

## DPRP 12-Month Progress Report

**Organization Name:**

**Organization Code:**

**Organization Effective Date:**

**Date of this Report:**

This report includes data on participants who attended their first session during the period xx/xx/xxxx-xx/xx/xxxx.

Total number of participants: **XXX**

Of the **XX** participants for whom you submitted data, **XX (XX %)** were eligible based on a blood test or history of GDM. An additional **XX (XX %)** were eligible based on a risk test only. **XX (XX %)** had neither, and were thus ineligible for the program.

Of the **XX** eligible participants, **XX (XX %)** had BMI at the first session that was less than 24 kg/m<sup>2</sup> (<22 kg/m<sup>2</sup>, if Asian). We did not exclude participants from the requirements analysis based on having lower initial BMI.

Of the **XX** eligible participants, **XX** completed 4 or more sessions. The following report on your program's progress is based on data from the **XX** eligible participants who attended 4 or more sessions.

**Criterion 5, session attendance during months 1-6** Session attendance will be averaged over all participants who attended 4 or more sessions. The average number of sessions attended must be a minimum of nine.

Average number of sessions attended during months 1-6: **XX**

**Criterion 6, documentation of body weight** Documentation of body weights will be based on all participants who attended 4 or more sessions. Body weight must have been recorded at 80% or more of all sessions attended.

Percentage of sessions where body weight was recorded: **XX %**

**Criterion 7, documentation of physical activity minutes** Documentation of physical activity minutes will be based on all participants who attended 4 or more sessions. Physical activity minutes must have been recorded at 60% or more of all sessions attended.

Percentage of sessions where physical activity minutes were recorded: **XX %**

**Criterion 8, weight loss achieved at 6 months** The average weight loss (mean percentage weight loss) achieved by participants attending 4 or more 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 4 or more sessions. The first and last weights recorded for each participant during months 1-6 are used to calculate this measure.

Average weight loss achieved at six months: **XX %**

**Criterion 9, session attendance during months 7-12** Session attendance will be averaged over all participants who attended 4 or more sessions. The average number of sessions attended during months 7-12 must be a minimum of three.

Average number of sessions attended during months 7-12: **XX% or Complete 12-month data not reported**

**Criterion 10, weight loss achieved at 12 months** The average weight loss (mean percentage weight loss) achieved over the entire intervention period by participants attending 4 or more sessions must be a minimum of 5% of “starting” body weight. Weight loss will be averaged over all participants attending 4 or more 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.

Average weight loss achieved at 12 months: **XX% or Complete 12-month data not reported**

**Criterion 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 will be based on all participants who attended 4 or more sessions. Refer to Section II for participant eligibility requirements.

**XX %** were eligible for the lifestyle intervention based on either a blood-based test indicating prediabetes or a history of GDM.

**Summary/recommendations:**

Should you have any questions or concerns, please do not hesitate to contact us at [DPRPASK@cdc.gov](mailto:DPRPASK@cdc.gov).

Thank You

The DPRP Team