

## Responses to Reviewers:

Enclosed is a revised manuscript, “Translating the Diabetes Prevention Program to Primary Care: A Pilot Study” to be considered for publication in *Nursing Research*. I thank the reviewers for their thoughtful reviews which have strengthened the manuscript. I have focused on revisions that related to the methods, design, conceptual model, and results per communication with the editor. I have tried to present this information very succinctly and have provided some suggestions regarding what might be able to be included on the website. I am currently in the process of writing a manuscript that addresses the implementation of this study in more detail; thus I have not addressed all of the reviewer issues regarding implementation. My itemized response to the comments of reviewers is as follows:

1. The problem statement has been strengthened by delineating the overall purpose of the study and then indicating the aims (page 6, first paragraph).
2. The literature review has been revised as follows:
  - a. A table of lessons learned from community based research has been included (Table 1). This table could either be in the published manuscript or as supplemental information on the website, whatever you prefer.
  - b. The manuscript citing the results of the DPP was already included in the manuscript (page 2, paragraph 2 – Knowler et al., 2002 ).
  - c. Additional information and research on motivational interviewing has been provided (page 2-3). This also relates to the questions that were raised about the conceptual framework. I have improved the clarity that there was a conceptual framework for the study (RE-AIM) and that the intervention was based on the conceptual framework of the original Diabetes Prevention Program (Behavioral Theories including motivational interviewing). Thus, this clarifies the theory on how change was proposed to happen (page 3).
  - d. The citations on exercise in the Discussion section were not moved to the review of the literature as they are more relevant to understanding the results of the study.
  - e. Additional studies on the RE-AIM framework were not included as this did not seem to be a priority. I have included relevant research related to motivational interviewing which clarifies the framework for the intervention and provides more details to the review of the literature (page 3, 1<sup>st</sup> paragraph).
3. The number of sites contacted was already presented (22% response rate) along with the most common reasons for non-participation (page 6, 1<sup>st</sup> paragraph under Sample).
4. Data were provided on the reasons for withdrawal from the study (page 12, 1<sup>st</sup> paragraph under Reach).

5. The race, ethnic, and income differences were highlighted in the discussion section (page 15, 1<sup>st</sup> paragraph under Discussion) and information was provided on the modifications for different groups (Tables 1 and 2).
6. One of the sites was affiliated with the university, a health plan organization. However, I did not think this was critical information. I can add this if you think it is necessary.
7. I have deleted the comment that was made regarding email contacts. We have no data on the number of study participants who used the internet. One nurse practitioner had suggested this for the future study and we will explore this more in the implementation paper.
8. IRB activities and approval were already included (page 7, last sentence under Procedure and 1<sup>st</sup> sentence under Enhanced Standard Care).
9. Rational for the truncated contact hours of the intervention compared to the DPP has been provided (page 9, 1<sup>st</sup> full paragraph).
10. A sentence has been added to explain how the measures and data collection times were determined and thus their similarity to the DPP (page 10, 1<sup>st</sup> paragraph under Efficacy).
11. Details on the behavioral variables of nutrition and exercise has been provided – these were measures that evaluated patterns of behavior (page 11).
12. The issue of protocol implementation has been briefly discussed. NPs were instructed to work within the confines of their clinical practice and keep appointments to approximately 20 minutes to assure work flow of the office. Thus, when study participants had psychosocial issues that interfered with the diet or exercise recommendations, these would be discussed and some of the protocol would not be able to be implemented. Participants would sometimes be given content to read at home which was not reviewed in a session (page 14, 1<sup>st</sup> paragraph on page).
13. The challenges of implementing motivational interviewing have been provided (page 14, 1<sup>st</sup> paragraph on page).
14. A figure that illustrates the increase in exercise behavior has been included (Figure 3). This figure could go onto the website and the mean increase in exercise patterns could be provided, whatever you prefer.
15. A conclusion based on the study purpose has been provided (page 18, 2<sup>nd</sup> paragraph).
16. All editorial changes have been addressed along with style requests for APA format.
17. The p values have been checked. In the case of satisfaction, the actual p value was 0.048, so this was changed.

18. The suggestions by reviewer #2 on implementation will be included in the implementation manuscript (ie., comparing NP site x treatment). Effect sizes have been included, to provide a context for the small sample.

19. The issue of feasibility has been stated more explicitly – indicating the primary support that the research personnel provided for success of implementation.