being used**. This will result in a separate organization code (orgcode) for each delivery mode. Data for each orgcode will be submitted every 6 months starting from the effective date.

1. **In-person**. Yearlong lifestyle change program delivered 100% in-person for all participants by trained Lifestyle Coaches; meaning, participants are physically present in a classroom or classroom-like setting. Lifestyle Coaches may supplement in-person sessions with handouts, emails, or reminder texts; although none of these may be the sole method of participant communication. Organizations that conduct make-up sessions online, via some other virtual modality, or over the phone are still considered to be delivering the program in-person.

2. **Online.** Yearlong lifestyle change program delivered 100% online for all participants; meaning, participants log into course sessions via a computer, laptop, tablet, or smart phone. Participants also must interact with Lifestyle Coaches at various times and by various communication methods, including online classes, emails, phone calls, or texts.

3. **Distance Learning.** Yearlong lifestyle change program delivered 100% by trained Lifestyle Coaches via remote classroom or telehealth (i.e., conference call or Skype) where the Lifestyle Coach is present in one location and participants are calling in or video-conferencing from another location is considered Distance Learning.

4. **Combination**. Yearlong lifestyle change program delivered as a combination of any of the previously defined delivery modes (1. – 3. above) for all participants by trained Lifestyle Coaches**.**

Make-up sessions can be provided in any delivery mode, but only one make-up session can be held on the same date as a regularly scheduled session. Furthermore, only one make-up session per participant per week can be held. Make-up sessions must be comparable to regularly scheduled sessions in content and length (approximately one hour). Timeframes for conducting make-up sessions are as follows: 1) missed core sessions must be made up within months 1-6, and 2) missed core maintenance sessions must be made up in months 7-12. Make-up sessions must be offered within these timeframes in order for data to be analyzed. Make-up sessions will be analyzed in the same way as regularly scheduled sessions. See Submitting Evaluation Data to the DPRP section for details on how to code these participants.

E. Staffing

The eligibility criteria, skills, knowledge, qualities, and training required of Lifestyle Coaches and Diabetes Prevention Program Coordinators (Program Coordinators) are described in the guidance section of this document titled Guidelines for Staff Eligibility, Roles, Responsibilities, and Sample Job Descriptions.

Recognized organizations are responsible for hiring, training, and supporting their Lifestyle Coaches. Lifestyle Coaches should have the ability to help participants make and sustain positive lifestyle changes. They should also have the understanding and sensitivity to help participants deal with a range of issues and challenges associated with making important lifestyle changes.

Organizations should designate an individual to serve as the Program Coordinator. Program Coordinators should have the ability to serve both as the primary external champions of the program and as the organizational experts for program implementation consistent with the DPRP Standards. Program Coordinators should supervise daily operations of the lifestyle change program, and should provide guidance and support for the Lifestyle Coaches. They should understand the DPRP data collection and submission requirements, including the importance of monitoring program data to ensure quality performance outcomes.

Program Coordinator functions and responsibilities are described in more detail in the position description in the guidance section. When an organization is ready to expand their program, they may require accessing or adding business or leadership support. Leaders and/or business staff may help increase referrals, enrollment, and reimbursement by serving as community spokespersons, by contacting physician offices to encourage referrals, and by working with employers and insurers to increase coverage and benefit uptake for the lifestyle change program.

It is the organization’s responsibility to determine staffing needs for effective implementation. If an organization serves a large number of participants at the same time, it should consider hiring additional Lifestyle Coaches and designating more than one Program Coordinator. Similarly, if an organization serves only a small number of participants at one time, it may consider allowing a single person to serve as both the Lifestyle Coach and the Program Coordinator.

F. Training

Recognized organizations are responsible for ensuring that an adequate and well-trained workforce is available prior to launching a first class (see the Organizational Capacity Assessment). All Lifestyle Coaches must be trained to the specific curriculum being used by the recognized organization before offering their first class. The recommended minimum length of formal training for new Lifestyle Coaches is at least 12 hours or two days. Formal training is defined as training conducted by one of the four methods listed in Section III. Applying for Recognition, Lifestyle Coach Training Entity. Shortly after completing formal training, Lifestyle Coaches should begin facilitating program sessions and, ideally, should receive on-the-job coaching from a Program Coordinator or other trained Lifestyle Coach.

Since Program Coordinators are responsible for overall program implementation, they must also complete formal training as Lifestyle Coaches. This will permit them to mentor Lifestyle Coaches and serve as back-up Coaches if required.

Recognized organizations are responsible for the ongoing support and continued training of Lifestyle Coaches. They are further responsible for ensuring continued success, quality, and adherence of Lifestyle Coaches to the DPRP Standards. They should provide new Lifestyle Coaches with an opportunity to attend CDC-sponsored webinar trainings on specialized topics such as program delivery ("Welcome to the DPRP"), data submission ("Submit for Success"), and any others offered by CDC. Additional new or refresher training for experienced Coaches is highly recommended, since program evaluation findings have demonstrated that well trained and highly motivated Lifestyle Coaches have a significant impact on participant outcomes. All Lifestyle Coaches should receive additional training each time CDC revises the DPRP Standards, and CDC will offer such training at no cost to organizations.

Training entities that provide formal training to a CDC-approved curriculum are listed on CDC's website at http://www.cdc.gov/diabetes/prevention/lifestyle-program/staffing-training.html. These entities are not officially endorsed by CDC, but they sign a Memorandum of Understanding (MOU) agreeing to train to a CDC-approved curriculum and to provide training nationally or regionally to organizations recognized by CDC. These entities further agree to provide quality training aligned with the DPRP Standards, which should help ensure competent Lifestyle Coaches. In addition to the training entities listed on the CDC website, training may be provided by 1) a private organization with a national network of program sites, 2) a CDC- recognized virtual organization with national reach, or 3) a Master Trainer (has completed at least 12 hours of formal training as a Lifestyle Coach, has successfully offered the National DPP lifestyle change program for at least one year, and has completed a Master Trainer program offered by a training entity listed on the CDC website.). CDC may conduct random quality assurance assessments of any program, organization, or Master Trainer providing formal training for Lifestyle Coaches to ensure that training requirements are being met.

II. Required Curriculum Content

The National DPP lifestyle change program consists of a series of sessions that present information, provide outside-of-class activities, and offer feedback in stages to optimize behavioral change. The program may be presented in-person, online, via distance learning, or as a combination modality as described in the Delivery Mode section of this document. As demonstrated in the DPP and other diabetes prevention research trials, the lifestyle change program, as well as the behavioral and motivational content, must be geared toward the overarching goal of preventing type 2 diabetes. In addition, the content should emphasize the need to make lasting lifestyle changes.

The participant's body weight must be recorded at all sessions. Goals for the yearlong program should focus on moderate changes in both diet and physical activity to achieve modest weight loss in the range of 5-7% of baseline body weight. Strategies used to achieve these goals must include a focus on self-monitoring of diet and physical activity, building 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 change program is specifically designed for prevention of type 2 diabetes in persons at high risk for type 2 diabetes. Therefore, rather than focusing solely on weight loss, the lifestyle change program must also emphasize long-term improvements in nutrition and physical activity. To support learning and lifestyle modification, programs should provide appropriate materials for all participants. The format of the materials (e.g., hard copy, electronic, web-based, etc.) is determined by the program.

Although lifestyle change programs may incorporate innovative ideas and expert opinion, these programs should be based on evidence from efficacy and effectiveness trials. The CDC-developed PreventT2 curriculum is freely available for use and can be found at https://www.cdc.gov/diabetes/prevention/lifestyle-program/curriculum.html. However, organizations may also use other curricula that have been approved by CDC as meeting the standards.

Names of corresponding sessions from the 2012 National DPP and PreventT2 curricula are listed below. Organizations developing their own alternate curricula must use similar session titles and evidence-based content supporting their sessions, and must submit their curricula to CDC for review against the session topics below.

Table 1. Curriculum Topics (Months 1-6)

During the first 6 months (weeks 1-26) of the lifestyle change program, all of these curriculum topics must be covered in at least 16 weekly sessions. Organizations may repeat core modules or use core maintenance modules to offer additional sessions in months 1-6 after they have offered the 16 required weekly core sessions. In this case, organizations must code the use of core maintenance modules in months 1-6 as core sessions. Below are the corresponding sessions from the 2012 National DPP and PreventT2 curricula. All alternate curricula should contain similar session titles and content.

2012 National DPP Curriculum	PreventT2 Curriculum
Welcome to the National Diabetes Prevention Program	Program Overview & Introduction to the Program
Being Active - A Way of Life	Get Active to Prevent T2
Move Those Muscles	Track Your Activity
Be a Fat and Calorie Detective	Track Your Food
Three Ways to Eat Less Fat and Fewer Calories	Eat Well to Prevent T2
Jump Start Your Activity Plan	Get More Active
Tip the Calorie Balance	Burn More Calories Than You Take In
Healthy Eating	Shop and Cook to Prevent T2
You Can Manage Stress	Manage Stress

The Slippery Slope of Lifestyle Change	Find Time for Fitness
Make Social Cues Work for You & Talk Back to Negative Thoughts	Cope with Triggers
Can use Heart Health from months 7-12	Keep Your Heart Healthy
Problem Solving	Take Charge of Your Thoughts
Take Charge of What's Around You	Get Support
Four Keys to Healthy Eating Out	Eat Well Away from Home
Ways to Stay Motivated	Stay Motivated to Prevent T2

Table 2. Curriculum Topics (Months 7-12)

During the last 6 months (weeks 27-52) of the lifestyle change program, organizations must include at least one session delivered in each of the 6 months (for a minimum of 6 sessions). Organizations wishing to deliver more sessions (going beyond the minimum requirement of one session each month) are encouraged to do so, as this may be beneficial to participants needing additional support. An organization may use a core module to offer additional sessions in months 7-12 after they have offered the required 6 core maintenance modules. In this case, the organization must code the use of the core module in months 7-12 as a core maintenance session. Sessions must focus on topics that reinforce and build on the content delivered during the first 6 months of the lifestyle change program.

Lifestyle Coaches will select topics from either curriculum below based on participants' needs and interests. Lifestyle Coaches must select from the following topics, and may choose the order in which they are presented.

2012 National DPP Curriculum	**Prevent T2 Curriculum**
Welcome to Sessions 7-12	N/A
Balance Your Thoughts for Long-Term Maintenance	When Weight Loss Stalls
Staying on Top of Physical Activity	Take a Fitness Break
Stepping up to Physical Activity	Stay Active Away from Home
A Closer Look at Type 2 Diabetes	More About T2
More Volume, Fewer Calories	More About Carbs
Fats - Saturated, Unsaturated, and Trans Fat	Can repeat Eat Well to Prevent T2 from months 1-6
Healthy Eating - Taking it One Meal at a Time & Food Preparation and Recipe Modification	Have Healthy Food You Enjoy
Stress and Time Management	Get Enough Sleep
Preventing Relapse	Get Back on Track
Handling Holidays, Vacations, and Special Events	Can repeat Eat Well Away from Home from months 1-6
Heart Health	Stay Active to Prevent T2
Healthy Eating with Variety and Balance	Can repeat Shop and Cook to Prevent T2 from months 1-6
Looking Back and Looking Forward	Prevent T2—for Life!

Medicare DPP suppliers and ongoing maintenance sessions. Organizations that are Medicare DPP suppliers may repeat any curriculum topic from months 1-6 or months 7-12, with the exception of the introductory session, for use in ongoing maintenance sessions. See the Data Submissions section for details on how to code these sessions.

Use of an alternate curriculum. If an organization chooses to use an alternate curriculum (a curriculum not previously approved or developed by CDC), it must send the curriculum to CDC to be reviewed for consistency with the evidence-based curriculum topics listed above. An organization can submit a culturally adapted curriculum in English to CDC for review before translating it into an appropriate language. An organization must submit all final versions (in English) to CDC for final evaluation and feedback. CDC review of alternate curricula takes approximately 4-6 weeks.

Changes made to a current curriculum. If an organization chooses to change its curriculum to another CDC-approved curriculum, an e-mail notification to CDC at DPRPAsk@cdc.gov is required, and no further steps are needed. If an organization chooses to develop its own curriculum during its tenure in the DPRP, it must notify CDC of the new curriculum at DPRPAsk@cdc.gov. CDC will explain next steps for submission and review of the new curriculum. If an organization chooses to change its curriculum to one that is culturally adapted for a specific population, or translated into another language, or to make other changes to its currently approved curriculum, it must notify CDC at DPRPAsk@cdc.gov. CDC will explain next steps for submission and review of the adapted or translated curriculum. Four to 6 weeks should be allowed for review and approval of new or changed curricula.

H. Requirements for Pending, Preliminary, and Full Recognition

The DPRP awards three categories of recognition: pending, preliminary, and full recognition. Organizations are required to submit data every 6 months regardless of recognition status achieved.

Pending Recognition

To begin the process, an organization must submit an application to the DPRP. When the DPRP determines that the organization has met requirements 1-4 in **Table 3**, the DPRP will assign an approval date and award pending recognition. Concurrent with the initial approval date, the organization will also be assigned an effective date. The effective date is the first day of the month following the approval date and is used to determine due dates for required data submissions. An organization may begin offering classes immediately upon approval and is required to start offering classes no later than 6 months after its effective date.

An organization with pending recognition is required to make its first data submission 6 months after its effective date. An organization may remain in pending status for up to 36 months if it continues to submit the required data every 6 months. The 36 month limitation applies regardless of which version of the DPRP Standards was in effect at the time of application. If an organization has not obtained either preliminary or full recognition by that time, it will be withdrawn from the DPRP and will need to wait 6 months before reapplying. Note: In order to have a data submission every 6 months, an organization must start at least one class every 12 months, with no gaps (i.e., each new class must begin in the month the previous class started, if only holding one class per year).

Preliminary Recognition

Preliminary or full recognition is required to become a Medicare DPP supplier. Any organization that has Medicare DPP preliminary recognition will automatically move to CDC preliminary recognition on January 1, 2018. All other transitioning organizations will be evaluated for preliminary recognition based on the criteria listed below:

Organizations will be evaluated for preliminary recognition only at the time of required data submissions. To be evaluated for preliminary recognition, organizations must have submitted a full 12 months of data on at least one completed cohort. A completed cohort is a set of participants that entered into a lifestyle change program that has a fixed first and last session and runs for 12 months. An organization can have multiple cohorts running at the same time.

Organizations will be awarded preliminary recognition when they meet the following criteria:

1. The requirements for pending recognition.

2. Have at least 5 eligible participants who attended their first session at least one year but not more than 18 months before the submission due date, who attended at least 3 sessions in the first 6 months, and whose time from first session attended to last session of the lifestyle change program was at least 9 months (a statistical package used by the DPRP calculates months lapsed; this is an automated process).

3. Among participants meeting the criteria for evaluation in #2, at least 60% attended at least 9 sessions in months 1-6, and at least 60% attended at least 3 sessions in months 7-12 (Requirement 5 in Table 3). Note: The attendance benchmark for months 7-12 is assessed only after a full 12 months has passed from the date of the first session.

PLEASE NOTE: The DPRP will only evaluate organizations for preliminary recognition at the time of their required data submissions. If a new organization wants to be eligible for an evaluation for preliminary recognition at its first 12-month data submission, it will need to begin offering classes immediately after approval of its application and before the effective date. This is the only way that the organization will have the full 12 months of data required for a preliminary recognition evaluation. Organizations that are not eligible for an evaluation for preliminary recognition at 12 months will need to wait until their next required data submission at 18 months.

Organizations may remain in preliminary recognition status for four consecutive 6-month data submission periods (i.e., two years), provided they continue to meet the requirements for preliminary recognition at the 12 month mark. The 24 month limit in preliminary recognition applies regardless of how many months the organization was in pending status. Organizations that either do not maintain preliminary recognition at 12 months or fail to achieve full recognition at 24 months will lose recognition and will need to wait 6 months before reapplying. Loss of preliminary recognition will preclude an organization from participation as a Medicare DPP supplier until preliminary recognition is reachieved.

Full Recognition

Full recognition is required to remain a Medicare DPP supplier after the 24 months of preliminary recognition expires.

Organizations will be evaluated for full recognition only at the time of required data submissions. To be evaluated for full recognition, organizations must have submitted a full 12 months of data on at least one completed cohort.

Organizations will be awarded full recognition when they meet the following criteria:

1. The requirements for pending recognition.

2. Have at least 5 eligible participants who attended their first session at least one year but not more than 18 months before the submission due date, who attended at least 3 sessions in the first 6 months, and whose time from first session attended to last session of the lifestyle change program was at least 9 months (a statistical package used by the DPRP calculates months lapsed; this is an automated process).

3. Among participants meeting the criteria for evaluation in #2, the requirement for preliminary recognition.

4. Among participants meeting the criteria for evaluation in #2, requirements 6-9 in **Table 3**. Organizations may remain in full recognition status for four consecutive 6-month data submission periods (i.e., two years). If organizations do not continue to meet full recognition at 24 months, but do meet the requirements for preliminary recognition, they can remain in full recognition status on a Corrective Action Plan for an additional 12 months. Organizations that do not re-achieve full recognition requirements at the 36 month mark will lose recognition and will need to wait 6 months before reapplying. Loss of full recognition will preclude an organization from participation as a Medicare DPP supplier until preliminary recognition is reachieved.

PLEASE NOTE: Organizations can voluntarily withdraw at any point in their timeline, but regardless of circumstances of the withdrawal, they must wait 6 months prior to reapplying.

Data Submissions

There must be at least one session record per participant in the organization's submission at 6 months post effective date and at least 6 months of participant data in the organization's submission at 12 months post effective date. This will allow for timely data analysis and provide opportunities for the organization to receive interim feedback on its progress in meeting recognition requirements.

Data may be submitted at any time during the month of the effective date. Data submissions should include data for all participant cohorts held during the data collection period. Organizations failing to submit complete and acceptable data in the month in which it is due or failing to report attendance in a 6-month period will lose recognition and must wait 6 months before reapplying. The DPRP will offer technical assistance to all organizations to help assess their progress toward achieving preliminary or full recognition.

If, after the first evaluation where an organization has at least one complete 12-month cohort, the organization has not achieved all of the requirements for preliminary or full recognition, it will continue in pending recognition status for an additional 6 months. During this period, the DPRP will offer technical assistance to the organization to help it achieve preliminary or full recognition. The DPRP will conduct evaluations for preliminary and full recognition every 6 months when data are submitted. These evaluations will be based on data from participants who attended their first session at least one year but not more than 18 months before the submission due date. If the organization is not successful in achieving preliminary or full recognition by the 36 month evaluation, it will lose pending recognition and must wait 6 months before reapplying.

The Description of the Data Submission and Evaluation Timeline, with Examples section summarizes the data submission and evaluation plan described above and provides examples.

Requirements for Pending, Preliminary, and Full Recognition Status

1. **Application for recognition.** Submit completed application at https://nccd.cdc.gov/DDT_DPRP/applicationForm.aspx.

2. **Lifestyle curriculum.** The lifestyle change program must be based on evidence from efficacy and effectiveness trials on type 2 diabetes prevention. The required curriculum topics can be found in the Required Curriculum Content section of this document and the CDC-approved curricula at http://www.cdc.gov/diabetes/prevention/recognition/curriculum.htm.
   If the organization chooses to use an alternate curriculum, it must submit it to the DPRP for review to ensure that it meets all of the key elements of the curriculum used in the DPP research trial.

3. **Intervention duration.** The lifestyle change program must have a duration of one year. If organizations choose to continue the intervention for a period longer than one year, only the first 365 days of data from each participant will be analyzed to determine recognition.

4. **Intervention intensity.** The lifestyle change program must begin with an initial 6-month phase during which a minimum of 16 weekly sessions are offered over a period lasting at least 16 weeks and not more than 26 weeks. Each session must be of a sufficient duration to convey the session content (approximately one hour).

The initial 6-month phase must be followed by a second 6-month phase consisting of at least one session delivered each month (for a minimum of 6 sessions). Organizations wishing to deliver additional sessions (going beyond the minimum requirement of one session each month) are encouraged to do so, as this may be beneficial to participants needing additional support. Each session must be of a sufficient duration to convey the session content (approximately one hour).

There must be regular opportunities for direct, individual, or group interaction between the Lifestyle Coach and the participants either in-person, online, by phone, or through a combination of these. For sessions delivered in-person, participants should be provided a private opportunity for measurement of body weight. Either participants or Lifestyle Coaches may take body weight measurements. However, only Coaches or other trained on-site facilitators may officially record weights and other evaluation data elements used to determine recognition status (described below in requirements 5-9). For sessions delivered online, weights may be either objectively obtained through the use of digital or Bluetooth- enabled scales or by self-report and must be reported during each session. For online Medicare DPP participants, weights can only be obtained through Bluetooth-enabled scales. For guidance on measuring weights, see the DPRP Recommended Procedures for Measuring Weight section of this document.

If participants miss a session during any phase of the intervention, organizations may offer a make-up session. This make-up session can be held either on a day other than a regular class session day or, for the convenience of the participant, on the same day as a regular class session. Only one make-up session per participant can be held per week. Weight recorded at a make-up session should reflect the weight of the participant on the date the make-up session is attended. Physical activity minutes recorded at a make-up session should reflect the number of physical activity minutes logged by participants for the week preceding the missed session.

5. Session attendance during months 1-6 and 7-12 (requirement for preliminary and full recognition)

Months 1-6: Session attendance in months 1-6 will be considered for participants who attended at least 3 sessions in months 1-6 and whose time from first session to last session is at least 9 months.

Months 7-12: Session attendance in months 7-12 will be considered for participants who attended at least 3 sessions in months 1-6 and whose time from first session to last session is at least 9 months.

At least 5 participants per submission who meet the above criteria are required for evaluation. (See requirement 5 in **Table 3.**)

A yearlong cohort must have at least 60% of its participants attending at least 9 sessions during months 1-6 and at least 60% of its participants attending at least 3 sessions in months 7-12. Note: The attendance benchmark for months 7-12 is assessed only once a full 12 months has passed from the date of the first session.

6. Documentation of body weight (requirement for full recognition)

A yearlong cohort of participants must have body weight documented during at least 80% of the sessions. Evaluation for this requirement is based on all participants attending at least 3 sessions during months 1-6 and whose time from first session to last session is at least 9 months. At least 5 participants per submission who meet this criterion are required for evaluation.

The DPRP recommended procedures for measuring weights are included in the section titled DPRP Recommended Procedures for Measuring Weight.

7. Documentation of physical activity minutes (requirement for full recognition)

A yearlong cohort of participants must have physical activity (PA) minutes documented during at least 60% of the sessions. Evaluation for this requirement is based on all participants attending at least 3 sessions during months 1-6 and whose time from first session to last session is at least 9 months. At least 5 participants per submission who meet this criterion are required for evaluation. Zero (0) minutes reported will not count as documented PA minutes. It is unlikely that participants are not completing any PA minutes, since the curriculum indicates that even simple activities such as house cleaning and gardening can count as PA minutes.

8. Weight loss achieved at 12 months (requirement for full recognition)

The average weight loss across all participants in the yearlong cohort must be a minimum of 5% of starting body weight. The first and last weights recorded for each participant during months 1-12 will be used to calculate this measure. Evaluation for this requirement is based on all participants attending at least 3 sessions during months 1-6 and whose time from first session to last session is at least 9 months. At least 5 participants per submission who meet this criterion are required for evaluation.

Note: While CDC is only analyzing average weight loss at 12 months, individual payers, including Medicare, may require more frequent individual weight loss reporting for reimbursement purposes.

9. Program eligibility requirement (requirement for full recognition)
A minimum of 35% of all participants in a yearlong cohort must be eligible for the lifestyle change program based on either a blood test indicating prediabetes or a history of GDM. The remainder (a maximum of 65% of participants) must be eligible based on the CDC Prediabetes Screening Test or the American Diabetes Association (ADA) Type 2 Diabetes Risk Test. If a participant comes into a program on the basis of a risk test score, organizations are permitted to make a one-time change to the participant's eligibility status based on a post-enrollment blood test. Evaluation for this requirement is based on all participants attending at least 3 sessions during months 1-6 and whose time from first session to last session is at least 9 months. At least 5 participants per submission who meet this criterion are required for evaluation. If a recognized organization is also a Medicare DPP supplier, all Medicare participants must be eligible based solely on a blood test indicating prediabetes. Refer to the Participant Eligibility section for more information. Note: While CDC is setting an organizational requirement for eligibility, individual payers, including Medicare, may impose higher or lower participant level eligibility requirements for blood testing for reimbursement purposes.

Table 3. Summarizes the requirements for recognition. An example of how CDC's DPRP evaluates organizational performance is included in the Example of Using Data for Evaluation section of this document. The DPRP will calculate all performance indicators for organizations seeking recognition.

Table 3. Requirements for Recognition

	Standard	Requirement	How Evaluated	When Evaluated	Recognition Status
1	Application for recognition	Must provide the organization's identifying information to the DPRP	3 Name of organization 4 Address 5 Contact persons	Upon receipt of application	Pending
2	Lifestyle curriculum	Must meet requirements for curriculum content described in the Required Curriculum Content section	4 Check box on application form agreeing to use the recommended curriculum *—or—* 5 Provide alternate curriculum to the DPRP for approval	Upon receipt of application	Pending
3	Intervention duration	1 year duration	Curriculum review	Upon receipt of application	Pending

4	Intervention intensity	Minimum of 16 sessions delivered approximately once per week during months 1-6, followed by a minimum of 6 sessions delivered approximately once per month during months 7-12	Curriculum review	Upon receipt of application	Pending
5	Session attendance during months 1-6 and 7-12	At least 60% of participants attending at least 9 sessions during months 1-6 and at least 60% of participants attending at least 3 sessions in months 7-12.	Session attendance in months 1-6 will be considered for participants who attended at least 3 sessions in months 1- 6 and whose time from first session to last session is at least 9 months. Session attendance in months 7-12 will be considered for participants who attended at least 3 sessions in months 1-6 and whose time from first session to last session is at least 9 months. At least 5 participants per submission who meet these criteria are required for evaluation.	Every 6 months beginning at 12 or 18 months from the effective date, depending on when an organization starts delivering classes	Preliminary and Full
6	Documentation of body weight	Body weights are recorded at a minimum of 80% of the sessions attended	A yearlong cohort of participants must have body weight documented during at least 80% of the sessions. Includes all participants attending at least 3 sessions during months 1-6 and whose time from first session to last session is at least 9 months. At least 5 participants per submission who meet these criteria are required for evaluation.	Every 6 months beginning at 12 or 18 months from the effective date, depending on when an organization starts delivering classes	Full
7	Documentation of physical activity minutes	Physical activity minutes are recorded at a minimum of 60% of all sessions attended	A yearlong cohort of participants must have physical activity minutes documented during at least 60% of the sessions. Includes all participants attending at least 3 sessions during months 1-6 and whose time from first session to last session is at least 9 months. At least 5 participants per submission who meet these criteria are required for evaluation. Zero (0) minutes reported will not count as documented physical activity minutes.	Every 6 months beginning at 12 or 18 months from the effective date, depending on when an organization starts delivering classes	Full

8	Weight loss achieved at 12 months	Average weight loss achieved over the entire 12-month intervention period must be a minimum of 5% of starting body weight	The average weight loss across all participants in the yearlong cohort must be a minimum of 5% of starting body weight. The first and last weights recorded for each participant during months 1-12 will be used to calculate this measure. Includes all participants attending at least 3 sessions during months 1-6 and whose time from first session to last session is at least 9 months. At least 5 participants per submission who meet these criteria are required for evaluation.	Every 6 months beginning at 12 or 18 months from the effective date, depending on when an organization starts delivering classes	Full
9	Program eligibility requirement	Minimum of 35% of participants must be eligible for the yearlong lifestyle change program based on either a blood test indicating prediabetes or a history of GDM. The remainder (maximum of 65% of participants) must be eligible based on the CDC Prediabetes Screening Test or the ADA Type 2 Diabetes Risk Test.	The last entry for eligibility is used in determining this outcome. Includes all participants attending at least 3 sessions during months 1-6 and whose time from first session to last session is at least 9 months. At least 5 participants per submission who meet these criteria are required for evaluation. **For CDC-recognized organizations that are also Medicare DPP suppliers:** All Medicare participants in the yearlong cohort must be eligible based on a blood test indicating prediabetes.	Every 6 months beginning at 12 or 18 months from the effective date, depending on when an organization starts delivering classes	Full

III. Applying for Recognition

CDC welcomes organizations that offer a yearlong lifestyle change program to prevent or delay type 2 diabetes to apply for recognition through the DPRP. Any organization with the capacity to deliver a lifestyle change program meeting DPRP Standards may apply for recognition.

Before an organization applies, leadership and staff should read the *Diabetes Prevention Recognition Program Standards and Operating Procedures* contained in this document, which describes the criteria for delivering lifestyle change programs that achieve and sustain CDC recognition. The DPRP Standards also contains a capacity assessment. This is a list of questions designed to help an organization determine its readiness to deliver a CDC- recognized lifestyle change program (see section titled Organizational Capacity Assessment). All organizations are strongly encouraged to complete this assessment.

An organization must be ready to start classes immediately or within 6 months after its effective date (the first day of the month immediately following CDC approval of its application). If an organization is not ready to start classes within 6 months, it should postpone submitting an application.

To apply for recognition, an organization should complete the online application at https://www.cdc.gov/diabetes/prevention/lifestyle-program/apply_recognition.html.The organization must indicate whether it will be using a CDC-approved curriculum, such as the PreventT2 curriculum (https://www.cdc.gov/diabetes/prevention/lifestyle- program/curriculum.html), or submitting an alternate curriculum for review. After submitting the application form, the organization will receive a confirmation email. Organizations using a CDC-approved curriculum will normally be notified of the results of the CDC review within 15 working days. Organizations submitting an alternate curriculum for review will normally be notified of the results of the CDC review within 4-6 weeks.

Any organization in the DPRP and assigned a DPRP organization code that contracts with another CDC-recognized organization to deliver their lifestyle change program must ensure that the contracted organization uses a CDC-approved curriculum and follows the requirements set forth herein. Upon approval, DPRP staff will inform the organization of its effective date.

Each organization will be required to complete the following elements in the online application form:

1. Type of Application. Select *Initial* if this is the first application being submitted. Select *Reapplying* if this is a subsequent application due to previous withdrawal or loss of recognition.

2. Organization Code. This code is assigned by the DPRP. Choose *Not applicable* if this is an initial application. For re-applicants, enter the previously assigned organization code. Organization codes will be published in the DPRP registry corresponding to the organization name on the CDC website here: https://nccd.cdc.gov/DDT_DPRP/Registry.aspx.

3. Organization Name. Upon application approval, the organization name will be published in the DPRP registry on the CDC website.

4. Delivery Mode. An applicant organization can select one delivery mode per each application submitted (either in-person only, online only, distance learning, or combination). Delivery modes will be published in the DPRP registry on the CDC website. For definitions, see the Standards and Requirements for Recognition, Delivery Mode section.

5. Class Type. Select all applicable class types offered: **public** (open to anyone who qualifies for the lifestyle change program without further restrictions), **employee** (open only to employees of the organization or the host organization), **member-only** (open only to member insureds; membership required) or **other** (write in target audience served such as American Indians/Alaskan Natives, patients, clients, etc.). Organizations offering classes to the public should provide the physical addresses of the classes, or online link to class offerings, to DPRPApply@cdc.gov. Upon application approval, the class type as well as public class locations will be published in the DPRP registry on the CDC website. If public classes are added, deleted, or changed, organizations should email updated public class location addresses at least every 6 months to DPRPAsk@cdc.gov.

6. **Organization Physical Address.** Provide the main organization's business office or headquarters address. Upon application approval, this will be published in the DPRP registry and on the CDC website.

7. Organization Mailing Address. Include if different from the Organization Physical Address. DPRP staff will use this address to communicate by mail with the organization (i.e., mailing the certificate of achievement of full recognition if/when achieved).

8. Organization Web Address or URL. Optional. Upon application approval, this will be published in the DPRP registry and on the CDC website. All web addresses must link directly to a location where participants can find information about the organization's CDC-recognized lifestyle change program and enroll in the program. CDC will not accept or host any other web addresses.

9. Organization Phone Number. Provide the number that participants, payers, and others should call to obtain information about the program. Organizations should not provide a 1-800 number unless a live operator is available. Upon application approval, this will be published in the DPRP registry on the CDC website.

10. Organization Type. Choose the option that best describes the organization type. This refers to an organization's main headquarters location or main office: Local or community YMCAs; Universities/Schools; State/Local Health Departments; Hospitals/Healthcare Systems/Medical Groups/Physician Practices; Community-Based Organizations/Community Health Centers/Federally Qualified Health Centers; Pharmacies/Drug Stores/Compounding Pharmacies; Indian Health Service/Tribal/Urban Indian Health Systems; Business Coalitions on Health/Cooperative Extension Sites; Worksites/Employee Wellness Programs; Senior/Aging/Elder Centers; Health Plans/Insurers; Faith-Based Organizations/Churches; For- profit Private Businesses; Other (please specify).

11. Program Coordinator Name. Provide the name of the individual who will be the applicant organization's Program Coordinator. Provide a salutation [e.g., Mr., Mrs., Dr., Ms., Miss, other (please specify)], last name, first name, middle initial, and academic credentials, if applicable [e.g., MD, RN, MPH, MPA, PhD, other (please specify)]. The Program Coordinator's information will not be included in the DPRP registry.

12. Program Coordinator Contact Information. Provide an email address, phone number, and fax number (if applicable) of the organization's Program Coordinator. DPRP staff will use this information to communicate with the organization. All DPRP-related documents, reports, and emails will go to the Program Coordinator.

13. Secondary Contact Name. Provide the name of the individual who will be the applicant organization's Secondary Contact, if applicable. This person would be contacted in the event an organization's Program Coordinator cannot be reached for routine communication. Provide a salutation [e.g., Mr., Mrs., Dr., Ms., Miss, other (please specify)], last name, first name, middle initial, and academic credentials, if applicable [e.g., MD, RN, MPH, MPA, PhD, other (please specify)]. The Secondary Contact's information will not be included in the DPRP registry.

14. **Secondary Contact Information.** Provide the email address, phone number, and fax number of the organization's Secondary Contact, if applicable. DPRP staff will use this information to communicate with the organization in the event an organization's Program Coordinator cannot be reached for routine communication, including data-related communication.

15. **Lifestyle Coach Training Entity.** Provide the name of the training entity the applicant organization will use or has used to train their main Lifestyle Coaches. Choose from 1) a training entity that has an MOU with CDC and is listed on the CDC website (found here: https://www.cdc.gov/diabetes/prevention/lifestyle program/staffing training.html), 2) a private organization with a national network of program sites, 3) a CDC-recognized virtual organization with national reach, or 4) a Master Trainer (has completed at least 12 hours of formal training as a Lifestyle Coach, has successfully offered the National DPP lifestyle change program for at least one year, and has completed a Master Trainer program offered by a training entity listed on the CDC website).

16. **Data Preparer Name.** Provide the name of the individual who will be the organization's Data Preparer. This can be either the Program Coordinator or the Lifestyle Coach if a third person is not designated at this time. Provide a salutation [(e.g., Mr., Mrs., Dr., Ms., Miss, other (please specify)], last name, first name, middle initial, and academic credentials, if applicable [(e.g., MD, RN, MPH, MPA, PhD, other (please specify)]. The Data Preparer's contact information will not be included in the DPRP registry.

17. **Data Preparer Contact Information.** Provide the email address, phone number, and fax number of the organization's Data Preparer. (This can be either the Program Coordinator or Lifestyle Coach if a third person is not designated at this time.) DPRP staff will use this information to communicate with the organization about data submission issues, if required.

18. **Curriculum.** Select either a CDC-approved curriculum (one that CDC has either developed or previously approved for use by your organization) or 'Other Curriculum' if the applicant organization is submitting an alternate curriculum for review and approval. If selecting Other Curriculum, provide the completed yearlong curriculum with any supplemental materials, handouts, or web-based content together with the application.

Certification of Application:

Electronic signature. Submitting the application asserts that the organization has thoroughly reviewed the *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures* and is voluntarily seeking participation in the CDC recognition program. The organization agrees to comply with all of the recognition criteria contained in *DPRP Standards*, including the transmission of data to CDC every 6 months from the CDC-assigned effective date, for the purpose of program evaluation, continuing recognition, and technical assistance. (Enter name of authorized representative, title of authorized representative, organization name, and date.)

Once an organization's application has been reviewed and approved, the DPRP will send an email to the organization's Program Coordinator indicating that the organization has been awarded pending recognition. This email will include the unique organization code assigned by the DPRP, the organization's effective date (which determines the date the organization's evaluation data is due to the DPRP) and instructions for data submission. At the same time, the organization will be listed in the DPRP Registry on the CDC website. This entire process takes approximately 15 days

If an organization submits an alternate curriculum for review and approval by CDC, an initial email indicating receipt will be sent. Organizations should allow 4-6 weeks for review and approval of the application and assignment of an organization code. If an alternate curriculum is not approved by CDC, the application will not be approved. CDC will delineate the reasons why a curriculum is not approved in writing and allow the organization an opportunity to correct any issues and reapply for recognition once the curriculum is amended. Any questions about an organization's application or the DPRP should be directed to DPRPAsk@cdc.gov.

IV. Submitting Evaluation Data to the DPRP

Each CDC-recognized organization (with pending, preliminary, or full recognition) must submit evaluation data to the DPRP every 6 months. This requirement begins 6 months from the organization's effective date. Four weeks prior to an organization's first data submission due date, the DPRP will send an email reminder to the organization's Program Coordinator and other contacts. A second data submission reminder (if necessary) will be sent to the organization's Program Coordinator and other contacts, as a courtesy, approximately 2 weeks after the data submission due date. If, after this second reminder, the DPRP still does not receive the first evaluation data submission within an additional 4 weeks, the organization will lose recognition and will be removed from the DPRP Registry.

Each data submission must include one record per participant for each session attended during the preceding 6 months. The first data submission must also include records for any sessions attended between the application approval date and the effective date. Subsequent data submissions should not include participant data previously submitted.

All of the data elements listed below must be transmitted to the DPRP. 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. A CSV template file is provided by CDC. Each row in the data file should represent one session date attended by one participant (i.e., participant will have a new row for each session date). If a participant is absent from a session, no record should be submitted for that participant for that session. Each column in the data file should represent one field containing specific data for the evaluation data elements listed below. There should be no empty fields and no empty cells. When a data value is unknown, the default value should be entered.

Transmitted data must conform to the specifications in the data dictionary included below. The variable names, codes, and values contained in the data dictionary (**Table 4.**) must be used. Do not make any changes in the spelling. Variables (columns) in the data submission file should have the same names (column headings) and appear in the same order as in the data dictionary. Organizations should take time to become familiar with all of the data elements and specifications.

No personally identifiable information (PII) from Lifestyle Coaches or participants should be transmitted to the DPRP. All identifiers (except the orgcode, which is provided by CDC) will be assigned and maintained by the organization according to the specifications outlined in the data dictionary

Evaluation Data Elements (Numbers correspond with Table 4. Data Dictionary: Evaluation Data Elements)

1) **Organization Code.** Will be assigned by the DPRP when the organization's application is approved. Each applicant will have a unique organization code. This code must be included by the applicant organization on all data records submitted.

2) **Participant ID.** Will be assigned by the organization to uniquely identify and track participants across sessions. The participant ID 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 PII. If a participant re-enrolls in a new class, the organization should assign this participant a new participant ID.

3) **Enrollment Source.** Will identify the source (person, place, or thing) which led the participant to enroll in the yearlong program (see data dictionary for the appropriate code).

4) **Payer Type.** Will identify one, main payment method that participants are using to pay for their participation in the yearlong program (see data dictionary for the appropriate code).

5) **Participant State.** The state in which a participant resides should be recorded at enrollment and included on all session attendance records generated for that participant. The two-letter postal abbreviation for the U.S. state or territory should be used. Organizations choosing to deliver the lifestyle program to U.S. citizen participants residing outside of the U.S. or its territories should default to the participant's U.S. resident state or U.S. Army Post Office (APO) address state.

6- 8) **Participant's Prediabetes Determination.** Should be recorded at enrollment and included On all session attendance records generated for an individual participant. This indicates whether a participant's prediabetes status was determined by a blood test, a previous diagnosis of GDM, or by screening positive on the CDC Prediabetes Screening Test (see guidance titled CDC Prediabetes Screening Test) or the ADA Type 2 Diabetes Risk Test. Multiple responses are allowed and may be added. For example, if a participant was originally enrolled on the basis of a risk test and then subsequently received a blood test indicating prediabetes, the risk test value remains the same, and the blood test value is changed to a positive.

9) **Participant's Age.** Should be recorded at enrollment and the recorded age used throughout all records regardless of a birthday occurring during the yearlong program. If the participant's age is incorrectly recorded at enrollment (or at the first session), then the age should be corrected on all records. If an organization's recordkeeping system automatically adjusts the age on a participant's birthday, then the two recordings of age are okay.

10) **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/Latino, Not Hispanic/ Latino, or not reported.

11–15) **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 or Asian American, Black or African American, Native Hawaiian or Other, Pacific Islander, and White. Multiple responses are allowed. This element requires responses for five fields, and each field includes a response for not reported (refer to Table 2, the data dictionary).

16) **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, female, or not reported.

17) **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?"). The participant's height should be recorded to the nearest whole inch.

18) **Education.** Will identify the highest grade or year of school the participant completed. This information should be recorded at enrollment and included on all session attendance records generated for an individual participant.

19) **Delivery Mode.** Will identify the delivery mode, as defined in the Applying for Recognition section, for this specific participant and session (i.e., in-person, online, distance learning).Please note that since this is a session level variable, combination mode does not apply.

20) **Session ID.** Will identify weekly sessions offered throughout the yearlong program. Session IDs in months 1-6 could be numbered 1 through 26 depending on the frequency of weekly offerings. Session IDs in months 7-12 will all be numbered as 99, and sessions in ongoing maintenance months (for Medicare DPP supplier organizations or other organizations that choose to offer ongoing maintenance sessions) will all be numbered as 88. If a 7-12 month curriculum module (such as one from PreventT2) is used in months 1-6, it should be coded as 1 through 26, since it is being delivered during that timeframe. If a 1-6 month curriculum module is used in months 7-12, it should be coded as 99, since it is being delivered during that timeframe.

21) **Session Type.** Will identify the session attended within months 1-6 (scheduled core sessions) as "C", core maintenance sessions attended within months 7-12 as "CM", or ongoing maintenance sessions as "OM" in the second year (post-yearlong lifestyle change program) for Medicare DPP suppliers or other organizations that choose to offer ongoing maintenance sessions. Medicare DPP suppliers must collect and report data for ongoing maintenance sessions in the same way they do for core and core maintenance sessions, including recording participant weights. CDC will collect these data for Medicare to assist with their continued implementation and assessment of the Medicare DPP expanded model.
Make-up sessions will be identified as "MU" and should be used with the corresponding Session ID that was previously missed by the participant (i.e., the session they are making up). If a 7-12 month curriculum module (such as one from PreventT2) is used in months 1- 6, it should be coded as a "C", since it is being utilized as a core session. If a 1-6 month curriculum module is used in months 7-12, it should be coded as a "CM", since it is being utilized as a core maintenance session.

22) **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. A participant should not

have more than one record (line of data) for any specific session date, with the exception of make-up sessions. One make-up session per week may be held on the same date as a regularly scheduled session for the convenience of the participant. For online sessions, organizations should record the date each session is completed.

23) **Participant's Weight.** Each time a participant attends a session, his or her body weight should be measured and recorded to the nearest whole pound. The weight should be included on the record for that participant and session. For online programs, organizations should record the weight associated with the session completion date.

24) **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 moderate or brisk physical activity completed during the preceding week. This information should be included on the record for that participant and session. If a participant reports doing no activity during the preceding week, then zero (0) minutes should be recorded. Note: Zero (0) minutes reported will not count as documented physical activity minutes.

Table 4. Data Dictionary: Evaluation Data Elements

Data element	Variable name	Coding/valid values	Comments
1. Organization Code	ORGCODE	Up to 25 alphanumeric characters*	Required, provided by DPRP
2. Participant ID	PARTICIP	Up to 25 alphanumeric characters*	Required. Participant ID is uniquely assigned and maintained by the applicant organization and must not contain any PII.
3. Enrollment Source	ENROLL	1 Non-primary care health professional (e.g., pharmacist, dietitian) 2 Primary care provider/office or specialist (e.g., MD, DO, PA, NP, or other staff at the provider's office) 3 Community-based organization or community health worker. 4 Self (decided to come on own) 5 Family/friends 6 An employer or employer's wellness program 7 Insurance company 8 Media (radio, newspaper, billboard, poster/flyer, etc.), national media (TV, Internet ad), and social media (Twitter, Facebook, etc.) 9 Other 10 Not reported	Required. At enrollment, participants are asked by whom they were referred to this lifestyle change program. If a participant's referral source is not provided, this variable will be coded as '9'.

4. Payer Type	PAYER	1 Medicare 2 Medicaid 3 Private Insurer 4 Self-pay 5 Dual Eligible (Medicare and Medicaid) 6 Grant funding 7 Employer 8 Other 9 Not reported	Required. At enrollment, participants are asked "Who is the primary payer for your participation in this lifestyle change program?" If a participant's payer source is not provided, this variable will be coded as '9'.
5. Participant State	STATE	Two-letter abbreviation for the U.S. state or territory in which the participant resides	Required
6. Participant's Prediabetes Determination (1 of 3)	GLUCTEST	1 Prediabetes diagnosed by blood glucose test 2 Prediabetes NOT diagnosed by blood glucose test (default)	Required; acceptable tests include FG, oral glucose tolerance test (OGTT), A1c, or claim code indicating diagnosis of prediabetes.
7. Participant's Prediabetes Determination (2 of 3)	GDM	1 Prediabetes determined by clinical diagnosis of GDM during previous pregnancy 2 Prediabetes NOT determined by GDM (default)	Required
8. Participant's Prediabetes Determination (3 of 3)	RISKTEST	1 Prediabetes determined by risk test 2 Prediabetes NOT determined by risk test (default)	Required
9. Participant's Age	AGE	18 to 125 (in years, rounded with no decimals)	Required
10. 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'.
11. 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'.
12. Participant's Race (2 of 5)	ASIAN	1 Asian or Asian American 2 NOT Asian or Asian American (default)	Required; if race is not reported by the participant, all of the 5 race variables will be coded as '2'.
13. 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'.

14. Participant's Race (4 of 5)	NHOPI	1 Native Hawaiian or Other Pacific Islander 2 NOT Native Hawaiian or Other Pacific Islander	Required; if race is not reported by the participant, all of the 5 race variables will be coded as '2'.
15. 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'.
16. Participant's Sex	SEX	1 Male 2 Female 9 Not reported	Required
17. Participant's Height	HEIGHT	30 to 98 (in inches)	Required
18. Education	EDU	1 Less than grade 12 (No high school diploma or GED) 2 Grade 12 or GED (High school graduate) 3 College- 1 year to 3 years (Some college or technical school) 4 College- 4 years or more (College graduate) 9 Not reported (default)	Required
19. Delivery Mode	DMODE	1 In-person 2 Online 3 Distance learning	Required
20. Session ID	SESSID	1 to 26 Core or makeup session -or- 99 Core maintenance or makeup session --or— 88 Ongoing maintenance or makeup session (for Medicare DPP supplier organizations or other organizations that choose to offer ongoing maintenance sessions)	Required. Core sessions and any core make-up sessions should be numbered 1 through 26. The session ID should correspond to the specific session attended. Core maintenance and any core maintenance make-up sessions should all be coded as '99'. Ongoing maintenance and any ongoing maintenance make-up sessions should all be coded as '88'.
21. Session Type	SESSTYPE	C Core session CM Core maintenance session OM Ongoing maintenance sessions (for Medicare DPP supplier organizations or other organizations that choose to offer ongoing maintenance sessions) MU Make-up session	Required. Any session delivered in months 1-6, even if pulled from months 7-12 of the PreventT2 curriculum content, for example, must be coded as a Core session, C. Any session delivered in months 7-12, even if pulled from months 1-6 of curriculum content, must be coded as a Core Maintenance session, CM.

22. Session Date	DATE	mm/dd/yyyy	Required. Each data record represents attendance by one participant at one session; must specify actual date of the session. One make-up session per week may be recorded on the same session date as a regularly scheduled session.
23. Participant's Weight	WEIGHT	70 to 997 (in pounds) *—or—* 999 Not recorded (default)	Required. At each session, participants are weighed; weight must be included on the record for that session and participant. Weight may be obtained by the Lifestyle Coach or participant or a Bluetooth-enabled scale. For Medicare DPP suppliers, participants cannot self-report weight.
24. Participant's Physical Activity Minutes	PA	0 to 997 (in minutes) *—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. If the number of minutes is greater than or equal to 997, 997 should be used. If a participant reports doing no activity during the preceding week, then zero (0) minutes should be recorded. The default value of 999 should only be used until physical activity monitoring begins in the curriculum.

A1c: Hemoglobin A1c test; FG: fasting glucose test; GDM: Gestational Diabetes Mellitus; PII: personally identifiable information (directly or indirectly identifiable); OGTT: oral glucose tolerance test

*All alphanumeric coding values are case sensitive and should not include any spaces or special characters.

Questions about the evaluation data elements or their transmission should be addressed to DPRPAsk@cdc.gov.

V. Technical Assistance

Technical assistance is currently available to all recognized organizations through a variety of mechanisms.

1. Monthly informational webinars to review the standards and data submission requirements;
2. Additional webinars as needed;
3. Detailed progress and evaluation reports that include organization-specific summaries and recommendations provided with each report;
4. Technical assistance calls available to organizations as needed;
5. Direct access through DPRPAsk@cdc.gov to ask questions/seek clarification, request information, update contact information, or request a technical assistance call;
6. Downloadable tools and resources on CDC's National DPP website at http://www.cdc.gov/diabetes/prevention/lifestyle-program/resources/index.html;
7. Additional resources as available;
8. Customer Support Center.

VI. Quality Assurance Assessments

Quality assurance assessments and site visits will be conducted to assure that organizations are implementing quality programs aligned with the evidence-based standards, collecting and reporting data properly, and addressing all of the DPRP requirements for CDC-recognized organizations. Technical assistance will be provided as needed during the assessment process.

VII. National Registry of Organizations with CDC Recognition

A list of CDC-recognized organizations with pending, preliminary, and full recognition will be published on the CDC website at https://nccd.cdc.gov/DDT_DPRP/Registry.aspx. Other data fields listed on the CDC website include: organization name, code, main address, state, zip code, phone number, public website (where available and provided to CDC), class type, and who can participate (e.g., public, members only, employees, etc.).

VIII. Guidance Documents

Appendix A. Organizational Capacity Assessment

Introduction

The CDC Diabetes Prevention Recognition Program (DPRP) is a voluntary program for organizations interested in establishing local evidence-based lifestyle change programs for people at high risk for type 2 diabetes. Organizations interested in applying to become a CDC- recognized diabetes prevention program are strongly advised to read the *CDC DPRP Standards and Operating Procedures* and complete this Capacity Assessment prior to applying for recognition.

Benefits of Completing the Capacity Assessment

Assessing your organization's capacity will identify areas that may need to be enhanced, prior to applying for CDC recognition, to ensure the organization is able to deliver the yearlong lifestyle change program with quality and fidelity to the evidence-based DPRP Standards and sustain the program long term. Sustainable lifestyle change programs are those that have the capacity to implement the lifestyle change program without federal, state, or local government or other non-governmental grant dollars long-term. In addition, it is necessary for the organization to have appropriate staff with the knowledge, skills, and abilities listed in the Guidelines for Staff Eligibility, Skills and Roles, and Sample Job Descriptions in the *CDC DPRP Standards and Operating Procedures* document.

Directions for Completing the Capacity Assessment

1. Refer to the *CDC DPRP Standards and Operating Procedures* document, available at https://www.cdc.gov/diabetes/prevention/lifestyle-program/apply_recognition.html, when completing this questionnaire.
2. DPRP Standards Reference - indicates the location of the relevant information in the *CDC DPRP Standards and Operating Procedures* document.
3. Organizational capacity assessment questions - read the question and check one box: "yes", "no", "unsure", or "Not Applicable (N/A)". The "N/A" might apply to online/virtual organizations.
4. Total the number of "yes", "no", "unsure", and "N/A" responses at the bottom of the questionnaire. If the total number of "no" and "unsure" responses outnumber the "yes" responses, then consider applying at a later date when your organization is ready.
5. For each Capacity Assessment topic with a "no" or "unsure" response, consider working with your organization's leadership to enhance your readiness before applying for recognition. Partnering with an existing CDC-recognized organization in your community or contacting CDC's DPRP for technical assistance through DPRPAsk@cdc.gov may be helpful.

Organizational Capacity Assessment for Applicant Organizations to the Centers for Disease Control and Prevention's (CDC's) Diabetes Prevention Recognition Program (DPRP)

Capacity Topic	DPRP Standards Reference	Organizational Capacity Assessment Questions	Yes	No	Unsure	N/A
DPRP Standards	CDC DPRP Standards and Operating Procedures- https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf	A. Have the following people from your organization read the CDC DPRP Standards and Operating Procedures (DPRP Standards)?				
		1. Leadership/management				
		2. Program Coordinator (if already hired)				
		3. Lifestyle Coach(es) (if already hired)				
Leadership and Staff Support		B. Do the following people from your organization support submission of this application for CDC recognition?				
		1. Leadership/management				
		2. Program Coordinator (if already hired)				
		3. Lifestyle Coach(es) (if already hired)				
Staff	Guidelines for Staff Eligibility, Skills and Roles, and Sample Job Descriptions	C. Does your organization have or plan to hire the following staff (at minimum) with the knowledge, skills, and abilities listed in Guidelines for Staff Eligibility, Skills and Roles, and Sample Job Descriptions of the DPRP Standards?				
		1. A Diabetes Prevention Coordinator responsible for submitting data to CDC and receiving all programmatic and data-related correspondence about the organization's recognition status				
		2. A Lifestyle Coach responsible for implementing the yearlong CDC-approved curriculum and providing support and guidance to participants in the program				
Staff Training		D. Does your organization have a plan for Program Coordinator(s) and Lifestyle Coach(es) to offer or attend the following?				

		1. A training on delivery of a CDC-approved curriculum that includes the required content listed within the DPRP Standards (If outside training is needed, please see a list of training entities that hold Memorandums of Understanding with CDC here: https://www.cdc.gov/diabetes/prevention/lifestyle-program/staffing-training.html.)				
		2. For organizations offering online only or combination programs, training on the specific technology platform to be used to deliver the online lifestyle change program				
		3. Training on computer skills necessary for data collection and interpretation of participants' outcomes to effectively monitor their progress toward meeting program goals				
		4. CDC-sponsored webinar trainings on specialized topics such as program delivery ("Welcome to the DPRP") and data submission ("Submit for Success")				
		5. Training to comply with federal, Health Insurance Portability and Accountability Act (HIPAA), state, and or local laws governing Personally Identifiable Information (PII), including laws related to data collection, storage, use, and disclosure (CDC does not permit the transmission of PII.)				
		6. Additional refresher training or training to develop new skills needed to effectively manage and deliver the yearlong lifestyle change program				
DPRP Evaluation Data Collection and Submission	Submitting Evaluation Data to the DPRP	E. Does your organization have staff with the knowledge, skills, and tools needed to collect, enter, and submit the required DPRP evaluation data elements using a comma separated value (CSV) format to the CDC DPRP every 6 months?				
		1. If you answered "Yes" to question E. above, has your organization designated a staff member who will be responsible for collecting, entering, and submitting the required DPRP evaluation data elements to CDC every 6 months?				

		2. If you answered "No" or "Unsure" to question E. above, does your organization have a plan for training a designated staff member who will be responsible for collecting, entering, and submitting the required DPRP evaluation data elements to CDC every 6 months?				
		3. If you answered "No" or "Unsure" to question E. above, does your organization have a plan to contract with an external organization (i.e., a third party data administrator) with the knowledge, skills, and tools needed to collect, enter, and submit the required DPRP evaluation data elements on behalf of your organization to the CDC DPRP every 6 months?				
Organization Infrastructure: in-person only	Location and Delivery Mode	F. For organizations offering in-person only programs:				
		1. Does your organization have any designated space in which to conduct the yearlong lifestyle change program?				
		2. Does your organization provide private settings in which participants can be weighed and monitored by a Lifestyle Coach?				
Organization Infrastructure: online only, distance learning, or combination programs	Location and Delivery Mode	G. For organizations offering online only, distance learning, or combination programs:				
		1. Does your organization have any designated space in which to conduct **the in-person portion** of your combination yearlong lifestyle change program?				
		2. Does your organization have an appropriate technology platform to deliver the online version of the yearlong lifestyle change program?				
		3. Does your organization have an appropriate technology platform to allow participants to interact with a Lifestyle Coach over the yearlong lifestyle change program?				
		4. Does your organization have the ability to obtain weights via digital technology such as Bluetooth-enabled scales?				
Eligible Participants	Participant Eligibility	H. Does your organization have access to a large number of individuals at high risk for type 2 diabetes that meet the eligibility requirements listed with the DPRP Standards?				

Recruitment and Enrollment	Participant Eligibility	l. a. Does your organization have the ability to recruit and enroll a sufficient number of eligible participants (i.e., via marketing and media outreach, partnership engagement, health fairs, etc.) to maintain an adequate number of classes over time? b. Does your organization have the capacity to offer at least one class every 12 months? c. Have you made connections with health care providers, insurers, or employee wellness programs to help ensure referrals to your program?				
Sustainability		J. Does your organization have a plan to sustain the yearlong lifestyle change program long-term without federal, state, or local government or other nongovernmental grant funds?				
Tools and Resources		K. Has your organization reviewed the following downloadable tools and resources on CDC's National Diabetes Prevention Program web site available at https://www.cdc.gov/diabetes/prevention/lifestyle-program/resources/index.html?				
		1. Resources for Recruiting Participants available at https://www.cdc.gov/diabetes/prevention/lifestyle-program/resources/participants.html				
		2. Resources for Health Care Professionals available at https://www.cdc.gov/diabetes/prevention/lifestyle-program/resources/professionals.html				
		3. Resources for Employers and Insurers available at https://www.cdc.gov/diabetes/prevention/lifestyle-program/resources/employers.html				
		4. Resources to Encourage Participant Retention available at https://www.cdc.gov/diabetes/prevention/lifestyle-program/resources/retention.html				
		5. Spread the Word available at https://www.cdc.gov/diabetes/prevention/lifestyle-program/resources/spreadtheword.html				
		Total number of boxes check for each				

Appendix B. CDC Prediabetes Screening Test

Prediabetes: You Could Be at Risk

Prediabetes means blood glucose (sugar) levels are higher than normal but not high enough to be diagnostic for type 2 diabetes. Diabetes is a serious disease that 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 through effective lifestyle change programs. It is important for people to take the first step by identifying their risk for type 2 diabetes.[1]

- An online link to the CDC's sponsored screening test can be found at https://www.cdc.gov/diabetes/prevention/pdf/prediabetestest.pdf. The screening test can be given on paper using the document on the following page.

- An American Diabetes Association (ADA) screening test is also acceptable and can be found here http://www.diabetes.org/are-you-at-risk/diabetes-risk-test/.

DO YOU HAVE PREDIABETES?

Prediabetes Risk Test

1. **How old are you?**
   - Less than 40 years (0 points)
   - 40—49 years (1 point)
   - 50—59 years (2 points)
   - 60 years or older (3 points)

2. **Are you a man or a woman?**
   - Man (1 point)
   - Woman (0 points)

3. **If you are a woman, have you ever been diagnosed with gestational diabetes?**
   - Yes (1 point)
   - No (0 points)

4. **Do you have a mother, father, sister, or brother with diabetes?**
   - Yes (1 point)
   - No (0 points)

5. **Have you ever been diagnosed with high blood pressure?**
   - Yes (1 point)
   - No (0 points)

6. **Are you physically active?**
   - Yes (0 points)
   - No (1 point)

7. **What is your weight status? (see chart at right)**

Write your score in the box.

Add up your score.

Height	Weight (lbs.)		
4' 10"	119-142	143-190	191+
4' 11"	124-147	148-197	198+
5' 0"	128-152	153-203	204+
5' 1"	132-157	158-210	211+
5' 2"	136-163	164-217	218+
5' 3"	141-168	169-224	225+
5' 4"	145-173	174-231	232+
5' 5"	150-179	180-239	240+
5' 6"	155-185	186-246	247+
5' 7"	159-190	191-254	255+
5' 8"	164-196	197-261	262+
5' 9"	169-202	203-269	270+
5' 10"	174-208	209-277	278+
5' 11"	179-214	215-285	286+
6' 0"	184-220	221-293	294+
6' 1"	189-226	227-301	302+
6' 2"	194-232	233-310	311+
6' 3"	200-239	240-318	319+
6' 4"	205-245	246-327	328+
	(1 Point)	(2 Points)	(3 Points)
	You weigh less than the amount in the left column (0 points)		

Adapted from Baig et al., Ann Intern Med 151:775-783, 2009.
Original algorithm was validated without gestational diabetes as part of the model.

If you scored 5 or higher:

You're likely to have prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanic/Latinos, American Indians, Asian Americans and Pacific Islanders.

Higher body weights increase diabetes risk for everyone. Asian Americans are at increased diabetes risk at lower body weights than the rest of the general public (about 15 pounds lower).

LOWER YOUR RISK

Here's the good news: it is possible with small steps to reverse prediabetes - and these measures can help you live a longer and healthier life.

If you are at high risk, the best thing to do is contact your doctor to see if additional testing is needed.

Visit DoIHavePrediabetes.org for more information on how to make small lifestyle changes to help lower your risk.

For more information, visit us at

DoIHavePrediabetes.org

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Appendix C. Guidelines for Staff Eligibility, Roles, and Responsibilities; and Sample Position Descriptions

Use of Lifestyle Coaches, Training, and Eligibility

CDC-recognized organizations are responsible for ensuring that an adequate and well- trained workforce is available prior to launching the first class of their type 2 diabetes prevention lifestyle change programs. People who are eligible to be Lifestyle Coaches must have been formally trained to a CDC-approved curriculum for a minimum of 12 hours, or approximately two days, by one of the following: 1) a training entity listed on the CDC website, 2) a private organization with a national network of CDC-recognized program sites, 3) a CDC-recognized virtual organization with national reach, or 4) a Master Trainer, as designated by the CDC-recognized program, who has delivered the lifestyle change program for at least one year and has completed a Master Trainer program offered by a training entity on the CDC website.

Additional training on group facilitation, motivational interviewing, and data collection and interpretation are also essential to effectively carry out Lifestyle Coach responsibilities. While Lifestyle Coaches may have credentials (e.g., RD, RN), credentials are not required. Community Health Workers and lay people can be effective coaches as well.

Recognized organizations are responsible for the ongoing support and continued training of Lifestyle Coaches. Organizations should provide new Lifestyle Coaches with an opportunity to attend CDC-sponsored webinar trainings on specialized topics such as program delivery and data submission. Additional refresher or new skill training for experienced Coaches is not required but is highly recommended and has been shown to have a positive impact on participant outcomes.

Recognized organizations should allocate sufficient time for Lifestyle Coaches to effectively carry out their core responsibilities for delivery of the lifestyle change program. A minimum of 3-5 hours of staff time should be allocated to deliver a one-hour class session. Decisions about the number of Lifestyle Coaches hired and time allocations for program delivery will vary based on the delivery modality (i.e. in-person, online, or combination), the experience of the Lifestyle Coaches, the number of classes and locations served at one time, and whether the organization is in a start-up or expansion phase of program delivery.

Additional time outside of class is typically needed for:

- planning and reviewing class session content;
- reviewing food and physical activity trackers and providing feedback to individual participants;
- arranging and adapting session plans to meet unique participant needs such as language, cultural or dietary restrictions, or hearing or sight impairments;
- preparing and monitoring data to support quality improvement; and
- interacting with participants between classes to support retention (such as using social media, sending phone call, e-mail, or text reminders, or engaging in online communities).

Position Description- Lifestyle Coach

Role of the Lifestyle Coach: Lifestyle Coaches implement a CDC-approved curriculum designed for effective lifestyle change for preventing or delaying type 2 diabetes, and provide support and guidance to participants in the program.

Responsibilities of the Lifestyle Coach:

a. Delivering the lifestyle change program and adhering to a CDC-approved curriculum with the required intensity and duration (per the Diabetes Prevention Recognition Program Standards and Operating Procedures, i.e., DPRP Standards) to class participants in an effective, meaningful, and compelling way
b. Encouraging group or individual participation and interaction through the use of open-ended questions and facilitating commitment to activities for effective lifestyle change
c. Motivating participants and creating a friendly and interactive environment for group discussion or interactive learning, whether in-person or online
d. Making learning a shared objective and encouraging peer-to-peer learning
e. Preparing for each class by reviewing the lesson plan and class content, reviewing data, making reminder calls or sending text messages to participants, and reviewing participants' food and activity trackers
f. Being accessible to participants both before and after sessions to answer questions
g. In collaboration with the Program Coordinator and/or Data Preparer, recording, entering, and submitting session data elements for each participant as noted in **Table 2** within the DPRP Standards (i.e., attendance, body weight, total weekly minutes of physical activity, etc.)
h. When make-up sessions are needed, following up with participants outside of class if they were unable to attend a session that week (during months 1-6) or month (during months 7-12) to offer a make-up session (make-up sessions should consist of a one hour, in-person discussion or can be delivered via phone, video conference, or virtual session)
i. Supporting and encouraging goal setting and problem solving
j. Collaborating with the Program Coordinator and others involved in data preparation to regularly monitor participant progress and address any issues to improve participant outcomes
k. Complying with all applicable laws and regulations, including those governing participant privacy and data security (e.g., the Health Insurance Portability and Accountability Act [HIPAA])
l. Completing the required organizational trainings, refresher or new skills trainings, and trainings offered by CDC, such as DPRP-related webinars
m. For organizations seeking reimbursement for delivery to Medicare beneficiaries, Lifestyle Coaches will need to obtain a National Provider Identifier (NPI) number from the Centers for Medicare & Medicaid Services. (Not all Lifestyle Coaches need NPI numbers, only those who teach classes with Medicare beneficiaries in which Medicare is the payer.)

Use of a Program Coordinator, Training, and Eligibility

An organization seeking CDC recognition by participating in the DPRP must designate an individual to serve in the role of Program Coordinator at the time its application is submitted. Because of the important role the Program Coordinator plays in hiring, guiding, and supervising Lifestyle Coaches, it is highly recommended that a Program Coordinator have at least one year of experience working as a Lifestyle Coach. Like Lifestyle Coaches, it is recommended that Program Coordinators have at least 12 hours, or approximately two days, of Lifestyle Coach training aligned to a CDC-approved curriculum.

A Program Coordinator is also responsible for data submission to CDC and receives all programmatic and data-related correspondence from CDC regarding the organization's recognition status. They are CDC's point of contact. When an organization has a Program Coordinator staffing change, CDC must be notified of the new point of contact immediately via an email to DPRPAsk@cdc.gov. If a CDC-recognized organization serves a large number of participants at any one time, multiple Program Coordinators may be required. Similarly, if a CDC-recognized organization serves a small number of participants at any one time, it may be appropriate for a Program Coordinator to serve simultaneously in the role of the Lifestyle Coach, provided the proper Lifestyle Coach training has been completed.

Position Description- Program Coordinator

Roles of the Program Coordinator:

- Program Coordinators serve as the institutional experts for implementing the lifestyle change program consistent with Diabetes Prevention Recognition Program Standards and Operating Procedures, i.e., DPRP Standards.
- They supervise daily operations related to the lifestyle change program and provide guidance and support to Lifestyle Coaches.
- Program Coordinators understand program data submitted to CDC's DPRP and facilitate actions to monitor data and support or mentor Lifestyle Coaches toward quality performance outcomes.
- They disseminate information sent from CDC's DPRP to others in the organization pertaining to training, technical assistance, and an organization's performance and CDC recognition status.
- Program Coordinators may engage in other key functions such as publicity and marketing of the lifestyle change program, which may require assistance from senior leadership in the DPRP organization.

Responsibilities of the Program Coordinator:

1. **Responsibilities to CDC include:**
   a. Serving as the direct link between their organization and the CDC and as the lead for distributing DPRP information to relevant staff (i.e., Lifestyle Coaches and data preparers, if applicable)
   b. Participating in technical assistance opportunities offered by CDC's DPRP and in quality assurance assessments offered by CDC
   c. Notifying the DPRP of changes to organizational information listed on the CDC website in the "*Registry of Recognized Organizations"* available at https://nccd.cdc.gov/DDT_DPRP/Registry.aspx and class locator "*Find a Program Near You"* map available at https://nccd.cdc.gov/DDT_DPRP/Programs.aspx
   d. Notifying CDC's DPRP of any changes to the CDC-approved curriculum used by the organization following the initial application for recognition

2. **Responsibilities to the CDC-recognized organization include:**
   a. Hiring and supervising Lifestyle Coaches
   b. Organizing Lifestyle Coach training to a CDC-approved curriculum and ongoing training and skill-building opportunities
   c. Supporting Lifestyle Coaches in implementing the lifestyle change program
   d. Monitoring and evaluating the quality of support that Lifestyle Coaches provide to lifestyle change program participants
   e. Recruiting, screening, and registering eligible participants for the lifestyle change program
   f. Organizing a master schedule of the lifestyle change program classes offered by the CDC-recognized organization
   g. Ensuring adequate publicity for and marketing of the lifestyle change program (Some Program Coordinators have additional responsibility for establishing community partnerships that drive enrollment, referrals, and reimbursement.)
   h. Engaging with payers to bill for program participation, as appropriate
   i. Assisting Lifestyle Coaches with launching each yearlong class (i.e., a set of participants that entered the lifestyle change program with the same start date) and evaluating the cohort based on the goals of the lifestyle change program, realigning program delivery where needed
   j. Assisting in ensuring commitment and retention of lifestyle change program participants
   k. Facilitating a review of program data with Lifestyle Coaches and other relevant staff, including a data preparer as needed, to regularly monitor and strategize how to improve participant performance
   l. Providing class coverage in the absence of a Lifestyle Coach
   m. Complying with all applicable laws and regulations, including those governing participant privacy and data security (e.g., HIPAA)
   n. Completing the required organizational trainings, refresher or new skills trainings, and trainings offered by CDC (e.g., DPRP webinars), and facilitating completion of these trainings by Lifestyle Coaches

o. For organizations seeking reimbursement for delivery to Medicare beneficiaries, Program Coordinators filling in as Lifestyle Coaches will need to obtain a National Provider Identifier (NPI) number from the Centers for Medicare & Medicaid Services through their CDC-recognized organization. (Not all Lifestyle Coaches need NPI numbers, only those who teach classes with Medicare beneficiaries in which Medicare is the payer.)

Skills, Knowledge, and Abilities of the Lifestyle Coach and Program Coordinator:

Skills, Knowledge, and Abilities	Lifestyle Coach	Program Coordinator
a. Ability to deliver the yearlong lifestyle change program with adherence to a CDC-approved curriculum and DPRP Standards	√	√
b. Ability to facilitate groups to optimize social interaction, shared learning, and group cohesion appropriate for in–person and/or virtual delivery modes	√	√
c. Strong interpersonal and communication skills	√	√
d. Knowledge of the principles of behavior change, including motivational interviewing techniques	√	√
e. Attention to detail and strong computer (i.e., word processing, working with Excel spreadsheets) and data skills (i.e., data collection, entry, reporting, and interpretation)	√	√
f. Ability to understand and oversee participant safety-related issues with respect to program delivery and ensuring participant privacy and confidentiality	√	√
g. 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	√	√
h. Ability to communicate empathically to participants, who will likely experience difficulty and frustration at times when trying to adopt and sustain healthy lifestyle behavior changes	√	√
i. Ability to build strong relationships with individuals and build community within a group, including virtual groups where applicable	√	√
j. Knowledge of the basic health, nutrition, healthy lifestyle, and fitness principles contained in the CDC- approved curriculum	√	√

k. Ability to work with people from different backgrounds and cultures; cultural competency related to participants served	√	√
l. Ability to administer all aspects of delivering the lifestyle change program, provide quality assurance for program delivery, and build a network of referral partners		√
m. Ability to supervise and evaluate Lifestyle Coaches' performance according to the CDC DPRP Standards and mentor and provide opportunities for ongoing improvement		√
n. Ability to work collaboratively and flexibly and serve as a liaison and advocate for the lifestyle change program with internal and external stakeholders (participants, organizational leaders, physicians/health care providers, public health communities, and public and private employers and insurers and other payers that purchase benefits for people with prediabetes)		√
o. Ability to act as a resource for Lifestyle Coaches by answering questions and providing evidence-based information in a timely manner		√
p. Ability to ensure adequate publicity for and marketing of the lifestyle change program		√
q. Ability to engage with payers to bill for program participation, as appropriate. For Medicare programs, ability to navigate Centers for Medicare & Medicaid Services systems and data requirements that are in addition to CDC's DPRP Standards requirements.		√

Appendix D. Description of the Data Submission and Evaluation Timeline with Examples

Data submission and evaluation for organizations applying on or after January 1, 2018. Please note that for transitioning organizations, there will be a 6-month grace period.

a. When an application for recognition is approved, the organization will have pending recognition status and may begin offering classes on or after the application approval date. CDC will also assign an "effective date" for the purposes of data submission and evaluation. The effective date will be the first day of the month following approval.

   For example, if the application is received on February 20, 2018 and approved by CDC on March 7, 2018, the effective date will be April 1, 2018. The organization will have pending recognition status beginning on the approval date, March 7, 2018.

b. Classes and data collection may begin on or after the approval date and must begin within 6 months following the effective date.

   For example, if the approval date is March 7, 2018 and the effective date is April 1, 2018, the first class session must take place during the period of March 7, 2018 through September 30, 2018. If the applicant will not be able to start classes within 6 months, the organization should defer submitting an application until it is better prepared to begin offering classes.

c. Data are to be submitted to CDC every 6 months starting at 6 months after the effective date.

   For example, if the effective date is April 1, 2018, the first data submission to CDC must occur during October 2018.

d. The 6 month data submission must include one record for each session attended by each participant during the preceding 6 months. The first data submission must also include records for any sessions attended between the approval date and the effective date.

   For example, if the approval date is March 7, 2018 and the effective date is April 1, 2018, the first data submission must include all sessions attended during the period of March 7, 2018 through September 30, 2018, and must be submitted to CDC in October 2018. The second data submission must include all sessions attended during the period October 1, 2018 through March 31, 2019, and must be submitted to CDC in April, 2019.

e. After the first 6 month data submission, CDC will provide the organization with an interim Progress Report (PR). The organization will continue in pending recognition status.

f. Once a full 12 months of data are available, CDC will prepare the first Evaluation Report (ER) that assesses whether the organization has met the requirements for preliminary or full recognition. The evaluation will be based on data from participants who attended their first session at least one year but not more than 18 months before the submission due date.

For example, if the approval date is March 7, 2018 and the effective date is April 1, 2018, the first ER (in October 2019) will be based on data from participants who attended their first sessions during the period of March 7, 2018 through September 30, 2018.

g. If the organization does not meet the requirements for preliminary or full recognition after the first ER, it will remain in pending status and be reevaluated every 6 months. If, at the end of the third year (after 36 months) of pending recognition, the organization still does not meet the requirements for preliminary or full recognition, it will receive notice of Loss of Recognition (LOR) and must wait 6 months before reapplying for pending recognition.

h. All organizations, including those that have achieved full recognition, are required to submit data every 6 months. An organization must start at least one 12-month class per year in order to have a data submission every 6 months. After each data submission, CDC will prepare a PR or ER (depending on whether data on a full 12-month participant cohort have been submitted at the time of evaluation) and assess whether the organization has met or maintained the requirements for preliminary or full recognition.

i. Once an organization has achieved preliminary recognition, it may remain in preliminary recognition status for four consecutive 6-month data submission periods (i.e., two years), provided it continues to meet the requirement for preliminary recognition at the 12 month mark. Organizations that do not maintain preliminary recognition at 12 months, or fail to achieve full recognition at the 24 month mark, will lose recognition and will need to wait 6 months before reapplying. Loss of preliminary recognition will preclude an organization from participation as a Medicare DPP supplier until preliminary recognition is reachieved.

j. If an organization has achieved full recognition, it may remain in full recognition status for four consecutive 6-month data submission periods (i.e., two years). If the organization does not continue to meet full recognition at 24 months, but does meet the requirements for preliminary recognition, it can stay in full recognition on a Corrective Action Plan for an additional 12 months. Organizations that do not re- achieve full recognition at 36 months will lose recognition and will need to wait 6 months before reapplying. Loss of full recognition will preclude an organization from participation as a Medicare DPP supplier until either preliminary or full recognition is reachieved.

k. If an organization does not submit complete and acceptable data within the month that it is due, the organization will receive notice of LOR and will be required to wait 6 months before reapplying for recognition.

Data submission and evaluation for organizations already in the DPRP by January 1, 2018

a. Data are to be submitted to CDC every 6 months starting 6 months after the last submission prior to January 1, 2018.

   For example, if the last submission was made in October 2017, then the next 6 month submission will be in April 2018.

b. The first evaluation after January 1, 2018 will be based on data from participants who attended their first session at least one year but not more than 18 months before the submission due date.

c. See items g. – k. in the **Data Submission and Evaluation for Organizations Applying on or after January 1, 2018** section above for remaining procedures.

Appendix E. Using Data for Evaluation

Organization requirements for evaluation of data.

In order to have data evaluated, the organization must meet the following criteria:

- The organization must have been delivering the program for 12 months, and
- The organization must have 5+ participants who have completed 9+ full months in the program and 3+ sessions in months 1-6.

Participant requirements for inclusion in the calculation of outcome measures for Requirements 5-9 found in Table XX "Requirements for Recognition".

In order to be included in the analysis, participants must meet the following criteria:

- All participants included in the analysis must be eligible based on a blood test history of GDM, or a risk test;
- All participants included in the analysis must have attended 3+ sessions in months 1-6;
- All participants must have completed 9+ full months in the program.

Sample data for a recognized organization with 6 participants.

Participant	Prediabetes Determination	Number of Days in Program	Number of Sessions attended during months 1-6	Number of Sessions attended during months 7-12	First Recorded Weight (lbs.) during months 1-12	Last Recorded Weight (lbs.) during months 1-12	Percentage Weight Loss at the last recorded weight
1	Blood test	275	9	3	200	182	9%
2*	Ineligible	180	7	0	175	166	not used in calculations*
3	Risk test	330	12	5	305	288	5.6%
4	Blood test	360	13	6	181	175	3.3%
5	History of GDM	300	16	4	250	231	7.6%
6	Blood test	275	8	3	150	145	3.3%
7**	Risk test	150	4	0	200	190	not used in calculations**

* Participant 2 is not included in the analysis, because he/she was deemed ineligible based on Prediabetes Determination.

** Participant 7 is not included in the analysis, because he/she was not in the program for 9+ months

Calculation of recognition requirements using example table above:

Organization requirements for evaluation of data:

- The organization in this example has been delivering the program for 12+ months, and
- This organization has 5+ participants who have completed 9+ full months in the program and 3+ sessions in months 1-6.

Participant requirements for inclusion in the analysis:

- Of the 7 participants for whom data were submitted, 6 were eligible based on a blood test, history of GDM, or a risk test.
- All of the eligible participants attended 3+ sessions in months 1-6, and
- Of the 6 eligible participants, 5 completed 9+ full months in the program.

Requirement 5 (Requirement for Preliminary Recognition):
The percent of participants who attend 9+ sessions in months 1-6 must be at least 60% *and* the percent of participants who attend 3+ sessions in months 7-12 must be at least 60%.

This requirement has two parts. The first part **(the percent of eligible participants who attend 9+ sessions in months 1-6 must be at least 60%)** is based on participants who had been in the program 9+ months. The second part **(the percent of participants who attend 3+ sessions in months 7-12 must be at least 60%)** is based on participants who had been in the program 9+ months.

Percent of participants who attend 9+ sessions in months 1-6
= Number of evaluated participants who attended 9+ sessions in months 1-6

Number eligible to be evaluated

= 4/5

= 80%

> 60% (Meets the first part of the requirement)

Percent of participants who attend 3+ sessions in months 7-12
= Number of evaluated participants who attended 3+ sessions in months 7-12
Number eligible to be evaluated

= 5/5
= 100%
> 60% (Meets the second part of the requirement)

Organization achieves Preliminary Recognition

Requirement 8 (Requirement for Full Recognition):

The average weight loss (mean percentage weight loss) achieved over the entire intervention period must be a minimum of 5% of starting body weight.

Average per-participant percentage weight loss at the end of month 12

= Average per-participant percentage weight loss at the end of month 12 among participants eligible to be evaluated

= [**Sum** (1-(last weight/first weight))] / Number of evaluated participants

= [(1 - (182/200)) + (1 - (288/305)) + (1 - (175/181)) + (1-(231/250)) + (1 – (145/150))] / 5

= 5.8%

> 5% (Meets the requirement)

Organization achieves weight loss requirement for Full Recognition

Note on calculations: Timelines are specific to the individual participant. If a participant attends their first session on March 5, then on April 4, he/she will have been in the program for one full month. His/her first 6-month timeline will run from March 5 through September 4 and the second 6-month timeline will run from September 5 through March 4. The participant will be included in the evaluation if they attend at least 3 sessions in the first 6 months and if time from first session to last session is least 9 complete months. For this participant, the 9 month point would be reached at December 4.

Appendix F. DPRP Recommended Procedures for Measuring Weight

1. Place scale on a firm, flat surface.
2. Make sure the participant removes any coats, heavy sweaters, shoes, keys, or heavy pocket contents. Participants should be advised to wear light clothing.
3. Each participant should stand in the middle of the scale's platform with his/her body weight equally distributed on both feet, placing hands at sides, looking straight ahead prior to reading weight.
4. Weight should be reported to the nearest pound (0.5-0.9 rounds up to the nearest pound, 0.1-0.4 rounds down to the nearest pound).
5. The same scale should be used to measure weights at each session.
6. Weights should be measured under similar circumstances at each session and in the same way the initial measurement was taken (e.g., participants wearing similar clothing, measurements taken at the same time of day).
7. Weight may be measured by the Lifestyle Coach at sessions conducted in-person or by the participant at sessions conducted in-person or virtually.
8. Organizations using Bluetooth-enabled scales should record only one weight per session date. The closest weight to the recorded session date is the one to be used for each participant. The lowest weight taken during the weekly or monthly session can also be used as long as only one weight is recorded per session date. Bluetooth-enabled refers to scales that transmit weights securely via wireless or cellular transmission.
9. For participants attending in-person classes who weigh more than once a week, the closest weight to the recorded session date is the one to be used.

Appendix G. Key Terms and Definitions

Application approval date = The date CDC approves an organization's application for participation in the CDC DPRP. An organization may begin offering classes immediately after receiving its application approval date.

Applicant organization (organization) = An organization that offers the National DPP lifestyle change program and is in the process of applying for pending recognition from the CDC DPRP.

CDC-recognized organization (recognized organization) = An organization that offers the National DPP lifestyle change program and has received pending, preliminary, or full recognition from the CDC DPRP.

Cohort = A completed cohort is a set of participants that entered into a lifestyle change program that has a fixed first and last session and runs for 12 months. An organization can have multiple cohorts running at the same time.

DPP Lifestyle Intervention (lifestyle intervention) = The intervention used during the 2002 DPP research study or replicated during further efficacy and implementation studies.

Data collection period = For the first data submission, the data collection period would include data from sessions held between the application approval date and the data submission due date 6 months later. For subsequent submissions, the data collection period would include data from sessions between the previous due date and the data submission due date 6 months later.

Diabetes Prevention Program (DPP) = The original research study, led by the National Institutes of Health, which showed that making modest behavior changes helped participants lose 5% to 7% of their body weight and reduced the risk of developing type 2 diabetes by 58% in adults with prediabetes (71% for people over 60 years old).

Effective date = The first day of the month following an organization's application approval date.

Eligible participant (for inclusion in evaluation) = A participant who meets the requirements for age, BMI, and prediabetes/risk determination. The participant cannot be pregnant or diagnosed with type 1 or type 2 diabetes at the time of enrollment. If a participant becomes pregnant or is diagnosed with type 2 diabetes during the program, they may continue participation, but their data will not be included in the evaluation.

Evaluated participant = Eligible participants who attended their first session at least one year but not more than 18 months before the submission due date. These participants must have attended at least 3 sessions in the first 6 months and have a total time from first session to last session of the lifestyle change program of at least 9 months.

Full recognition = The CDC recognition status that, like preliminary (see below), allows organizations to become Medicare DPP suppliers and to begin billing Medicare. Full recognition is required to remain a Medicare DPP supplier after the 24 months of preliminary recognition expires. Organizations will be awarded full recognition when they meet the following criteria:

1. The requirements for pending recognition.
2. A minimum of 5 evaluated participants.
3. Among participants meeting the criteria in #2, the requirements for preliminary recognition.
4. Among participants meeting the criteria in #2, the requirements for documentation of body weight, documentation of physical activity minutes, weight loss achieved at 12 months, and the program eligibility requirement as defined in the DPRP Standards and Operating Procedures.

National Diabetes Prevention Program (National DPP) = A partnership of public and private organizations working collectively to establish, scale, and sustain an evidence-based lifestyle change program for people with prediabetes to prevent or delay onset of type 2 diabetes.

Pending Recognition = The CDC recognition status granted to all applicant organizations once an initial application is approved.

Preliminary Recognition = The CDC recognition status that allows organizations to become Medicare DPP suppliers and to begin billing Medicare. Organizations will be awarded preliminary recognition when they meet the following criteria:

1. The requirements for pending recognition.
2. A minimum of 5 evaluated participants.
3. Among participants meeting the criteria in #2, at least 60% attended at least 9 sessions in months 1-6, and at least 60% attended at least 3 sessions in months 7-12.

The CDC Diabetes Prevention Recognition Program (DPRP) = The quality assurance arm of the National DPP charged with evaluating organizations' performance in effectively delivering the lifestyle change program with quality and fidelity. The DPRP awards CDC recognition to organizations that are following a CDC-approved curriculum and achieving meaningful results with participants based on established evidence-based national standards.

The National DPP lifestyle change program (lifestyle change program) = the translated adaptation of the DPP lifestyle intervention which:

- is a yearlong structured program (in-person, online, combination, or other as defined in the DPRP Standards and Operating Procedures) consisting of:
  - an initial 6-month phase offering at least 16 sessions over 16–26 weeks and
  - a second 6-month phase offering at least one session a month (at least 6 sessions).
- is facilitated by a trained Lifestyle Coach.
- uses a CDC-approved curriculum.
- includes regular opportunities for direct interaction between the Lifestyle Coach and participants.
- focuses on behavior modification, managing stress, and social support.