BACKGROUND

PRE DIABETES
Prediabetes is a serious health condition that raises the risk of developing Type 2 diabetes. An estimated 26 million Americans have diabetes and 76 million have prediabetes.

THE NATIONAL DIABETES PREVENTION PROGRAM
The National Diabetes Prevention Program (National DPP) is a one year lifestyle balance curriculum developed by the Centers for Disease Control and Prevention (CDC) for people with prediabetes. This intensive lifestyle intervention is based on the original Diabetes Prevention Program (DPP) study, a 27-center randomized clinical trial to determine whether lifestyle intervention or pharmacological therapy would prevent or delay the onset of diabetes in individuals with prediabetes who are at high risk for the disease. The study demonstrated that a 5-7% weight loss achieved and maintained through regular physical activity and improved nutrition prevented or delayed the progression of prediabetes to diabetes by 58% compared to standard lifestyle recommendations. The intervention was particularly successful in older adults. Information about the DPP study can be found at http://www.bsc.gwu.edu/dpp/manuals.htmlvdoc. The DPP study is now being replicated at the community level, as the National Diabetes Prevention Program.

DIABETES PREVENTION AND CONTROL PROGRAM (DPCP)
A primary goal of the DPCP is to prevent diabetes and its complications through interventions that have been shown to work. The DPCP will help build the infrastructure for the implementation and sustainability of the National DPP in as many locations as possible throughout the state over the next several years.

IMPLEMENTATION OF THE NATIONAL DPP

NDPP PARTICIPANT CRITERIA
Participants must be 18 years or older and have a body mass index (BMI) of ≥24 kg/m² (≥22 kg/m², if Asian). Sites should aim for at least 50% of participants in each training group to be people with clinically diagnosed gestational diabetes during a previous pregnancy (may be self-reported), or to have been diagnosed with prediabetes according to one of the following blood tests:

1. Fasting plasma glucose of 100 to 125 mg/dl
2. Plasma glucose measured 2 hours after a 75 gm glucose load of 140 to 199 mg/dl
3. A1c of 5.7 to 6.4

The remaining group participants must be at risk for prediabetes as demonstrated through the CDC Prediabetes Screening Test at www.cdc.gov/diabetes/prevention.

CURRICULUM DELIVERY
The site must follow the NDPP curriculum (For information on the curriculum, go to: http://www.cdc.gov/diabetes/prevention/recognition/curriculum.htm.) The curriculum must be delivered by trained lifestyle coaches in a group setting. The recommended group size ranges between 10 and 25 participants. A manual with implementation guidelines and standard participant handout materials is available for 22 sessions to be delivered during a one-year period (16 core sessions and 6 monthly support sessions). The intensive lifestyle intervention portion of the program includes a 16-session core curriculum and should be completed in 16 weekly meetings. At each session participants must: 1) be weighed; 2) have a review of self-monitoring records; 3) be introduced to a new topic; 4) continue ongoing identification of personal barriers to weight loss and activity; and 5) develop action plan/goals for the next session. Following completion of the core curriculum, monthly face-to-face meetings will occur for the remaining six months of the project, known as the post-core.
Each site may offer supervised physical activity sessions or refer participants to local resources throughout the core and post-core sessions. Supervised activity sessions are to be led by a lifestyle coach or exercise specialist.

Lifestyle Coaches must monitor weight loss on a weekly basis and encourage participants to share results with their health care provider to assess if changes in medications or health care are necessary.

SITE RECOMMENDATIONS

1. Team Organization and Staffing
The site must demonstrate the capacity to organize a team. The team should consider having two lifestyle coaches, both of whom are required to participate in the lifestyle coach training. One lifestyle coach could be a registered nurse (RN), registered dietician (RD), certified diabetes educator (CDE), or certified exercise specialist. Each site should designate two leads for the project, with one being the lifestyle coach that will teach the majority of the curriculum.

The site should clearly consider their plan for staffing, supervision, substitution when lifestyle coaches are unavailable and assuring quality performance and personnel continuity for the program. If the site plans to use an administrative support person for data entry or other health professionals, a description of their responsibilities should be provided. If non-licensed health workers such as Community Health Workers will be used, their responsibilities should also be described.

2. CDC Recognition
The sites must read the CDC Diabetes Prevention Recognition Program: Standards and Operating Procedures (http://www.cdc.gov/diabetes/prevention/pdf/DPRP_Standards_09-02-2011.pdf) and apply for the CDC’s NDPP recognition before receiving the lifestyle coach training and delivering the lifestyle balance curriculum. The recognition guidelines and application form are available at http://www.cdc.gov/diabetes/prevention/recognition/application.htm. Sites will receive confirmation regarding recognition within 2 weeks of applying and at that point can proceed with the program. As long as sites comply with the program goals and data requirements as outlined in the recognition guidelines, they will receive full recognition after 2 years. All sites that qualify as CDC recognized organizations (pending or full recognition) must send evaluation data to CDC every six months.

3. Office Space and Equipment
Sites must have appropriate office space, equipment, and facilities, including a private room to conduct group intervention sessions and maintain confidential participant information. Consider 1) the facility where the services will be provided and the availability of private meeting space for the program sessions; and 2) your plan to maintain HIPAA compliance for all records and communications with participants.

4. Participant Recruitment, Enrollment and Retention
The site should make a plan to: 1) recruit participants; 2) market the program in the health care provider community; and 3) identify and enroll people that meet the eligibility criteria including:

a. strategies to market and recruit participants to the program from primary care and obstetric clinics, and other places within the community;

b. strategies to meet the enrollment goal of 10-25 participants per year;

c. strategies to ensure all participants are eligible according to the CDC recognition guidelines;

d. a process to assess enrollee readiness for change and commitment to the program;

e. a letter of support from the facility’s administration to show commitment to the prevention program within the organization;

f. a timeline detailing when the program will begin including the logistics of setting up the 16-week core and 6-month post-core sessions, the time and dates of classes, the staff involved in teaching the curriculum, and facilities to be used;

g. the types of physical activity sessions that will be provided or recommended for the groups, where these will take place, the staff involved and how participant safety will be ensured.
5. Data Reporting
Lifestyle coaches must collect required data on all participants, including eligibility criteria at intake and weight loss and minutes of physical activity each week. All data is de-identified during the data entry process. As an organization with pending or current recognition, the site must submit de-identified participant data reports to the CDC at precisely 6-month intervals regardless of where they are in the program. An online data entry system can be provided to sites for data input and can be used for data transmission to the CDC according to the recognition guidelines.

DPCP Responsibilities
DPCP will: 1) assist with marketing and referrals to the NDPP if sites have difficulty achieving the target of 50% of participants with diagnosed prediabetes or a history of gestational diabetes; 2) provide technical assistance and support for lifestyle coaches; 3) coordinate site visits, trainings and monthly meetings with or for site staff; 4) provide technical assistance with data collection and analysis; and 5) monitor overall progress of the project. DPCP staff will be available through phone, email and site visits when possible and will follow up with sites when problems arise.