

The Diabetes Prevention Program's
Lifestyle Change Program

Appendix G: Tool Box

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Developed by the Diabetes Prevention Program Lifestyle Resource Core,
Rena Wing, PhD, and Bonnie Gillis, MS, RD
Phone: (412) 624-2248
Facsimile: (412) 624-0545
e-mail: dppwing@vms.cis.pitt.edu

Supported by the
National Institute of Diabetes and Digestive and Kidney Diseases,
National Institutes of Health.

Appendix G: Tool Box, Recommended Strategies to Promote Adherence to the Lifestyle Intervention

G.1. Introduction

This Appendix (or “Tool Box”) contains recommended strategies or “tools” for promoting participant adherence to the DPP lifestyle intervention. This Appendix also describes the formal process for monitoring and supporting lifestyle adherence.

It is expected that throughout the trial, the process for monitoring and supporting adherence will be refined, and these refinements will be indicated in revisions to this Appendix. In addition, it is hoped that the clinical centers will propose additional Tool Box strategies which will be added to the Appendix so that other centers may benefit.

The strategies or tools presented in the Tool Box are grouped into two sections:

Section 1: Reinforcers

Reinforcers are those strategies or tools that reinforce participant success. A reinforcer may be used before an adherence problem occurs (to prevent problems with adherence) or when signs of a problem first emerge, or after the problem has been ongoing (so in some cases, reinforcers are also problem solving tools). The same reinforcement concepts may be applied to various kinds of behaviors or accomplishments (for example, a “DPP dollar” might be used to reinforce either a participant’s weight loss or minutes of physical activity), so reinforcers are grouped together in Section 1.

Section 2: Problem Solving Tools

Many *problem solving tools*, on the other hand, are specific to one type of problem, so they are organized in Section 2 according to the type of problem: attendance, self-monitoring of food intake and weight, weight loss/maintenance, self-monitoring of physical activity, or physical activity. For each type of problem, the Appendix provides the related requirements, action points (times or situations in which problem solving tools are recommended), and a list of the recommended tools.

G.2. Guidelines for Using the Tool Box

Lifestyle Coaches, in consultation with other local study team members, will typically be in the best position to decide if, when, and for how long to use which reinforcers and/or problem-solving tools in the Tool Box. Care should be given to **tailoring the tool to the participant**, so that the reinforcer(s) used are truly reinforcing to the individual and the problem-solving tools address the particular barriers that that individual is facing. Costs, both in terms of money and staff time, should also be kept in mind, and in general, the simplest and least expensive tools should be tried before proceeding on to more intensive or expensive ones. For this reason, the

problem solving tools have been grouped under “levels” according to anticipated costs (i.e., in general, Level 1 Tools are simpler and less costly than Level 2 or Level 3 Tools). These levels may not apply at certain centers (for example, at some centers a cardiac rehabilitation program is not very costly) and are meant only as a rough guideline.

The Lifestyle Resource Core will be available to the clinical centers to discuss guidelines for using the Tool Box on a participant-by-participant basis, as needed.

Please keep in mind that the Tool Box strategies, including DPP Dollars, are **options** that may or may not be used with individual lifestyle participants or groups of lifestyle participants. The clinical centers may choose to use none or one or more of the Tool Box strategies. Moreover, the clinical centers are encouraged to develop their own individualized strategies to reinforce behaviors supportive of the lifestyle intervention goals. (Please let the Lifestyle Resource Core know about any strategies you develop so they can be added to the Tool Box to share with other centers.)

The underlying principles for using the Tool Box are the following:

1. Be creative and responsive to the needs of individual participants when you implement any strategy to enhance adherence.
2. Although adherence to the lifestyle intervention is extremely important, retention of participants is even more important. Be aware that under no circumstances should the struggle to improve adherence get to the point that a participant drops out of the DPP. Such dropouts are irretrievable losses. So although our goal is to achieve 100 percent adherence to the lifestyle intervention, this translates into a goal of participants doing as much as they possibly can and remaining in the trial.
3. Rewards for accomplishments should be structured so as to reinforce both steps in the direction of the weight loss and physical activity goals as well as reaching and maintaining those goals (or better) in the long-term.
4. An individualized approach to rewarding participants must be carefully constructed. Some may feel demeaned when offered tangible rewards for their accomplishments, while others will clearly benefit from the added attention and rewards.
5. Special care must be taken that rewarding one individual, or group of individuals, does not offend, disappoint, or otherwise inhibit the performance of other individuals or groups in the study.

With the principles enumerated above in mind, feel free to use the Tool Box strategies at your discretion and with your good judgment.

G.3. Formal Process for Monitoring and Supporting DPP Lifestyle Adherence

The Tool Box is only one part of an overall system for promoting DPP lifestyle adherence. The foundation of the system is the ongoing relationship between the Lifestyle Coach and each individual participant. The social bond between the Coach and participant underlies all of the DPP's adherence and retention efforts.

In addition, a formal process for monitoring and supporting adherence is in place which includes the following components. (Note: Unless otherwise specified, in addition to the individuals listed below, other relevant members of the study team, including the program coordinator and principal investigator, are welcome to participate at any point.)

The Lifestyle Coaches complete **update sheets** for each lifestyle participant at each contact (see Section D3 in Appendix D). These updates include ongoing data on attendance, weight, activity, and calorie and fat intake from self-monitoring records. Once a month, the Coaches send the update sheets to the Lifestyle Resource Core.

The Lifestyle Coaches complete the **lifestyle forms** at each participant contact which include detailed data on attendance, weight, activity, and calorie and fat intake from self-monitoring records (see Appendix F). As part of the In-Person Contact Form (L03), the Coaches code up to three barriers to weight loss and physical activity as well as up to three approaches taken by the Coach to improve or maintain weight loss and physical activity (see F2, Code Book, in Appendix F).

Based on data from the lifestyle forms, the Coordinating Center produces monthly **adherence reports** of attendance, weight, and activity which are reviewed by the LRC and the DPP Interventions Subcommittee. Some of these reports are also provided to the clinical centers for their review.

The clinical centers hold **local lifestyle case conferences** on a regular basis. It is strongly recommended that these are held at least biweekly, with the Lifestyle Coaches and consultants to the lifestyle intervention (behavioral, nutrition, and exercise consultants) participating. (The program coordinator will need to attend at least periodically in order to provide an update on any news from Steering Committee Meetings and to distribute copies of lifestyle materials that are sent to the program coordinator, such as revisions to the Lifestyle Manual of Operations, Manual for Contacts After Core, the Lifestyle News (the newsletter from the LRC), and lifestyle participant materials. The program coordinator also needs to stay informed about the overall adherence and retention of the lifestyle participants and related issues, either by attending the case conferences or other staff meetings.) The majority of the case conference time is to be spent problem solving adherence issues for specific participants and developing Tool Box plans for improving and maintaining adherence.

Individual contacts between the Lifestyle Resource Core and the Coaches occur frequently, either by phone, e-mail, or FAX. The LRC and the Coach review the update sheets and adherence reports, problem solve adherence issues related to individual participants, and develop plans to improve or maintain their adherence. (As the number of randomized participants increases, the regional lifestyle conference calls described below will take over some of the functions of these one-on-one contacts, although not completely. Individual Coaches are encouraged to contact the LRC whenever necessary with any questions or concerns, and the LRC remains committed to helping and supporting the Coaches in any way possible.)

Regional lifestyle conference calls are held monthly with the Lifestyle Resource Core. It is strongly recommended that all Lifestyle Coaches and consultants to the lifestyle intervention (behavioral, nutrition, and exercise consultants) participate. The regions represented on the calls are as follows. (Due to scheduling requirements, representation on the calls may change, and some centers may be included in regions that don't correspond to their geographical location.)

- C **Pacific Region:** University of Washington (8), University of California San Diego (12), University of Southern California (16), University of Hawaii (22).
- C **Midwest/Southwest Region:** University of Chicago (2), Northwestern University (10), University of Colorado (6), University of New Mexico (19).
- C **American Indian Region:** SW Indian Center/Salt River (23), SW Indian Center/Zuni (24), SW Indian Center/Gila River (25), SW Indian Center/Shiprock (26).
- C **Northeast Region (Part 1):** Jefferson Medical College (3), Joslin Diabetes Center (7), St. Lukes-Roosevelt Hospital (13), Medlantic Research Institute (15).
- C **Northeast Region (Part 2):** Massachusetts General (11), Washington University (17), Johns Hopkins School of Medicine (18), Albert Einstein College of Medicine (20), University of Pittsburgh (21).
- C **Southern Region:** Pennington Biomedical Center/LSU (1), University of Miami (4), University of Texas (5), University of Tennessee (9).

The purpose of the calls is to allow the Coaches and consultants to network, support each other, and ultimately help improve and maintain participant adherence. In general, the calls last about one hour and begin with a brief adherence report and a review of some of the things that are working well in implementing the intervention. The majority of each call is spent problem solving adherence issues and developing a Tool Box plan for a few participants selected before the call. It is recommended that the calls first focus on the participants most in need of adherence support and most likely to benefit from it, such as: a) those who, during the Core, haven't lost at least 3% of their weight by Session 8, and b) those who, after the core, had reached their goals previously but are now slipping farther and farther away from them.

- C Every three months, **five "target" participants** are selected at each center. These are participants whom the study team believes are most likely to reach their lifestyle goals within

the upcoming three months (e.g., participants who had been at goal but have slipped recently, or participants who have been approaching goal slowly but surely and with some concentrated effort, they are likely to reach goal in the next couple of months). The purpose is to help centers focus their energies and attention on those participants who are most likely to improve the center's and the study's lifestyle data. After the target participants are selected, a Target Five Worksheet is completed for each one as part of a discussion with the study team. The worksheet leads the team through a problem solving process for each participant (select one or two barriers to lifestyle adherence to focus on in the next three months, brainstorm possible solutions, choose one or more solutions to try, etc.). The completed worksheets are sent to the Lifestyle Resource Core for review.

- C **Site visits** will be held as necessary to support the clinical centers in their efforts to promote lifestyle adherence.

DPP Dollars

DPP Dollars is an optional program in which Lifestyle Balance participants can earn “points” for a specified period of time for a specific behavior or achievement related to adherence to the weight loss and physical activity goals. The points are then translated into reinforcers or gifts.

Earning points

The way in which a participant earns points should be measurable, specific, short-term, and realistic yet challenging for that individual. For example, if you are working with a participant who has lost weight to his goal in the past and is now regaining slowly, you may want to develop a contract by which that participant can earn 5 points for every pound lost during the coming month (with a maximum of 10 pounds because this would be a reasonable loss for one month). The participant and Coach should agree, in writing, on exactly how the action or achievement is to be documented (for example, the participant will come in to the clinic to be weighed every Friday morning) and exactly how the points will be awarded (for example, only whole pounds lost will earn points, not partial pounds). A DPP Dollars contract form is attached.

Other ways to earn points might include: attending two supervised physical activity sessions per week for two months, maintaining weight for 3 bimonthly visits in a row during maintenance, or following a supervised training program with other DPP participants to prepare for a locally sponsored race and then completing the race.

Cashing in points

Participants translate the points they earn into a specified dollar equivalent (e.g., one point equals one dollar) and may either purchase small gifts of their choice at any time or “bank” their points until they have enough for a larger gift. Participants will **not be given cash** (to distinguish DPP Dollars from the study honorarium) but instead will be able to “cash in” their points in one of two ways:

- C The clinical center could write a **check to a mail order catalog of the participant's choice**, encouraging participants to buy, but not necessarily limiting them to, items related to healthy eating and physical activity (e.g., a piece of clothing, in a desired size).
- C The participant may purchase a **“grand prize,”** any item that the center wants to make available locally and/or at a discount which would enable the participant's points to “go further.” Examples of grand prizes might include a subscription to a weight loss magazine, registration at a local cooking class, tickets to a local athletic event, or dinner for two at a popular restaurant. These items may have been donated to a local center, so for example, a participant might be able to earn a \$60.00 meal for only \$40.00.

The Lifestyle Coach, in consultation with other members of the study team, should carefully consider which participants, if any, might benefit from DPP Dollars, which behavior(s) to

reinforce with DPP Dollars, and when and for how long to do so. Costs, both in terms of money and staff time, should also be kept in mind.



Date _____

For the period beginning _____ and ending _____ ,

I will earn points for doing or achieving the following:

Action or Achievement	Points

I will document that I have done so by _____

I will be able to “cash in” my points for real dollars whenever I want,

with 1 point equal to _____ .

I will either bring in a mail order catalog of my choice, with an item I want to buy, and the DPP center will write out a check for the amount I’ve earned,

or

I can make my money go further by buying one of these DPP Grand Prizes:

Grand Prizes	Description	Retail Cost	Cost in DPP Dollars

Signed: _____

DPP Participant

Lifestyle Coach

Lotteries

A lottery is a program in which Lifestyle Balance participants can earn coupons or tickets for a specified period of time for a specific behavior or achievement related to adherence to the weight loss and physical activity goals. The coupons are combined with those earned by other participants, and one of the coupons is randomly chosen from a box as the winner. The prize would be an expensive gift that could not be offered to many participants, such as an exercise bike, or any item that the center has in very limited numbers. Ideally, but not necessarily, lottery prizes should be related to the DPP goals for weight loss and physical activity, such as:

- C An exercise bike.
- C A treadmill.
- C A set of aerobic videotapes.
- C A set of low-fat cookbooks.

Lotteries may be motivating to those participants who find the opportunity to try for a large prize exciting. As with DPP Dollars and other incentives, the ways in which participants earn coupons or tickets for a lottery should be measurable, specific, short-term, and realistic yet challenging for that individual. Behaviors reinforced by lotteries might include:

- C Attendance (we think lottery prizes are particularly suited for attendance).
- C Returning self-monitoring records.

We are less inclined to recommend lotteries for reinforcing the achievement of weight loss and activity goals because:

- C Changing these behaviors in the long-term is hard work, and a prize may not seem like enough to some participants.
- C Some participants may feel resentful that they've worked hard toward a certain goal and then are rewarded for their achievement only by chance.

The Lifestyle Coach, in consultation with other members of the study team, should carefully consider which participants might benefit from a lottery, which behavior(s) to reinforce with coupons or tickets, and when and for how long to do so. Costs, both in terms of money and staff time, should also be kept in mind, and donations of large items by local merchants should be used, if possible.

Map of Miles

One way to reinforce physical activity is to plot miles of activity on a map of interest to the participant. This provides both a visual sign of progress and a cumulative goal or destination, which can be motivating. In addition, small incentives related to the map can add fun.

The first step is to develop a map on which to log minutes of activity and equivalent miles (or miles if the participant self-monitors in miles as well as minutes). It might be a map of the United States (a sample is attached), the state in which the clinical center is located, or an adjoining state. Next, have the participant name a starting point and desired destination, such as starting in Pittsburgh and finishing in Philadelphia, or starting in Pittsburgh and finishing in New York. Plot the participant's progress in miles on the map.

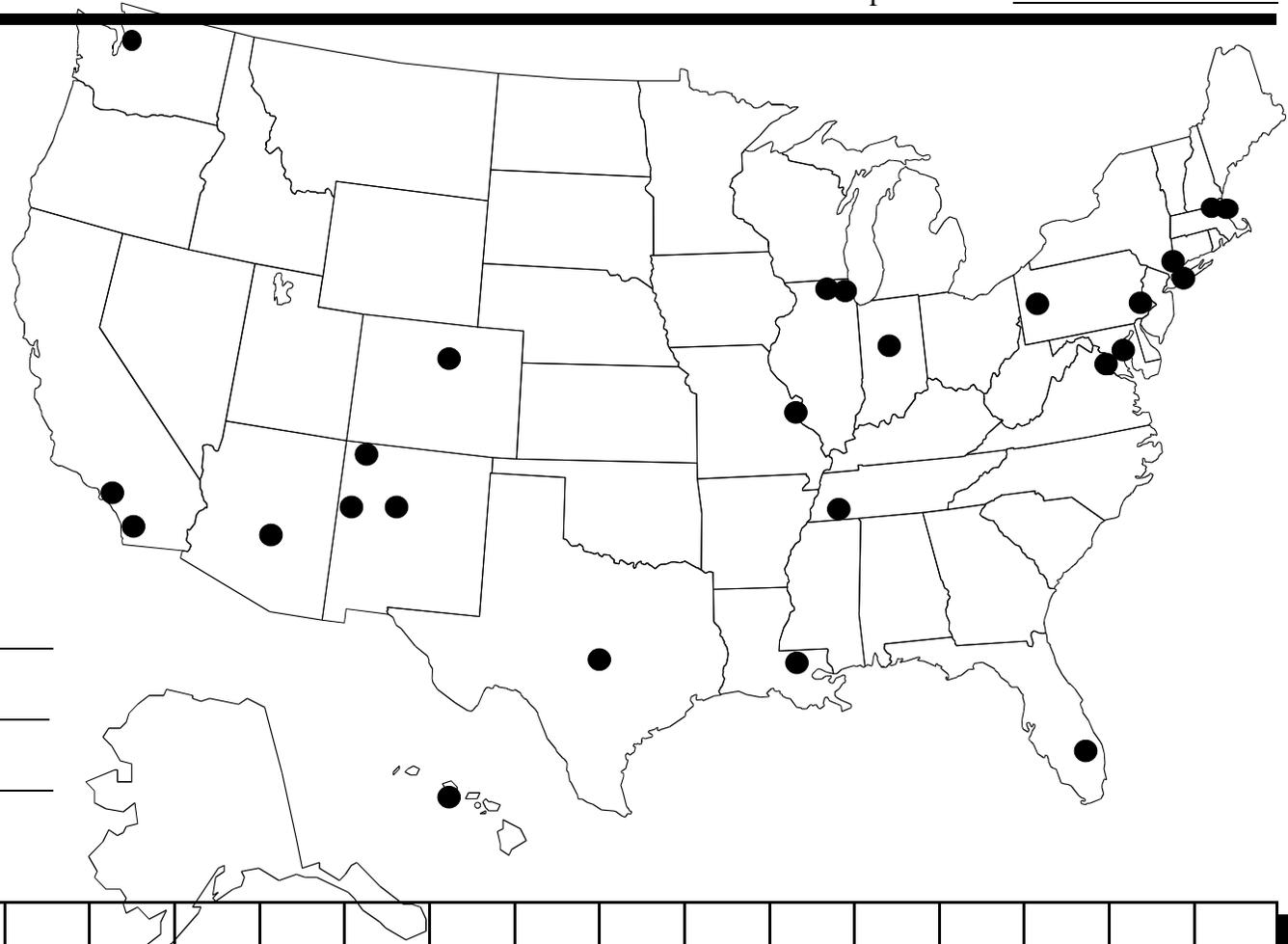
A competition could be set up between buddy participants at the same center, or a participant at one center could be paired with one at another center. A group competition between two centers is another possibility. Prizes could be offered at certain milestones and/or a celebration could be held at the finish (for example, a potluck luau when the participants complete a walk of the beaches of Hawaii). Or a participant might want to plan an actual trip to the destination when the distance has been logged on the map.

Great Ideas from the Clinical Centers

Margie Bronsord, a Lifestyle Coach at **Medlantic**, has mounted maps of the Appalachian Trail on formcore backing and uses little pin flags to mark where lifestyle participants are on the trail. Because the trail is so long, she plans on having two weeks a month when participants can accumulate "bonus double miles" and their exercise mileage counts twice. This might help encourage exercise around holidays or during vactations. She'll give incentive gifts when participants pass into a new state, such as something representative of that state.

Map of Miles

Participant Name _____



Start _____

Finish _____

Total Distance _____

Date																		
Minutes																		
Miles																		

...And Miles to Go Before I Sleep.

“...And Miles to Go Before I Sleep” is an optional participant handout to reinforce physical activity. Participants record their mileage on the handout which provides a visual sign of progress and cumulative goals which can be motivating.

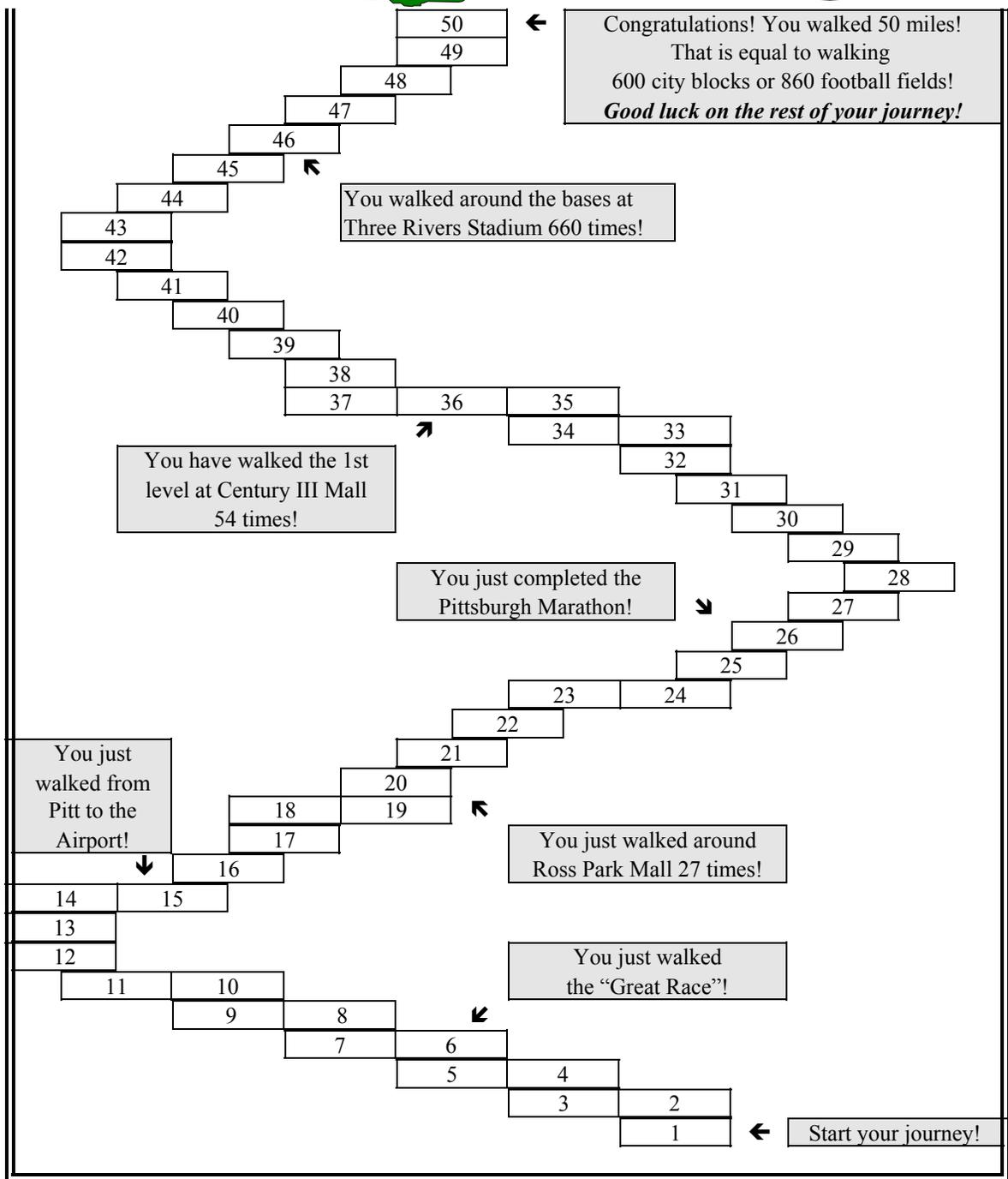
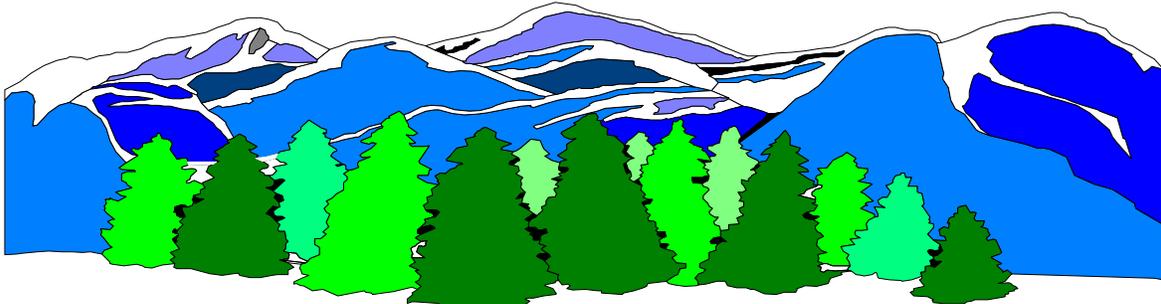
The University of Pittsburgh center developed the handout, and the Lifestyle Resource Core asked each center to indicate their own local milestones so it could be individualized with each city's marathon, stadium name, etc. The individualized version is attached if the LRC received a list of your milestones. Otherwise, the Pittsburgh version is attached for you to modify and send to the LRC. (When you indicate local milestones, consider the location of your DPP clinic, particularly satellite clinics if you have them, and distances from your clinic to points of interest to participants.)

Possible ways to use the handout include the following:

- C Prizes related to each milestone might be given, such as a baseball cap with the local team's logo, a coupon for a store at the local mall, or a t-shirt printed with the city's skyline.
- C A competition could be set up between buddy participants at the same center.
- C A participant at one center could compete with a participant at another center, both of whom are at a similar level of physical activity.
- C A group competition between two centers is another possibility. Prizes could be offered to the center with the most participants to reach a certain milestone first. A celebration could be held at the finish (for example, a potluck after a sports event).

Note: The Lifestyle Resource Core can also send you the original document on diskette (in Microsoft Word) so you can modify it locally using your computer (for example, you could individualize it per participant). Let the LRC know if you want the diskette.

....AND MILES TO GO BEFORE I SLEEP.



Spell DPP

Jennifer Torio, Lifestyle Coach at the DPP center in San Diego, has developed an incentive program called “Spell DPP” to encourage participants to reach step-wise goals toward attaining or maintaining their physical activity and/or weight loss goals.

Using the Spell DPP handout (attached), the Coach and participant record a specific goal for the week. If the participant meets the goal, a letter in the name “Diabetes Prevention Program” is earned. Up to 25 letters can be earned, which, if weekly goals are set, constitutes about 6 months. Rewards or prizes of interest to the participant may be given. For example, a bouquet of flowers or a calendar book might be given to the participant when a word is completed. A larger prize might be given when the whole name is completed. Example prizes: a pair of tickets to a movie or sports event, a gift certificate for a sporting goods store, or a coupon for lunch/dinner for two at a health-conscious restaurant.

Spell DPP

Name _____

Date Began _____

Lifestyle Coach _____

	D	I	A	B	E	T	E	S
Week								
Goal								
Met Goal?								

	P	R	E	V	E	N	T	I	O	N
Week										
Goal										
Met Goal?										

	P	R	O	G	R	A	M
Week							
Goal							
Met Goal?							

Prizes _____

How Is the DPP Doing?

How Is the DPP Doing? are a series of *optional* handouts for lifestyle participants that present weight loss and physical activity data for the study as a whole and for the individual centers. The Lifestyle Resource Core will update the handouts every six months using new data.

The purpose of the handouts is to help participants identify with the study as a whole and with the local clinic, thereby fostering team spirit, with the hope of reinforcing participants who are doing well and motivating those who are not. **These handouts should not be given to participants who are likely to find them discouraging or frustrating.** However, don't underestimate participants. Many who are not doing well may find it helpful to reflect on the bigger picture of overall study and clinic progress and feel inspired to work harder toward their goals when they remember that their efforts contribute to the whole. Feel free to contact the Lifestyle Resource Core if you have questions about the appropriateness of these handouts for particular participants or at particular times during the intervention.

Present the handouts in your own words, using the following script as a guide.

For the December 31, 1997 handouts:

Introduction and Review of Individual Progress

“Now that the new year is underway, let's step back for a minute and talk about your progress over the past year. How are you feeling about your weight loss and physical activity during 1997? [Give participants time to reflect and explore their own perceptions of their progress before you continue.]

Here are your graphs for activity and weight loss. [Show the participant his or her individual How Am I Doing? graphs.] What do you think about your progress? [Give the participant time to reflect and comment.] I'm really pleased that... You've worked really hard on... [Affirm and reinforce any progress, and comment on any efforts, however small, that the participant has made toward the goals, including attending visits.]

All of your efforts to lose weight and be more active are very, very important. First of all, we hope you will avoid getting diabetes. Also, every pound you lose and all of the minutes of activity you do will make a big difference for the progress of the study as a whole.

Review of Weight Loss Data for All Centers and Local Center

Here are some graphs that show how the study as a whole is doing with weight loss. (Feel free to select only those graphs you think will have the most motivating effect on the participant. Also, note that the data includes only those participants who have reached After Core.)

- C *Average Percent Weight Loss* For all the centers combined, which means 194 lifestyle participants around the country who have finished Session 16, the average percent weight loss is 7.7%, just a little above the minimum goal of 7%. Here in [name your center], for the xx participants who have completed Session 16, our average weight loss is x.x%.
- C *Percent of Participants at Weight Loss Goal* For all the centers combined, which means 194 participants around the country who have finished Session 16, 57%, or a little more than half, have reached the weight loss goal of 7%. [You might want to present this as “good news/bad news”: half of the participants have met the goal but half have not.] Here in [name your center], for the xx participants who have completed Session 16, xx% have reached the weight loss goal.
- C *Percent of Participants at Weight Loss Goal (Center by Center)*: This graph shows all of the centers, ranked by percent of participants after Session 16 who are at the weight loss goal. Our center is here... (Circle the percentage that reflects your center's standing. To find out which percentage is yours, look in the second to last column (% at weight goal) on the attached report of Weight and Exercise Data by Clinic as of December 31, 1997. Use this report to interpret the corresponding graph for activity as well. Note that this report is for your reference only and is **not** to be given to participants.).

We can all feel good that on average, the study as a whole is at the 7% weight loss goal. And it's clear that our center... [*if at or above 7%*: can be proud of our contribution to the study average; *if below 7%*: has some catching up to do, which I'm confident will happen].

But the bottom line message from this graph is that we can't stop working. You might wonder why, since we're already at the goal. The reason is that we need to keep the average weight loss *above* the goal *for the rest of the study*, and we know that over time, some participants will regain some of the weight they've lost which will pull the average down. So **all the lifestyle participants need to continue to lose more weight** [this does not apply if the participant has reached a BMI of 21; see section 2.1.1 in the Lifestyle Manual of Operations] **and work to maintain their current weight losses.**

Review of Physical Activity Data for All Centers and Local Center

Here are the same kind of graphs for physical activity. [Review the graphs as you have done with those for weight loss. Again, feel free to select only those graphs you think will have the most motivating effect on the participant. Also, note that the data includes only those participants who have reached After Core.]

We can all feel good that the study as a whole is above the minimum goal for physical activity. And it's clear that our center [*if at or above 150*: can be proud of our contribution to the study average; *if below 150*: has some catching up to do, which I'm confident will happen].

Again, the bottom line is that we can't stop working. Many lifestyle participants need to

continue to increase their activity until it is *above and beyond* the minimum goal to keep the average high for the rest of the study. [Tailor this message to the participant. For example, an increase may be unrealistic for a participant who is currently at 300 minutes per week. However, another participant who is below 150 may find it encouraging that many, many participants are well above the goal.]

Reflection and Goal Setting

What do you make of this? [Give the participant time to reflect and comment.]

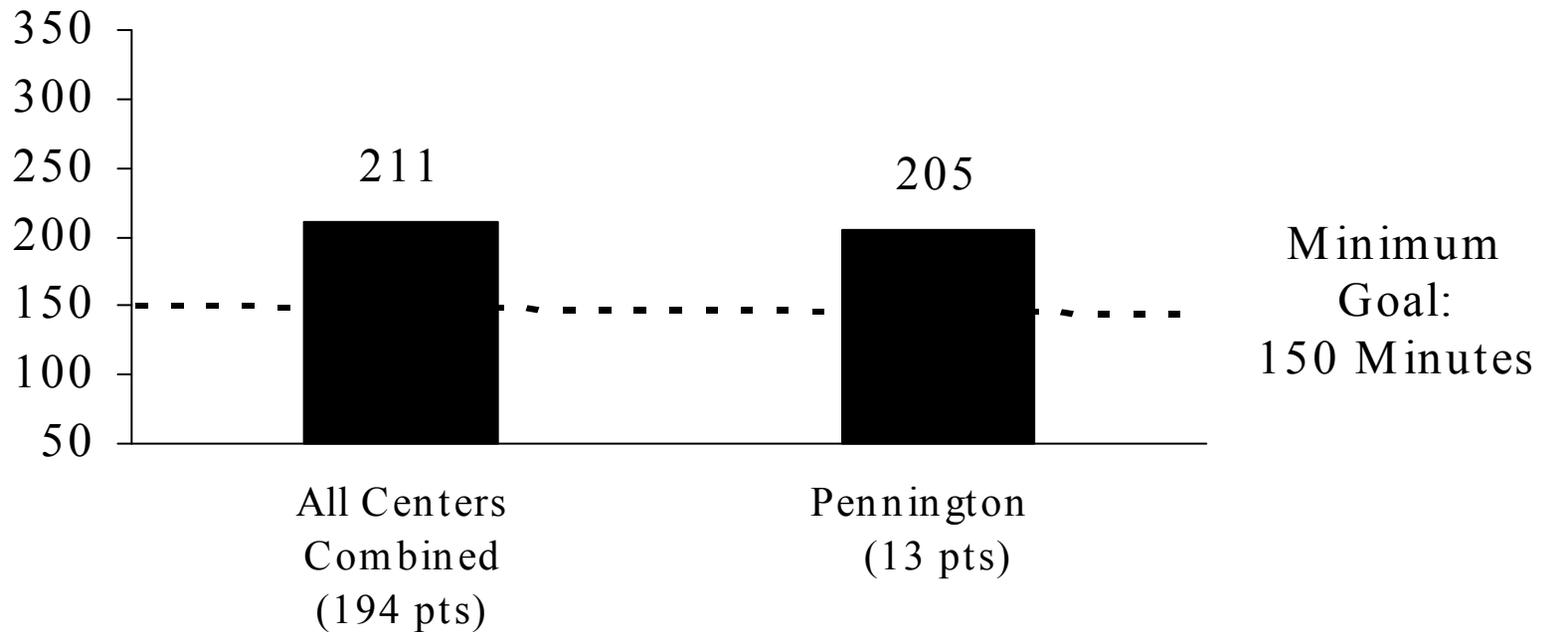
In six months, we'll look at these study-wide graphs again to see if the average weight loss and minutes of activity have improved. **What changes do you think you could make in the next six months that would help improve the averages?** [Move on to setting goals and developing an action plan with the participant.]

Please keep in mind that **every time you lose even *one more pound*, or increase your weekly physical activity by even *10 more minutes*, you are not only helping yourself. You are also contributing to the success of the entire study and helping future generations understand how to prevent diabetes.**

How Is the DPP Doing?

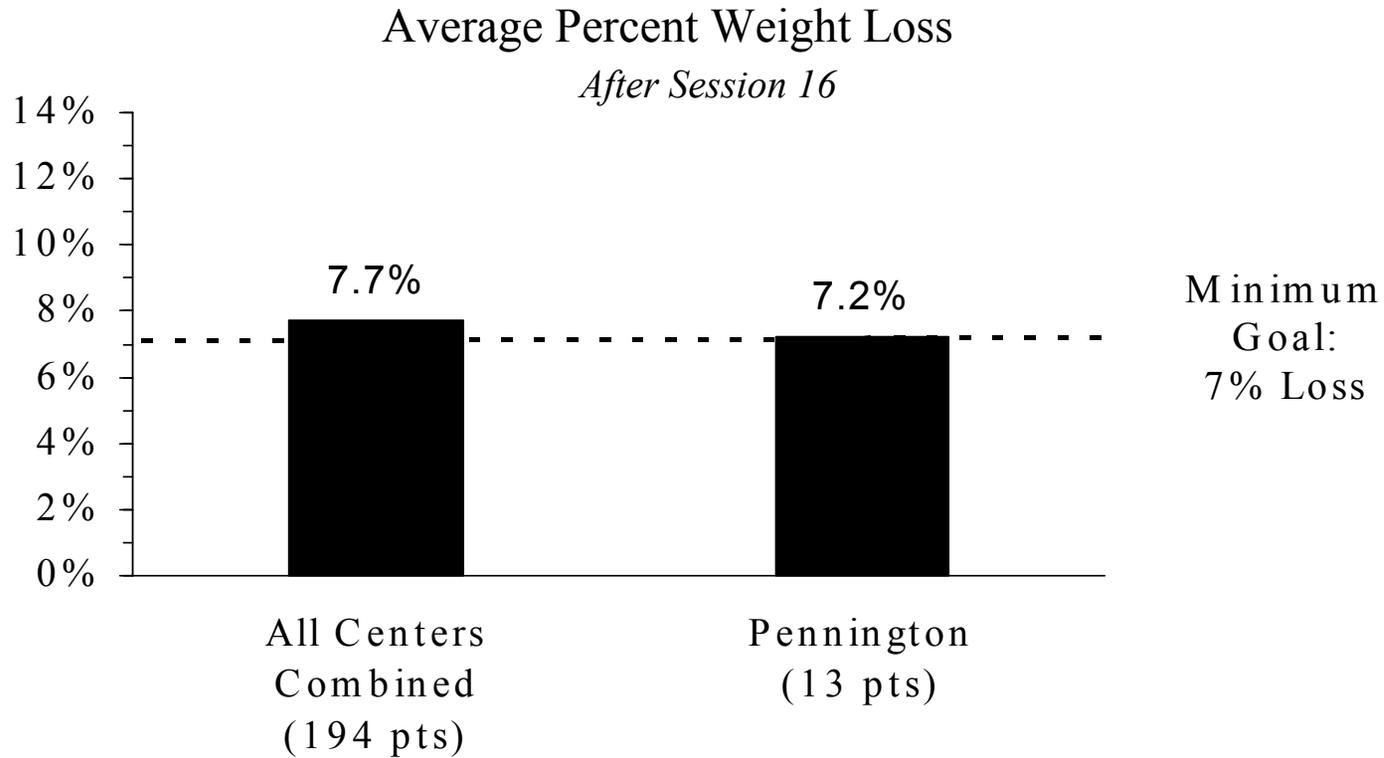
As of December 31, 1997

Average Minutes/Week of Physical Activity
After Session 16



How Is the DPP Doing?

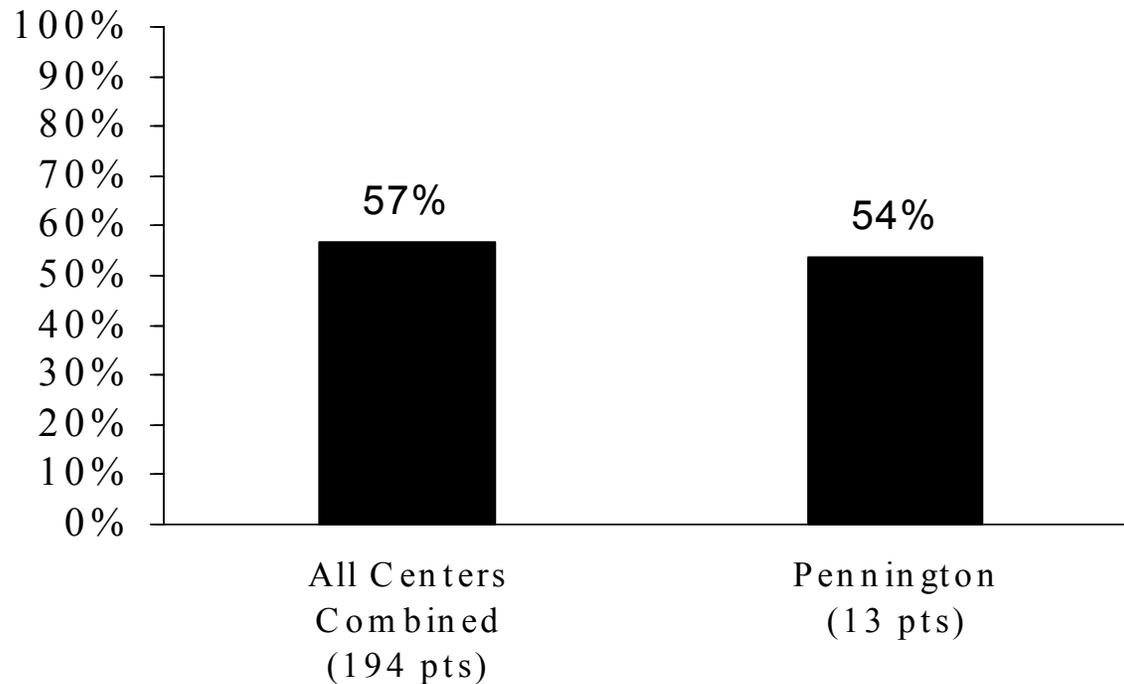
As of December 31, 1997



How Is the DPP Doing?

As of December 31, 1997

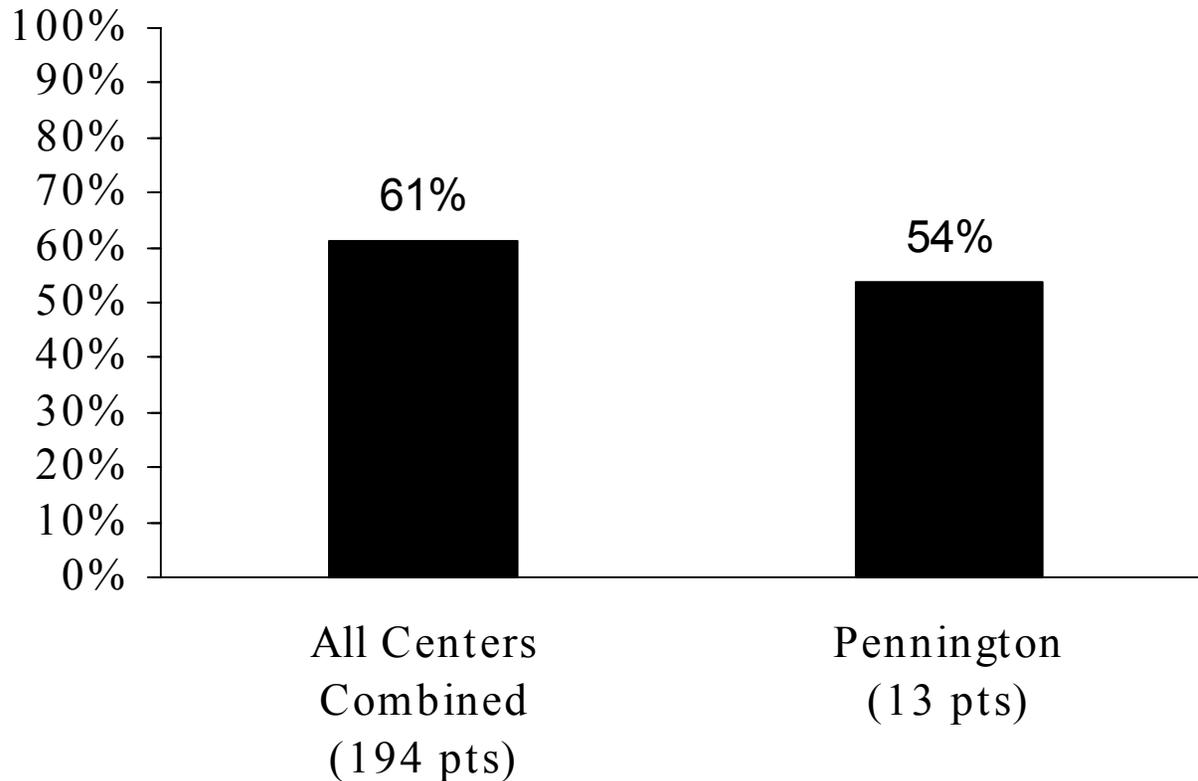
Percent of Participants at Weight Loss Goal
After Session 16



How Is the DPP Doing?

As of December 31, 1997

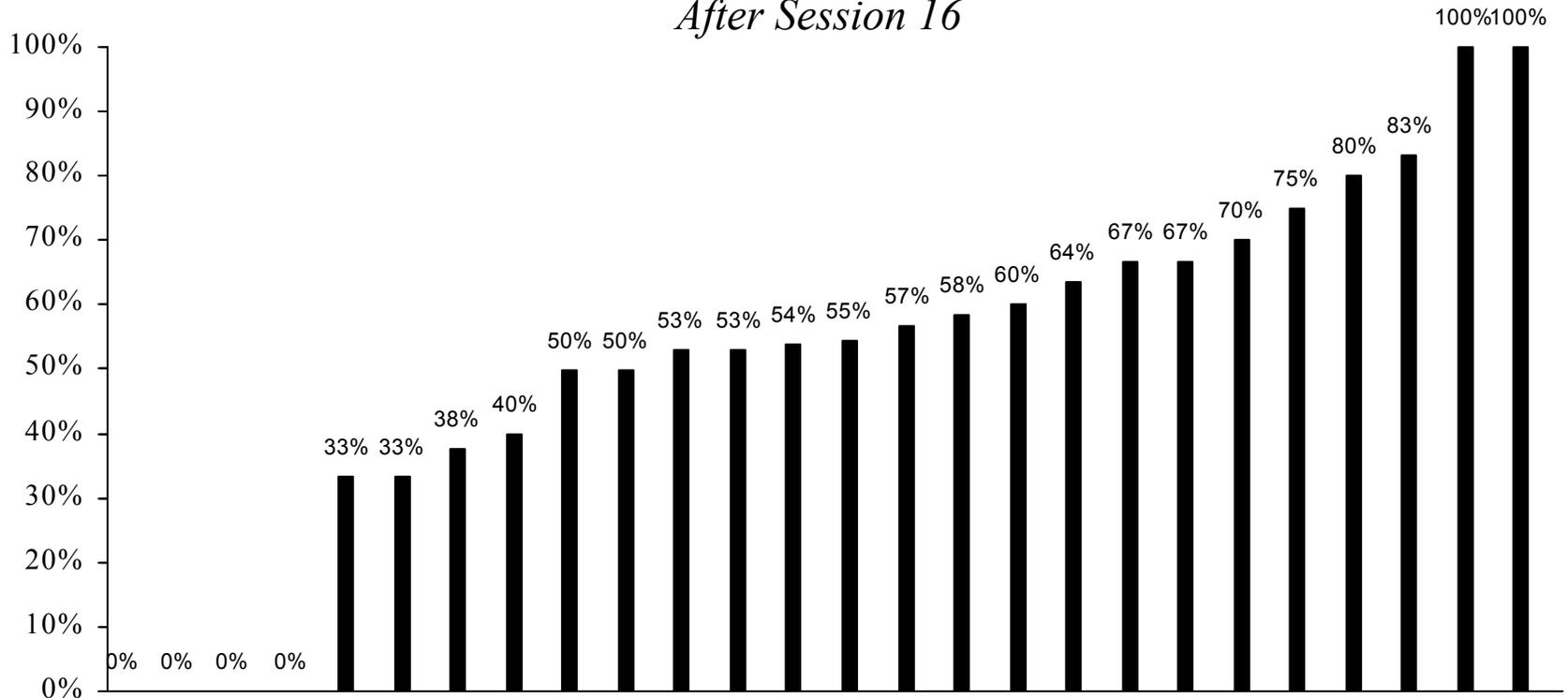
Percent of Participants at Physical Activity Goal
After Session 16



How Is the DPP Doing?

As of December 31, 1997

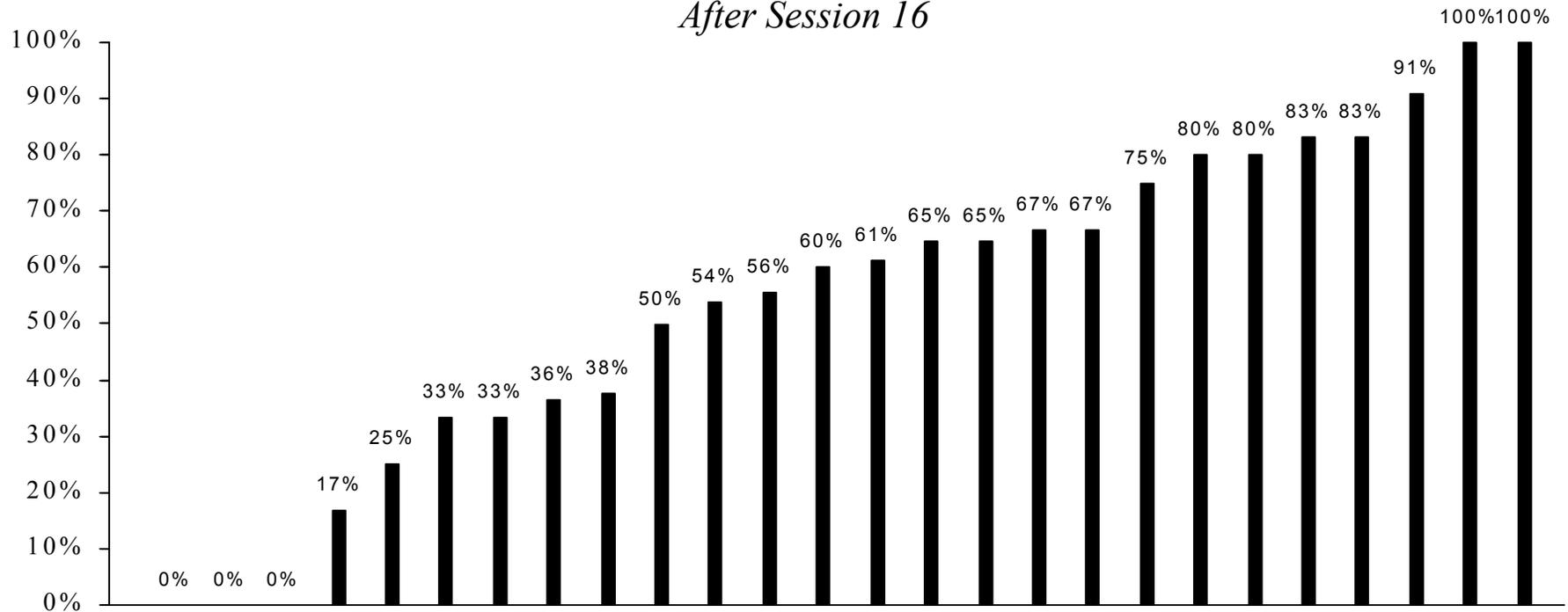
Percent of Participants at Weight Loss Goal
Center by Center
After Session 16



How Is the DPP Doing?

As of December 31, 1997

Percent of Participants at Physical Activity Goal
Center by Center
After Session 16



Exercise Scavenger Hunt from Pennington

Attached is "**It's a Jungle Out There**," a packet of materials with a jungle scavenger hunt theme that are designed to motivate participants to increase their physical activity. These materials were developed by "safari guides" Paula Vicknair (exercise consultant) and Barbara Pennington, (Lifestyle Coach) at DPP Pennington, with Lee Melancon, their Marketing Director.

Here's how it works: Each lifestyle participant receives a flyer by mail describing the scavenger hunt and is invited to enroll. Throughout the 19-week hunt, participants record their activity minutes in their self-monitoring record and also on a colorful map that shows a jungle trail. The Coach transfers the minutes to a master log and gives participants prizes as they reach certain milestones along the way. (The prizes are an exercise calendar, DPP umbrella--awarded when participants reach "Pennington Falls," gift certificate for exercise music or video, and gift certificate to a local sporting goods store). Participants can also earn bonus minutes by completing certain requirements (e.g., attending 3 group activity classes earns 40 bonus minutes).

Please call Paula or Barbara at Pennington if you have questions about how to develop a similar scavenger hunt at your center. Thanks, Pennington, for the fun idea.

Don't Let Our Success **SLIP** Away

Don't Let Our Success Slip Away is a national campaign to encourage DPP lifestyle participants to help improve the overall lifestyle data. The intent is to help participants identify with the study as a whole, thereby fostering team spirit, with the hope of reinforcing participants who are doing well and motivating those who are not.

Note: Tailor the campaign to the needs of each participant as outlined in the script below. Feel free to contact the Lifestyle Resource Core if you have questions about the appropriateness of aspects of the campaign for particular participants.

Present the graphs and handouts in your own words, using the following script as a guide.

Introduction and Review of National Progress

“The first DPP participant was randomized in the summer of 1996, which means that the third year of the study will begin this summer. We've come a long way! So far the study has done remarkably well, thanks to the many contributions of all of the participants, including yourself.

Today I want to summarize for you the overall progress of the lifestyle arm of the study and also review your own individual progress. Then I am going to ask for your help on the part of the DPP.

First, here are two graphs that show how the study has done with weight loss [use the attached graphs to illustrate the following points].

C *National Average Weight Loss (Pounds)* This graph shows the national average weight loss in pounds from the beginning of the study until March 1999. The study started in the summer of 1996. By the end of December 1997, or 18 months later, there were 201 participants who had finished Session 16 and were in the after-core period. On average, these participants had lost 16.7 pounds since they started the program. That's great. Three months later, there were a total of 313 participants in the after-core and their average weight loss was 15.6 pounds. It was slipping. Then, from the end of March 1998 to the end of March 1999, the number of after-core participants increased to 685 and the average weight loss dropped to 14.8 pounds. That's a slip of 2 pounds over the two years pictured here. (Keep in mind that this is an *average* among all the lifestyle participants at all the centers. Each participant's individual progress differs. Some have not regained any weight, whereas some have regained more than 2 pounds.)

C *National Average Percent Weight Loss* The same trend is seen on this graph showing the average *percent* weight loss. As of December 31, 1997, the average percent weight loss for the 201 participants in the after-core was 8.0%, better than our goal of 7%. Again, that's

great. We can all feel very good about that. However, here you can see that a year later, as of December 31, 1998, this slipped to 7.4%, and three months after that, by March 31, 1999, the average was only 7.1%. This is still just slightly above our study goal, but it concerns us because the typical pattern in studies like the DPP is that at first there is a weight loss followed by weight *regain*. **The danger is that we will not be able to show whether weight loss prevents diabetes unless we can keep our success at weight loss from “slipping away” like it has been over the last two years.**

What would it take to get our average weight losses back to where they were before they started slipping? Based on the previous graph, it could be done if every participant lost only about two pounds.

Here is a graph that shows how the study has done with physical activity [use the attached graph of physical activity minutes to illustrate the following points].

C *National Average Minutes of Physical Activity* As of December 31, 1997, there were 201 participants in the after-core period. Their average minutes of activity per week were 196. On this graph you can see that we have pretty much sustained this level of activity, despite a drop between September and December of 1998 which might have been related to the weather changes and the holidays. The bottom line here is that **we need to continue to sustain a high level of activity (not let it “slip away”) if we are to show whether being physically active will prevent diabetes.**

To help the study succeed, we're asking you and every lifestyle participant around the country to look at these national data and then review your own progress so far in the study. Then we're asking each of you to decide what you think *you* can do to keep our success from “slipping away.”

Review of Individual Progress and Goal Setting

Let's step back for a minute now and look at your own graphs for weight loss and activity. [Show the participant his or her individual How Am I Doing? or other graphs.] What do you think about your progress? [Give the participant time to reflect and comment.] I'm really pleased that... You've worked really hard on... [Affirm and reinforce any progress, and comment on any efforts, however small, that the participant has made toward the goals, including attending visits.]

Keeping in mind your own progress and the study data, **what changes do you think you could make that would help improve the national averages?**

[Give the participant time to reflect and comment. Move on to setting goals. **As part of the discussion, you may want to introduce the participant to a particular Tool Box approach that you think would be helpful at this time. You may also want to encourage the participant to take part in the National DPP Lifestyle Lottery. (See attached handout for participants. For each participant who takes part in the lottery, complete**

the attached record page and return it to the Lifestyle Resource Core *before August 15 for the national drawing.* Some centers may want to supplement the national lottery with local prizes if desired (for example, some centers have said they would like to give an actual prize, as well as a *chance* at a national prize, to all participants who reach the targets). Keep in mind that the lottery may not be appropriate for all participants. Some participants are not motivated by lotteries or may even object to them. Others may not be able to lose more weight or increase their activity minutes any more than they already have.]

Summary

As you work toward these new goal(s) for yourself, please remember that **every time you lose even *two more pounds*, or increase your weekly physical activity by even *20 more minutes*, you are not only helping yourself. You are also contributing to the success of the entire study and helping future generations understand how to prevent diabetes.**



The DPP needs YOU!

Our national weight losses have been slipping:

- C December 1997: 16.7 pounds
- C December 1998: 15.4 pounds
- C March 1999: 14.8 pounds (That's a 2 pound regain.)

But we're doing well with exercise:

- C December 1997: 196 minutes per week
- C December 1998: 181 minutes per week
- C March 1999: 198 minutes per week

Don't let our success SLIP away!

For the DPP to succeed, we need to **improve our weight losses** and **keep our exercise minutes high**. To help, we're holding a

i National DPP Lifestyle Lottery i

We'll measure the difference between what you weigh in May and what you weigh in July. We'll also compare your average weekly exercise minutes for May and July. You can **earn a lottery ticket** by:

- C Losing 2 pounds or more.
- C Increasing your activity by 20 minutes per week.
- C Being at your exercise goal.
- C Being at your weight goal.

20 participants from around the country will each win \$100.



The DPP needs you to help us show whether lifestyle change can prevent diabetes. Let us know how we can help *you*.

We can make a difference!



The DPP Needs You!

National Lifestyle Lottery Record

Participant ID _____ Name Code _____

Keep this page in the participant's chart until it is completed. Then please
FAX to the Lifestyle Resource Core at (412) 624-0545 before August 15, 1999.

Note: The maximum is one ticket in each category for a total of four tickets.

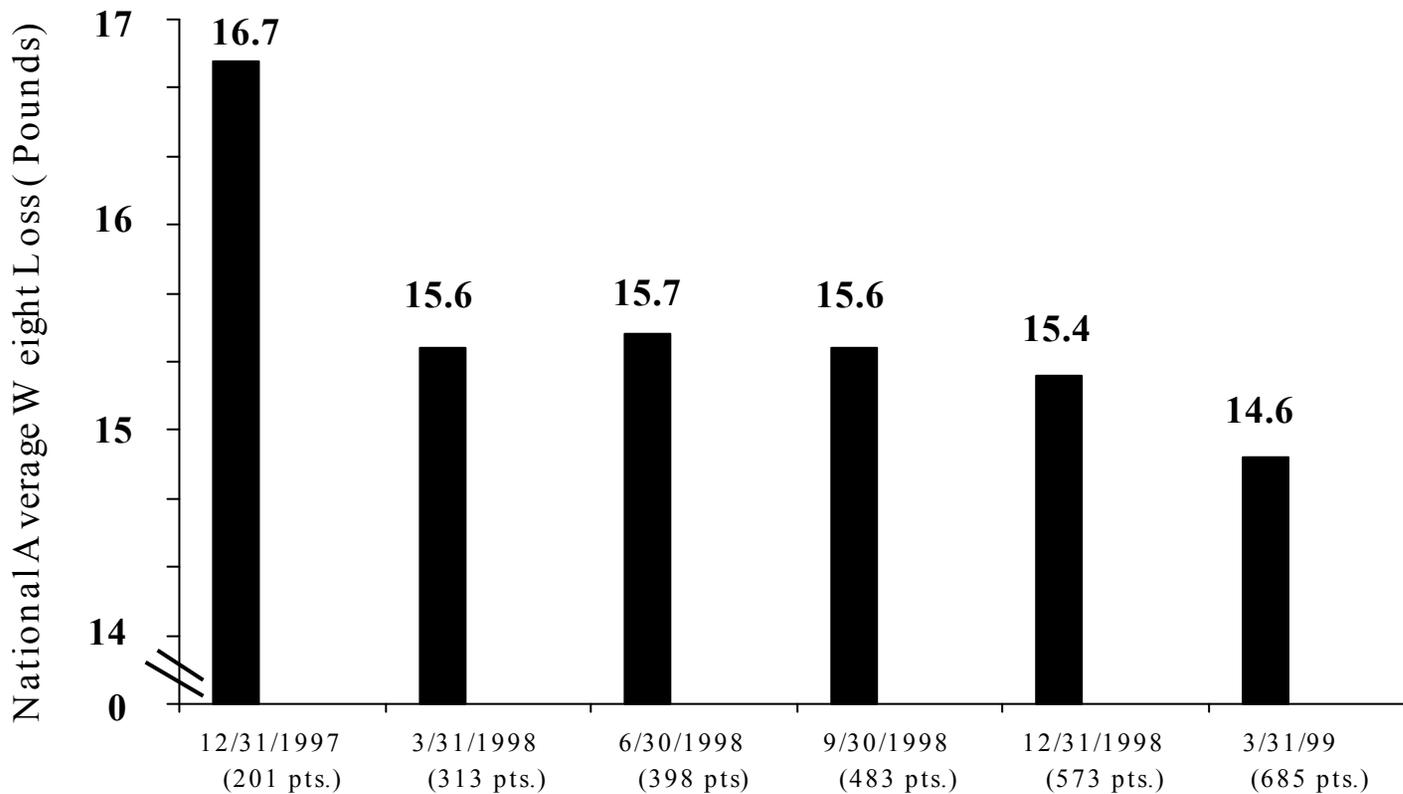
	Yes	No
Lost 2 pounds or more between May and July? Weight in May _____ Weight in July _____		
At weight goal in July?		
Increased activity by 20 minutes or more between May and July? Average weekly activity minutes in May _____ Average weekly activity minutes in July _____		
At exercise goal in July?		

Thank you.

Don't Let Our Success *Slip* Away

National Average Weight Loss (Pounds)

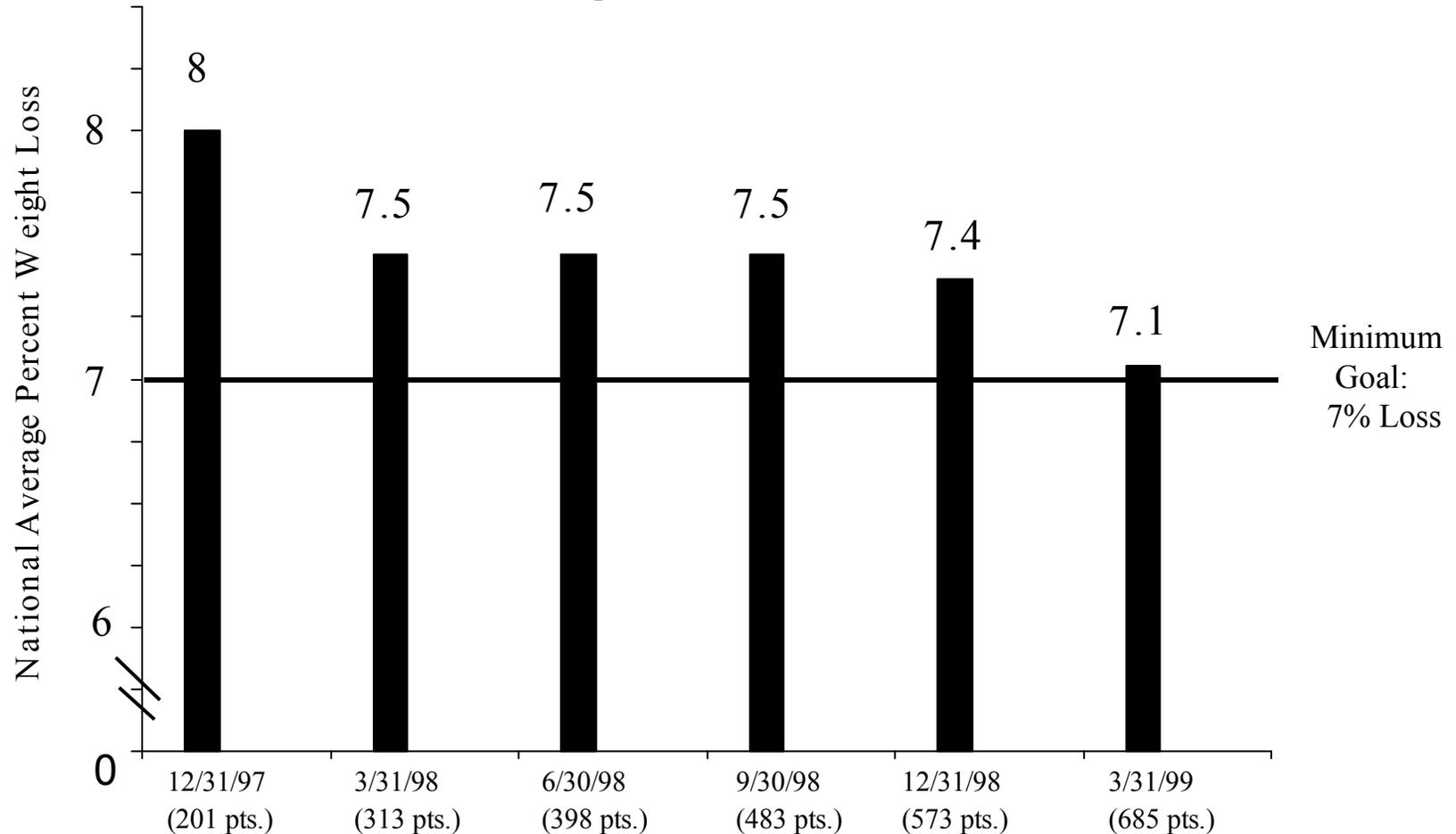
Participants After Session 16



Don't Let Our Success *Slip* Away

National Average Percent Weight Loss

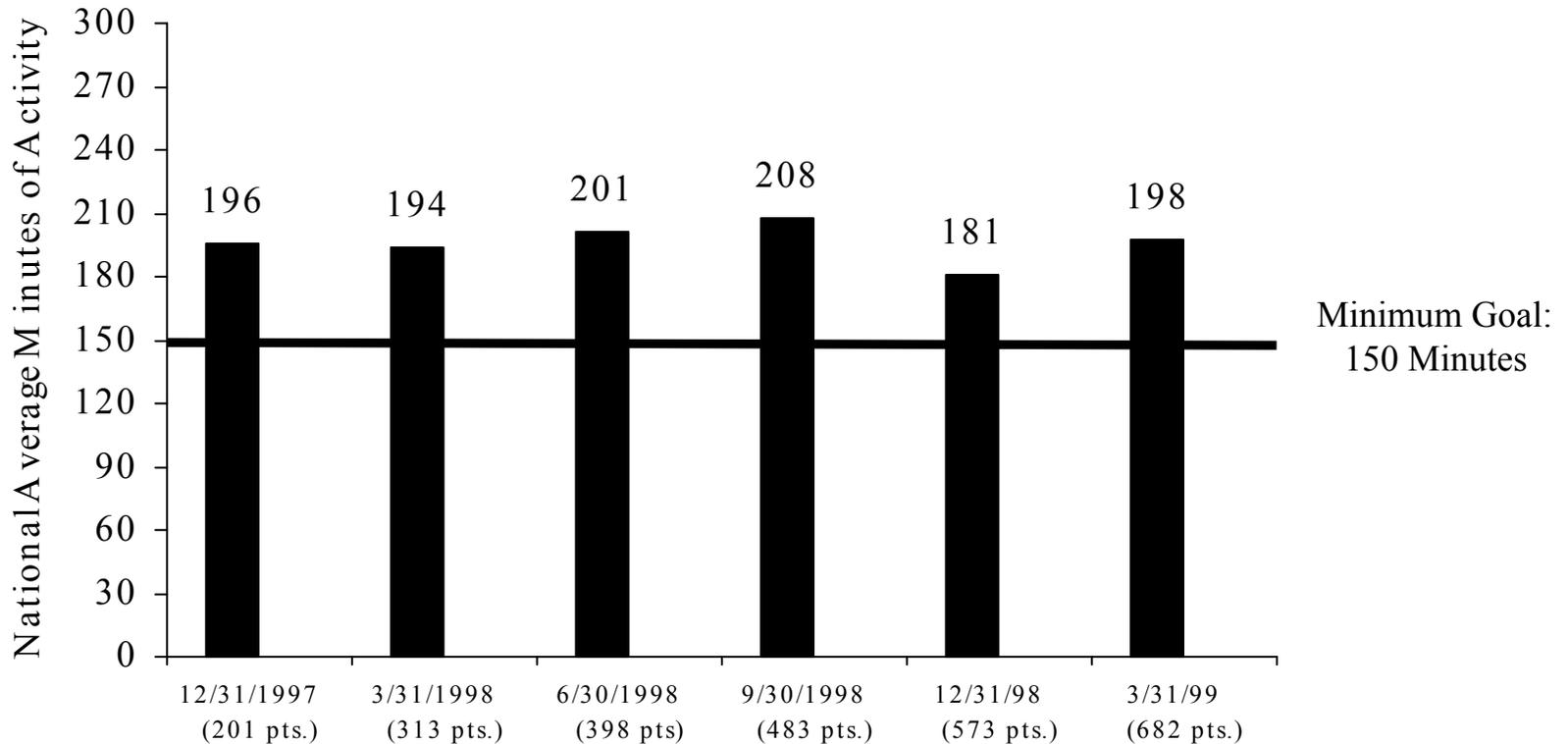
For Participants After Session 16



Don't Let Our Success *Slip* Away

National Average Minutes of Physical Activity

For Participants After Session 16



The DPP National Lottery Was a Success

Attached are a series of graphs for lifestyle participants that present national weight loss and physical activity data before and during the 1999 national lottery campaign, Don't Let Our Success Slip Away. Similar graphs can be created showing changes in your center's local data during the national lottery or any local motivational campaign. The attached graphs were produced using PowerPoint.

The purpose of the handouts is to commend participants for taking part in the national lottery, communicate the success of the campaign, and encourage participants to continue their efforts to reach/maintain their lifestyle goals. **These handouts should not be given to participants who are likely to find them discouraging or frustrating (e.g., participants who regained significantly during the lottery period or were unable to participate in the campaign).** However, don't underestimate participants. Many who are not doing well may find it helpful to reflect on the bigger picture of overall study and clinic progress and feel inspired to work harder toward their goals when they remember that their efforts contribute to the whole. Feel free to contact the Lifestyle Resource Core if you have questions about the appropriateness of these handouts for particular participants.

Present the handouts in your own words, using the following script as a guide.

Introduction, Announcement of Winners, and Review of National and Local Results

“The DPP National Lifestyle Lottery has ended, and the 20 winners have been selected by a random drawing.

- C If the participant is a winner, congratulate her or him and present the check.
- C If the participant is not a winner, express your regrets. Remind the participant that the drawing was random so being a winner or not a winner does not necessarily reflect the individual progress he or she may have made. [Some centers may decide to give a gift, such as a small gift certificate to a grocery store or sporting goods store, to those participants who took part in the national lottery but did not win.]

We're very happy to report that the Lifestyle Lottery was a success. Our weight losses and physical activity have both improved across the country [add that your local results have also improved, if applicable]. **Let's look at the national [and local] data and then review your own progress during the campaign.**

[Note: The data on the national graphs are for participants who have reached *After Core*.]

- C *Average Weight Loss (Pounds)* First of all, the national average weight loss in pounds has improved. Before the lottery, there was a slip in weight loss (from 15.3 pounds in January to

about 14.5 pounds in February, March, and April). We began the lottery in May, and by the end of the lottery, at the beginning of August, we had almost recovered to where we were before the slip, putting us at 15 pounds lost on average. Here in [name your center], our average weight loss was xx pounds in January, then [describe the change in data through August].

C *Average Percent Weight Loss* The national average *percent* weight loss has improved, also. It slipped from 7.3% in January to about 7% for February, March, and April. During the lottery months, it came back up to 7.2 or 7.3%. Here in [name your center], our average weight loss was x.x% in January, then [describe the change in data].

C *Average Minutes of Physical Activity* Physical activity has improved, too. The average minutes slipped from 178 in January to 169 in February, then they improved during the spring and particularly during the lottery months. Of course, the lottery occurred during the late spring and summer months, which are typically better months for exercise in many parts of the country, so the change of seasons was a factor here, also. Here in [name your center], our average minutes of physical activity in January were xxx, then [describe the change in data].

C *Percent at Weight Goal* Another improvement was in the percent of participants at the weight goal. It slipped from 50.9% in January to about 49% in February, March, and April. Then, during the lottery, it improved to more than 52%, even better than before the lottery began. Keep in mind that these are percents, so a seemingly small change translates into quite a number of individual participants who have now reached their weight goal. [If the participant reached weight goal during the lottery, strongly emphasize that he or she is one of those who have made the difference.] Here in [name your center], our percent at weight goal in January was xx.x%, then [describe the change in data].

C *Percent at Physical Activity Goal* Finally, the percent at physical activity goal also improved. It had leveled out at about 59% during January and February, then increased during the early spring and during the lottery months to 69%. Again, these are typically better months for exercise, so the change of seasons was a factor here, also. And as with the previous graph, keep in mind that these are percents, so a seemingly small change translates into quite a number of individual participants who have now reached their activity goal. [If the participant reached the activity goal during the lottery, strongly emphasize that he or she is one of those who have made the difference.] Here in [name your center], our percent at activity goal in January was xx.x%, then [describe the change in data].

We can all feel good that on average, the study as a whole has recovered from the slip we noticed during the winter months. And it's clear that our center... [if at or above 7%: can be proud of our contribution to the study average; if below 7%: has some catching up to do, which I'm confident will happen].

Still, our hard work isn't over yet. About half of the participants around the country have

reached or gone beyond the study goals [include the participant here, if applicable], and now their challenge is to *maintain* their new eating and exercise habits. Another half are not yet at goal [include the participant here, if applicable]. Now is the time for them to renew their commitment to losing weight and being active. And for all of us, a number of challenges lie ahead. First of all, the **holidays are coming**, with many food and social cues that make weight loss and weight maintenance difficult. And in many parts of the country the **weather will be colder and the days shorter**, which can be barriers to exercise. We hope we can retain some of the momentum we've gained during the lottery campaign, and by problem solving and planning, we can meet these challenges without another slip in the data.

Reflection and Goal Setting

What do you make of the lottery results? How do you think they apply to you? [Give the participant time to reflect and comment.]

Let's review your own progress during the months of the campaign. (Commend him or her for any improvements made, whether in attendance, eating, or exercise behaviors. *Be specific and detailed in your praise for the participant's progress during the campaign.* For example, if possible, use graphs of the individual's own data from January through August 1999 during your discussion.)

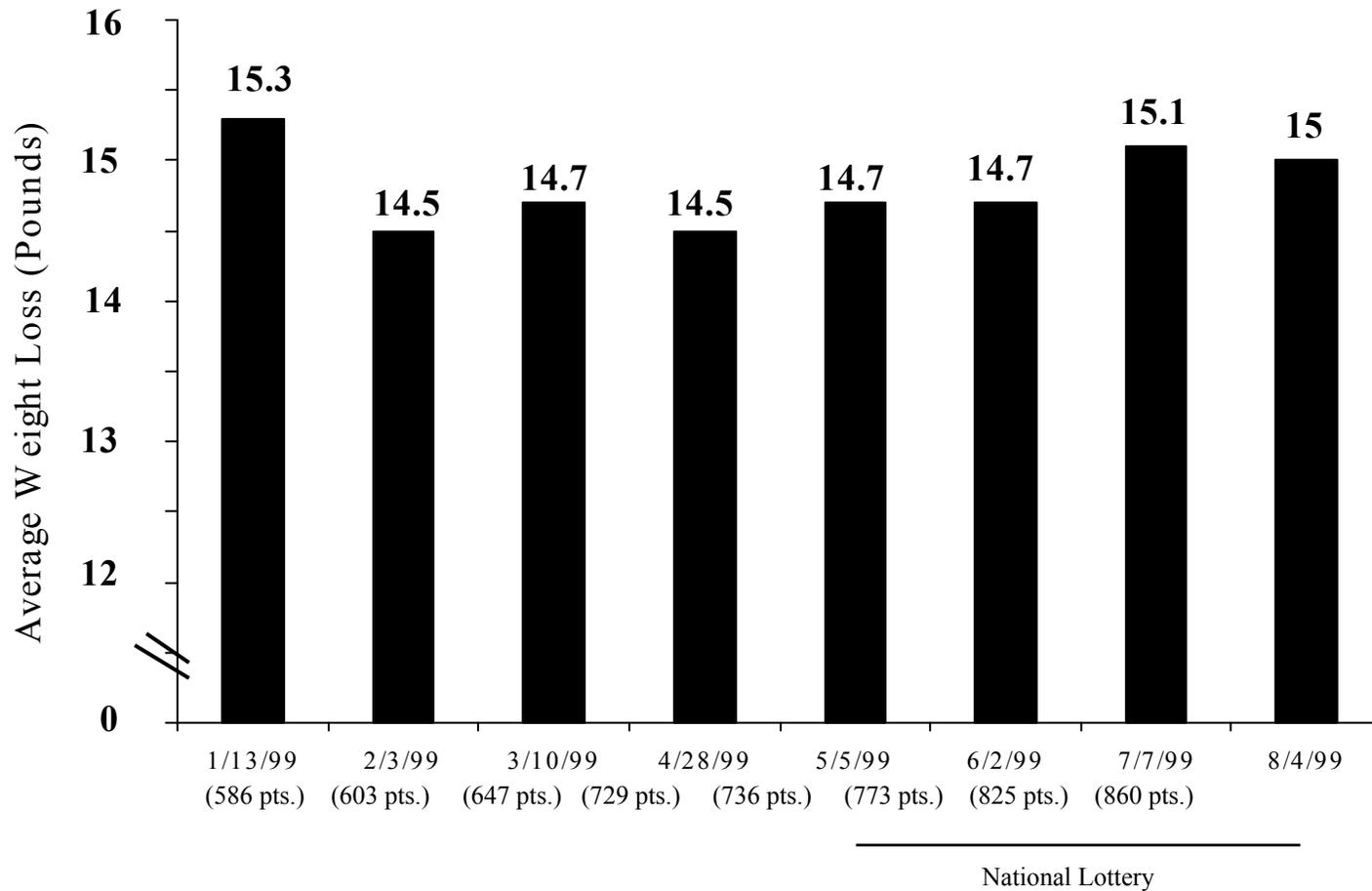
What *changes* do you think you could make [or sustain] in the next six months that would help the study and our center continue the progress we've seen during the spring and summer? What *challenges* do you think you will face during the fall and winter and how can you prepare for them? What *skills* have you learned so far in the DPP that you could practice with renewed focus during the coming months? [Move on to setting goals and developing an action plan with the participant.]

Please keep in mind that every time you lose even *one more pound*, or increase your weekly physical activity by even *10 more minutes*, you are not only helping yourself. You are also contributing to the success of the entire study and helping future generations understand how to prevent diabetes.

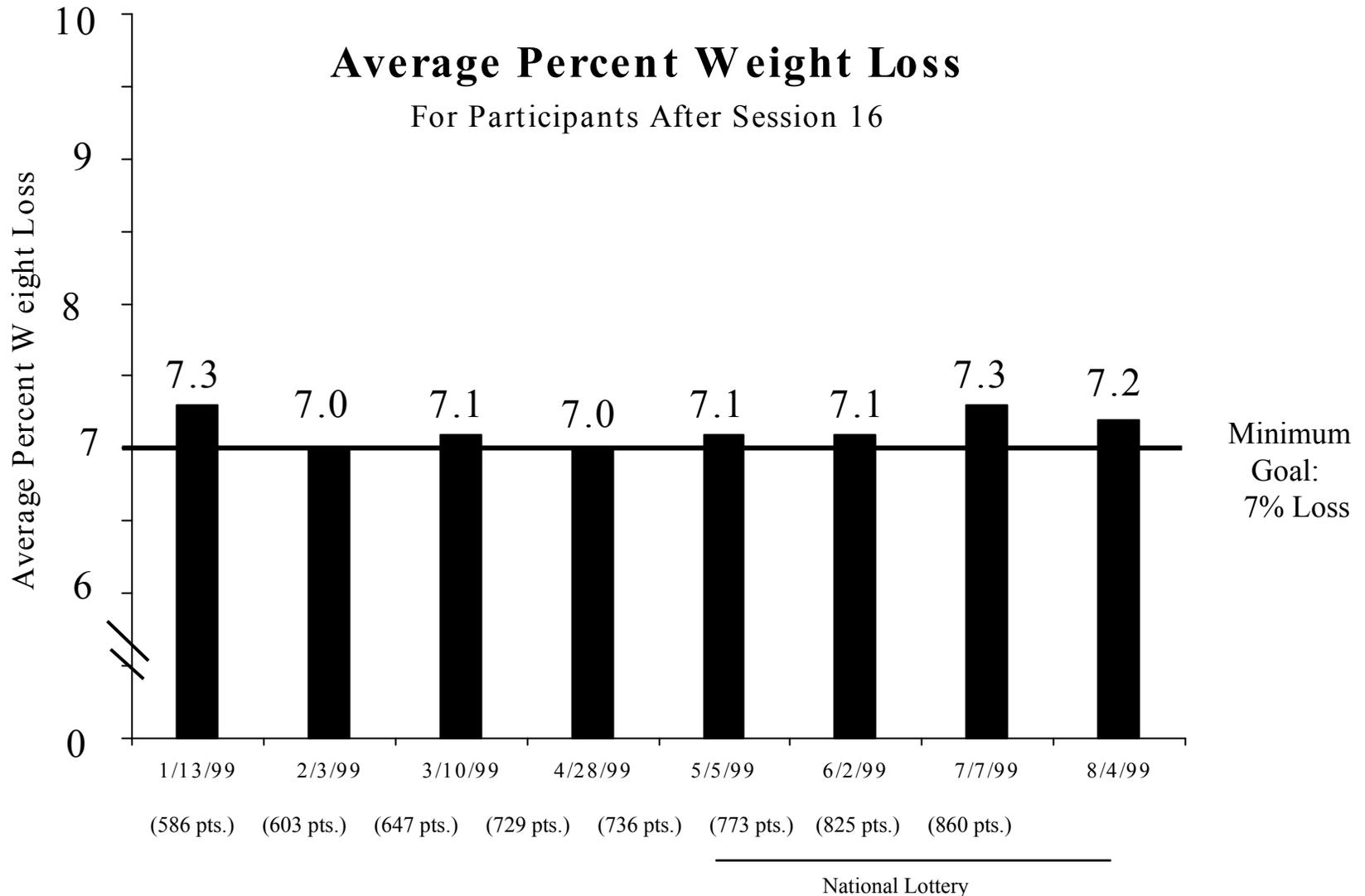
The DPP National Lifestyle Lottery Was a *Success* Across the Country

Average Weight Loss (Pounds)

Participants After Session 16



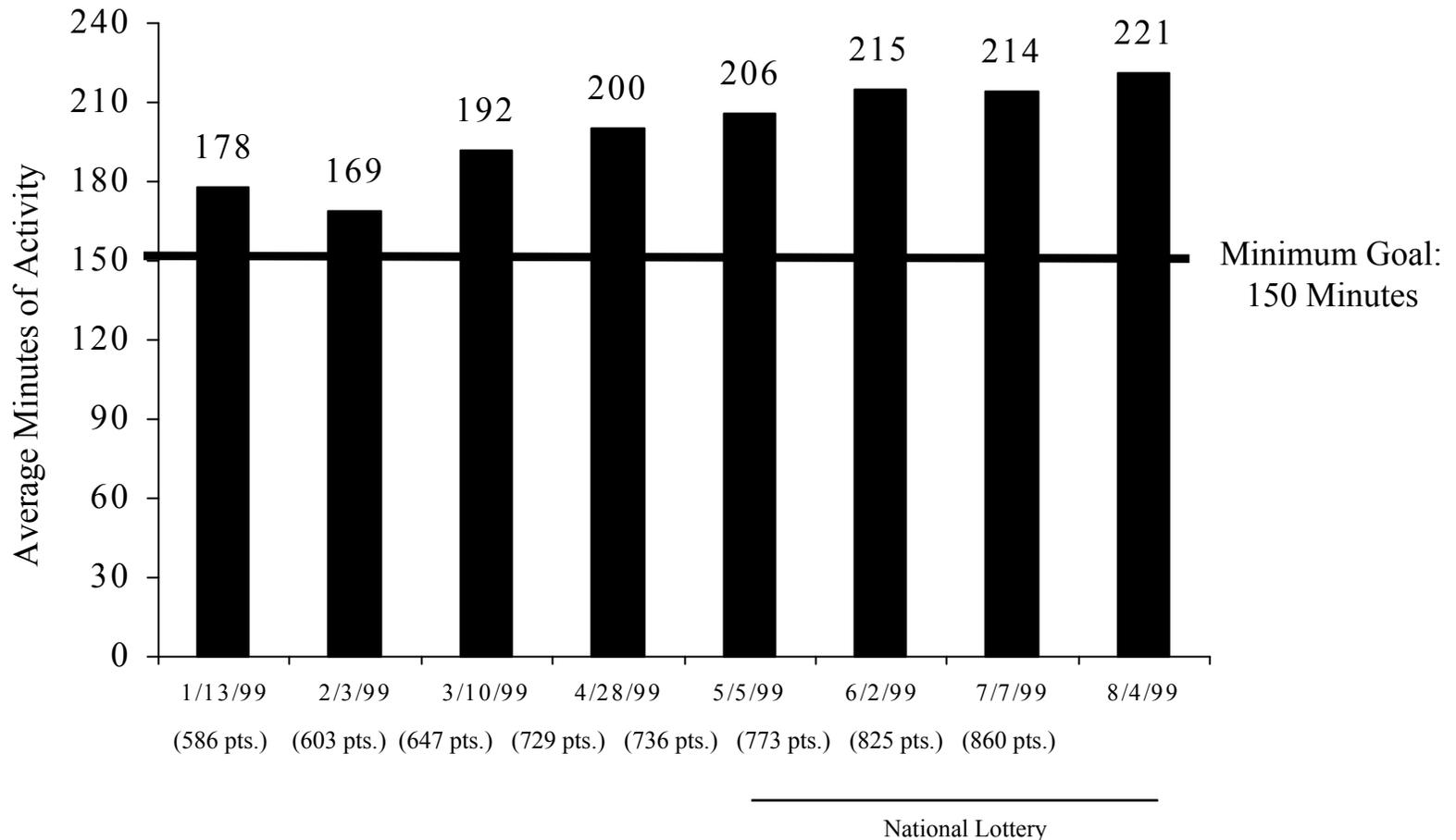
The DPP National Lifestyle Lottery Was a *Success* Across the Country



The DPP National Lifestyle Lottery Was a *Success* Across the Country

Average Minutes of Physical Activity

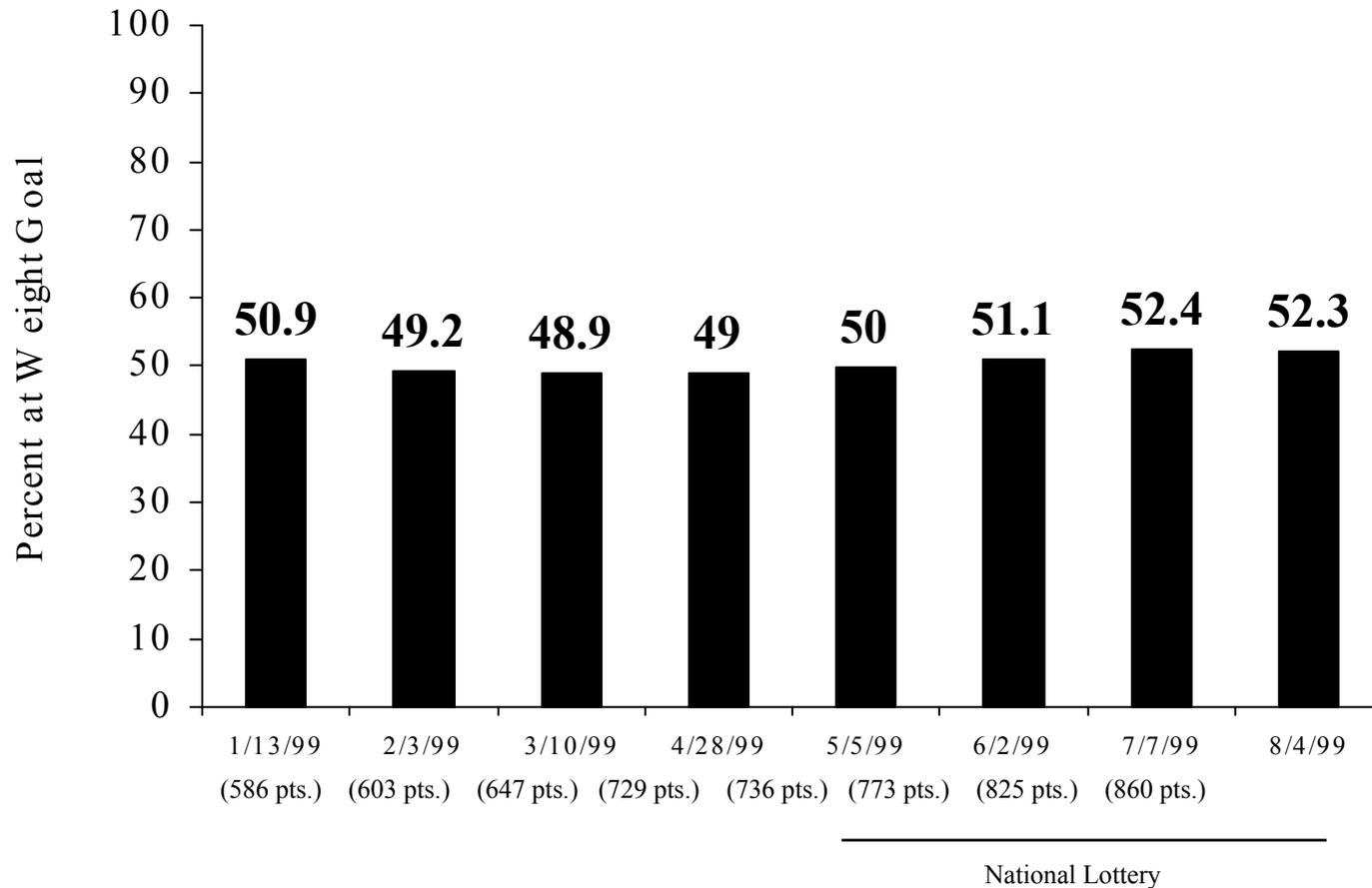
For Participants After Session 16



The DPP National Lifestyle Lottery Was a *Success* Across the Country

Percent at Weight Goal

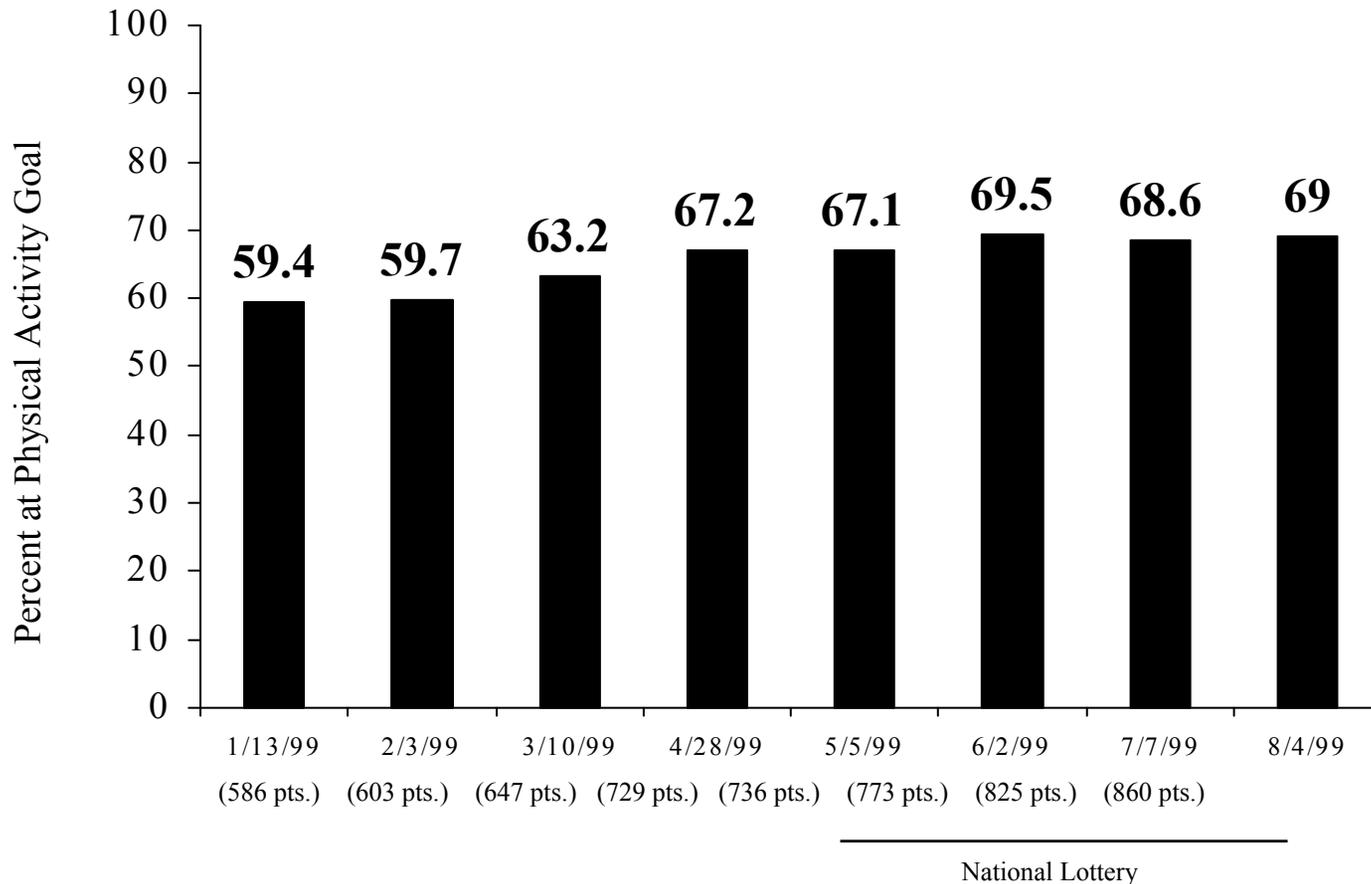
Participants After Session 16



The DPP National Lifestyle Lottery Was a *Success* Across the Country

Percent at Physical Activity Goal

Participants After Session 16



The Gift That Gives

The Gift That Gives is a **national motivational campaign** for DPP lifestyle participants during the **1999 holiday season**. The purpose of the campaign is **to motivate participants to self-monitor very consistently during the eight weeks between November 8 and January 3**. Consistent self-monitoring during the holiday period has been shown to improve weight loss (see attached articles). The theme of the campaign is that, by improving their health, participants are not only giving a gift to themselves but also to their families and future generations.

The Gift That Gives campaign includes the following features:

- C The Lifestyle Coach will discuss with the participant, either individually or in a group, the benefits of self-monitoring. The Coach will also present studies that have shown the importance of consistent self-monitoring during the holiday period. See the attached articles and participant handout, **Self-Monitoring Works**. (Note: The handout is written at a high reading level due to the necessary vocabulary. Be sure to review it thoroughly for participants who may have a lower literacy level.) Coaches may want to make a copy of the articles for *selected* participants who are familiar with scientific writing and motivated by research. The articles are probably not useful for most participants.
- C Participants will be asked to make a **detailed written commitment to self-monitoring** at the start of the campaign. The participant and the Lifestyle Coach will negotiate the details of the commitment and then sign an agreement. At minimum, the participant is to self-monitor foods, amounts, and activity minutes; in addition, self-monitoring fat grams, calories, or other (e.g., thoughts and feelings) may be agreed upon. (See attached worksheet, **Self-Monitoring Contract**.) Less complete self-monitoring formats (e.g., Quick Tracks) will *not* be used for this campaign.
- C **Keeping Track booklets** will be distributed for every week during the campaign. A label will be placed on the front of the booklets with the words “The Gift That Gives” followed by a secular **inspirational quote** (different each week) related in general to the significance of giving.
- C **Gifts** will be given to reinforce the return of self-monitoring records and emphasize the theme of holiday gift giving. Exactly how this is handled is up to each center. Do whatever works for your center, your budget, and the guidelines set by your IRB. As an example, the options below are what is planned for the Pittsburgh DPP. At your center, however, you may want to only give a gift to charity or give a gift when four rather than two dairies are returned.
- C **In Pittsburgh, participants will receive a gift worth \$5-\$10 in return for each *two* completed Keeping Track booklets** (e.g., a gift certificate to a department store, sporting goods store, or grocery store; a long-distance phone card; or a free or reduced-price movie ticket). Each participant will be eligible for a total of four gifts. [We recommend that you select items that would be useful to participants during the holidays rather than the standard DPP incentive items (DPP mugs, hats, etc.). For example, participants could use a department store gift certificate to purchase a holiday gift for a

friend or family member or a long-distance phone card to call a family member or friend. Or if a participant completed all eight Keeping Track booklets, she might receive four movie passes and could take her family out to a holiday movie. You may be able to find local movie theatres or other businesses that are willing to donate some of the items. If there are variations in the worth of the items, give the more valuable gifts later in the campaign (e.g., for the fifth and sixth booklets returned) to reward a longer, more consistent period of self-monitoring.]

- C **In Pittsburgh, we will also donate a nonperishable food item to a local food bank** for each two completed Keeping Track booklets returned. (**Note: DPP funds cannot be used to purchase food to be donated to a charity. In Pittsburgh, the staff will donate these items.**) The food will be displayed in a large basket in the clinic so that participants can see the items accumulate over time.
- C Your center may want to offer a **related support group/after-core class** during the campaign. For example, in Pittsburgh, a behavioral class will be offered to participants who have regained weight. One focus of the class will be to increase consistency of self-monitoring during the holidays by participation in the Gift That Gives campaign. Also, one of the sessions will include a discussion of healthy holiday gift ideas. (See the attached announcement for the Pittsburgh after-core class.)
- C Participants will receive **mailings once a week during weeks 1-4** to remind them to self-monitor. The mailings will include postcards decorated by participants for other participants. These might be decorated during a group class or individually (for example, while in the clinic waiting room, a participant might be asked to decorate a postcard, using markers or colored pencils, that will then be mailed to another participant, chosen at random, as a prompt for self-monitoring).
- C Participants will also receive **phone calls once a week during weeks 5-8** with a reminder and encouragement for self-monitoring. We recommend that the Coaches work with the center's retention coordinator to set up a mechanism for these calls that will minimize the burden on Coaches (for example, a student might be hired to make the calls). We suggest that the caller make two attempts to reach the participant and then leave a message if that fails. The Coaches should alert participants ahead of time that the caller will not necessarily be the participant's Lifestyle Coach. Here is a possible script for the calls:

“Hi. This is ----. I'm calling on behalf of the Diabetes Prevention Program campaign called the Gift That Gives. I want to encourage you to self-monitor and bring in your completed Keeping Track booklets to your next appointment. You'll receive a gift for every two completed booklets that you return. Also, --- (name the charity, e.g., the Pittsburgh Food Bank) will receive --- (name the gift, e.g., a food donation).”

Note: In Pittsburgh a similar campaign will be held for medication arm participants to reinforce attendance within their window.

Self-Monitoring Works

Self-monitoring is the most helpful thing you can do to lose weight and keep it off. Let's look at some of the research.

In one study, 8 of 16 weight control groups were randomly assigned to self-monitoring. At the end of 15 weeks, the self-monitoring group lost 64% more weight than the other group.

Two recent studies have also shown that **self-monitoring is critical during the high-risk holiday season.** Here are some details:

1. One study involved 38 participants who had been in a weight loss program for about one year. Self-monitoring was part of their program from the beginning. In this study, they were asked to self-monitor more consistently for 10 weeks. They started 2 weeks before Thanksgiving and ended two weeks after New Year's Day.

Results: Participants gained 500% more weight per week during the holiday compared to the nonholiday weeks. **Only the participants who self-monitored very consistently lost any weight during the 10 weeks and during the holiday weeks. Their average weight loss was 10 pounds more than in the participants who self-monitored less.**

2. Another study involved 57 participants who had been in a weight loss program for an average of 17 months. Self-monitoring was part of their program from the beginning. In this study, half of the participants were asked to self-monitor more consistently for 8 weeks. They started after Thanksgiving and ended 3 weeks after New Year's Day. The self-monitoring group received daily mailings and weekly phone calls during the holiday weeks to remind them to self-monitor.

Results: **The self-monitoring group lost an average of 2 pounds. The other group gained an average of 2 pounds. A decrease in weight was significantly associated with an increase in self-monitoring.**

Remember, self-monitoring *works*.



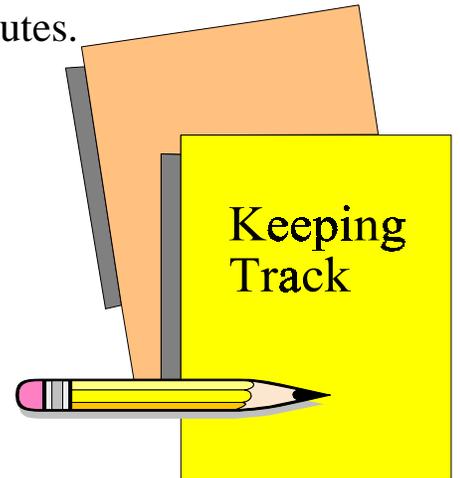
The Gift That Gives Self-Monitoring Contract

For at least five days each week
between Monday, November 8, 1999 and Monday, January 3, 2000,

I will self-monitor foods, amounts, and activity minutes.

I will also self-monitor:

- Fat grams
- Calories
- Other _____

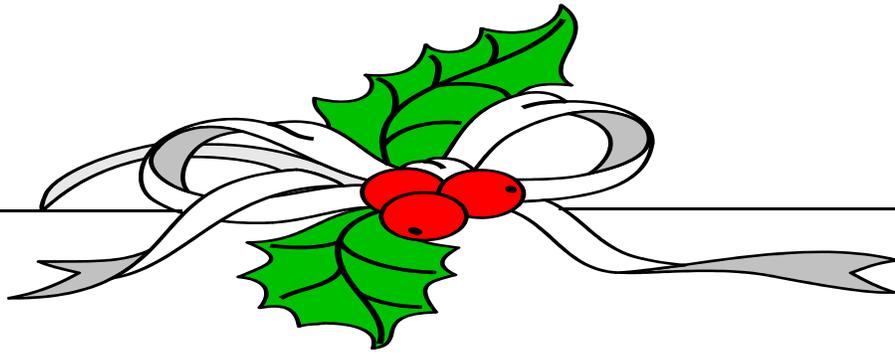


Whenever I return *two* self-monitoring booklets,
C I will receive:

C A local charity will receive:

Once a week I will receive a mailing or brief phone call to remind me to self-monitor. The person calling may not be my Lifestyle Coach.

Signed _____



The Gift That Gives

Pittsburgh DPP

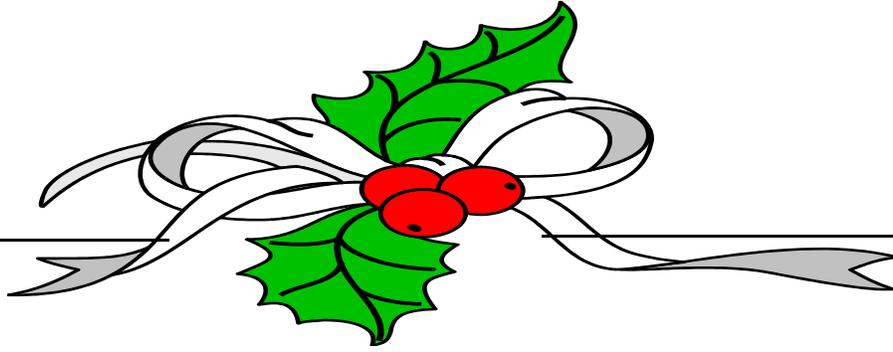
“Renew thyself completely each day; do it again, and again, and forever again.” Chinese Inscription

As part of a nationwide DPP effort to help participants through the “high-risk” winter holiday season, we are offering a six-session series of behavioral support groups. It is called “The Gift That Gives” because we believe that a healthy and balanced lifestyle is “the greatest gift” you can give to yourself, your family, and future generations.

Our groups will start with a focus on staying honest and aware through the winter holidays by carefully keeping track of eating and exercise. Diaries will be collected at the start of each meeting, and weigh-ins will also be encouraged. The seven-to-ten-pound holiday slide is not inevitable, and we are putting in place an incentive plan to help all participants stay on track from November 9 through January 3, 2000.

While the main reason for the weekly groups is to support consistent self-monitoring, we also plan to discuss ways to balance the commitments we are making to ourselves and others, AND have some good, creative, fun! Think of this as “behavioral weight control meets Martha Stewart”.

See the next page for meeting dates, activities. **All sessions will meet from 5:30-7:00 in Suite 600 Iroquois.**



The Gift That Gives

Pittsburgh DPP

Date

Topic/Activity

Tuesday, 11/9 How Do You Keep Track?

Introduction to the “The Gift That Gives” campaign.

Tuesday, 11/16 Gifts From the Heart (I)

You will each make four small gifts that can be given to co-workers, neighbors, kids’ teachers, etc. Please bring with you a one-pound bag of dried beans. Yes, we really mean it. Beans.

Tuesday, 11/30 Holiday Card Making

We will be using textured papers to do “cut-outs” and create our own artful and personal holiday greeting cards designed by Bonnie Gillis. All supplies will be provided.

Tuesday, 12/7 Hula For Health

The December skies of Pittsburgh may be grey and dreary, but a hula workout can energize the mind, body, and soul. Those with two left feet are most welcome!

Tuesday, 12/14 Gifts From the Heart (II)

Linda Semler, MS, RD will demonstrate some inspired decorating ideas for the holiday table. Watch out Martha!

Tuesday, 1/4 Wherever You Go, There You Are

Each individual will reflect on how things went over the holidays and set personal lifestyle goals for the New Year. The session will end with 30 minutes of strength training exercises.

RSVP for The Gift That Gives



Please complete this page and return it to us in the enclosed, self-addressed stamped envelope. Thank you!

Your Name _____

- Yes, I will come to The Gift That Gives.

We would love to see you at each session but we understand that some of you may not be able to come to every session. Please check the ones you will attend:

- Tuesday, November 9, "How Do You Keep Track?"
 - No, I will not be able to attend this session.
- Tuesday, November 16, "Gifts From the Heart (I)"
 - No, I will not be able to attend this session.
- Tuesday, November 30, "Holiday Card Making"
 - No, I will not be able to attend this session.
- Tuesday, December 7, "Hula for Health"
 - No, I will not be able to attend this session.
- Tuesday, December 14 "Gifts From the Heart (II)"
 - No, I will not be able to attend this session.
- Tuesday, January 4, 2000, "Wherever You Go, There You Are"
 - No, I will not be able to attend this session.

Gift That Gives Record



Participant Name _____

Remember, five days of each Keeping Track booklet must be completed, with foods, amounts, and activity minutes recorded at minimum.

Week of Monday	Number of Keeping Tracks Received	Gift Given (specify)	Food Put in Basket (Y/N)
Nov. 8			
Nov. 15			
Nov. 22			
Nov. 29			
Dec. 6			
Dec. 13			
Dec. 20			
Dec. 27			

10,000 Steps

10,000 Steps! is a **motivational campaign** for DPP lifestyle participants. It is designed to be held during a **four to six-week** period in the **fall of the year 2000**. The purpose of the campaign is to improve the DPP lifestyle data by:

- C Reviewing the data with participants and challenging them to help improve it,
- C Encouraging participants to boost their physical activity by wearing a pedometer and trying to achieve a goal of at least 10,000 steps per day, and
- C Asking participants to pledge to lose a certain amount of weight during the campaign.

The 10,000 Steps! campaign includes the following components:

- C **A review of the lifestyle data and a challenge to improve it.** The campaign will begin by summarizing for participants the change in the lifestyle data over time. This may be done in a variety of formats, with both words and graphs, in the context of a group event, in a newsletter or letter, and/or with individual participants. The emphasis will be on our serious concerns, both nationally and locally, related to the slipping weight loss data.
- C **An individualized participant contract** (see attached) to reach 10,000 steps per day, at least 150 minutes of physical activity per week, and a specified amount of weight loss during the campaign. (Note: *For participants who swim or bike regularly, they may count 30 minutes of continuous swimming or biking as 3,000 steps toward their goal.*)
- C **A local DPP Lifestyle Walk.** Some centers may want to combine this with the American Diabetes Association walk in their area. It will be up to each center to decide when to begin the campaign and when to hold the walk within the campaign.
- C **A group event to close the campaign at which the participants are weighed and congratulated for their efforts.**

Matthews Media has developed a logo for the campaign using the slogan **“10,000 Steps Closer to Preventing Diabetes”** and a **colorful graphic**. The logo is printed on white **t-shirts** to be worn during the walk and on **blank postcards** to announce the walk to participants (centers will attach labels to the postcards with the local event specifics).

Note: Some of you asked that the t-shirts include an estimate of the number of miles in 10,000 steps so that participants could imagine the distance. However, we decided not to put mileage on the t-shirts because stride lengths vary greatly and the number of steps clocked on the pedometer will include lifestyle activity as well as activity counted toward the DPP goal. If a participant seems overwhelmed by the number 10,000, you may want to explain that inactive people typically take 2,000-4,000 steps per day. Adding lifestyle activity plus 150 minutes or more of physical activity per week will typically more than double that number of steps. Keep in mind that the idea behind using the pedometers is to give participants something other than mileage and minutes as feedback for being more active. For example, glancing down at the pedometer and checking their

progress can give participants the motivation needed to go out for an extra walk after dinner when short of the 10,000 steps goal.

The logo is also printed on **refrigerator magnets** and **5" x 7" postcards printed with a self-monitoring record for physical activity minutes, steps, and weight.** (Note: The pedometers will not replace the standard self-monitoring of activity in minutes, which is required by the protocol and should continue.) To prompt self-monitoring, participants will be encouraged to display the postcards on their refrigerators using the magnets or carry the cards in a pocket or purse. When completed, the postcards will be sealed with tape or stapled and mailed to the Lifestyle Coaches. (Centers should place address labels and stamps on the postcards before giving them to participants.)

Each postcard that shows at least 50,000 steps per week will be entered into a local drawing at the end of the campaign. Three winning participants per center will be selected and awarded prizes. The nature of the prizes will be up to each center.

Centers are encouraged to **tailor the campaign to local needs while retaining the key components.** (If your center has already held a similar campaign recently, please call the Lifestyle Resource Core to discuss alternatives.) It is recommended that the campaign be **used as one of the three required after-core classes per year.** To do so, centers will need to include **a minimum of four group meetings** (such as a group event to open and close the session as well as two group walks during the campaign), with participants being weighed at all of the meetings. A sample log for recording participant attendance, weight, etc., is attached. A code for using the campaign as an after-core class is included in the Code Book.

As an example, in Pittsburgh we plan to send all lifestyle participants a one-page announcement (sample attached) outlining all four campaign events with an RSVP form and self-addressed, stamped envelope. We plan to do this well in advance so that everyone can mark their calendars. We will also send a separate invitation to the kickoff event (the Study Update) closer to the date for which it is scheduled.

At the kickoff, our Principal Investigator will review the lifestyle data, describe the campaign, and distribute the following items to each participant:

- C The same one-page announcement we sent to participants earlier, as a reminder of the upcoming events
- C A DPP participant survey (see the second newsletter from Massachusetts General, attached, for a sample)
- C The 10,000 Steps Contract
- C One printed 10,000 Steps t-shirt
- C One pedometer
- C 8 weekly self-monitoring postcards, with return address labels and stamps attached
- C 2 refrigerator magnets

The Principal Investigator will strongly encourage the participants to take part in the campaign. Those who decide to do so will be asked to stay after the presentation to be weighed by the Coaches at one of several private areas. When the participants are weighed, they will be given a copy of the first newsletter (attached) which will summarize the presentation and their own individual lifestyle data. They will also be asked to complete the survey and the contract in writing, setting an individualized goal for weight and physical activity and signing it along with the Coach.

After the event, we will send the first newsletter to any lifestyle participants who did not attend the evening presentation. In addition, we will describe the campaign during individual participant visits and distribute the campaign items to those who did not attend the presentation.

We plan to hold the 10,000 Steps and ADA walks about mid-way through the campaign and will send reminder postcards beforehand (we will put labels with the time, place, etc. on the blank 10,000 Steps postcards).

At the end of the campaign, we will send out invitations to another evening event. As participants arrive, they will be weighed in private areas, and their average weight loss and change in physical activity minutes will be calculated as the presentation is being delivered. The Co-Investigator will discuss the importance of the campaign, present the local results, congratulate those who did well, hold the drawing of self-monitoring postcards and award prizes, and encourage those who are still struggling. A follow-up newsletter summarizing the presentation and the final results of the campaign will be sent to all lifestyle participants.

A draft copy of the materials we plan to use for the Pittsburgh 10,000 Steps campaign are attached and also enclosed on diskette in both Word Perfect 6.1 and Microsoft Word 2000.

The filenames are as follows:

- C First newsletter: 10000stp.wpd (in Word Perfect) and 10000stp.doc (in Word)
- C Second newsletter: 10000st2.wpd (in Word Perfect) and 10000st2.doc (in Word)
- C Contract and other materials (session log, schedule of events, RSVP form, and invitations): contract.wpd (in Word Perfect) and contract.doc (in Word)

Feel free to adapt these materials to your own center.

Note: The Pittsburgh newsletters were developed based on those created by Massachusetts General for a similar campaign in the spring of 2000 (the Massachusetts General newsletters were based on one developed at the New Mexico DPP, which was sent with the May 2000 Lifestyle Balance News and is included in the Tool Box section of the Lifestyle Manual of Operations, Ideas to Enrich the Lifestyle Intervention). A copy of the two **newsletters from Massachusetts General are attached** (they were designed

using PageMaker by Barbara Steiner). Feel free to incorporate components of the Massachusetts General campaign into 10,000 Steps if you wish.

To **adapt the Pittsburgh newsletters for your own center**, you will need to open the files in either Word Perfect or Word, change the name of the center, the data, and the details of the events and challenges you plan to include in the campaign. Be careful to make these changes throughout the newsletters. Feel free to incorporate whatever local lifestyle data you think will best motivate your participants. For example, you may want to select different dates than we have or use data from the participant progress reports rather than the monthly data from the Coordinating Center. Keep in mind that you will need to keep your data entry up to date if you want the data to reflect the recent efforts of your participants.

Please call us if you have difficulty revising the text or graphs on the newsletters (note: the graphs are in Microsoft Excel and you can access the spreadsheets for revision by double clicking on the graphs).

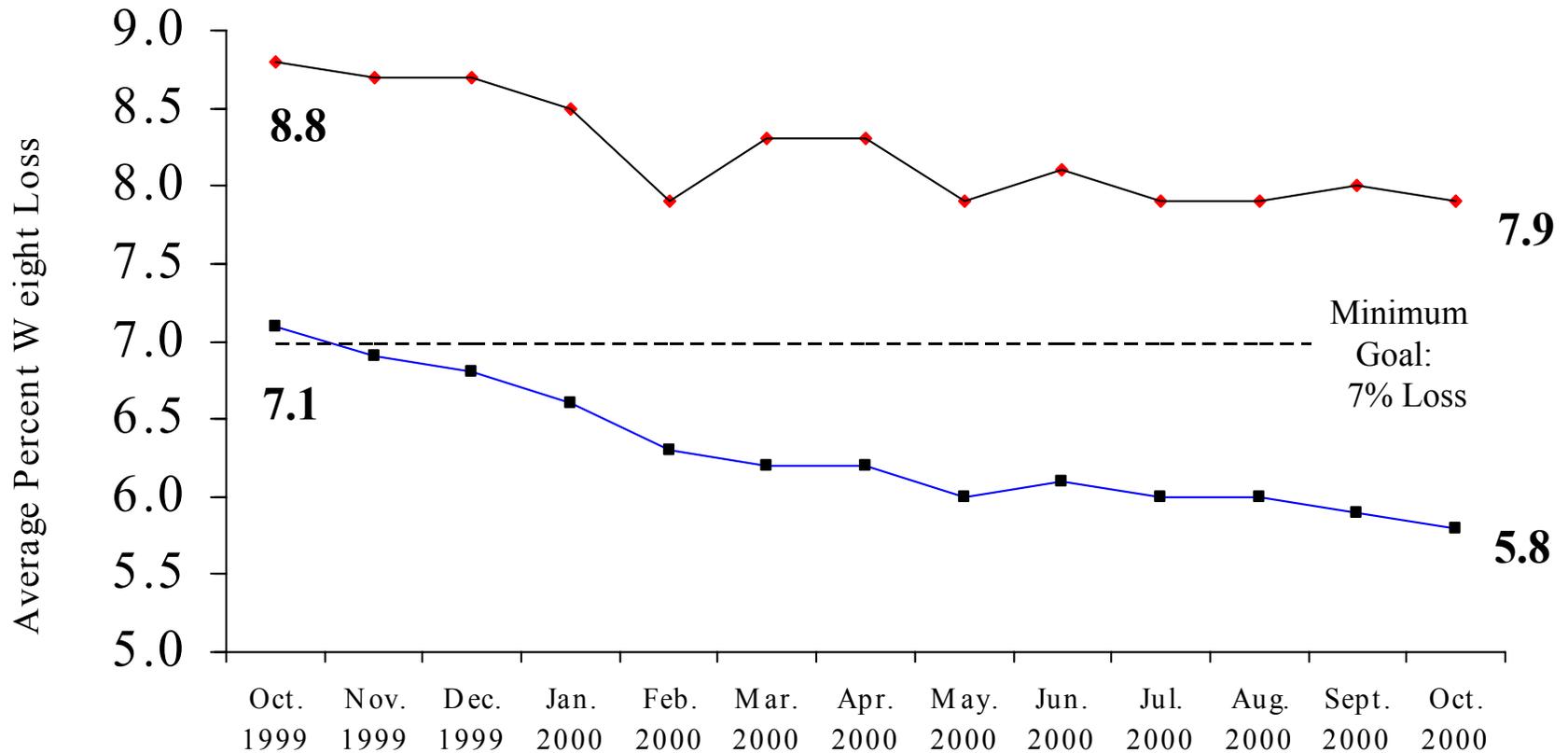
Note: The Lifestyle Resource Core **encouraged the Principal Investigators to take part in the 10,000 Steps campaign by speaking at the opening and closing events, wearing a pedometer, and reporting their steps.** The Lifestyle Resource Core will hold a drawing of to select a winner among the Principal Investigators who report at least 50,000 steps per week. **The attached overheads were developed as an optional tool for the opening and closing events** and were distributed by e-mail to the centers with the following comments:

- C Feel free to revise or delete any of the overheads and include only the data that emphasize your message.
- C Pittsburgh data is used as an example. (The graphs are in Microsoft Excel. Double click on them to pull up the spreadsheet, enter data for your center and add July and August.)
- C The only overhead not included on the diskette is the one showing F01 and F02 data, which has been copied from the most recent LAG report.
- C You may want to use the overhead "We need your help to improve the lifestyle data" as the place in your presentation to suggest what would make a difference for your center. For example, you may want to suggest that every participant try to lose a minimum of two pounds or that your center try to reach an average weight loss of a certain number of pounds and translate that into what it would mean for individual participants (some would need to lose more weight than the average, whereas others may not be able to lose more than they already have).
- C When you report the total number of steps walked during the campaign, you may want to translate it into miles (use a rough figure of 4-5 miles per 10,000 steps)--for example, that your center walked from Seattle to San Francisco, or whatever.

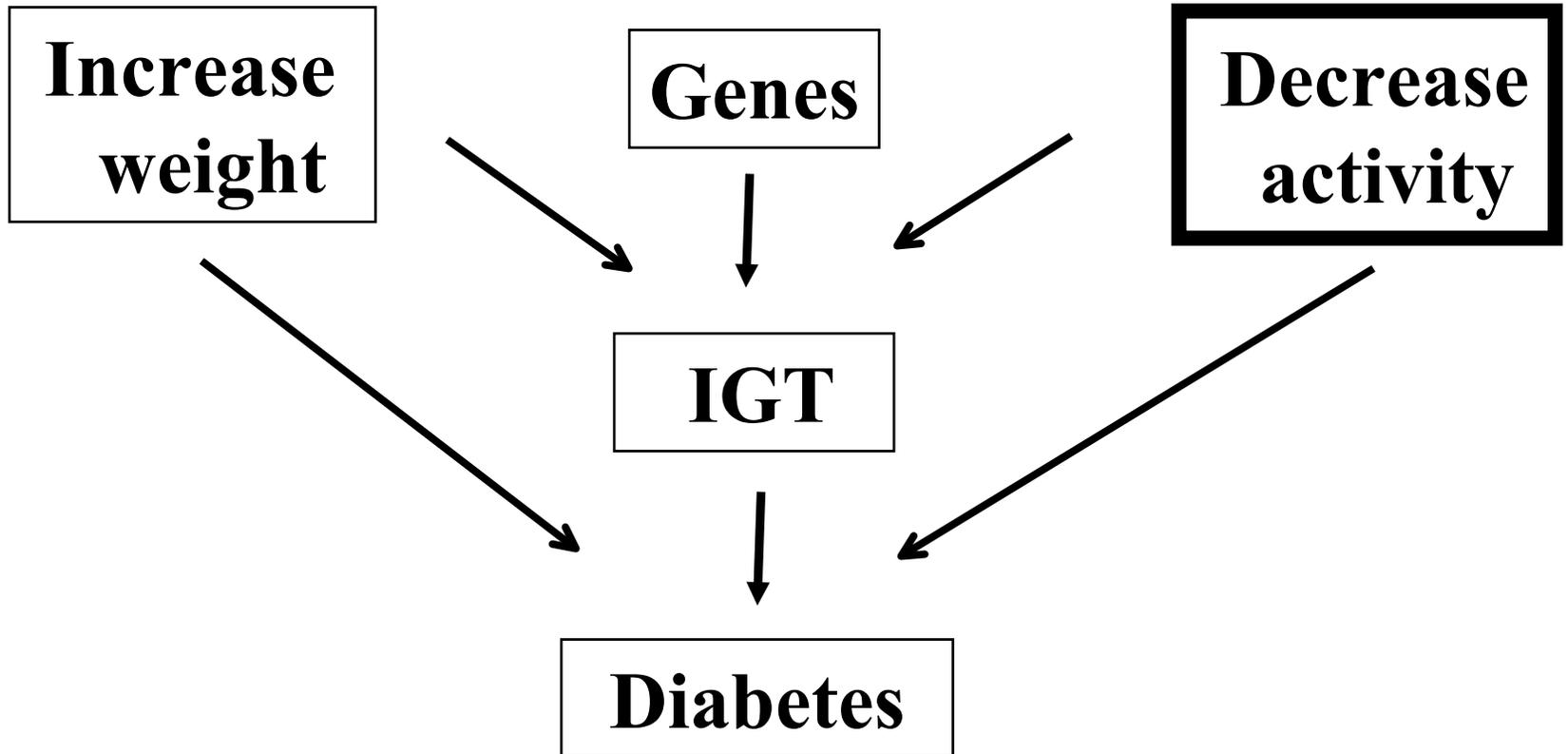
In addition, a copy of the **attached cover article from Newsweek** (September 4, 2000) was distributed to the centers as an optional handout for participants during the campaign.

DPP Lifestyle Data

Average Percent Weight Loss: Pittsburgh (top line) and National

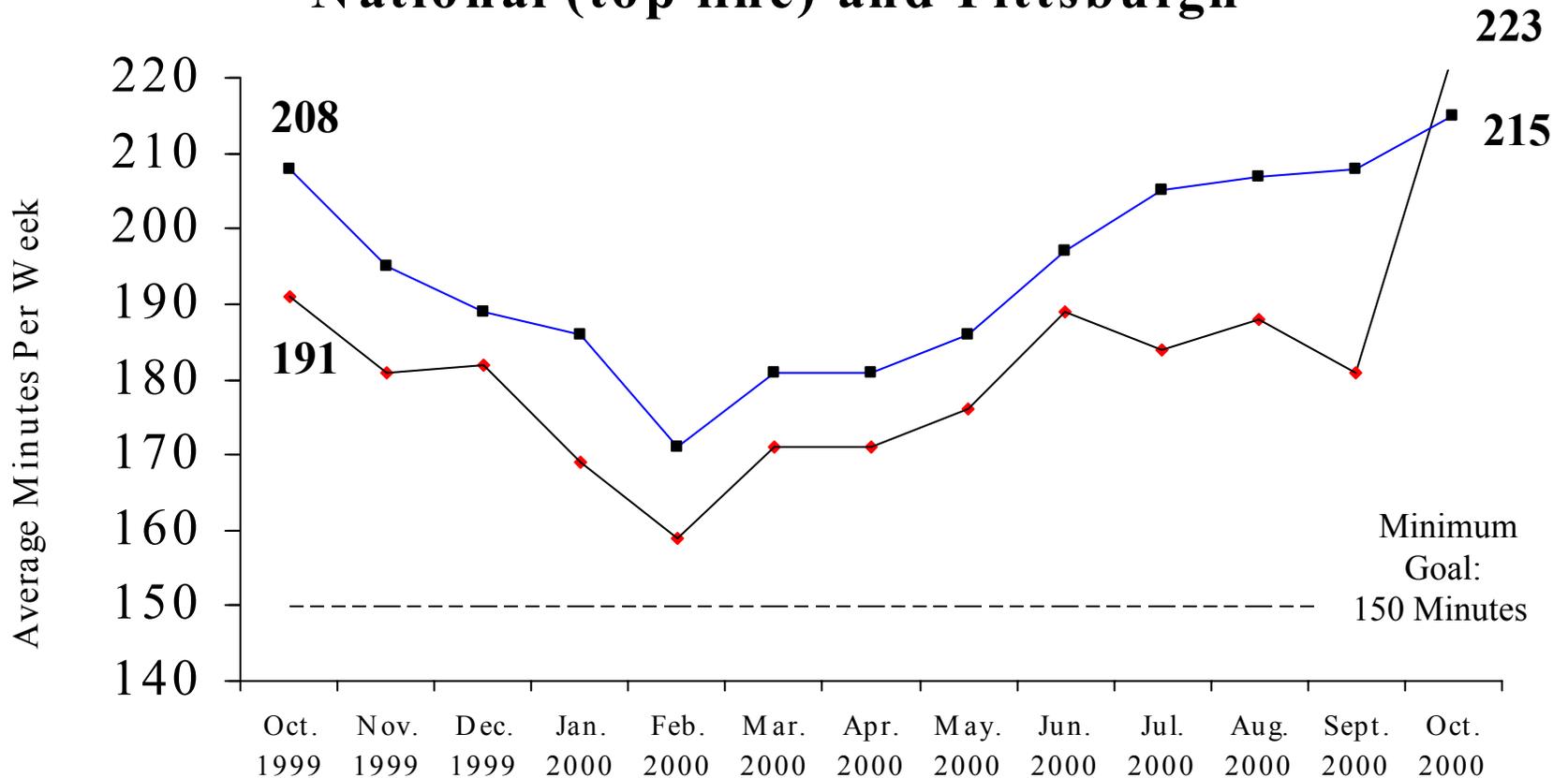


Added Risk

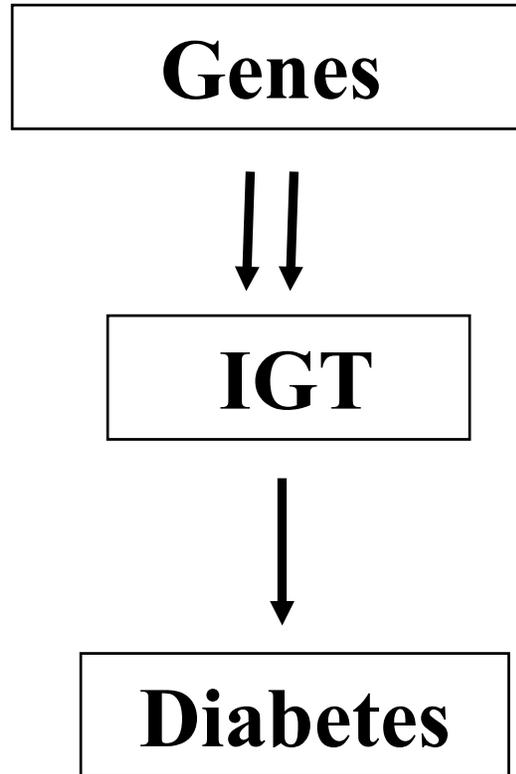


DPP Lifestyle Data

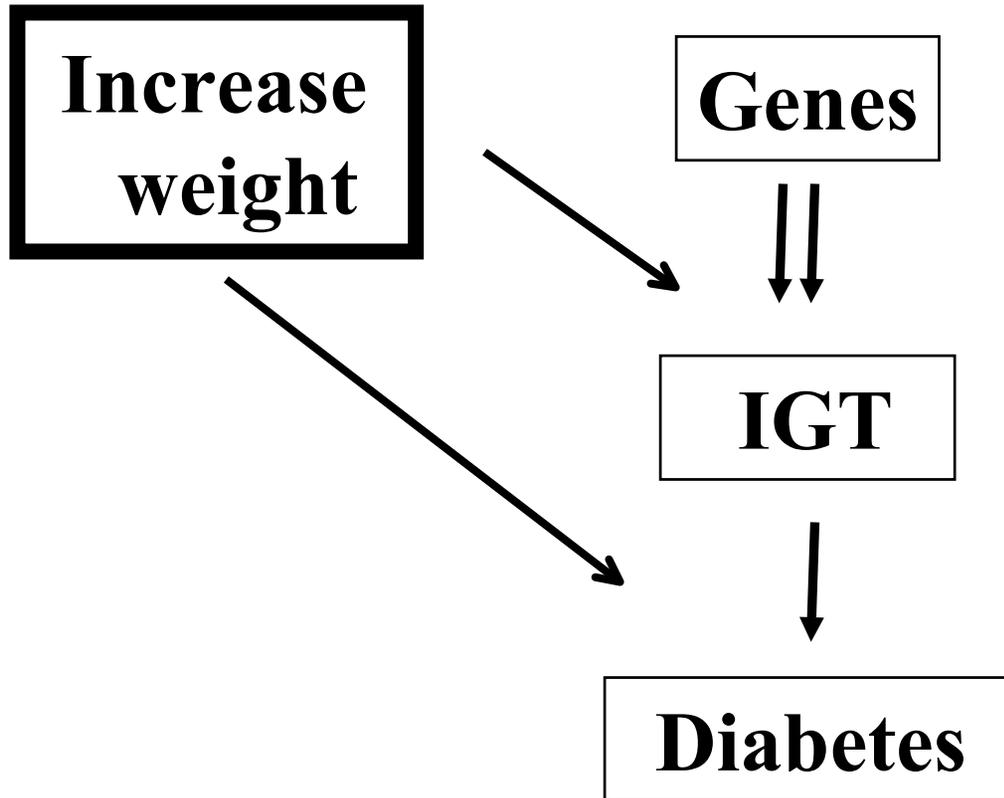
Average Minutes of Activity Per Week: National (top line) and Pittsburgh



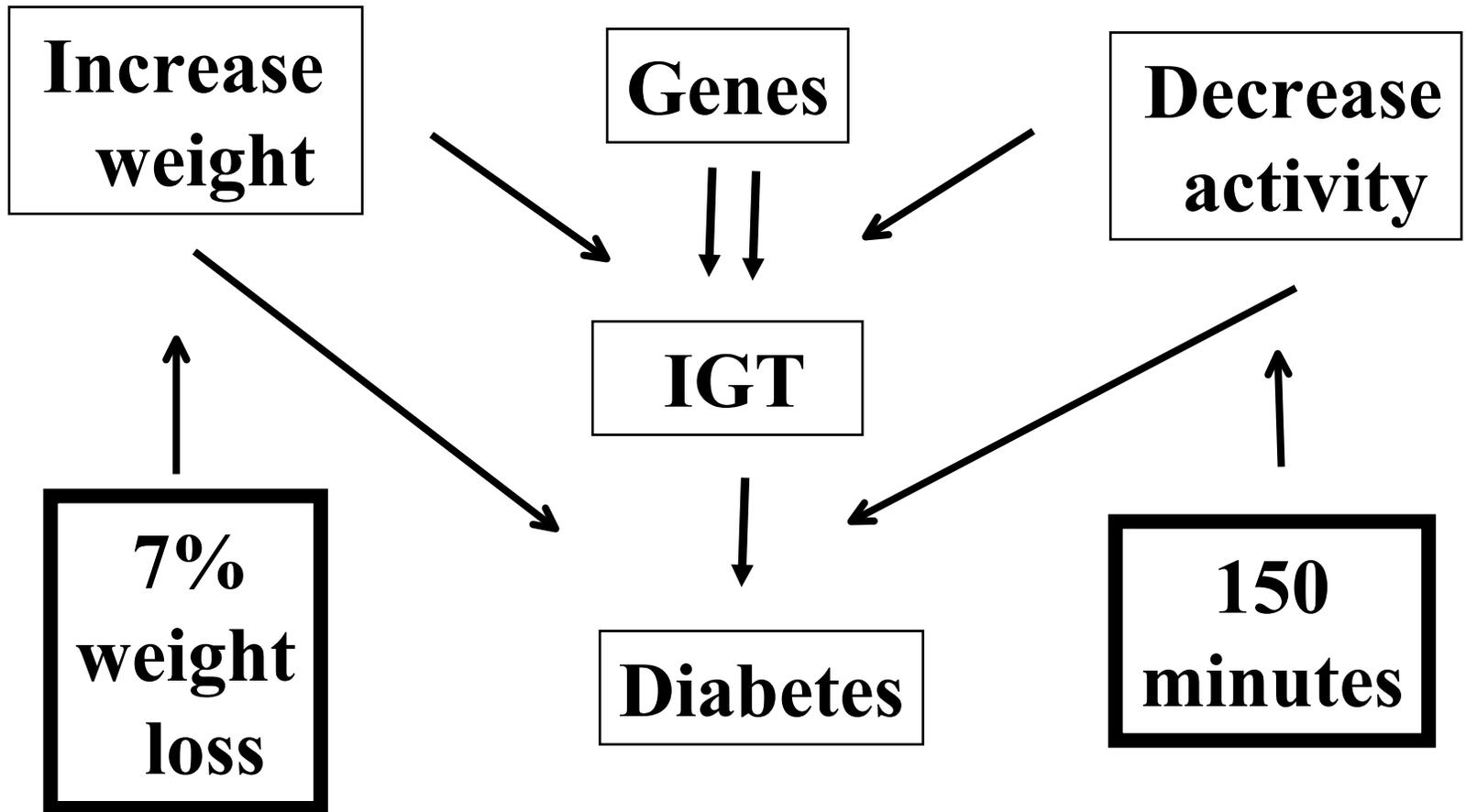
Why DPP?



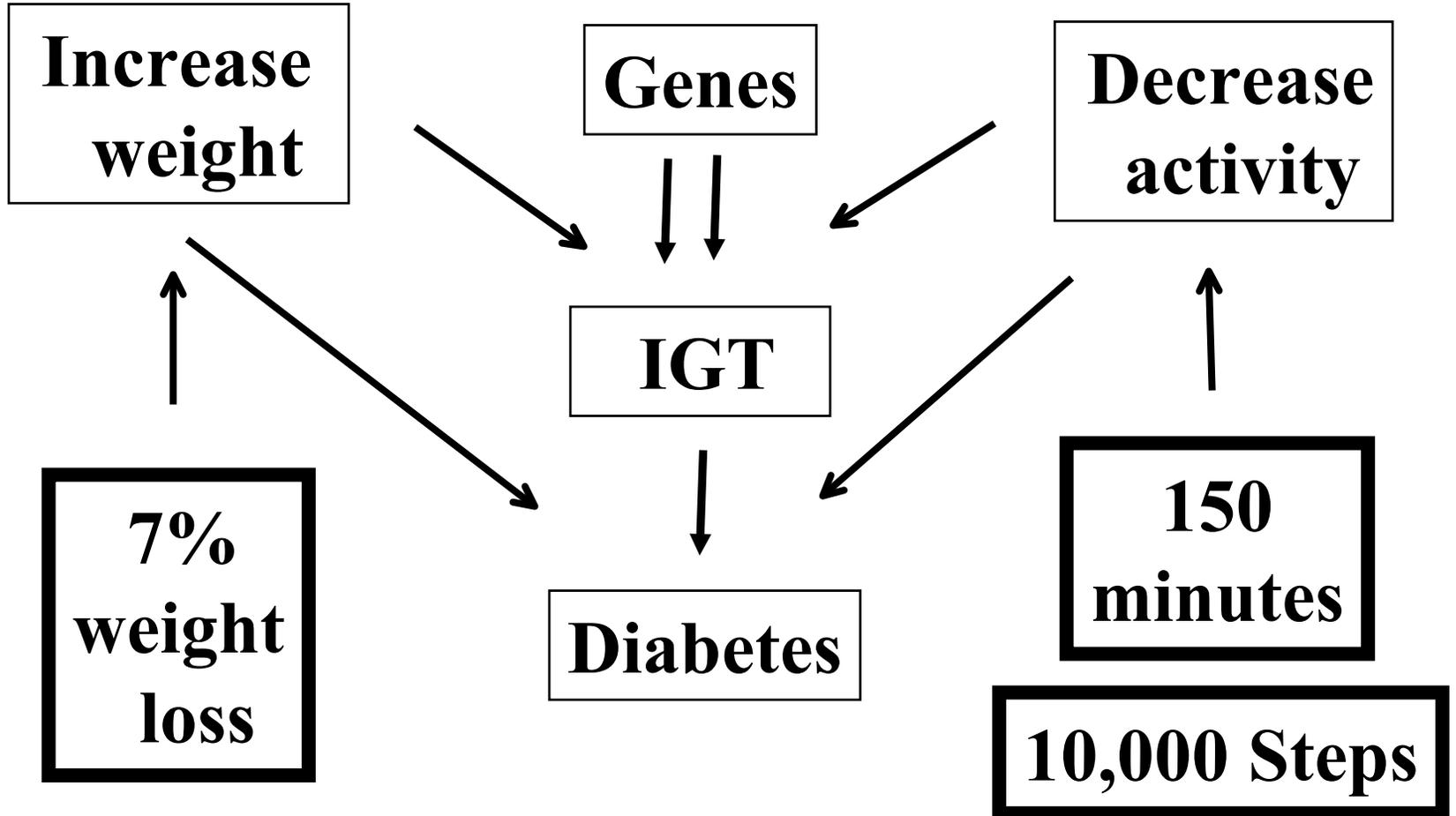
Added Risk



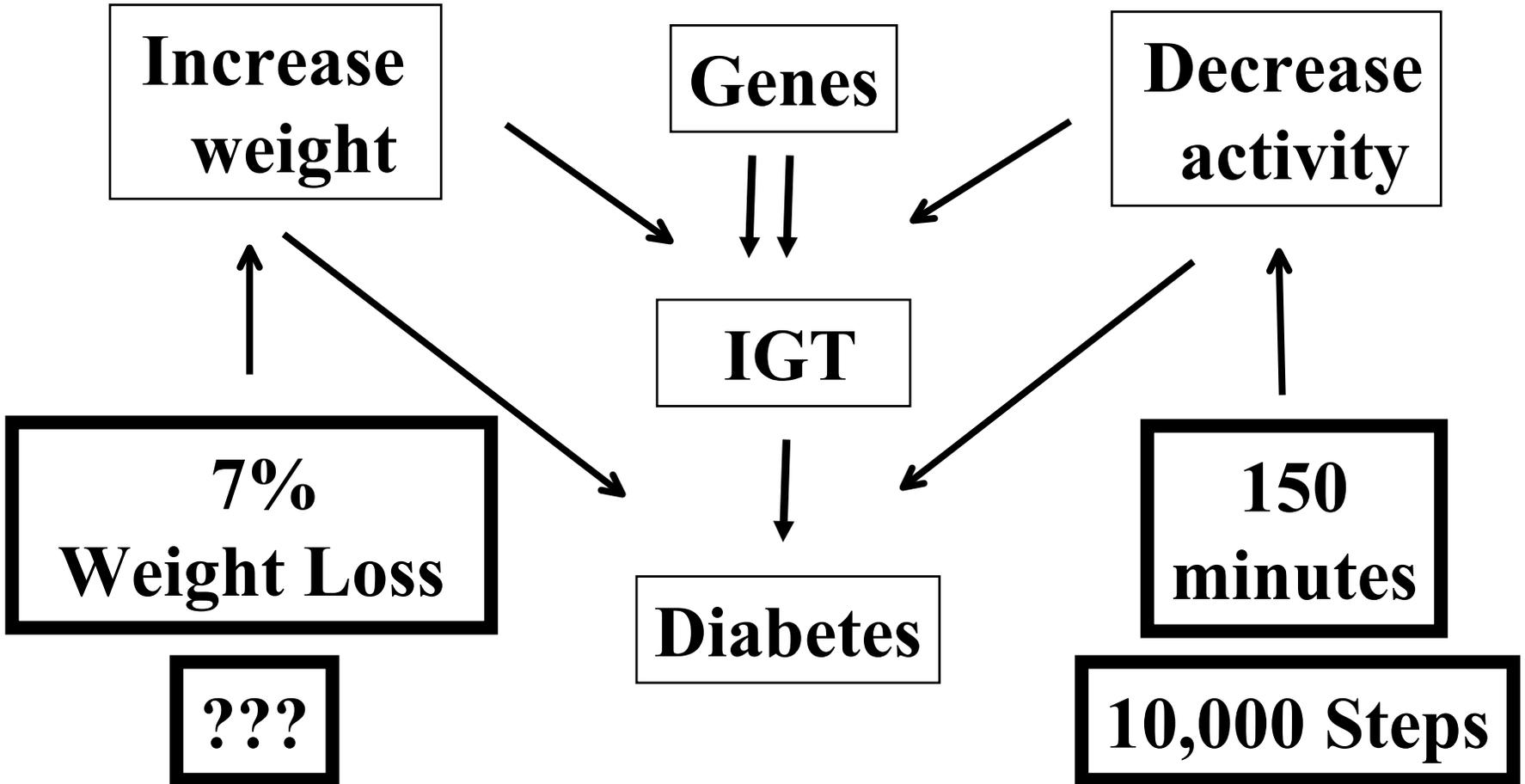
DPP Lifestyle Change



10,000 Steps Campaign

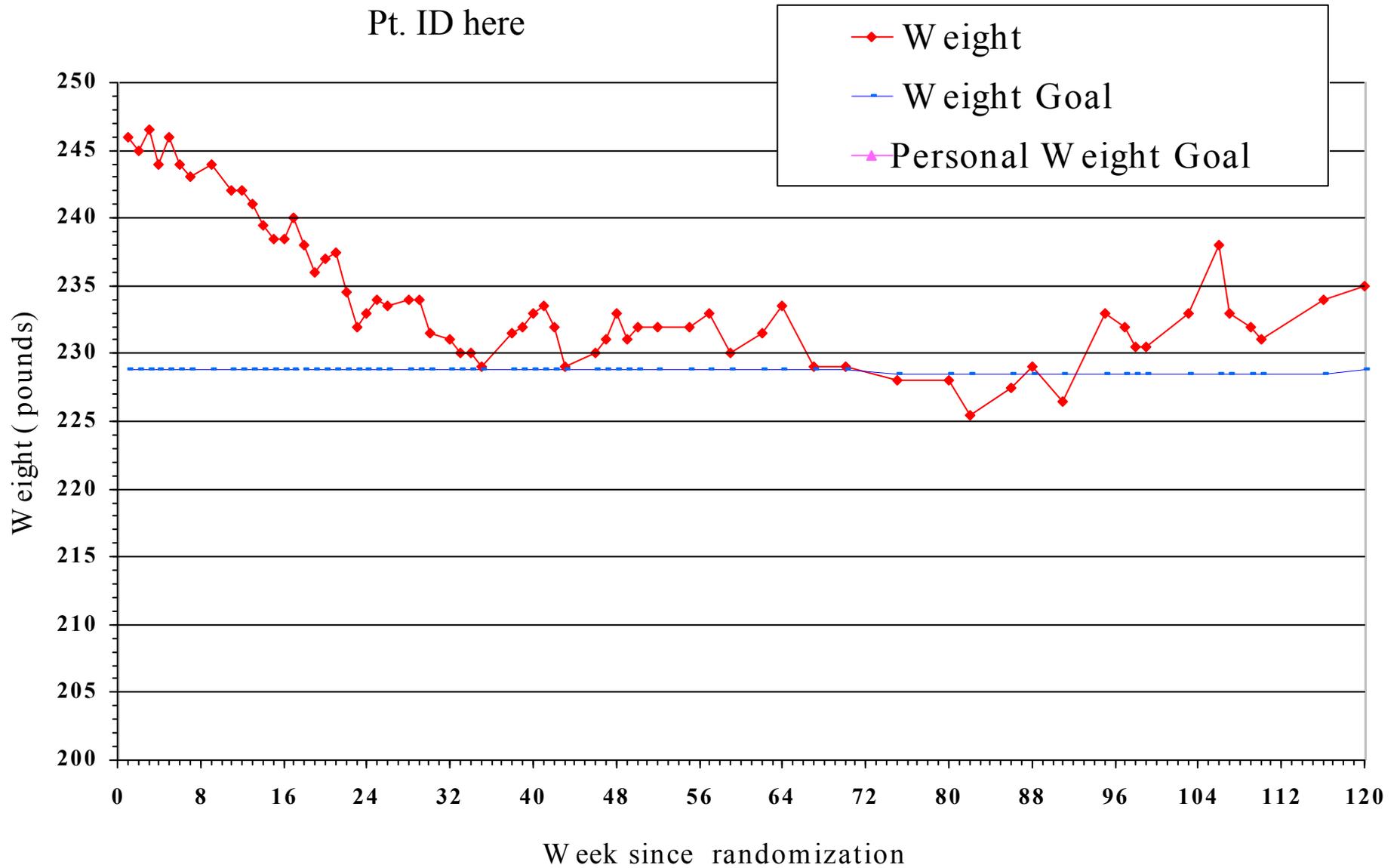


What's Next?



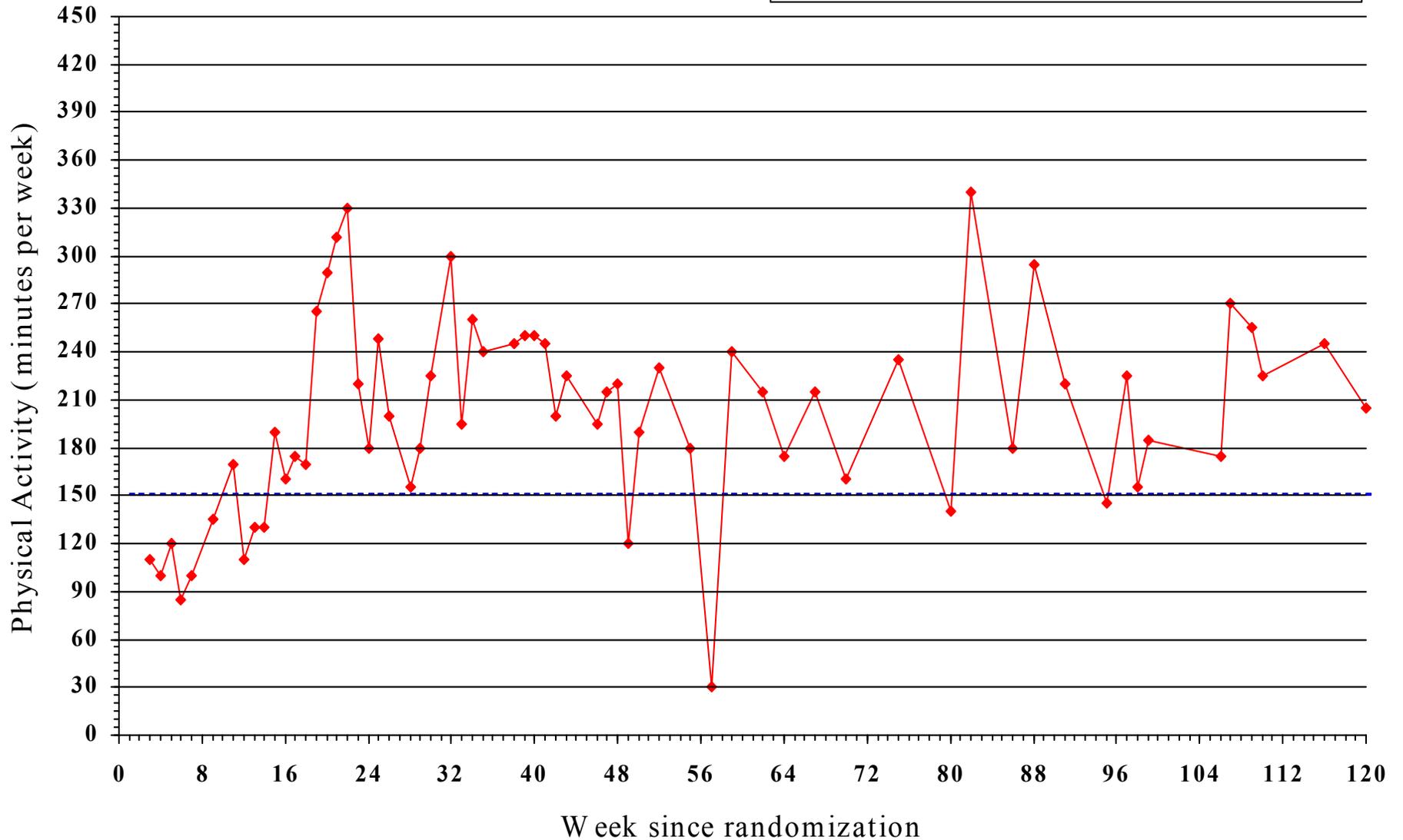
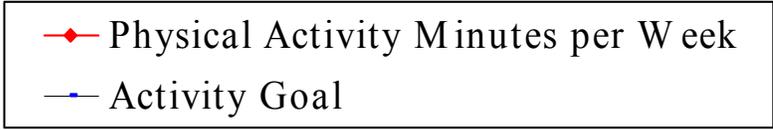
How Am I Doing?

Pt. ID here



How Am I Doing?

Pt. ID here



Holiday Support 2000

Holidays are difficult for participants in a lifestyle change program. There are many pressures, including the stress of preparing for the holidays, abundant food cues and social cues for overeating at celebrations, and the emotional stress of family and work get-togethers. In addition, many holiday traditions are inactive. Support for healthy eating and physical activity is especially important during this time.

During the holidays 1999, many centers conducted the Gift That Gives campaign which was developed by the Lifestyle Resource Core. Participants were encouraged to make a written commitment to self-monitoring very consistently during eight weeks between November and January. Participants received Keeping Track booklets labeled with inspirational quotes related to the significance of giving and were given gifts to reinforce the return of the completed booklets. Each center decided on the specifics of the gifts (e.g., in Pittsburgh, each two completed Keeping Track booklets earned a gift certificate and the donation of a nonperishable food item, purchased by the staff, to a local food bank). Related support groups were held at many centers, and mailings and phone calls were made to encourage participant progress. (See elsewhere in the Toolbox for a complete description of the Gift That Gives campaign.) **Many participants who were involved in the campaign were able to maintain their weight over the holidays rather than gain weight.**

For the holidays 2000, each center is strongly encouraged to offer some form of support tailored to the needs of their own participants. Some possibilities include the following:

- C You may want to offer a **lifestyle holiday party** featuring low-fat/low-calories foods, with recipes, and a motivational presentation about handling the holidays.
- C If your participants liked it last year, you **may want to repeat the Gift That Gives campaign with some modification.** For example:
 - C The Lifestyle Resource Core suggests that you **reinforce participants for maintenance or improvement in weight and activity**, as well as for the return of self-monitoring records. You may want to weigh participants at the beginning and end of the campaign and ask them to **“pledge” to maintain or improve their weight and activity.** Maintenance may be a more realistic goal during the holidays for many participants; some centers may want to use a slogan such as “Hold the Line” to emphasize this message. You may want to develop “pledge cards” for participants to complete with their goals for weight loss and activity during the campaign. For centers that request them, the Lifestyle Resource Core will provide additional labels printed with

- inspirational quotes (these were placed on Keeping Track booklets for the Gift That Gives campaign).
- C You may want to **vary the gifts** you give participants.
 - C You may want to **vary the type of support group** offered. For example, participants at some centers reported that they enjoyed most those meetings that provided fun, social activities.
- C If your participants liked it, you may want to **extend some features of the 10,000 Steps! campaign**. For example:
- C During November and December, you may want to encourage participants to return to wearing their pedometers and **self-monitoring steps**. One option would be to ask participants to do so for a specified week during each month.
 - C You may want to offer **interesting indoor activity sessions** to help participants increase their steps (this would be particularly helpful in those areas with inclement winter weather).

For after the holidays, the **Lifestyle Resource Core will develop a nationwide campaign for early January** to take advantage of the “lifestyle momentum” many participants feel when beginning the new year.

DPP Lifestyle Survival Skills

DPP Lifestyle Survival Skills is a **six-week restart program designed to promote additional weight loss** during the winter of 2001, the final year of the intervention. The restart program's objectives are the following:

- C Participants will be asked to **work together on assigned teams**. The goal is to give participants an opportunity to share their knowledge and experience with others and to have peers with whom to be accountable (teams will be asked to commit to several ways of supporting each other, such as talking by phone or e-mail during the week, exercising together between sessions, etc.). The lifestyle campaign being proposed for the spring of 2001 will also feature participant teams and competition, so we envision that the same teams may carry over from this winter campaign into the spring and possibly beyond. As with other DPP classes and programs, participants are also free to bring a friend or family member to observe and provide additional support.
- C The sessions will be **taught by a team of Coaches and staff consultants** who will be available to schedule make-up sessions within the same week as any missed session. The goal is to prevent participants from "slipping through the cracks" and to provide a wide range of staff expertise and energies.
- C The emphasis will be on **improving the weight loss data during the final year of the intervention**. It will be stressed that we need to reach the study weight goal of 7% in order to effectively answer the question posed by the study: will a 7% weight loss prevent or slow the development of diabetes? In addition, before the study intervention ends in 2002, we want to **give participants the best chance we can of preventing diabetes** (and for those who have diabetes, the best chance we can of managing their diabetes well). So we want participants to **leave the study at their best possible weight**. Participants will be asked to **set and reach a weight loss goal** during the program by:
 - C Staying in **close contact** with their teams.
 - C **Staying under a calorie and fat gram goal** by either following a daily meal plan or self-monitoring calories and fat grams.
 - C **Meeting or exceeding the DPP goal for physical activity (150 minutes/week)**.
 - C **Self-monitoring their weight** and graphing it daily, and **self-monitoring their physical activity** in both minutes and steps (using a pedometer).

Group sessions are to be held **weekly for six weeks**, offered at two different times per week (for example, on Tuesday evenings and, for those who cannot attend the evening group, on Saturday mornings). Holding a 30-minute group walk or other physical activity following the sessions is

encouraged.

Note: One option is for participants to use **Slim Fast** twice a day throughout the six weeks. Check to see that you have enough Slim Fast shakes, bars, and/or coupons on hand for the number of participants who are interested (each participant would need 84 shakes for the entire six weeks). If not, call Harry Greene, MD at Slim Fast at (561) 833-9920 or FAX him at (561) 832-3165 as far in advance as possible.

The program also includes giving each participant a **pedometer**. Most participants will already have a pedometer from the 10,000 Steps campaign, but some may have broken or lost theirs. If you don't have enough on hand for participants who need a replacement, call Barbara Price at Accusplit, Inc, in San Jose, California (the phone number is 1-800-538-9750). Mention Andrea Kriska's name for a discount. Andrea has spoken with them and requested a discount because of the number of pedometers we have ordered for DPP and other programs. The price we have been paying is \$12.50 *without* the discount. Shipping is additional.

Session 1: Orientation

Objectives:

- C Participants will **meet with their teams, choose a team name, and learn how to earn points for their team.**
- C Participants will be **introduced to the goals of the program and decide to follow an eating plan or self-monitor calories and fat grams.**

Materials:

- C Overheads of local and national weight loss data (a graph of the national data is attached)
- C Handouts:
 - C DPP Lifestyle Survival Skills Team List
 - C DPP Lifestyle Survival Skills Calendar
 - C DPP Lifestyle Survival Skills Score Card
 - C Various eating plans for 1000-1200 calories and 1500 calories (include the plans in the DPP manuals from the Ready to Restart and Spring Training programs)
 - C Daily Weight Graph (two per participant)
- C Any special food products (e.g., Slim Fast shakes, bars, and coupons) needed for participants to follow the meal plans
- C Pedometers for participants who do not have them from the 10,000 Steps campaign
- C Keeping Track booklets
- C Name tags
- C Pencils

Before the session:

- C For instructions and the rationale for using Slim Fast and the pedometers, review the related materials in the Tool Box.
- C **Advertise the program**, stressing the critical need for participants to focus on weight loss during the final year of the intervention. If possible, survey participants ahead of time about the most convenient days and times to hold the sessions. Remind participants to wear comfortable clothing for group exercise and to bring their calendars to schedule upcoming meetings and contacts with other team members between meetings.
- C **Prepare the DPP Lifestyle Survival Skills Calendar** (or a similar blank calendar) by indicating the dates, times, and topics for each of the six group meetings as well as any pre-scheduled make-up sessions and supervised activity sessions.

- C Prepare the **DPP Lifestyle Survival Skills Score Card** indicating the scoring system you plan to use. Make two copies for each participant, one for the participant to keep and one for the leader as a duplicate record.
- C **Select participant teams ahead of time**, giving careful consideration to the mix of participants' personalities, adherence levels, and geographical location. (For example, two participants who live close to one another may be more likely to exercise together and stay in contact between group meetings.) Depending on how many participants plan to attend, aim for three or four teams with about five participants per team. Select two successful and enthusiastic participants on each team to be **co-captains** (contact these participants ahead of time to ask them to serve and to explain their role). Co-captains will be asked to do the following:
 - C **Phone, fax, and/or e-mail their team members between sessions** (each co-captain will be responsible for half of the participants on their team). During these contacts, the co-captains are to ask how things are going with the goals of the program, praise the team members' efforts so far, stress their importance to the team and the study, help problem solve challenges, and remind them of the next session. The emphasis is to be on both encouragement and accountability.
 - C **Schedule team meetings for group exercise between sessions** and encourage team members to attend. These may be the supervised activity sessions already offered by the center or other group exercise get-togethers agreed upon by the teams.
 - C **Use their creativity to promote fun and team bonding** in other ways (e.g., create team songs, team banners, etc.).
- C Prepare **team tables** at which the teams will sit during the sessions.

Plan to exercise as a group before or after the session.

Have participants **arrive early to be weighed** privately (this is a key part of this program so make sure that the location will allow for weigh-ins).

1. **Introduce** any staff present and have participants give their names and the amount of time they have been in the DPP.
2. Show an overhead of the **weight loss data for your center and for the study as a whole** (the national data is attached). Stress the **need to improve the weight loss data during the final year** of the intervention, for a number of important reasons.
 - C We need to reach the study weight goal of 7% in order **to effectively answer the question posed by the study**: will a 7% weight loss prevent or slow the development of diabetes?

- C Before the study intervention ends in 2002, we want to **give you the best chance we can of preventing diabetes** (and for those of you who have diabetes, the best chance we can of managing your diabetes well). So we want you to **leave the study at your best possible weight**.
3. Explain that one of the central features of this program is that **participants will work together in teams**. The purpose is to give everyone a chance to share their experience and knowledge plus be accountable to one another and supportive of one another. Explain that we hope this will also be an important help to participants as a preparation for the end of the study, in that support networks will begin to be formed that may extend throughout the final year of the intervention and then beyond the DPP.

Distribute the DPP Lifestyle Survival Skills Team lists. Have the group **break into the pre-assigned teams** and have each team sit at a separate table. Explain that the teams have been chosen based on geography so that they might be more able to provide support for one another outside of the group meetings.

Ask everyone to **confirm or update their contact information on each other's lists**. Also ask each team to agree on a **team name** and record that at the top of their lists.

At this point, you may also want to **ask one or two of the most successful participants on each team to share with their team members what they think has been key to their success**.

4. Explain to all the teams that the program has **four goals, all designed to support a weight loss of about 1-2 pounds per week or 6-10 pounds during the program**. (This is a reasonable goal for most participants, even if it brings a participant to well below their study weight goal. In fact, for those who have already been well below their weight goal during the DPP and have begun to regain, you may want to encourage them to try to return to their "lowest ever" weight during the DPP. However, some exceptions may need to be made for those participants who have lost so much weight that continued weight loss would not be appropriate.) Everyone will work together on the four program goals in their teams.
1. The first goal is to **stay in close contact with each other for support**. **Distribute the attached DPP Lifestyle Survival Skills Calendar (or a similar blank calendar)**. (Ahead of time, record on the calendar the dates, times, and topics of the group meetings and pre-scheduled make-up sessions and supervised activity sessions.) To provide close contact, we are asking everyone to do the following:
- a. **Come to all six of the weekly group meetings.**

- C Point out the dates, times, and topics on the calendar and what participants should do if they must miss a meeting. Ask participants who know at this point that they must miss a meeting to schedule a make-up right now, either by planning to come to one of the pre-scheduled make-up sessions or making an appointment to meet with one of the Coaches individually.
 - C Explain that each session will include a private weigh-in, review of self-monitoring records, and problem solving as a group.
 - C If competitive games will be included, emphasize that the purpose is to have fun and get to know one another better. **Distribute the DPP Lifestyle Survival Skills Score Card** and describe the scoring system you will be using during the program and prizes, if any, for the winning teams. Explain that participants should bring their score cards with them to every group meeting. The group leader will keep a duplicate copy as well. A sample score card is attached, showing the scoring system that the Pittsburgh DPP plans to use.
- b. **Be in touch with one of your team captains at least once a week.** The purpose is to discuss how things are going with the program goals, problem solve together, and support each other. (At this point, allow time for the team captains to make specific appointments to be in touch--either by phone, fax, or e-mail--with the other team members. Have everyone record the plans on the calendar.)
- c. **Meet with at least one other team member--and preferably as many of the team members as possible--to exercise together between the group sessions.** (Ask each team to discuss plans for these get-togethers, which can include pre-scheduled supervised activity sessions or separate meetings for exercise. Have everyone record the plans on the calendar.)
2. The second goal is to **follow an "Eating Survival Plan" designed to help you stay consistently under a calorie and fat gram goal.** Explain that the idea is that when "all else fails," this is a plan the participants can return to when renewing weight loss efforts. The calorie and fat gram goals are **either 1000-1200 calories and 33 grams of fat** (for those whose starting weight is less than 200 pounds) **or 1500 calories and 42 grams of fat** (for those whose starting weight is 200 pounds or more).

Explain that at this session, each participant will be asked to **commit to either following one of several meal plans or self-monitoring calories and fat.** (Point out that in the coming weeks, the sessions will offer additional help for preparing quick and easy meals within the fat and calorie goals). **Distribute a variety of meal plans as well as Keeping Track booklets.**

Briefly **review the meal plans**, emphasizing that the key is to follow them *religiously* so that food choices and decisions are eliminated. Encourage participants to choose a meal plan if they have not been successful with weight loss before when self-monitoring. Also make the following points:

- C Weighing and measuring foods is important. (Ask participants to share their experience with this. Also ask if participants are ready to resume weighing and measuring foods for a period of time to double check portion sizes.)
- C Trim meats of all separable fats *before* cooking. Weights, fat grams, and calories are for *cooked* meats, weighed without bone.
- C Any additional foods should be calorie-free (e.g., spices, mustard, black tea or coffee, diet soft drinks).
- C Encourage participants to take:
 - a. A daily multivitamin with 100% of the RDAs, and
 - b. (For meal plans that do not include a minimum of 2-3 (8-ounce) servings of low-fat milk or the equivalent per day) A calcium supplement in divided doses with meals to provide a total of 900 mg elemental calcium per day (e.g., one tablet of Tums (providing 300-mg. calcium carbonate per tablet) or a similar store brand with each meal).

Emphasize that those who choose to follow a meal plan need only self-monitor in the Keeping Track booklet that they followed the plan or record any foods they ate that were not on the plans.

Explain that **those who choose to self-monitor calories and fat will be expected to record *everything* daily for the full six weeks and to work very hard to meet the calorie and fat gram goals.** Remind the teams that nearly all lifestyle participants self-monitored daily for a full six months at the start of the DPP, so we are confident that if they seriously commit to this they will be able to self-monitor for at least six weeks.

Allow time for each participant to choose their Eating Survival Plan before going on. **Encourage the teams to boost one another's commitment to the plans chosen.**

3. The third goal of the program is to **meet or exceed the study goal for physical activity (150 minutes per week).** Explain that everyone will also be asked to wear their **pedometer** and aim for **10,000 steps per day or more.** (Distribute pedometers to participants who do not have them from the 10,000 Steps campaign. Remind everyone that *both* steps and activity minutes need to be recorded.) Note: The focus of the program is to be on weight loss, not activity, so do not place undue emphasis on the exercise component of the program.

3. The fourth goal of the program is to **weigh yourself at home every day and graph your weight. Aim for losing 1-2 pounds per week or 6-10 pounds in six weeks.**
 - C **Distribute two weight graphs** to each participant. Each graph covers 21 days or three weeks. Using overheads and an example, demonstrate how to complete the vertical axis of the graphs and draw a line of diminishment from starting weight at Day 1 to goal weight at Day 42. Have participants complete the vertical axis of both of their copies of the graph and draw their own lines of diminishment. Check each participant's graphs.

Answer any questions.

At the end of the session, **have participants give themselves 5 points on their score cards for attending the first session.** Coaches should record this on the duplicate score cards as well.

After the session, **meet with the team co-captains to debrief.** Before the next session, call the team co-captains to get feedback on their contacts with participants and to provide guidance as needed.

Sessions 2-6: How's It Going?

Objectives:

- C Participants will discuss positive changes related to being in the program and challenges encountered. The group will problem solve together.
- C Optional topics may be covered (see possibilities below).

Materials:

- C Same as for Session 1.

Plan to exercise as a group before or after the session. Have participants arrive early **to be weighed** privately. Review their self-monitoring records and weight graph.

1. Have the participants sit at their team tables, with one or more Coaches at each table if possible (or have the Coaches circulate around the room). In their teams, ask participants to discuss **what went well** with their eating and exercise since the last session. Praise participants for what went well, pointing out examples of skills used such as problem solving, staying away from or changing problem cues or adding helpful cues (food, exercise and/or social cues); talking back to negative thinking; getting back on track right away after a slip; pre-planning; stress management; being assertive; and so on.
2. Also in their teams, ask participants to share **what was challenging** for them. As the group gives examples, express empathy, use active listening, and communicate respect. Ask for one or more volunteers to give an example challenge for the team to **problem solve together**. Facilitate the problem solving process (describe the problem, brainstorm options, choose the best option, make a positive action plan) and reinforce the group's participation in the process. (At the next session, follow-up by asking the volunteers to share their experiences trying the action plan. As a group, continue the problem solving process if necessary.)
3. Allow time for **discussion and interaction** throughout the session. **Centers may want to vary the content of the sessions to most appeal to their participants.** For example, centers may choose to offer a brief cooking demonstration, taste testing session, or diet and exercise trivia game or Pictionary using terms related to weight loss.

In Pittsburgh, we plan to offer the following topics:

Session 1: Orientation to DPP Lifestyle Survival Skills

- C Explain the goals of the program, etc.

- C Lifestyle Survival Kit: Have participants choose an eating plan or to self-monitor calories and fat grams (distribute related materials). Distribute pedometers. Distribute lists of food products to be given at upcoming sessions and have participants mark off those items they do *not* want to receive.
- C Team Activity: Have teams meet, choose a team name, and schedule contacts between sessions.

Session 2: Survival Breakfasts

- C Lifestyle Survival Kit: Give participants some breakfast foods for the coming week (enough for 3-7 days) to model quick breakfast choices (e.g., either a dry cereal or cooked cereal, etc.).
- C Present information on the importance of breakfast, the role of fiber and calcium in health, example sources of fiber and calcium in breakfast foods, importance of adequate protein at breakfast.
- C Demonstrate the preparation of smoothies. Include recipes with Slim Fast.
- C Team Game: Fiber and calcium quiz (adapted from the after-core class at Northwestern)

Session 3: Survival Lunches

- C Lifestyle Survival Kit: Give participants some lunch foods for the coming week (enough for 3-7 days) to model quick lunch choices (e.g., yogurt, a nutrient bar, and fruit).
- C Conduct taste test of various lunch foods.
- C Team Game: Quiz on the calories in lunch foods

Session 4: Survival Dinners

- C Lifestyle Survival Kit: Give participants some dinner foods for the coming week (enough for 3-7 days) to model quick dinner choices (e.g., frozen entrees, salad mix).
- C Team Game: Have teams prepare quick dinner recipes and have the entire group taste test them.

Session 5: Survival Steps (or Winter Walking Survival)

- C Lifestyle Survival Kit: Give participants some exercise-related items (e.g., water bottles, walking tapes).
- C Team Game: Group walk or scavenger hunt while on a group walk.

Session 6: Surviving Stress

- C Provide simple relaxation training.
- C Perhaps bring in a massage therapist.

During **Session 6**, report the total and average weight loss for the group. Discuss with the

participants whether they found the program helpful and if so, that this may be something they can use periodically if they see their weight going up. (Explain that one way many people control their weight is to return, as soon as they see their weight increasing, to a more structured and aggressive plan for eating and activity for a period of time.) Answer any questions.

will put graph of national data here

SAMPLE DPP Lifestyle Survival Skills Team List

Team name _____

Joe Smith (Captain)
1111 Sandbox Lane
Pittsburgh, PA 11111
Phone: xxx-xxx-xxxx
FAX: xxx-xxx-xxxx
e-mail: xxxxxxxxxxxx

Ralph Rover
1000 Sandbox Lane
Pittsburgh, PA 11111
Phone: xxx-xxx-xxxx
FAX: xxx-xxx-xxxx
e-mail: xxxxxxxxxxxx

Karen Jones
6666 Sandbox Lane
Pittsburgh, PA 11111
Phone: xxx-xxx-xxxx
FAX: xxx-xxx-xxxx
e-mail: xxxxxxxxxxxx

Sally Jones (Captain)
444 Sandbox Lane
Pittsburgh, PA 11111
Phone: xxx-xxx-xxxx
FAX: xxx-xxx-xxxx
e-mail: xxxxxxxxxxxx

Matthew Smith
9999 Sandbox Lane
Pittsburgh, PA 11111
Phone: xxx-xxx-xxxx
FAX: xxx-xxx-xxxx
e-mail: xxxxxxxxxxxx

Susan Brown
33 Sandbox Lane
Pittsburgh, PA 11111
Phone: xxx-xxx-xxxx
FAX: xxx-xxx-xxxx
e-mail: xxxxxxxxxxxx



DPP Lifestyle Survival Skills Calendar

Your name _____

What to do if you miss a meeting: _____



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SAMPLE

DPP Lifestyle Survival Skills Score Card



How to score points for your team:

- C 5 points for every group meeting you attend
(or 3 points for every make-up session you attend)
- C 5 points for every pound of weight you lose since the previous group meeting
- C 2 points for every time you exercise with at least one other team member outside of the group meetings
- C You can also score points in the DPP Lifestyle Survival Skills games at each group meeting.

Team scores will be figured by adding the team members' scores and dividing the sum by the number of members.

Your name _____

Date	What you did	Points earned
Total points		

DPP Lifestyle Survival Skills Score Card

Outside Team

Revised for mail-in team.



How to score points for your team:

- C 5 points for every group meeting you attend
(if you are ever able to come on a Tuesday evening - just come!)
(or 3 points for every individual lifestyle session you attend)
- C 5 points for every pound of weight you lose during the period from Jan. 10 to Feb. 19
- C 1 point for any DPP supervised exercise session (for example - a walk with a staff member)
- C 2 points for every time you exercise with at least one other team member outside of the group meetings - think about coming on Saturday mornings
- C 1 point for each diary you mail in to us

Team scores will be figured by adding the team members' scores and dividing the sum by the number of members.

Mail this form with your points recorded weekly.

Your name _____ Team name _____

Date	What you did	Points earned
Total points		

will add two blank weight graphs here

The DPP Lifestyle World Series

The attached motivational campaign, **The DPP Lifestyle World Series**, is designed to be offered from **April 1 - June 1, 2001 (nine weeks)**. The purpose is to **motivate participants, using a baseball theme and team competition and support, to achieve and maintain the DPP weight loss and activity goals**. We want to position this as a fun and energetic campaign. (We're aware that the time frame doesn't coincide with the real-life World Series, but many participants become motivated in the spring to resume their weight loss efforts, and we like the baseball theme.)

Many of the features of the DPP Lifestyle World Series, including the baseball theme, are modeled after the Tri-City Campaign, which was offered in the summer of 2000 by the DPP centers in Chicago, New York, and Boston. We have used Tri-City materials provided by Massachusetts General as templates for some of the Lifestyle World Series materials. In addition, the Coaches at the New Mexico and Indiana DPP centers, which have both offered team-based campaigns, have made valuable suggestions.

Although the DPP Lifestyle World Series is optional, we **strongly encourage all centers to offer this campaign or a similar one to their lifestyle participants**. Centers may feel free to vary the rules somewhat (e.g., not divide participants into major and minor leagues or not reinforce attendance). **Only those centers that participate in this campaign will be included in the regional competition.**

Many centers included team competition of some kind in the DPP Survival Skills campaign this past winter or in other classes or motivational campaigns. Feel free to extend the same team structure into the Lifestyle World Series if you think it would be motivating to participants. However, **participants who do not want to join a team may take part in the campaign on an individual basis.**

The DPP Lifestyle World Series includes the following key features:

1. **All lifestyle participants will be encouraged to play in the series (although only those who join the campaign will be included in the scoring)**. We recommend that centers send a **personal invitation to participants from their Principal Investigator**, and we will provide a **letter to participants from NIH acknowledging the importance of the campaign** at this critical time in the study. (We will send this to you separately as soon as it is available.)
2. Each DPP center will be a team. Teams will compete within regions as follows:

North East Region 1

Jefferson Medical College (Philadelphia, Pennsylvania)
St. Luke's-Roosevelt Hospital (New York, New York)
Medlantic Research Institute (Washington, DC)
Johns Hopkins University (Baltimore, Maryland)
University of Pittsburgh (Pittsburgh, Pennsylvania)

North East Region 2

Joslin Diabetes Center (Boston, Massachusetts)
Washington University (St. Louis, Missouri)
Albert Einstein College of Medicine (Bronx, New York)
Massachusetts General Hospital (Boston, Massachusetts)

Pacific Region

University of Washington (Seattle, Washington)
University of Hawaii (Honolulu, Hawaii)
University of California, San Diego (San Diego, California)
University of Southern California (Alhambra, California)
University of Southern California, Culver City (Culver City, California)

Midwest Region

University of Chicago (Chicago, Illinois)
Northwestern University (Chicago, Illinois)
Indiana University (Indianapolis, IN)
University of Colorado (Denver, Colorado)
University of New Mexico (Albuquerque, New Mexico)

American Indian Region

Southwest American Indian Center, Salt River (Phoenix, Arizona)
Southwest American Indian Center, Gila River (Phoenix, Arizona)
Southwest American Indian Center, Zuni (Zuni, New Mexico)
Southwest American Indian Center, Shiprock (Shiprock, New Mexico)

Southern Region

Pennington Biomedical Research Center (Baton Rouge, Louisiana)
University of Miami (Miami, Florida)
University of Texas (San Antonio, Texas)
University of Tennessee (Memphis, Tennessee)

3. The series will last **nine weeks between April 1 - June 1, 2001**. During the series, there will be three local group events: an **opening event (“home opener”)**, a **mid-series event (“team huddle”)**, and a **final event (“final game”)**. These will be held as close as possible to April 1, May 1, and June 1, respectively.

Note: Each event **may be considered an In-Person Contact** provided a Coach meets with the participants individually, before or after the event, to collect and comment on self-monitoring records, get weight and physical activity data, and problem solve. In that case, an

L03 form should be completed for each participant who attends.

To build on the baseball theme, Matthews Media will provide several incentives which you may choose to distribute during the campaign:

- C White **sports socks** printed with DPP in blue
- C White **sweat bands** printed with DPP in blue

4. During the **opening event**, the following will occur:
 - a. Every participant (“player”) will be **weighed and drafted** into the major or minor leagues based on that weight. **Participants at weight goal or below will be drafted into the major league. Participants above their weight goal will be drafted into the minor league.** Participants who do not attend the event but want to play in the series will be encouraged to come in to see their Coach as soon as possible to get a starting weight for the campaign. (Note: Each team will compete against all other teams.)
 - b. Every participant will be assigned to one of **four local teams within the center, two in the major league and two in the minor league**, and each team will have a **participant captain**. (We suggest a minimum of four or five participants per team, so you may need to adjust the number of teams accordingly.) Well in advance of the opening event, the staff will choose the team captains, who will be successful and enthusiastic participants who are willing and excited about becoming captains. The staff will also decide which participants will be on which team, based on participant personalities, adherence, and other issues that might affect team success. (We think it might be a good idea to include staff members on the teams, as well.) The captains will meet with their teams during each event of the series, and telephone each participant weekly between events, to provide encouragement, foster team spirit, and discuss strategies for supporting each other.

Throughout the series, a **variety of techniques may be used to encourage team bonding and enthusiasm**. We encourage centers and captains to be creative. Here are some possibilities:

- C Assign each center team a team color--either red, blue, yellow, or green--and give the participants an identifying colored ribbon to wear.
- C Take photographs, with permission, of the center teams and post them, with regularly updated team scores, on a website or bulletin board in the waiting room for lifestyle participants.
- C Schedule mid-series breakfasts with the staff and team captains to get feedback about how the campaign is going and to brainstorm ways to improve success.
- C Have participants on the center teams who wish to do so complete “favor coupons” for each other. These would be written agreements to be used in a drawing for

participants on the team who achieve a specified goal during the series (e.g., those who make a WIN for Weight Loss, as described below). The favor should be inexpensive (e.g., I will buy you a cup of coffee), aligned with the study goals (e.g., *not* baking a cake), easy to fulfill (e.g., I will call you; or I will walk with you for 30 minutes--only if you live within a 20-minute drive of me), and designed to encourage team bonding and participation.

- c. Every participant will be given colorful **Score Cards (see mock-up attached) for self-monitoring weight, steps, and physical activity minutes**. The cards will be designed with the campaign logo and slogan by Matthews Media (similar to the cards provided for the 10,000 Steps campaign), and participants will receive one card for each week of the series. (These will be sent under separate cover.)
- d. The rules of the game will be explained as follows:
 - C **Minor league players** will score one “WIN for Weight Loss” for every pound they lose during the nine weeks. These WINS will be based on the difference in weight taken at the opening and closing events. In other words, no WINS for weight loss will be awarded until the end of the campaign. (For participants who can't attend the opening and/or closing events, a weight taken by the Coach close in time to the events would be fine. Note: Self-monitored weights will not be used to calculate WINS). Minor league players will also score **nine WINS for Weight Loss if they reach weight goal** (as measured at the final event).
 - C **Major league players** will score one WIN for Weight Loss for every pound they lose during the nine weeks (again, based on the difference in weight taken at the opening and closing events and awarded at the end of the campaign). Major league players will also score **nine WINS for Weight Loss if they maintain their weight at or below goal** (as measured at the final event).
 - C **Both minor and major league players** will score one WIN for Steps for every **50,000 steps they walk**, as measured by a pedometer and recorded on a Score Card (**note: nonrecorded steps will not be included in the scoring**). To calculate these WINS, Coaches will need to keep a running total of participant steps from week to week. Pedometers will be distributed at the opening event to participants who do not still have them from the 10,000 Steps! campaign. (**Participants will be reminded that activity minutes must continue to be recorded and collected for study data.**)
 - C **Both minor and major league players** will score one WIN for Attendance for every campaign event and supervised activity session they attend (we strongly recommend that centers offer at least two supervised activity sessions per week).

- C **Participants who want a structured meal plan will be offered one** (e.g., the Start Now! eating plans from Spring Training 2000, the Slim Fast meal plans, or an individually designed plan using frozen entrees).
 - C Some centers may wish to have participants **pledge how many WINS for Weight Loss, how many WINS for Steps, and how many WINS for Attendance they plan to score** during the entire campaign. This might be recorded in writing as a **“player’s contract”**. Other centers may choose *not* to do this if their participants had recently pledged as part of another campaign.
 - C During the series, participants will be asked to return their completed Score Cards by mail or in person (preferably in person for the final event so that the statistics for steps will be as up-to-date as possible). The Coach will **use the Score Cards to calculate the number of WINS for Steps for each participant** (remember, WINS for Weight Loss will *not* be calculated from the Score Cards).
 - C We encourage centers to post **major and minor league scoreboards** (see attached) in a public place (such as on a bulletin board in the waiting room for lifestyle participants), indicating participant ID numbers (no names) and using a visual symbol to show each WIN scored (e.g., you may be able to find **small baseball stickers** at a local stationery store and post one sticker for each WIN scored). To protect participant confidentiality and to add some fun to the campaign, centers **may want to assign famous baseball player names** to each participant and post their winnings under those names.
4. During the **mid-series event**, players will be **weighed, self-monitoring cards will be collected, and the center teams will meet. Mid-series statistics for the four center teams and for the center as a whole will be calculated and reviewed** (see score sheet attached). The data will include:
- C The **number of WINS** for Steps, Attendance, and Combined (sum of the other WINS) for each center team and for the center as a whole (the WINS for Weight Loss will not be calculated until the final game);
 - C The **mid-series score for the center** (number of Combined WINS in both leagues divided by number of participants playing in the series at the center).

To encourage attendance at the event, a group walk or presentation on a topic of interest may be offered. Centers may also want to provide the option of a very brief weigh-in only for those participants who do not want to attend a more lengthy event. (For all campaign events, we recommend that each center survey their participants to see what day of the week and time would be most convenient for the most participants to attend (e.g., on a Thursday night or Saturday morning). Some centers may want to offer each event twice, at differing times.)

5. During the **final event**, participants will be **weighed** and **final statistics for each of the four teams at the center and for the center as a whole will be calculated and reviewed**. The final data will include:
- C The **number of WINS** for Weight Loss, Steps, Attendance, and Combined (sum of the other WINS) for each team within the center and for the center as a whole;
 - C The **totals and averages for the center** (number of WINS in both leagues divided by number of participants playing in the series at the center).

Participants will be awarded **prizes (with the prizes chosen by the center)** for the following (note: "local teams" are those at each center competing against each other):

- C **Local Team with the Most Combined WINS (first place)**
- C **Local Team with the Second Most Combined WINS (second place)**
- C **Local Team with the Third Most Combined WINS (third place)**
- C **Local Team with the Fourth Most Combined WINS (fourth place)**
- C **Most Valuable Player in the Minor League:** The participant in the minor league who earned the most Combined WINS (if there is a tie, there will be a drawing).
- C **Most Valuable Player in the Major League:** The participant in the major league who earned the most Combined WINS (if there is a tie, there will be a drawing).

Matthews Media will provide ribbons for all winners, which may be posted beside the team photos and score boards.

Any center who wishes to do so may award additional prizes, for example, to recognize participants who reached weight goal, those who walked the most steps, and so on.

6. Regional Competition

As soon as possible after June 1, each center will **send the Lifestyle Resource Core (LRC) a copy of their final statistics as well as the average pounds lost (total pounds lost divided by total number of participants playing in the series at the center)**. For the regional competition, the LRC will compare only the average pounds lost. **(Note: Other WINS will not be included in the regional competition.)** The results will be sent to each center by region (see attached "Lifestyle World Series Regional Winnings"). Centers will be encouraged to post the regional winnings beside the local score board and **present it at an additional group event or by mail**.

The following **prizes** will be awarded:

- C **Regional Winner:** The center with the highest score per region will receive a \$100 gift certificate to use as a prize in a drawing. (A total of six certificates, one per region, will be donated by the Lifestyle Resource Core.)

DPP Lifestyle *World Series* Score Card (mock-up)

Your name (first, last) _____

Day	Month and Date	Kind of Activity	Minutes	Number of Steps	Weight
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total for the week					

Comments: _____

DPP Lifestyle *World Series* Mid-Series Statistics

Local Teams	WINS for Weight Loss	WINS for Steps	WINS for Attendance	WINS Combined
Minor League Team (xx players): _____				
Minor League Team (xx players): _____				
Major League Team (xx players): _____				
Major League Team (xx players): _____				
Totals				
Averages for the Center (totals divided by xx players):				

DPP Lifestyle *World Series* Regional Winnings

The regional winners are marked with a star. **Congratulations to all of you!**

	Average Pounds Lost
North East Region 1	
Jefferson Medical College (Philadelphia, Pennsylvania)	x
St. Luke's-Roosevelt Hospital (New York, New York)	x
Medlantic Research Institute (Washington, DC)	x
Johns Hopkins University (Baltimore, Maryland)	x
University of Pittsburgh (Pittsburgh, Pennsylvania)	x
North East Region 2	
Joslin Diabetes Center (Boston, Massachusetts)	x
Washington University (St. Louis, Missouri)	x
Albert Einstein College of Medicine (Bronx, New York)	x
Massachusetts General Hospital (Boston, Massachusetts)	x
Pacific Region	
University of Washington (Seattle, Washington)	x
University of Hawaii (Honolulu, Hawaii)	x
University of California, San Diego (San Diego, California)	x
University of Southern California (Alhambra, California)	x
University of Southern California, Culver City (Culver City, California)	x
Midwest Region	
University of Chicago (Chicago, Illinois)	x
Northwestern University (Chicago, Illinois)	x
Indiana University (Indianapolis, IN)	x
University of Colorado (Denver, Colorado)	x
University of New Mexico (Albuquerque, New Mexico)	x
American Indian Region	
Southwest American Indian Center, Salt River (Phoenix, Arizona)	x
Southwest American Indian Center, Gila River (Phoenix, Arizona)	x
Southwest American Indian Center, Zuni (Zuni, New Mexico)	x
Southwest American Indian Center, Shiprock (Shiprock, New Mexico)	x
Southern Region	
Pennington Biomedical Research Center (Baton Rouge, Louisiana)	x
University of Miami (Miami, Florida)	x
University of Texas (San Antonio, Texas)	x
University of Tennessee (Memphis, Tennessee)	x

Problem Solving Tools for Attendance

Requirements

Participants are required to:

1. **Attend the 16 core curriculum sessions within at least 24 weeks.**
 - C The first eight sessions are to be held weekly (although due to illness, vacations, or bad weather, some exceptions may occur).
 - C The next eight sessions may be held weekly, biweekly, or begin weekly and then become biweekly.
2. **After the core curriculum, attend sessions in person at least once every other month.**

Action Points

Problem-solving tools are recommended at these points:

- C If the participant **misses any session.**
- C If the participant **does not attend for three weeks in a row** during the first 8 core curriculum sessions.
- C If the participant **does not attend at a rate that will allow the entire 16 core curriculum sessions to be completed within 24 weeks.**
- C If the participant **does not attend the monthly in-person sessions** (during the maintenance phase) **within one month after the scheduled date.**

Level 1 Tools

For any session that a participant does not attend (and did not call ahead to reschedule):

Required:

- C **Call the participant as soon as possible after the missed session and reschedule at the earliest possible time.** Ask about any barriers to attendance (examples: illness; difficulties with transportation, scheduling, family commitments, babysitting; family crisis (e.g., separation, divorce, disability, unemployment, serious illness or death); boredom with the program; lack of support at work; discouragement or shame due to lack of success at weight loss). Use problem solving steps to identify solutions to try (e.g., reschedule at more convenient time, recommend that a family member babysit, suggest alternative transportation). Stress the importance of attendance.
- C **If the rescheduled appointment is for more than four days later, call the participant *again* before the day of the appointment to remind him or her.**

Optional:

- C Encourage the participant to bring a supportive person (such as a friend or spouse) to the session for variety and encouragement.
- C See the participant with another participant.
- C Tell the participant you can use part of the next session to discuss the problem (e.g., lack of support at work) that has caused the missed session.
- C Arrange for a pal or another supportive participant to call the participant to stress the need to attend or to provide transportation for the participant.

Level 2 Tools

- C Provide money for elder care and/or babysitting (money for parking and transportation will be provided for all participants).
- C Provide baby sitting at the session location.
- C Go to participant's home or work place and conduct the session there.
- C Meet the participant somewhere to walk (e.g., at a park) and discuss the session while walking.
- C Do something different with the participant for variety (e.g., go to a restaurant and conduct the session over lunch).
- C Provide DPP Dollars (see Reinforcers).

Level 3 Tools

The following strategies represent a departure from the Intervention Protocol. Therefore, **the Lifestyle Resource Core should be contacted before using them.**

- C Conduct the intervention by phone/mail. Arrange for a regular time to call the participant. Have the participant report his or her weight to you and send in self-monitoring records.
- C Provide tapes of treatment sessions and see the participant less frequently. This will be used only if Level 2 Tools and repeated efforts to schedule visits are unsuccessful.

Problem Solving Tools for Self-monitoring of Food Intake and Weight

Requirements

Self-monitoring of food intake and weight are means to achieving the weight loss goal, rather than goals in and of themselves. Therefore, self-monitoring of food intake and weight are not required, either during the core curriculum or the maintenance. However, Lifestyle Coaches should **strongly recommend** that participants self-monitor their food intake and weight because self-monitoring is the strategy most related to successful long-term weight loss. Recommended levels of self-monitoring are:

- C Daily, during weeks 1 through 24.
- C Daily for one week per month, at minimum, during subsequent years. More frequent self-monitoring is recommended if the participant is willing.

Note: Self-monitoring of physical activity **is** required. See Problem Solving Tools for Self-Monitoring of Physical Activity.

Action Points

Problem solving tools are recommended at these points:

- C During Sessions 1-8, if a participant is not self-monitoring fat/calories, Level 1 Tools are recommended. If Level 1 Tools don't work for 4 weeks in a row, use Level 2.

From Session 8 on:

- C If a participant is not self-monitoring and **is losing weight** according to the weight loss guidelines or maintaining a 7% weight loss, encourage self-monitoring. If participant is absolutely resistant, allow the participant to skip self-monitoring as long as a 7% weight loss is maintained, and explain that if weight increases, the participant will need to resume self-monitoring.
- C If participant is not self-monitoring and **is not losing weight**, use Level 1 and 2 Tools. However, the key issue is the failure to reach the weight loss goal. Consult the Problem Solving Tools for Weight Loss/Maintenance.

Level 1 Tools

- C Ask about any barriers to self-monitoring (examples: forgetfulness; finding the standard method of self-monitoring too complex; having difficulties with reading, writing or math skills; being unwilling to take the time to measure foods, record foods, or calculate fat grams/calories; lacking support at home; being unconvinced of the value of self-monitoring). Use problem solving steps to identify solutions to try. Stress the importance of self-monitoring.
- C Complete a 24-hour recall during the session and record it together in the Keeping Track book. Continue to encourage self-monitoring.
- C Discuss ways to cue self-monitoring (e.g., keep records at the dining room table).
- C Telephone the participant during the week to encourage self-monitoring and to answer questions.
- C Involve a family member or significant other if the participant wishes.
- C Negotiate less complete self-monitoring. Examples:
 - C Use Quick Track (checklist of high-fat foods) for a few weeks and then try returning to more detailed self-monitoring later.
 - C Self-monitor only foods eaten and look up fat grams/calories together at the next meeting.
 - C Self-monitor only foods and amounts eaten and then look up fat grams/calories together at the next meeting.
 - C Self-monitor fat grams/calories only for specified high-fat/calorie foods.
 - C Self-monitor fat grams/calories only at certain problem meals or snacks.
 - C Tape an individualized list of high-fat/calorie foods and their fat/calorie content inside the cover of the Keeping Track books. Self-monitor all foods eaten but record fat grams/calories for only these foods.
- C Negotiate less frequent self-monitoring (with a minimum of 3 days per week) for one or two weeks and then try to return to more frequent self-monitoring. Examples:
 - C Self-monitor only on problem days of the week, times of the day (e.g., evening) or meals (e.g., dinner). (Try to increase the number of days later.)
- C Try an alternate form of self-monitoring (for example, the Rate Your Plate form (based on the Food Guide Pyramid), the Count 100 Cards, or Quick Track).
- C Have the participants develop their own meal plans to follow during the coming week(s) and help them calculate the fat/calorie values ahead of time. The participant can self-monitor by placing a check mark beside the meal plans that were followed.

Level 2 Tools

- C Ask the participant to call the clinic every evening and record his or her intake on the answering machine tape. Transcribe the records.
- C Ask the participant to record his or her intake at home on audiotape. Transcribe the records. (Audiotapes will not be provided centrally.)
- C Provide individualized meal plans (perhaps with corresponding shopping lists) for as

- long as needed. The participant can self-monitor by simply putting a check mark beside the meal plans that were followed.
- C Arrange time to call the participant on several days per week or even daily to review what was eaten.
 - C Provide DPP Dollars (see Reinforcers).

Problem Solving Tools for Weight Loss/Maintenance

Requirements

The weight loss goal is to achieve at least a 7% weight loss within the first 24 weeks of intervention and to maintain at least a 7% weight loss for the remainder of the study.

Action Points

The weight loss goal is to be achieved gradually over the first 24 weeks. Weight graphs are generated for each participant showing the participant's weight at randomization, the 7% weight loss goal at 24 weeks, and a diagonal line connecting the two. At Session 7 or 8, 12 and 16, the participant's weight is to be compared to the weight loss line on the graph.

If at **Session 7 or 8** (Tip the Calorie Balance), the participant's weight is not at or below the diagonal line on the graph:

Required:

- C Assign a calorie goal and have the participant self-monitor calories (if not yet begun) and/or follow structured meal plans at the participant's calorie goal.

Optional:

- C Use Level 1 Tools as appropriate.

If at **Session 12 or 16**, the participant's weight is not at or below the diagonal line on the graph:

Required:

- C Assign a calorie goal (if not yet assigned) and have the participant self-monitor calories (if not yet begun) and/or follow structured meal plans at the participant's calorie goal. It may be necessary to assign a lower calorie goal if the participant did not lose weight at a higher goal previously assigned.

Optional:

- C Use Level 1 Tools as appropriate.

If at any later time period, the participant who has been meeting the weight loss goal gains weight and is no longer meeting the goal:

- C Use Level 1 Tools for one month, and if unsuccessful, then move to Level 2.

Level 1 Tools

If the participant is not losing weight and is not self-monitoring:

- C Give the participant structured meal plans or other ways to simplify self-monitoring.

If the participant is self-monitoring but is not losing weight and the participant's fat/calorie intake, based on self-monitoring, *exceeds* goal, identify the problem(s), such as specific meals, eating out, or specific high-fat/calorie foods, and then select appropriate strategies:

- C Focus on problem meals in which fat/calorie intake is high.
- C Review key skills for lowering fat/calorie intake (e.g., label reading).
- C Review restaurant meals (number of meals eaten out and food selections made).
- C Bring in a family member who is involved in food purchasing and preparation.
- C Provide recipes for low-fat/calorie foods.
- C Provide samples of low-fat/calorie foods to taste (e.g., low-fat salad dressings).
- C Provide menus of low-fat/calorie meals.
- C Review the participant's reasons for joining the study; use motivational interviewing techniques.
- C Go to the grocery store with the participant (this may be Level 1 or 2 depending on the staff time involved).

If the participant is self-monitoring but is not losing weight and the participant's self-monitored fat/calorie intake is *at or below* the goal:

- C Review portion sizes eaten and weighing and measuring skills.
- C Review foods that may be eaten but omitted from self-monitoring records (e.g., snacks, nibbles, alcohol, added fats).
- C Involve a family member.
- C Go to the participant's home, work place, supermarket, or to a restaurant with the participant. Identify problem and helpful cues and behaviors, make suggestions, model desired behaviors, etc. (This may be Level 1 or 2 depending on the staff time involved for travel and so on.)

Level 2 Tools

- C Schedule a meeting with a registered dietitian (if the Lifestyle Coach is not one).
- C Provide cookbook.
- C Provide actual food (e.g., frozen entrees) for several meals during the coming week.
- C Enroll the participant in a low-fat/calorie cooking class.
- C Go to the participant's home, work place, supermarket, or to a restaurant with the participant. Identify problem and helpful cues and behaviors, make suggestions, model desired behaviors, etc. (This may be Level 1 or 2 depending on the staff time involved for travel and so on.)
- C Buy the participant a belt. Mark on the belt the participant's waist size at various points during the study to emphasize weight loss progress in a visual way.
- C Provide DPP Dollars (see Reinforcers).

Level 3 Tools

Detailed guidelines for the following tools will be provided at a later date. We don't expect that Lifestyle Coaches would be using these tools until later in the intervention.

- C** Provide liquid formula.
- C** Provide actual food (e.g., frozen entrees) for several meals per week to model appropriate eating style.

Ultra Slim Fast Shakes.

Ultra Slim Fast may be used as a Tool Box approach with selected DPP lifestyle participants who have not achieved or maintained a weight loss of at least 7% of their starting weight.

Some Lifestyle Coaches have expressed concern about recommending a commercial weight loss product such as Ultra Slim Fast shakes as part of a healthy lifestyle program. The Lifestyle Resource Core has carefully examined the nutritional and behavioral factors and has concluded that Ultra Slim Fast shakes are in no way antithetical to a healthy lifestyle (any more than eating the same cereal and juice for breakfast every morning would be).

By providing structure, convenience, good nutrition, and consistency, Ultra Slim Fast shakes may be precisely what some participants need to reach and maintain the study weight goal. Two prospective trials, lasting from one to more than three years, have suggested that Slim Fast may be effective in supporting weight loss and weight maintenance (see the attached brochure for professionals, “Why Should You Recommend Slim Fast to Your Patients for Weight Control?”). Although the Lifestyle Resource Core does not require that Coaches recommend Ultra Slim Fast shakes or any other specific Tool Box approach, we feel strongly that participants should be free to choose among many strategies and use whatever works for them.

When to consider recommending Ultra Slim Fast shakes

Ultra Slim Fast shakes, like most Tool Box strategies, would be recommended after a participant has completed the 16-session Core Curriculum and has not achieved or maintained the 7% weight loss goal using simpler problem-solving tools. Ultra Slim Fast shakes may be an appropriate Tool Box approach in one or more of the following situations:

- C The participant has been at a **weight plateau**.
- C The participant has been **unwilling or unable to reduce the fat and calorie content of particular meals** (e.g., a businessman who typically eats no breakfast, grabs fast food for lunch, and then eats large dinners at restaurants with clients).
- C The participant has **little time for food shopping and preparation** (e.g., an attorney who works long hours).
- C The participant has **persistent difficulty managing food and social cues** related to overeating.
- C The participant has **consistently reported eating much less food but still has not lost weight** (that is, you suspect under-reporting).

Advantages of Ultra Slim Fast shakes include the following:

- C **Provide adequate and consistent nutrition as a low-fat, calorie-controlled replacement for one or two meals per day.** When compared to other typical meals or skipping a meal, Ultra Slim Fast shakes may be nutritionally superior (see “Comparison Breakfasts, Comparison Lunches”). When compared to other leading nutritional supplements, Ultra Slim Fast shakes have more balanced nutrition, more fiber, and fewer calories and fat (see attached table, “How does Ultra Slim Fast compare with other products?”).
- C **Eliminate food choices and temptations**, such as the sight and smell of food during food shopping, food preparation, and meals. (This may be viewed as a disadvantage in that the shakes do not provide participants with practice managing food cues, making appropriate food choices, controlling portions, or other behavioral skills required for maintenance of weight loss when the shakes are discontinued. But from another perspective, the shakes may be the ideal tool for selected participants precisely *because* they do not require participants to manage difficult food cues, control portions, and so on. In addition, in terms of the DPP protocol, there is no need to discontinue the use of Ultra Slim Fast shakes during the trial if their use continues to support adherence to the study weight loss goal.)
- C **Simplify food shopping and preparation.**
- C **Are convenient to carry and store** (will not spoil without refrigeration).
- C **May provide an experience of success at weight loss**, which may motivate some participants to adhere to dietary and behavioral recommendations that were not adhered to previously.
- C **Usually cost less than the meal they replace** (the shakes cost roughly \$1 per serving). In the DPP, the Slim Fast Foods Company has donated 5 “starter” cases of Slim Fast shakes to each clinical center to use as samples with participants who are first considering using Slim Fast. In addition, Slim Fast will provide, throughout the trial, participant vouchers for 50% off the regular price upon request from the clinical centers. **To request additional 50%-off vouchers, please call Harry Greene, MD at (561) 833-9920 or FAX him at (561) 832-3165.**

Note: **Use your good judgment in terms of whether or not to give vouchers for Slim Fast to participants and how many to give.** For example, participant A may be more adherent to using Slim Fast if you give her a few samples to get her started and then she buys all of the cans she needs. (This may be the case with many if not most participants. Furthermore, many individuals are more committed to something if they invest their own money in it than if they receive it free of cost.)

Participant B, on the other hand, may be more adherent if you supply vouchers on an ongoing basis for half of the Slim Fast she needs, whereas participant C, someone with financial need, may need you to supply vouchers for all of the product she uses. The bottom line is to do whatever you believe will best support participant weight loss and maintenance.

How to introduce participants to Ultra Slim Fast shakes

Carefully tailor the use of Ultra Slim Fast shakes to the nutritional needs and lifestyle of the individual participant, keeping in mind the following general guidelines:

- C **If the participant is 15 to 30 pounds above goal, consider recommending two Ultra Slim Fast shakes per day (or the equivalent using the powder), to replace breakfast and either lunch or dinner** (whichever presents the most challenges for the participant). The third meal (lunch or dinner) should be portion-controlled and low in fat and calories (see attached menus for examples). Also include 1-2 nutritious snacks of about 100 calories each.

- C **If the participant is 15 pounds or less above goal, consider recommending one Ultra Slim Fast shake to replace one meal per day.**

- C **Consider recommending Ultra Slim Fast shakes as a tool for weight maintenance.** For example, a participant might plan to regularly drink one shake a day in exchange for a meal that has consistently presented challenges (such as breakfast “on the run”). Or a participant might plan to drink a shake when caught in the office rather than skipping a meal, or drink two shakes the day before a big party or eating occasion as a way to budget fat and calories.

- C **Consider recommending Ultra Slim Fast shakes as a way to “Jump Start” a participant’s weight loss during a weight plateau.** For example, if a participant consistently reports eating very little but is not losing weight, provide Ultra Slim Fast shakes as a way to add structure and consistency to the participant’s eating pattern.

- C **Present Ultra Slim Fast shakes within the context of healthy eating.** Instruct participants to use the shakes to replace no more than 2 meals per day. Weight loss should be gradual and not exceed 2 pounds per week after the first week. The solid meals and snacks should be low in fat, calorie-controlled, and nutritious. Note the following related recommendations in the Ultra Slim Fast materials:
 - C Breakfast should not be eaten as the only solid food meal.
 - C If an Ultra Slim Fast shake is used to replace the evening meal, participants should add an additional 2 ounces of protein and one bread/starch to either the breakfast or lunch meal.

- C **Remember to continue placing an emphasis on the study goal for physical activity**, both as a goal in and of itself and as supportive of weight loss and weight maintenance.

Materials for introducing Ultra Slim Fast shakes

The following **resources for Lifestyle Coaches** will be sent to each center directly from the Slim Fast Foods Company (these are **not** to be given to participants):

- C “Why Should You Recommend Slim Fast to Your Patients for Weight Control?”
- C “How does Ultra Slim Fast compare with other familiar products?” (table comparing Slim Fast to Ensure, Sweet Success, and other liquid supplements)
- C A nutritional comparison of Slim Fast with Optifast, Medifast, HMR, and other liquid diets

The following **optional materials for participants** will also be sent to each center from Slim Fast or are attached (in the case of the materials developed by the Lifestyle Resource Core):

- C “Lose Weight, Stay Slim, Feel Great” (produced by the Slim Fast Foods Company)
- C “How to Use Ultra Slim Fast Shakes” (produced by the Lifestyle Resource Core; designed as a summary of the other materials plus a meal planning form).

Note: If you give the participant any of the written materials produced by the Slim Fast Foods Company, emphasize that **the participant should continue to follow the DPP goals for physical activity, fat grams, and calories**, and ignore any contradictory guidelines given in the Slim Fast materials (for example, some of the menus may not correspond to the participant's own calorie and fat goals).

On the “How to Use Ultra Slim Fast Shakes” handout, complete the meal plan at the bottom of the page with the participant. You may wish to develop the meal plan using the low-fat choices on the Food Pyramid chart from the Lifestyle Balance Healthy Eating session (see page 3, Healthy Eating, in the participant notebook), or refer to the sample menus given in the Slim Fast materials.

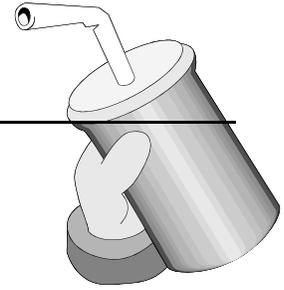
Sample 1200 and 1500-calorie plans:

Meal	Plan	Calories
Breakfast	Ultra Slim Fast Shake	220
Lunch	Ultra Slim Fast Shake	220
Dinner	4 oz. lean meat, poultry, fish, or substitute 1 bread serving 1 fruit serving 3-4 vegetable servings 1 fat serving	220-300 80 60 100 45
Snack(s)	2 fruit 1 bread	120 80
Total		1145-1225

Meal	Plan	Calories
Breakfast	Ultra Slim Fast Shake	220
Lunch	2 oz. lean meat, poultry, fish, or substitute 2 bread servings 1 fat serving 1 vegetable serving 1 fruit serving 1 nonfat milk serving	110-150 160 45 25 60 90
Dinner	4 oz. lean meat, poultry, fish, or substitute 1 bread serving 1 fruit serving 3-4 vegetable servings 1 fat serving	220-300 80 60 100 45
Snack(s)	2 fruit 1 bread	120 80
Total		1415-1535

At the bottom of the “How to Use Ultra Slim Fast Shakes” handout, record an individualized plan for “Other times to use Ultra Slim Fast shakes,” such as for breakfast and lunch on the day before a big party or eating occasion or when caught in the office with no time to go out for lunch.

How to use Ultra Slim Fast shakes.



Ultra Slim Fast shakes may help you lose weight and keep it off. Ultra Slim Fast shakes:

- C Provide a meal that is low in fat and calories.**
One Ultra Slim Fast shake contains 220 calories, 3 grams of fat, 10 grams of high quality protein, 5 grams of dietary fiber, and 18 essential vitamins and minerals.
- C Can replace one or two meals per day.** Your Lifestyle Coach will help you plan healthy food choices and amounts for the second and/or third meal and snacks.
- C May help you avoid difficult food choices and temptations.**
- C Make food shopping and preparation easier.**
- C Are easy to carry and store.**

Your Lifestyle Coach will help you develop a meal plan using Ultra Slim Fast shakes:

Meal	Plan	Calories
Breakfast		
Lunch		
Dinner		
Snack(s)		
Total		

Other times to use Ultra Slim Fast shakes: _____

Problem Solving Tools for Self-Monitoring of Physical Activity

Requirements

Self-monitoring of physical activity is required. Achievement of the physical activity goal is based solely on participant self-monitoring records (unlike with weight loss, there is no objective measure to verify self-report of physical activity level). Therefore the Lifestyle Coach must obtain self-monitoring data for physical activity in some manner.

Activity is to be self-monitored daily in the Keeping Track booklets and returned to the Lifestyle Coach at each session during the core curriculum. After that, monthly activity logs will be used; it is the Lifestyle Coach's responsibility to obtain these monthly physical activity records. To do so, the Coach should:

1. Call participants and ask them to send in the records or bring them in to the bimonthly sessions;
2. Call participants and ask for the information over the phone (that is, discuss the past time period with the participants and have them describe their level of physical activity over that period).

Repeated effort should be made to obtain this information. If, despite repeated efforts, these data cannot be obtained, call the Lifestyle Resource Core.

Problem Solving Tools for Physical Activity

Requirements

During the core curriculum, participants are expected to increase their physical activity to at least 700 kilocalories per week (equivalent to 2 ½ hours of brisk walking) within five weeks.

- C First week after beginning to work toward the goal: Do something active on 3 to 4 days during the week.
- C Second week: 60 minutes of physical activity per week.
- C Third week: 90 minutes per week.
- C Fourth week: 120 minutes per week.
- C Fifth week: 150 minutes per week.

After that point, the physical activity requirement is a *minimum* of 700 kilocalories per week (equivalent to 2 ½ hours of brisk walking) for the remainder of the study.

Action Points

Problem solving tools are recommended at these points:

- C During the first five weeks of the study, if a participant does not achieve the step-wise goals described in the core curriculum for that session.
- C Thereafter, if **at the end of any four weeks during the study**, a participant has not achieved the physical activity goal averaged over those four weeks (that is, 2800 kilocalories, or 10 hours (600 minutes) of brisk walking or its equivalent per four weeks).

Level 1 Tools

- C Ask about any barriers to physical activity (examples: bored or lonely when doing physical activity alone, having difficulty finding the time for physical activity, having competing responsibilities for the care of a child or elder (parent, grandparent), lacking a safe place for physical activity, lacking motivation or bored with physical activity routine). Use problem solving steps to identify solutions to try. Stress the benefits of physical activity.
- C Discuss ways to cue physical activity (e.g., post an activity graph; keep walking shoes handy).
- C Telephone the participant once a week for one month to encourage physical activity.
- C Involve a family member or significant other if the participant wishes.
- C Recommend listening to music or books on tape during physical activity.
- C Identify other time commitments for the participant and discuss the priority of physical

- activity relative to these other commitments.
- C Work on time management skills.
- C Recommend that the participant find a family member or friend to help with child or elder care.
- C Recommend physical activities that may be done at home.
- C Recommend physical activities that involve the child or elder, if possible.
- C Add a motivational strategy (see Map of Miles in Section 1).

Level 2 Tools*

- C Arrange for a pal (trained peer educator) to exercise at least once with the participant or to drive the participant to a supervised physical activity session.
- C Schedule a meeting between the participant and the exercise physiologist at your center to discuss different types of physical activity and reasons for nonadherence.
- C Lend the participant an aerobic exercise tape (\$15 to \$25) for a one-month trial period.
- C Provide transportation (bus or taxi fare or pay another participant to drive the participant) to a few of the supervised activity sessions or to a local mall.
- C Enroll the participant in an exercise class in his or her neighborhood, the local YMCA or other inexpensive exercise program.
- C Enroll the participant in a local exercise event (e.g., walk-a-thon, bike race) and encourage the participant to train for the event.
- C Lend the participant a pedometer (\$25) for a one-month trial period.
- C Provide DPP Dollars (see Reinforcers).

Level 3 Tools*

- C Arrange for a pal (trained peer educator) to exercise with the participant once a week.
- C Pay for child or elder care on a regular basis.
- C Provide a membership to a health club.
- C Enroll the participant in a cardiac rehabilitation program. Monitor physiological parameters frequently to show progress.
- C Provide home exercise equipment (e.g., bike) for one to two months (or longer, if it is being used by the participant).

* The basic difference between Level 2 and Level 3 tools for physical activity is cost, although this is difficult to determine centrally because costs may vary greatly from center to center. We've roughly estimated that Level 2 tools might cost less than \$50, whereas Level 3 tools might cost \$50 or more. We strongly encourage centers to use Level 2 tools before Level 3 tools and to call the Lifestyle Resource Core when considering a Level 3 tool so that together we can discuss any options that may be less costly.

Pedometers.

The DPP Lifestyle Resource Core has provided each clinical center with Digi-Walker SW-200 pedometers, manufactured by Yamax. The Digi-Walker SW-200 counts the number of steps taken while walking or jogging up to 100,000 steps. (Unlike some pedometers, this model does not measure distance or allow the user to enter an individualized stride length.)

The purpose of the pedometers is to give participants an additional way to monitor their physical activity, which may make the process more fun and interesting, and to challenge participants to increase their activity and maintain it at a high level. In the future, the Lifestyle Resource Core would also like to develop a motivational campaign (maybe a “Walk Across America”) that would invite all participants to use the pedometers and involve a competition or cooperative effort across all centers. In the meantime, give the pedometers to those participants you think will like using them, and feel free to use the pedometers as part of behavioral contracts or other motivational tools (such as Map of Miles) at your center.

Note: The pedometers are *not* intended to replace the standard self-monitoring of activity in minutes, which is required by the protocol and should continue even if the participant uses a pedometer.

Use your judgment to decide which participants will benefit from the pedometers (for example, don't give a pedometer to a participant who is overwhelmed with other tasks required by the study, for whom adding one more thing would become a negative). Also use your judgment to decide *when* to give the pedometers. **We recommend giving them to participants after the core curriculum or as a maintenance tool later in the program** when you are looking for a new idea or “shot in the arm” for a participant. When you give the pedometers to participants, you may want to review related concepts from the Core Curriculum such as those presented in Session 6 (Being Active: A Way of Life) or Session 13 (Jump Start Your Activity Plan).

We strongly recommend that Lifestyle Coaches get familiar with the pedometers before giving them to participants. Wear one for a week or two and record your own steps.

When you give a pedometer to a participant:

- C Emphasize that the purpose of using the pedometer is to make physical activity more interesting, fun, and challenging.
- C Review the instructions on the attached handout. Show the participant how and where to clip on the pedometer. (To help participants understand where to place the pedometer, show them the drawings in the section entitled Installation Method in the instructions that come with the pedometer. Note that most of the instructions, such as how to set the clock and stride length, apply to other models of the pedometer, so don't let this confuse the participant.)
- C After the participant wears the pedometer for a week, review the data and calculate the

average steps per day. Then set a goal for the participant, and write it on the handout (be sure to involve the participant in the goal setting process). To determine the goal, think about what is challenging yet reasonable for the individual based on his or her baseline amount. For example, one participant may be able to increase his number of steps from 10,000 to 15,000 (an increase of one-half). Another may only be able to increase from 20,000 to 25,000 (an increase of one-fourth) because she is more active to begin with. It depends on how much activity the participant is already doing and how much more can reasonably be added.

- C After the participant meets one goal and maintains it for a period of time, set another goal to continue to challenge the participant. You may want to develop some charts or graphs that you and the participant can use to track increases in steps walked.
- C For participants who are motivated by and enjoy using the pedometer, you may want to consider using Toolbox funds to purchase a pedometer that calculates distance based on stride length and number of steps.

Be sure to make it clear to participants that pedometers can be inaccurate, that pedometer data will not be used as DPP data, and that participants should continue to self-monitor minutes of activity. Keep in mind that these are inexpensive instruments and one may be more sensitive to certain movements than another. Also, people move differently when they walk, so person A may walk a mile and get a very different total number of steps than person B because person A shuffles her feet. So don't compare steps among individuals but rather encourage each individual to increase his or her own number of steps over time.



Step Your Way to Success.

Using a pedometer can add fun and challenge to your activity plans. Here's how to start stepping:

1. Wear the pedometer, and record your steps every day.

- a. Clip the pedometer on when you first get up in the morning.
 - C Clip it to your clothes at your waist. (See the drawing in the instructions that come with the pedometer.)
 - C Make sure it is securely attached and doesn't jiggle. For example, don't let it flap around in a pocket.
 - C Make sure it isn't tilted.
- b. Take the pedometer off at night before you go to sleep. Write down the number of steps you took that day in your Keeping Track or on a calendar.
Remember to reset the pedometer for the next day.

2. At the end of 7 days:

- a. Look over your daily records. On which days did you walk the most steps? On which days the least? What could you do to walk more steps on the days when you walked the least?
- b. You can also take the average. Just add up the days and divide by 7.

Your starting average = _____ steps per day.

3. Your goal is to aim for _____ steps per day.

You can do it!

Important:

1. **Continue to record your DPP activity in minutes.** This is required by the DPP, whether or not you are using a pedometer.
2. Be sure to reset the pedometer every morning.
3. Don't open the case. If you think the batteries may need to be changed, return the pedometer to your Coach.
4. Don't get the pedometer wet. Don't swim or shower with it on. Keep it under your coat if you are walking in the rain or snow.

Ideas to Enrich the Lifestyle Intervention

(Updated August 15, 2000)

Many DPP centers are using their own creative ideas to enrich the lifestyle intervention. Some of the ideas are listed below. Feel free to contact the centers named for more details.

Note: Please let us know what has been working well for you at *your* center so we can add your ideas to the list.

Summer and Fall 1999

- C **Hold a frisbee golf event.** At DPP San Diego, 14 participants plus about 19 family members attended a frisbee golf event in the summer of 1999. They broke into teams of five for frisby golf and later enjoyed a catered picnic. More men (seven) attended than any other lifestyle event they've held at the center.
- C **Host a Family Day.** In September 1999, St. Lukes invited participants and family to a Family Day, held games appropriate for all ages, had arts and crafts activities available for the children, led an exercise class, had the PI speak about the study, and had a picnic.
- C **Take participants on a biking tour of your city/town.** In the fall of 1999, Pittsburgh hired a local company that rents bikes and offers guided tours, and we invited participants to join us on the bike tour or, if they preferred, to walk along the trail. Nine participants and 6 friends and family members attended. Some participants brought their own bikes, others rented those that were available. A small group of participants walked the trail rather than biking it.
- C **Hire exercise physiology students to help with supervised activity sessions.** Both Seattle and Pittsburgh have hired exercise physiology students to lead activity classes and act as personal trainers for participants.
- C **Have an exercise consultant lead an aerobics class and make a video of it for participants to use at home** (Indiana).
- C **Go fruit picking.** Washington University invited participants to a local pick-your-own-strawberries farm (the price of the fruit was included on the invitation). The Coaches also provided low-fat recipes for strawberries. If the weather and location permits, you may want to go for a group walk before picking the fruit.

- C **Print an e-mail/phone directory for participants.** Both Indiana and Pittsburgh have provided such a directory for their lifestyle participants. We recommend only including and distributing it to those who want to be in it; indicate beside each name if the participant wants to exercise with other participants, exchange recipes/ideas about healthy eating, and/or talk about experiences being in the DPP.

- C **Provide a comprehensive review of participant progress periodically.** Chicago developed a worksheet called **The Lifestyle Balance Equation (attached)**. It is individualized using each participant's data and then used to lead a discussion between the Coach and participant regarding motivation, lifestyle goals, and strategies for reaching those goals.

- C **Hold a Red, White, and Blue competition in which participant "buddy pairs" form teams with Coaches and PIs as leaders.** In the fall of 1999, Medstar held an eight-week competition in which participants were given points for exercising each day, self-monitoring, and meeting fat and calorie goals (**see related handout attached**). There were three teams with eight participants per team. The PIs and Coaches were the team leaders and held team rallies (group meetings with inspirational talks) for each team. Prizes were awarded and motivational "surprise gifts" given toward the end of the competition. Many participants said the competition was a turning point for them in terms of making exercise a habit.

- C **Hold group conference calls with participants.** During the 1999 holiday season, the Miami DPP Coaches scheduled five conference calls with small groups of lifestyle participants. The calls were scheduled for 6:30 - 7:00 pm, roughly every other week. The Coaches mailed a schedule for the calls to all lifestyle participants, called them individually a few days before each call to see if they'd like to participate, and then called those who said "yes" the day before the call to confirm. Two of the scheduled calls were canceled, and three calls took place. About 6-8 participants were on each call, and they shared ideas and experiences about the living the lifestyle intervention. The participants enjoyed the calls, and the Miami Coaches would recommend them to other centers.

Winter and Spring 2000

- C **Hold a "Jump Start" contest (see related handout attached).** In the winter of 2000, Johns Hopkins held a six-week contest in which participants could earn points by losing 2.5% of their weight, attending group classes and activity sessions, self-monitoring, or being at their weight goal. Gift certificates were awarded from a bookstore, grocery store, sports store, restaurant, bath and body store, and department store.

- C** **Hold an exercise class that features exercise opportunities unique to your city or area.** For example, Hawaii held a class called Exercise Hawaii Style including hula. Pittsburgh is planning a class in which participants walk some of the many historic Pittsburgh bridges.
- C** **Send participants a newsletter with lifestyle data from the center and personalize it with each participant's own data.** In February 2000, New Mexico sent each lifestyle participant a newsletter entitled **Lifestyle Newsflash (see attached)**. It showed graphs of the center's weight and activity data over the previous nine months, indicating a recent decline in the data. Participants were asked to lose an additional two pounds and increase activity by 10 minutes over the next two months. Individual participant data was also given.
- C** **Develop a Participant Advisory Board.** In the winter of 2000, New Mexico invited eight highly successful participants to meet with the Coaches quarterly and provide input, ideas, and feedback about after-core classes and motivational campaigns. Six participants attended the first meeting (the other two plan to attend future meetings). The participants suggested a lifestyle buddy system, plan to write profiles of themselves to be published in the center's lifestyle newsletter, and proposed progressive dinners with low-calorie/low-fat food for small groups of participants and their spouses/guests. The group agreed to meet again during the next quarter.
- C** **Hold a Participant Focus Group.** In March 2000, Northwestern invited eight participants who were straddling their weight goal (between 6 and 7% weight loss) to attend a focus group. Four participants attended. The facilitator used the Consumer Buyer Behavior Model used by marketers to assess consumer decision making. According to the model, consumers go through five steps whenever they decide to make a purchase. The facilitator had the group apply these steps to the DPP, using as examples their decision to join the DPP and then, as proposed by the interventionists, to try to reach a 10% weight loss goal to solve the problem of straddling the 7% goal. The model includes five steps: need recognition of the problem, the information search, evaluation of the information, purchase decision, and post-purchase evaluation. The group discussed each step, decided to commit to a 10% weight loss goal, and planned to meet again in May.
- C** **Host a Health and Fitness Jeopardy Night.** In March 2000, 10 participants plus family members enjoyed an evening of three rounds of jeopardy. Participants could choose whether they were contestants or spectators. Contestants won a prize just for competing and for winning a round. The PI played the role of the moderator. There were five categories in each of the three rounds, including nutrition, fitness, and general health questions. The final jeopardy question was a general question about the study. The Coaches prepared low-fat/calorie appetizers. The grand prize was a Cooking Light

cookbook on compact disk. Participants said they had a lot of fun and learned a lot just from listening to the questions.

- C **Walk with participants “On Our Way to Santa Fe.”** In March 2000, Jefferson formed two teams with about 11 participants on each team plus staff. The teams competed with each other by walking 700 miles along the Santa Fe trail over four weeks. At a kickoff party, participants received water bottles, towels, and bookmarks with historic information about the trail (ordered from the Internet). Participants called their Coaches with their exercise minutes each week, and the Coaches then called them back with their team's total minutes (equivalent to miles) which was marked on a burlap map of the trail (also ordered from the Internet). Weekly prizes were given to the members of the team closest to Santa Fe, and at the end of four weeks, the winning team members won a windbreaker or Walkman. A participant won a prize only if the team won plus the participant had at least 150 minutes that week. All but three participants reached at least 150 minutes per week throughout the campaign.
- C **Hold a “Cross Country Challenge.”** In the spring of 2000, Chicago plans to hold a three-month exercise competition called “Cross Country Challenge” (**see related handout attached**). Participants will choose among a list of popular destinations, each with a specified maximum number of members allowed per team. The number of miles from Chicago to the destination will be divided by the number of team members and that is the number of *minutes* each member is responsible for achieving each week during the competition. Any mode of exercise will qualify. (The Coaches selected the destinations and maximum members per team so that the required minutes averaged about 200-250 minutes, a reasonable goal for their participants.) For example, the northern section of the Appalachian Trail is 713 miles, with three team members allowed; so each participant will be required to exercise 238 minutes per week (713 divided by 3). The destinations will include Walt Disney World, Martha's Vineyard, Mt. Rushmore, the World Trade Center, Philadelphia (City of Brotherly Love), one section of the Appalachian Trail, and Niagra Falls. Also, individual participants will be able to compete with themselves to either bicycle to St. Louis or hike the Grand Canyon (277 miles).
- C **Invite participants to “Fuel Your Engines.”** In the spring of 2000, Indiana will hold a participant team competition called “Fuel Your Engines” (**see related handout attached**). Participants will be grouped into five teams of ten participants each. For two months, the team captains (highly successful participants) and co-captains will contact the other team members by phone to collect self-monitoring data. Pounds lost and minutes of activity will be totalled for each team. All teams will receive prizes (bigger prizes for the teams with the most weight loss and increased physical activity), and individuals will also receive prizes for most improved minutes, highest average minutes, and most weight loss during the two months. The prizes, including certificates for gasoline and car washes, will be awarded at a Victory Lane party at the end of the

competition.

- C **Host a Spouse Appreciation Event.** In the spring of 2000, Miami will be holding a spouse appreciation brunch, luncheon, or evening event. They plan to invite all lifestyle participants and their spouses. The behavioral consultant will do a brief presentation on ways to be supportive of lifestyle change. Also, there will be healthy food, time to socialize, and a trivia quiz with prizes. One idea is to put participants in one room and spouses in another and have the individuals in each group complete a questionnaire with both fun questions about their spouse and some lifestyle questions.

- C **Hold a Walking Clinic at a Shoe Store.** In May 2000, Colorado held a walking clinic at a reputable running shoe store on a Saturday morning before the store opened for business. A knowledgeable store employee explained proper shoe fit and support and evaluated the participants' feet. Participants also had the opportunity to be videotaped walking on a treadmill. Recommendations for the best shoe support were made based on each participant's feet and gait. An athletic shoe representative was available for questions and provided a free pair of shoes for a raffle and a water bottle and holder to those who bought shoes (any brand) that day. The center also negotiated an ongoing 20% discount with the store management on all merchandise. A 60-minute walk around the adjacent park took place after the clinic. 11 participants and 4 spouses attended.

- C **Present Dietary Self-Monitoring Data in Relation to Weight Loss Data.** In the spring of 2000, Einstein held an evening event attended by about 75% of their lifestyle participants. The PI presented a general overview of the study, including its place in medical history. The nutrition consultant, Judy Wylie-Rosett, presented the local and national lifestyle data, asked participants how they felt about self-monitoring food intake, and reviewed data on the number of local lifestyle participants who self-monitor (these data came from the monthly reports and the most recent LO3 forms). Judy emphasized that, in general, one of the best predictors of weight loss is self-monitoring of food intake and sure enough, at Einstein those participants who self-monitored the most had the best weight losses. The behavioral consultant then asked the participants what motivated them when they joined the study and what motivated them now, using motivational interviewing techniques with the group. (Since this presentation, Einstein is experimenting with several strategies for increasing participant self-monitoring of food intake. Some participants are asked to self-monitor several days a week, reflect on how their eating pattern differs on self-monitoring days and what strategies they use on those days, and how they can extend those strategies to other days. Some participants list their personal strategies for reducing fat intake and use that as a check-off list for self-monitoring. Others follow a meal plan and document how they deviate from the plan.)

- C **Publish a local lifestyle newsletter.** Attached are sample copies from several centers.

- C **Hold a Spring Training “Boot Camp.”** St. Lukes offered an intensive, goal-oriented program to challenge lifestyle participants in a group setting. Six weekly group sessions were held, which included 50 minutes of discussion related to goal achievement and 50 minutes of group physical activity. Small rewards were given for reaching goals. “Boot camp” style items were given to add some fun. A “telephone boot camp” was also offered as an alternative. See the attached outline for details.
- C **Hold a Food Shopping the DPP Way class.** Centers 16 and 27 (UCLA Alhambra and Culver City) offered three sessions on food shopping. Group activities reinforced the Food Pyramid, weighing and measuring, label reading, and meal planning. A supermarket tour was included. See the attached outline for details.

Summer, Fall, and Winter 2000

- C **Develop a meal plan tailored to your center.** Some centers have asked participants to select their favorite menus from the Start Now meal plans used during Spring Training and have created a one-week plan which they ask participants to follow for one week every month. For example, this was done at the Shiprock center and Tool Box funds were used to purchase some of the more expensive condiments on the menus for the participants. Other centers have revised the Start Now meal plans to better suit the ethnic and socio-economic backgrounds of their participants (for example, to make the menus less expensive). Some centers have developed a one-week-a-month meal planner for participants to use as a self-monitoring record as well. For example, Kati Szamos at UCLA had participants create weekly meal planners during a class on grocery shopping and, based on those planners, she created 1, 2, 3 On Track (attached), both in English and Spanish. The participants are asked to follow the plan one week a month.
- C **Use your CRC to provide food for lifestyle participants.** The Colorado DPP arranged to have their Clinical Research Center (CRC) provide calorie-controlled meals for selected lifestyle participants at no cost to the DPP. The Coach and participant agreed on a calorie goal, the CRC dietitians developed the meal plans keeping in mind the participants food preferences, and pre-packaged foods such as frozen entrees were included in the meal plans. Seven days of meals from the CRC were provided for the participants, then the participant was asked to mimic the foods and portion sizes from the previous week for seven days, and then four more days of CRC meals were provided to reinforce food selection and portion sizes. All four of the lifestyle participants who used the CRC meal plans lost weight. For more information, contact Lisa Testaverde.
- C **Give participants “Just Say No” self-monitoring cards.** The Jefferson DPP distributed cards to participants and asked them to indicate on the cards every time they refused an offer of a holiday treat such as a Christmas cookie. The cards were then

posted in the waiting area of the clinic.

- C **Hold a Wellness Day or develop an Exercise Resource Center for your participants.** The Pennington DPP has many physical activity materials to share with other centers, which we have attached: their own take-home circuit training program for participants with illustrated stretching guide; a list of exercise music companies; creative participant materials they developed for their Spring Training program, Wellness Day, and Exercise Resource Center; and a copy of a catalog and Reaching and Working with the New Exerciser (a resource from IDEA). Thank you, Pennington!
- C **Hold a cooking class with games on food trivia.** Johns Hopkins DPP held a cooking class that included related find-a-word games and trivia quizzes, several of which are attached.
- C **Offer a Foods of the World class.** Medstar DPP offered a five-session class including the following topics: herb gardens, versatile legumes and incredible edible flowers, exotic grains, supermarket tour and amazing tofu, and around the world pot luck.
- C **Over the holiday season, graph participants weight on a red-and-green graph called Hold the Line (attached).** This graph was sent in November to all of the DPP centers via the Program Coordinators on-line discussion group. It is to be printed in red and green and used as an optional tool with participants to encourage weight maintenance during the holiday season.
- C **Hold an Indian cooking class.** St. Lukes held a cooking class for their lifestyle participants and demonstrated various Indian recipes, which are attached.
- C **Facilitate a women's support group.** In July, the University of Chicago DPP offered four weekly sessions for women to share their DPP related concerns, struggles, successes, and other lifestyle issues.
- C **Offer a DPP Food Wraps class.** The Seattle DPP held a class that was very popular in which the Coaches demonstrated preparing food wraps (recipes are attached).
- C **Display participant ID's on a bulletin board in categories based on adherence, with photos of only the most successful (with permission).** The Texas DPP grouped their lifestyle participants into four categories of adherence, calling the least successful the "bench warmers" and the most successful the "all-stars." Only all-stars had their pictures on the bulletin board.