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CENTERS FOR DISEASE CONTROL AND PREVENTION

Centers for Disease Control and Prevention Diabetes Prevention Recognition Program

Standards and Operating Procedures

www.cdc.gov/diabetes/prevention/recognition

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Centers for Disease Control and Prevention Diabetes Prevention Recognition Program

I. Overview

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

The DPRP assures the quality of recognized programs and provides standardized reporting on their performance. The 2011 DPRP standards for type 2 diabetes prevention lifestyle interventions 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 www.diabetes.niddk.nih.gov/dm/pubs/preventionprogram.) The current standards, though still grounded in the earlier research, incorporate innovations from further translational studies, best practices and expert opinion. Interim results from one or more recent and ongoing studies, based on other lifestyle programs, are demonstrating promising results. If the final results of these studies demonstrate results similar to those shown in the previous studies, then the DPRP standards may also incorporate those models.

The DPRP has three key objectives:

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

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

II. Standards and Requirements for Recognition

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

Participant Eligibility

Recognized organizations will enroll participants according to the following requirements:

1. All of a program's participants must be 18 years of age or older and have a body mass index (BMI) of ≥24 kg/m^2 (≥22 kg/m^2, if Asian).
2. A minimum of 50% of a program's participants must have had a recent (within the past year) 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 athttp://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.

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

Safety of Participants and Data Privacy

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

Along with the physical safety of the participants, applicant organizations should also be mindful of the need to ensure the privacy and confidentiality of participants' data. It is the applicant

organization's responsibility to be versed in and to comply with any federal, state, and/or local laws governing individual-level identifiable data, including those laws related to data collection, storage, use and disclosure.

Location

If the lifestyle intervention is offered in person, any venue agreeable to the applicant organization and suitable for the activities to be undertaken can be used. Lifestyle programs should provide private settings in which participants can be weighed or meet individually with lifestyle coaches. Some organizations may choose to deliver the lifestyle intervention virtually or via one or more distance-learning modalities or approaches (e.g., online, remote classroom).

Staffing

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

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

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

Required Curriculum Content

The type 2 diabetes prevention lifestyle intervention consists of a series of sessions, providing information, assigning homework, and offering feedback in stages to optimize behavioral change. The intervention may be presented in person or via any of a number of distance learning modalities as described under location, above. As in the DPP and other diabetes prevention research trials, the lifestyle intervention, as well as the behavioral and motivational content, must remain geared toward the overarching goal of preventing type 2 diabetes. In addition, this content should emphasize the need to make lasting lifestyle changes, rather than simply completing a one-time curriculum.

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

Recognized organizations must emphasize that the lifestyle intervention is specifically for prevention of type 2 diabetes in persons at high risk for diabetes. Therefore, rather than focusing solely on weight loss, the lifestyle intervention must also emphasize long-term improvements in nutrition and physical activity. To support learning and lifestyle modification, programs should provide appropriate materials to all participants. The format of the materials (e.g., hard copy, electronic, etc.) is at the discretion of the programs.

Although lifestyle programs may incorporate innovative ideas and expert opinion, the lifestyle intervention should be based on evidence from efficacy and effectiveness trials. The CDC-preferred curriculum can be found at http://www.cdc.gov/diabetes/prevention/recognition/curriculum.htm. If an applicant organization chooses to use a different curriculum, it must send the curriculum to DPRP so it can be evaluated to ensure that it is consistent with the current evidence base. The curriculum should contain the topics outlined below.

Curriculum Topics (Months 1-6)

During the first six months (weeks 1-26) of the lifestyle intervention, all 16 sessions of these curriculum topics must be covered.

1. Welcome to the National Diabetes Prevention Program
2. Self-Monitoring Weight and Food Intake
3. Eating Less
4. Healthy Eating
5. Introduction to Physical Activity (Move Those Muscles)
6. Overcoming Barriers to Physical Activity (Being Active—A Way of Life)
7. Balancing Calorie Intake and Output
8. Environmental Cues to Eating and Physical Activity
9. Problem Solving
10. Strategies for Healthy Eating Out
11. Reversing Negative Thoughts
12. Dealing with Slips in Lifestyle Change
13. Mixing Up Your Physical Activity: Aerobic Fitness
14. Social Cues
15. Managing Stress
16. Staying Motivated, Program Wrap Up

Curriculum Topics (Months 7-12)

The last six months (weeks 27-52) of the lifestyle intervention must include at least one session delivered in each of the six months (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 needing additional support. Sessions must focus on topics that reinforce and build on the content delivered during the first six months of the intervention. Lifestyle coaches will select topics from the menu below based on the participants' needs and interests. Lifestyle coaches do not need to select from all of the following topics and may choose the order in which they are presented.

1. Welcome to the Second Phase of the Program
2. Healthy Eating: Taking It One Meal at a Time
3. Making Active Choices
4. Balance Your Thoughts for Long-Term Maintenance
5. Healthy Eating With Variety and Balance
6. Handling Holidays, Vacations, and Special Events
7. More Volume , Fewer Calories (Adding Water Vegetables and Fiber)
8. Dietary Fats
9. Stress and Time Management
10. Healthy Cooking: Tips for Food Preparation and Recipe Modification
11. Physical Activity Barriers
12. Preventing Relapse
13. Heart Health
14. Life With Type 2 Diabetes
15. Looking Back and Looking Forward

Requirements for Pending and Full Recognition

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

Each organization will be required to submit evaluation data to DPRP every 12 months from the "effective date" of their application. The "effective date", the first day of the month following the approval of the organization's application by the DPRP, will be provided by the DPRP and used for data submission and evaluation purposes only. Classes and data collection may begin on or after the approval date and must begin within the six months following the effective date. Thus, there should be at least six 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. Organizations failing to submit complete and acceptable data in the month in which it is due or failing to report attendance in a 12-month period will lose recognition and must wait 12 months before re-applying.

Recognition status will be assessed 24 months after the organization's effective date. An organization will receive full recognition status if it has demonstrated program effectiveness by achieving *all* of the remaining seven requirements (5–11) described below (see also **Table 1)**. These recognition requirements will be assessed based on data from all of the lifestyle interventions (each having a duration of 1 year) that were delivered in their entirety by the organization during the 24-month period.

If after 24 months the organization has not achieved all of the requirements for full recognition, it will continue in pending recognition status for an additional 12 months. During this period, DPRP will provide technical assistance to the organization to help it achieve full recognition. A 36-month evaluation will be performed, based on data from participants who attended their first session at least one year but not more than 2 years before the submission due date. If the organization is not successful in achieving full recognition at the end of this period (36 months after its effective date), it will lose recognition and must wait 12 months before reapplying for recognition.

Fully recognized organizations will continue to submit evaluation data every 12 months and will be re-evaluated every 12 months based on data from participants who attended their first session at least one year but not more than 2 years before the submission due date), but will not need to reapply for recognition. Organizations failing to meet of the requirements for full recognition for two consecutive years will lose recognition and must wait 12 months before reapplying for recognition.

Appendix D summarizes the data submission and evaluation plan described above and provides examples.

Requirements for Pending Recognition Status

1. **Application for recognition** Submit completed application at www.cdc.gov/diabetes/prevention/recognition.
2. **Lifestyle curriculum** The lifestyle intervention should be based on 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 *DPRP Standards* and the CDC-preferred curriculum at http://www.cdc.gov/diabetes/prevention/recognition/curriculum.htm.

   If the applicant organization chooses to use a different curriculum, it must send the curriculum to DPRP so it can be evaluated to ensure that it meets all the key elements of the DPP research trial lifestyle curriculum.
3. **Intervention duration** The lifestyle intervention must have duration of 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. **Intervention 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 of a sufficient duration to convey the session content – or approximately one hour in length.

   The initial six-month phase must be followed by a second six-month phase consisting of at least one session delivered in each month of this six-month phase (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 needing additional support. Each session must be of a sufficient duration to convey the session content – or approximately one hour in length.

   There must be regular opportunities for direct, individual or group interaction between the lifestyle coach and the participants. For sessions delivered in person, body weights should be measured (by the participant or lifestyle coach) and the evaluation data elements recorded by the coach or an on-site facilitator who has received appropriate training. For sessions delivered online or through other distance-learning modalities, weights may be self-reported but must be objectively obtained (e.g. using a digital scale) and reported during each session. For guidance on measuring weights, see Appendix E: DPRP Recommended Procedures for Measuring Weight.

   If participants miss a session during either phase of the intervention, the lifestyle program may offer a make-up session. However, no more than one attendance record per participant per day should be included in the evaluation data that is submitted to CDC (i.e. a participant should not have two attendance records for the same date).

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

5. **Session attendance during months 1-6** Session attendance will be averaged over all participants who attended a minimum of four sessions. The average number of sessions attended must be a minimum of nine.

6. **Documentation of body weight** Documentation of body weights will be based on all participants who attended a minimum of four sessions. Body weight must have been recorded at 80% or more of all sessions attended. The DPRP recommended procedures for measuring weight are included in Appendix E: DPRP Recommended Procedures for Measuring Weight.

7. **Documentation of physical activity minutes** Documentation of physical activity minutes will be based on all participants who attended a minimum of four sessions. 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 four 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 4 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** Session attendance will be averaged over all participants who attended a minimum of four sessions. 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 4 sessions must be a minimum of 5% of "starting" body weight. Weight loss will be 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.
11. **Program eligibility requirement** A minimum of 50% 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 50% 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. Calculation of these percentages will be based on all participants who attended a minimum of four sessions. Refer to Section II for participant eligibility requirements.

Note: These requirements for recognition are presented in tabular form on the following page (**Table 1**). A hypothetical example of how program performance is assessed is included in Appendix F. The DPRP will calculate all of the performance indicators (5–11 above) for organizations seeking recognition.

Table 1. Diabetes Prevention Recognition Program Requirements for Recognition

	Standard	Requirement	How Evaluated	When Evaluated	Recognition Status
1	Application for recognition	Must provide the organization's identifying information to DPRP	- Name of organization - Address - Contact person - Contact phone/email	Upon receipt of application	Pending
2	Lifestyle curriculum	Must meet requirements for curriculum content described in section II.E.	- Check box on application form agreeing to use the recommended curriculum *—or—* - Provide alternative curriculum to DPRP for approval	Upon receipt of application	Pending

	Standard	Requirement	How Evaluated	When Evaluated	Recognition Status
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 during 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 average session attendance during the 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

	Standard	Requirement	How Evaluated	When Evaluated	Recognition Status
11	Program eligibility requirement	Minimum of 50% 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 50% 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.	Calculation of these percentages based on all participants who attended a minimum of four sessions	Every 12 months	Pending and Full

DPRP Diabetes Prevention Recognition Program; GDM Gestational Diabetes Mellitus

III. Applying for Recognition

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

Before you apply, you should read the *Diabetes Prevention Recognition Program: Standards and Operating Procedures* (this document), which spells out the criteria for delivering lifestyle interventions that meet the standards for full recognition by DPRP. *DPRP Standards* also contains a capacity assessment—a list of questions to ask about your organization's readiness to participate in the national program (Appendix A). You are strongly encouraged to conduct this assessment. Answering those questions will help you decide if your organization has the resources to start and maintain lifestyle classes that fit the requirements for full recognition. As previously stated, classes must begin within six months after your organization's effective date (the first day of the month immediately following your application's approval). If your organization is not ready to start classes within 6 months, you should postpone submitting your application until you are ready to start classes.

To apply for recognition, you must complete the online application at www.cdc.gov/diabetes/prevention/recognition. You must indicate either that you will be using the CDC-preferred curriculum or that you are submitting an alternative curriculum for review. After you submit the application form, you will receive a confirmation email. If you are using the CDC-preferred curriculum, DPRP staff will notify you by email of the outcome of your application within 15 working days. If you are submitting an alternative curriculum for review, DPRP staff will review your alternative curriculum along with your application. In this case, DPRP staff will notify you by email of the outcome of your application within 30 working days of receiving your curriculum. If your application is approved, the DPRP will inform you of your effective date.

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

1. **Type of Application** Select *Initial* if your organization has not previously applied for recognition or *Re-applying* if your organization lost recognition or withdrew from the program and you are re-applying for recognition.

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

22. **Data Preparer email address (if applicable)**
23. **Data Preparer phone number (if applicable)**
24. **Data Preparer Fax Number (if applicable)**

Electronic signature: By submitting this application, your organization asserts that it has thoroughly reviewed the *CDC Diabetes Prevention Recognition Program: Standards and Operating Procedures* and would like to participate in CDC's voluntary recognition program. Your organization agrees to comply with all of the recognition criteria contained in *DPRP Standards*, including the transmission of data to CDC every 12 months, from your organization's 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.]**

If you have any questions about your application or DPRP, please contact the Recognition Program staff at DPRPASK@cdc.gov.

IV. Submitting Evaluation Data to DPRP

Once an organization's application has been reviewed and accepted, DPRP will send an email to the organization's contact person indicating that the organization has been awarded pending recognition status. This email will include the unique organization code assigned by DPRP, the organization's effective date (which determines the date the organization's evaluation data is due to DPRP) and instructions for data submission. At the same time, the organization will be listed in the DPRP Registry.

Each DPRP recognized organization (full or pending) must transmit evaluation data to CDC every 12 months. This requirement begins 12 months from the organization's effective date. Four weeks prior to an organization's first data due date, DPRP will send an email reminder to the organization's contact person. A second data submission reminder (if necessary) will be sent to the organization's contact person, as a courtesy, approximately two weeks after the data due date. If, after this second reminder, the DPRP still does not receive the first evaluation data submission within in 4 additional weeks, the organization will lose recognition and will be removed from the DPRP Registry.

The DPRP will continue to send reminders four weeks before and two weeks after each subsequent data due data. If a subsequent data submission is not received by DPRP within 6 weeks after the due date, the organization will lose recognition and will be removed from the DPRP Registry.

Each annual data submission must include one record for each session attended by each participant during the preceding year. The first data submission must also include records for any sessions attended between the approval date and the effective date. Subsequent annual data submissions should not include data from earlier submissions.

All of the data elements listed below must be transmitted to CDC. Data must be transmitted as a data file using the comma separated value (CSV) format, which is compatible with the majority of statistical, spreadsheet, and database applications. Each row in the data file should represent one session 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.

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

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

Evaluation Data Elements

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

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

3) **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 participants residing outside of the U.S. or its territories may do so but data on these participants should not be reported to the DPRP.

4) **Participant's Prediabetes Determination** Should be recorded at enrollment and included on all session attendance records generated for an individual participant. Indicates whether a participant's prediabetes status was determined by a blood test, specified or unspecified by a previous diagnosis of gestational diabetes mellitus (GDM), or by screening positive on the CDC Prediabetes Screening Test (see appendix B), the American Diabetes Association Type 2 Diabetes Risk Test, or claims-based score. Multiple responses are allowed and may be

modified if the participant subsequently receives a blood test. This element requires responses for three fields (refer to Table 2, the data dictionary).

5) **Participant's Age** Should be recorded at enrollment (or at the first session if the enrollment date and first session date differ) and the recorded age used throughout all records. If the participant's age is incorrectly recorded at enrollment (or 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 this variation in ages (pre- and post-birthday) would be acceptable.

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

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

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

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

10) **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. Duplicates are not permitted: a participant should not have more than one record (line of data) for any specific session date.

11) **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. If a participant is pregnant, her data will not be included when calculating average weight loss (see data dictionary for the appropriate code.)

12) **Participant's Physical Activity Minutes** Once physical activity monitoring has begun in the curriculum, participants will be asked to report the number of minutes of brisk physical activity completed during the preceding week. This information should be included on the record for that participant and session. If physical activity is not recorded for any reason, the default code should be used (see data dictionary for the appropriate code.)

Table 2. Data Dictionary: Evaluation Data Elements

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
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	1 Prediabetes determined by clinical diagnosis of GDM during previous pregnancy 2 Prediabetes NOT determined by GDM (default)	Required
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 of the 5 race variables will be coded as '2'
Participant's Race (2 of 5)	ASIAN	1 Asian 2 NOT Asian (default)	Required; if race is not reported by the participant, all of the 5 race variables will be coded as '2'
Participant's Race (3 of 5)	BLACK	1 Black or African American 2 NOT Black or African American (default)	Required; if race is not reported by the participant, all of the 5 race variables will be coded as '2'
Participant's Race (4 of 5)	NHOPI	1 Native Hawaiian or Other Pacific Islander 2 NOT Native Hawaiian or Other Pacific Islander (default)	Required; if race is not reported by the participant, all of the 5 race variables will be coded as '2'

Data element description	Variable name	Coding/valid-values	Comments
Participant's Race (5 of 5)	WHITE	1 White 2 NOT White (default)	Required; if race is not reported by the participant, all of the 5 race variables will be coded as '2'
Participant's Sex	SEX	1 Male 2 Female 9 Not reported	Required
Participant's Height	HEIGHT	30 to 98 (in inches) *— or—* 99 Not reported (default)	Required
Session Date	DATE	mm/dd/yyyy	Required. Each data record represents attendance by one participant at one session; must include actual date of the session
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.

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

*****All alphanumeric codes are case sensitive and should not include any spaces or special characters

If you have any questions about the evaluation data elements or their transmission, please contact the Recognition Program staff at DPRPASK@cdc.gov.

V. Random Audits

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

VI. National Registry of Recognized Diabetes Prevention Programs

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

Appendix A: Organizational Capacity Assessment

Introduction

The CDC Diabetes Prevention Recognition Program 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 DPRP recognition, to ensure the organization is able to 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 grant dollars long-term. In addition, it is necessary for the organization to have staff with the knowledge, skills, and qualities listed in Appendix C of the DPRP Standards.*

Directions for Completing the Capacity Assessment

1. Refer to the *CDC DPRP-Standards and Operating Procedures* document, available at www.cdc.gov/diabetes/prevention/recognition, 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" or "unsure"
4. Total the number of "yes" "no" and "unsure" responses at the bottom of the questionnaire.
5. Read the recommendations to determine if your organization is ready to apply for CDC DPRP Recognition at this time.

Capacity Topic	DPRP Standards Reference	Organizational Capacity Assessment Questions	Yes	No	Unsure
DPRP Standards		Have you and your organization's leadership read the CDC DPRP Standards and Operating Procedures?			
DPRP Standards		Does your organization agree to comply with each of the CDC DPRP Standards and Operating Procedures?			
Leadership Support		Does your organization's leadership support submission of this application for CDC DPRP recognition?			
Staff	Appendix C	Does your organization have staff with the knowledge, skills, and qualities listed in Appendix C of the DPRP Standards?			
Staff Training	Pages 5-8: Required curriculum content	Does your organization have a plan for training staff to: 1. Deliver an approved lifestyle change program that includes the required content?			
		2. Comply with federal, state, and or local laws governing individual-level identifiable data including laws related to data collection, storage, use and disclosure?			
DPRP Evaluation Data	Pages 16-19: Evaluation data elements	Does your organization have staff with the knowledge, skills, and tools needed to collect and submit the required DPRP Evaluation Data Elements using a comma separated value format to the CDC DPRP every 12 months?			
Eligible Participants	Page 11: Program Eligibility Requirements	Does your organization have access to a large number of individuals at high risk for type 2 diabetes?			
Recruitment and Enrollment	Page 11: Program Eligibility Requirements	Does your organization have the ability to recruit and enroll a sufficient number of eligible individuals to maintain and perpetuate the program?			
Sustainability		Does your organization have a plan to sustain the lifestyle change program without federal, state or local government grant funds long term?			
		Total number of boxes check for each column			

Recommendations

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

- Working with your organization's leadership to enhance the Organizational Capacity Topic to enable your organization to check "Yes" to the capacity assessment question.
- Partnering with an existing DPRP recognized organization in your community.

Appendix B: CDC Prediabetes Screening Test

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

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

Prediabetes You Could Be at Risk

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

Take the Test — Know Your Score!

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

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

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

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

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

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

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

How Can I Get Tested for Prediabetes?
Individual or group health insurance: See your health care provider. If you don't have a provider, ask your insurance company about providers who take your insurance. Deductibles and copays may apply.

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

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

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

At-Risk Weight Chart

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

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

Use of Lifestyle Coaches

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

Position Description: Lifestyle Coach

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

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

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

3. **Skills, knowledge and qualities**

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

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

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

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

Use of a Diabetes Prevention Coordinator

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

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

Position Description: Diabetes Prevention Coordinator

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

1. **Responsibilities may include**
   a. Establishing relationships with public health, physician, payer communities, and other referral networks to enhance awareness of and referrals to the lifestyle program
   b. Serving as a liaison, ambassador, and advocate for the lifestyle program within public health, physician, health care professional, and payer communities

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

2. Eligibility

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

3. Skills, knowledge and qualities

Coordinators should be proficient in the following areas:

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

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

a. Ability to guide behavior change efforts in others without prescribing personal actions or solutions, so that participants increase their self-confidence and capacity to make and sustain positive lifestyle changes

b. Ability to communicate empathy for participants, who will likely experience difficulty and frustration at times when trying to adopt and sustain healthy lifestyle behavior changes and who may be unlike the coordinator in terms of weight status and level of commitment to living a healthy lifestyle
c. Ability to build strong relationships with individuals and build community within a group
d. Ability to administer all aspects of delivering the service, build a network of referrers, and provide quality assurance for program delivery
e. Ability to supervise and evaluate lifestyle coaches' performance according to standards specified in this appendix and mentor their ongoing improvement
f. Ability to act as a resource for lifestyle coaches by answering questions and providing evidence-based information in a timely manner
g. Ability to understand and oversee all aspects of participant safety-related issues with respect to program delivery
h. Knowledge of basic health, nutrition, and fitness principles
i. Knowledge of the principles of behavior change, including motivational interviewing techniques
j. Familiarity with the public health community
k. Commitment to the mission of the organization that is offering the lifestyle program
l. Flexibility to work with people from all walks of life and with a variety of stakeholders (participants, physicians, health care providers, public health officials, employers, payers)
m. Outstanding interpersonal, communication, and organizing skills
n. Attentiveness to details and data collection

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

Data submission and evaluation for organizations applying on or after January 1, 2015

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 25, 2015 and approved by DPRP on March 7, 2015 the effective date will be April 1, 2015. The organization will have pending recognition status beginning on the approval date.

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

   For example, if the approval date is March 7, 2015 and the effective date is April 1, 2015, the first class session must take place during the period March 7, 2015 through September 30, 2015. If the applicant is not able to start classes within 6 months, the organization should defer submitting an application until it is better prepared to begin the lifestyle change class within the required time frame.

c. Data are to be submitted to CDC annually, during the month of the anniversary of the effective date.

   For example, if the effective date is April 1, 2015, the first data submission must be submitted to CDC during April, 2016.

d. The annual data submission must include one record for each session attended by each participant during the preceding year. 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, 2015 and the effective date is April 1, 2015, the first data submission must include all sessions attended during the period March 7, 2015 through March 31, 2016. The second data submission must include all sessions attended during the period April 1, 2016 through March 31, 2017, and must be submitted to CDC during April 2017.

e. After the first (12 month) data submission, CDC will provide the organization with an interim progress report (PR). The organization will continue in pending recognition status.

f. 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.

> For example, if the approval date is March 7, 2015 and the effective date is April 1, 2015, the first evaluation will be based on data about participants who attended their first sessions during the period March 7, 2015 through March 31, 2016.

g. If the organization does not meet the requirements for full recognition after the first (24 month) evaluation report, it will remain in pending status for one more year. If, at the end of the third year of recognition, the organization still does not meet the requirements for full recognition, it will receive notice of loss of recognition (LOR) and must wait 12 months before re-applying for recognition.

h. All organizations, including those that have attained full recognition, are required to submit data every year. After each annual data submission, CDC will prepare an ER and assess whether the organization has met the standards for full recognition. Beginning with the third annual data submission, each year's evaluation will be based on data from participants who attended their first session at least one year but not more than 2 years before the submission due date.

> For example, if the effective date is April 1, 2015, the third annual data submission will be due during April, 2018. The evaluation report will be based on data about participants who attended their first sessions during the period April 1, 2016 through March 31, 2017.

i. For each participant, sessions attended during the 365 days beginning with the first session date will be included in the evaluation. Sessions attended after one year will not be included.

> For example, if the organization's effective date is April 1, 2015, and the first session date for a particular participant is July 19, 2016, then sessions attended by that participant during the period July 19, 2016 through July 18, 2017 will be included in the organization's 2018 evaluation.

j. An organization that does not meet the requirements for full recognition for two consecutive years will receive notice of LOR and must wait 12 months before re-applying for recognition.

k. An organization that does not submit complete and acceptable data within the month that it is due will receive notice of LOR and may be required to wait 12 months before re-applying for recognition.

l. An organization that does not report attendance during any 12-month period will receive notice of LOR and may be required to wait 12 months before re-applying for recognition.

Appendix E: 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. It is advised to wear light clothing items (i.e. t-shirt and shorts)
3. Participant stands in the middle of the scale's platform with the body weight equally distributed on feet, facing the hands at sides, and looking straight ahead.
4. Weight should be reported to the nearest pound
5. Ensure to always use the same scale to measure weights for each session
6. Make every effort to perform session measurements under similar circumstances as the initial measurement (i.e. similar type of clothing, time of day).
7. Weight may be measured by Lifestyle Coach at sessions conducted in-person, or by participant at sessions conducted in-person or virtually.

Appendix F: Example of Using Data for Evaluation

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

Participant	Number of sessions attended during months 1-6	Number of sessions attended during months 7-12	Number of sessions with weight documented during months 1-12	Number of sessions with physical activity minutes documented during months 1-12	First recorded weight (lbs.) during months 1-12	Last recorded weight (lbs.) during months 1-6	Percentage weight loss at end of first 6 months	Last recorded weight (lbs.) during months 1-12	Percentage weight loss at end of 12 months
1	9	3	7	7	200	180	10%	182	9%
2	8	0	8	5	175	166	5.1%	166	5.1%
3	12	5	16	5	305	275	9.8%	288	5.6%
4	13	6	19	10	181	183	-1.1%	175	3.3%
5	16	1	17	11	250	230	8%	231	7.6%
6	3	0	2	0	150	145	not used in calculations	145	not used in calculations
Total*	58*	15*	67*	38*					
Average or percentage*	11.6* (Achieved standard)	3* (Achieved standard)	91.8%* (Achieved standard)	52.1%* (Did not achieve standard)			6.4%* (Achieved standard)		6.1%* (Achieved standard)

* Based on participants who attended 4 or more sessions during months 1-12.

1. Average number of sessions attended during the months 1-6:
   58 sessions/5 participants = 11.6.
2. Percentage of sessions in which weight was documented:
   (67/73) × 100 =91.8%.

3. Percentage of sessions in which physical activity minutes were documented:
   (38/73) × 100 = 52.1%.
4. Average per-participant percentage weight loss at the end of month 6:
   [(1 - (180/200)) + (1 - (166/175)) + (1 - (275/305)) + (1 - (183/181)) + (1 - (230/250)) / 5] × 100 = 6.4%
5. Average number of sessions attended during months 7-12:
   15 sessions/5 participants = 3.
6. Average per-participant percentage weight loss at end of month 12:
   [(1 - (182/200)) + (1 - (166/175)) + (1 - (288/305)) + (1 - (175/181)) + (1 - (231/250)) / 5] × 100 = 6.1%