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Centers for Disease Control and Prevention Diabetes Prevention Recognition Program

Standards and Operating Procedures

Requirements for CDC Recognition | National Diabetes Prevention Program | CDC

June 1, 2024

2024 Centers for Disease Control and Prevention Diabetes Prevention Recognition Program

I. Overview

The Centers for Disease Control and Prevention (CDC) established the CDC Diabetes Prevention Recognition Program (DPRP) as part of the National Diabetes Prevention Program (National DPP) (https://www.cdc.gov/diabetes-prevention). The DPRP provides information to people at high risk for type 2 diabetes, their health care providers, and payers about the location and performance of organizations offering the National DPP lifestyle change program (National DPP LCP) through various delivery modes (In-person, Distance Learning, In-person with a Distance Learning Component, Online Combination – Not Live Delivery). The purpose of the DPRP is to recognize organizations that have demonstrated their ability to effectively deliver the evidence-based National DPP LCP. The recognition program helps assure that decisions about participant eligibility, program content, and data collection and reporting that could lead to health insurance benefits are based on accurate, reliable, and trustworthy information. The National DPP is further committed to ensuring health equity by increasing access to the LCP among populations of interest, including those living in geographically hard to reach or rural areas.

The DPRP assures the quality of recognized organizations and provides standardized reporting on their performance. The original 2011 DPRP Standards for the National DPP LCP and requirements for recognition were based on successful efficacy and effectiveness studies. In one such efficacy study, the 2002 US Diabetes Prevention Program (DPP) research trial, participants in the lifestyle intervention losing 5-7% of their bodyweight experienced a 58% lower incidence of type 2 diabetes than those who did not receive the lifestyle intervention (see https://www.niddk.nih.gov/about-niddk/research-areas/diabetes/diabetes-prevention-program-dpp). The current standards, though still grounded in the earlier research, incorporate innovations from further translational studies, best practices, 12 years of program evaluation and DPRP data analysis, and expert opinion.

The DPRP has three key objectives:

- Assure program quality, fidelity to scientific evidence, and broad use of the National DPP LCP throughout the United States;
- Develop and maintain a registry of organizations that are recognized for their ability to deliver the National DPP LCP effectively to people at high risk;
- Provide technical assistance to organizations to assist staff in effective program delivery and in problem-solving to achieve and maintain recognition status.

This document—*CDC Diabetes Prevention Recognition Program Standards and Operating Procedures* (or DPRP Standards, for short)—describes in detail the DPRP Standards for the National DPP LCP and explains how an organization may apply for, earn, and maintain CDC recognition.

CDC's National DPP Customer Service Center is an interactive online resource for organizations that deliver, promote, refer to, and/or cover the lifestyle change program or partner with others to do so. It serves as a repository for National DPP resources and technical assistance. Organizations should access the National DPP Customer Service Center to find resources and events, discuss opportunities and challenges with the National DPP community, engage with subject matter experts

for technical assistance, and submit success stories and feedback on their experience.

Organizations will first need to register to submit National DPP technical assistance inquiries. To register with the National DPP Customer Service Center, organizations should go to https://nationaldppcsc.cdc.gov/s/, select "Login," and then "Register." To request technical assistance, organizations should sign in and then select "Contact Us/Contact Support." Once signed in, they will also be able to view their previous requests and associated correspondence.

Commitment to Health Equity

In the United States, US territories, and freely associated states, some racial and ethnic minority groups and groups with lower socioeconomic status have historically had higher rates of illness and death from diabetes than others. Since its inception, CDC's Division of Diabetes Translation (DDT) has been working to reduce, and one day eliminate, health disparities for all Americans living with diabetes or at risk for type 2 diabetes. Learn more about DDT's efforts here: Advancing Health Equity | Diabetes | CDC. Through the National DPP, DDT is committed to ensuring that all US adults at risk have the information and opportunity to prevent or delay type 2 diabetes. We partner with the broader public health community and organizations across sectors to address health disparities and work toward achieving health equity. DDT encourages all organizations that deliver the National DPP LCP to share this commitment to health equity and provide an effective, equitable, understandable, and respectful quality program that is responsive to diverse cultural beliefs and considers the historical, social, and economic context of the communities and populations they serve. To support this commitment, CDC recommends that organizations:

- Hire staff who are representative of and reflect the communities and populations being served.
- Consider health literacy and cultural appropriateness in alternate curricula and any supplemental materials developed or provided to participants.
- Establish partnerships with organizations that support the engagement and participation of communities and populations being served.
- Commit resources as feasible to support participants in accessing the National DPP LCP.

Social determinants of health (SDOH) – conditions in the places people live, learn, work, play, worship, and age – affect health outcomes and are a key contributor to health disparities. Determinants like access to nutritious foods and physical activity opportunities; education, job opportunities, and income; and safe housing and transportation influence diabetes prevalence and outcomes. While everyone has socially determined factors that affect their health, some populations and individuals may have health-related social needs (HRSNs) due to these factors. HRSNs are more immediate needs, such as food insecurity, unstable housing, or lack of reliable transportation, that can affect one's ability to maintain their health and access or engage in health-related services. In this version of the DPRP Standards, organizations will be asked to submit data elements related to HRSNs so that we can all better understand the relationship between HRSNs and participant outcomes in the National DPP LCP and identify ways to support participants in accessing and participating in the program. More details on this data submission requirement are in the sections below. (For more information on SDOH, HRSNs, and the National DPP, visit Health Equity and the National DPP on the National Diabetes Prevention Program Coverage Toolkit.)

II. Standards and Requirements for Recognition

Any organization that has the capacity to deliver the National DPP LCP may apply for recognition. Potential applicants must thoroughly read the *DPRP Standards* (this document) and conduct a capacity assessment (see Appendix A. Organizational Capacity Assessment) before applying for recognition.

A. Participant Eligibility

Recognized organizations will enroll participants according to the following requirements:

1. All of a program's participants must be 18 years of age or older. The program is intended for adults at high risk of developing type 2 diabetes.

2. All of a program's participants must have a body mass index (BMI) of ≥25 kg/m^2 (≥23 kg/m^2, if Asian or Asian American).

3. All of a program's participants must be considered eligible based on either:
   a. A blood test result within one year of participant enrollment. Blood test results may be self-reported for CDC recognition purposes. Participants enrolled in the Medicare Diabetes Prevention Program (MDPP) cannot self-report blood test results; lab results must be provided. Blood test results must meet one of the following specifications:
      i. Fasting glucose of 100 to 125 mg/dl (CMS eligibility requirement for MDPP participants is 110 to 125 mg/dl);
      ii. Plasma glucose of 140 to 199 mg/dl measured 2 hours after a 75 gm glucose load;
      iii. A1C of 5.7 to 6.4; or,
      iv. Clinically diagnosed gestational diabetes mellitus (GDM) during a previous pregnancy (allowed for CDC recognition and may be self-reported; not allowed for MDPP participants); or

   b. a positive screening for prediabetes based on the Prediabetes Risk Test online at: https://www.cdc.gov/prediabetes/takethetest/. Note: The risk test is not an option for eligibility for MDPP participants.

4. Participants cannot have a previous diagnosis of type 1 or type 2 diabetes prior to enrollment.

5. Participants cannot be pregnant at time of enrollment.

6. A health care professional may refer potential participants to the program, but a referral is not required for participation in the lifestyle change program.

If a participant's eligibility changes due to one of the following situations, they may continue at the discretion of their health care provider, and organizations may retain the participants, but they will not be eligible for evaluation:

1. Participants who develop type 2 diabetes while in the program. These participants should be referred to their primary care providers for referrals to American Diabetes Association (ADA)-recognized or Association of Diabetes Care and Education Specialists (ADCES)-accredited diabetes self-management education and support (DSMES) services and other resources such as Medical Nutrition Therapy (MNT) as appropriate. **Reminder:**

Participants who develop type 2 diabetes may continue in the National DPP LCP at the discretion of their health care providers and the CDC-recognized organization.*

2. Participants who become pregnant while in the program. The National DPP LCP emphasizes weight loss and is not appropriate for women who are currently pregnant. **Reminder: participants who become pregnant may continue at the discretion of their health care providers and the CDC-recognized organization.***

   *See Submitting Evaluation Data to the DPRP section for details on how to code these participants to ensure they are not considered eligible in the evaluation.

Support from family members and friends can help program participants be successful in making lasting changes. Family members, friends, caregivers, and other individuals offering support may join the participant during class sessions and other program activities as allowed by the CDC-recognized organization. Recognized organizations should not submit data on individuals offering support.

B. Safety of Participants and Data Privacy

The National DPP LCP typically does not involve physical activity during class time. If physical activity is offered, it is the organization's responsibility to have procedures in place to ensure safety. This may include obtaining a liability waiver from the participant and/or having the participant obtain clearance from his/her primary care provider, or other health care provider, to participate in physical activity.

Along with the physical safety of the participants, organizations should also be mindful of the need to ensure the privacy and confidentiality of participants' data. It is the organization's responsibility to be versed in and to comply with any federal, state, and/or local laws governing individual-level identifiable data, including those laws related to the Health Insurance Portability and Accountability Act (HIPAA), data collection, data storage, data use, and disclosure. Organizations should make clear to participants at the time of enrollment that their de-identified participant-level and session-level data will be shared with CDC.

At the national level, CDC ensures privacy by collecting only de-identified participant data and not releasing any participant-level data. The DPRP is not a publicly available data system and is not permitted to make organizational-level or National DPP participant-level data available to external parties. Data are used to make determinations on CDC recognition. At the discretion of DDT or National DPP leadership, aggregated data at the organizational, state, regional, or national level may be shared on a limited basis with external partners for the purpose of preparing reports or providing targeted technical assistance aimed at improving program or organizational performance or quality. Data are not shared with other stakeholders in any form.

C. Location

If the program is offered in-person, organizations may use any suitable venue. Organizations should provide private settings in which participants can be weighed or meet individually with Lifestyle Coaches. Some may choose to deliver the program online or via one or more distance learning platforms. (Examples of acceptable distance learning platforms include, but are not limited to, Skype, WebEx, Zoom, GoToMeetings, GoogleMeet, FacebookLive, etc.).

D. Delivery Mode

Organizations may offer the program through any or all of the following delivery modes but **are required to submit a separate application for each delivery mode used**. This will result in a separate organization code (orgcode) for each delivery mode. Data for each delivery mode will be submitted under the corresponding orgcode during the submission due month for that orgcode. For delivery mode-specific information on reporting weight and physical activity minutes, please see Appendix F. Guidance for Measuring/Recording Weight and Reporting Physical Activity Minutes.

1. **In-person*.** A yearlong National DPP LCP delivered 100% in-person for all participants by trained Lifestyle Coaches. The Lifestyle Coach and participants are physically present in the same classroom or classroom-like setting.

2. **Distance Learning (live).** A yearlong National DPP LCP delivered 100% by trained Lifestyle Coaches via remote classroom or telehealth. The Lifestyle Coach provides live (synchronous) delivery of session content in one location and participants call-in or video-conference from another location.

3. **In-person with a Distance Learning Component*.** A yearlong National DPP LCP delivered in-person by trained Lifestyle Coaches where participants have the option of attending sessions via remote classroom or telehealth (i.e., the Lifestyle Coach provides live delivery of session content in one location and participants call-in or video-conference from another location).
   Examples of an acceptable delivery model for in-person with a distance learning component include:
   a. A combination of in-person and distance learning during the Core and Core Maintenance phases.
   b. Some participants within a cohort using the in-person delivery mode and some participants using the distance learning delivery mode.
   c. Participants choose from session to session which mode (in-person or distance learning) they wish to use.

4. **Online (non-live).** A yearlong National DPP LCP delivered online for all participants. One hundred percent (100%) of the program is experienced through the internet via phone, tablet, or laptop in an asynchronous (non-live) classroom where participants are experiencing the content on their own time without a live (non-artificial intelligence [AI]) Lifestyle Coach teaching the content. However, live Lifestyle Coach interaction must be offered to each participant during weeks when the participant has engaged with content. E-mails and text messages can count toward the requirement for live coach interaction as long as there is bi-directional communication between the Lifestyle Coach and participant. Chat bots and AI forums do not

count as live Lifestyle Coach interaction.

5. **Combination with an Online Component.** A yearlong National DPP LCP delivered as a combination of online **(non-live)** with **i**n-person and/or distance learning (defined above). Delivering any number of live sessions under this mode will not allow the organization to be considered a live delivery program. All data collected from each delivery mode are consolidated. **Examples of an acceptable delivery model include:**
    a. The use of one modality such as in-person and/or distance learning in the Core phase of the program and online in the Core Maintenance phase.
    b. A consistent delivery approach using two or three modalities for each participant in a rotating manner (e.g., one session in-person and the next session online, or 5 sessions online and the next 5 sessions via distance learning).
    c. Entire cohorts conducted using different delivery modes (one cohort in-person and/or via distance learning and another cohort online).
    d. Some participants within a cohort using one delivery mode and some participants within the same cohort using the other.
    e. Participants choose from session to session which mode they wish to use.

*Organizations delivering or wishing to deliver the MDPP may only deliver using these modes.

E. Staffing

The eligibility criteria, skills, knowledge, qualities, and training required of Lifestyle Coaches and National Diabetes Prevention Program Coordinators (Program Coordinators) are described in the guidance section of this document titled Appendix C. Staffing Guidelines, Roles, and Responsibilities, and Sample Job Descriptions. Recognized organizations are encouraged to engage Lifestyle Coaches and Program Coordinators who are representative of and reflect the communities and populations the organizations are serving.

Recognized organizations are responsible for hiring, training, and supporting their Lifestyle Coaches. Lifestyle Coaches should have the ability to help participants make and sustain positive lifestyle changes. They should also have cultural competency and humility and the understanding and sensitivity to help participants deal with a range of issues and challenges associated with making and sustaining important lifestyle changes.

Each organization should designate an individual to serve as the Program Coordinator. Program Coordinators should have the ability to serve both as the primary external champions of the program and as the organizational experts for program implementation consistent with the DPRP Standards. Program Coordinators should supervise daily operations of the National DPP LCP and provide guidance and support for the Lifestyle Coaches. They should understand the DPRP data collection and submission requirements, including the importance of monitoring program data to ensure quality performance and positive outcomes. Program Coordinator roles and responsibilities are described in more detail in Sample Job Descriptions in the guidance section.

It is the organization's responsibility to determine staffing needs for effective implementation. If an organization serves many participants at the same time, it should consider hiring

additional Lifestyle Coaches. Similarly, if an organization serves only a small number of participants at one time, it may consider allowing a single person to serve as both the Program Coordinator and the Lifestyle Coach. In these cases, CDC recommends having an additional staff person trained as a Lifestyle Coach to serve as a back-up Coach as needed.

F. Training

Recognized organizations are responsible for ensuring that an adequate and well-trained workforce dedicated to the National DPP LCP is in place before launching the first class (see Appendix A. Organizational Capacity Assessment). All Lifestyle Coaches should be trained to the specific curriculum being used by the recognized organization before offering their first class. The recommended minimum length of formal training for new Lifestyle Coaches is 12 hours or two days. Formal training is defined as training conducted by one of the four methods listed in Section III. Applying for Recognition, Lifestyle Coach Training Entity. Shortly after completing formal training, Lifestyle Coaches should begin facilitating program sessions and, ideally, should receive on-the-job mentoring from a Program Coordinator, Master Trainer, or other trained Lifestyle Coach.

Since Program Coordinators are responsible for overall program implementation, they should also complete formal training as Lifestyle Coaches. This will permit them to mentor Lifestyle Coaches and serve as back-up Coaches if necessary.

Recognized organizations are responsible for the ongoing support and continued training of Lifestyle Coaches and Program Coordinators. They are further responsible for ensuring continued success, quality, and adherence of Lifestyle Coaches and Program Coordinators to the DPRP Standards. They should provide Lifestyle Coaches and Program Coordinators with an opportunity to attend CDC-sponsored webinar trainings on specialized topics such as program delivery, data submission, and any others and refresher training as feasible. All Lifestyle Coaches and Program Coordinators should receive additional training each time CDC revises the DPRP Standards, and CDC will offer such training at no cost.

Because program evaluation findings have demonstrated that well-trained and highly motivated Lifestyle Coaches have a significant impact on participant outcomes, all Lifestyle Coaches and Program Coordinators must also complete at least **two hours** of Advanced Coach Training each year. Advanced Coach Training is training beyond the required formal training for Lifestyle Coaches that builds on the foundational skills necessary for helping participants make effective lifestyle change.

Advanced Coach Training must be provided by organizations that are on the CDC Memorandum of Understanding (MOU) training entity list (MOU-holding training entities) available on the National DPP Customer Service Center at https://nationaldppcsc.cdc.gov/s/article/Training-for-your-Lifestyle-Coaches. Recognized organizations should refer to the National DPP Customer Service Center for additional information about Advanced Coach Training and the available topics and competencies. CDC does not collect data on Advanced Coach Training. This is an organizational-level responsibility. CDC reserves the right to audit organizations on this requirement.

MOU-holding training entities are not officially endorsed by CDC, but they have signed an MOU agreeing to train to a CDC-approved curriculum and to provide training nationally or

regionally to organizations recognized by CDC. These entities further agree to provide quality training aligned with the DPRP Standards, which should help ensure competent Lifestyle Coaches. In addition to these training entities, formal training for Lifestyle Coaches may be provided by 1) a private organization with a national network of program sites whose Master Trainers were trained by an MOU-holding training entity, 2) a CDC-recognized virtual organization with national reach whose Master Trainers were trained by an MOU-holding training entity, or 3) a Master Trainer who has completed at least 12 hours of formal training as a Lifestyle Coach, successfully offered the National DPP LCP for at least two years, completed a Master Trainer program offered by an MOU-holding training entity, and has a current agreement with the training entity to serve as a Master Trainer. Advanced Coach Training can only be offered by an MOU-holding training entity. CDC may conduct random quality assurance assessments of any program, organization, or Master Trainer providing formal training for Lifestyle Coaches to ensure that training requirements are being met.

G. Change of Ownership

If a CDC-recognized organization (i.e., company) becomes subsumed or purchased by another organization, or otherwise experiences a change of organizational ownership, recognition status will transfer to the new organization with the following caveats:

- The new company must commit to completing the participant cohorts in progress at the time of the transfer.
- The new company must agree to maintain fidelity to the DPRP Standards and submit data for evaluation every six months.
- Unless otherwise negotiated, the new company will inherit the data submission timeline of the original organization.
- If the new company decides to make significant changes to the CDC-approved curriculum, it is required to get CDC prior approval for the new version.

H. Required Curriculum Content

The National DPP LCP consists of a series of sessions where Lifestyle Coaches present information, facilitate interactive learning activities, provide outside-of-class activities, and offer feedback in stages to optimize behavior change. The program may be presented in-person or through an online or distance learning modality, or combination thereof, as described in the Delivery Mode section of this document. As demonstrated in the 2002 DPP trial, and other diabetes prevention research trials, the National DPP LCP, including the behavioral and motivational content, must be geared toward the overarching goal of preventing or delaying type 2 diabetes and should emphasize the need to make lasting lifestyle changes.

Goals of the yearlong program should focus on moderate changes in both diet and physical activity to achieve one or more of the following outcomes: **1) weight loss in the range of 5-7% of baseline body weight; 2) a combination of a loss of 4% of baseline body weight and at least 8 sessions associated with an average of 150 minutes/week of physical activity; 3) a combination of a loss of 4% of baseline body weight and at least 17 sessions attended; or 4) a modest reduction in hemoglobin A1C (A1C) of 0.2%**. Strategies used to achieve these goals must include a focus on self-monitoring of diet and physical activity, building self-efficacy and

social support for maintaining lifestyle changes, and problem-solving strategies for overcoming common challenges to sustaining weight loss.

Recognized organizations must emphasize that the National DPP LCP is specifically designed for prevention of type 2 diabetes in persons at high risk for type 2 diabetes. Therefore, rather than focusing solely on weight loss, the National DPP LCP must also emphasize long-term improvements in nutrition and physical activity. To support learning and lifestyle modification, programs should provide appropriate materials for all participants. Materials should be grounded in adult learning principles and adhere to CDC Training Quality and Plain Language Standards. The format of the materials (e.g., hard copy, electronic, web-based, video, etc.) should be determined by the program. The following resources are available and support this recommendation:

CDC Guide on Captivating and Motivating Adult Learners

https://www.cdc.gov/training-development/php/about/develop-training-captivating-and-motivating-adult-learners.html

CDC Training Quality Standards

https://www.cdc.gov/trainingdevelopment/standards/index.htm

Clear Communication Index

https://www.cdc.gov/ccindex/

Recognized organizations should consider health literacy and cultural appropriateness when developing and providing materials to participants. Organizations should use CDC's Health Equity Guiding Principles for Inclusive Communication to ensure they are addressing all participants inclusively and respectfully and to ensure their communication products and program materials adapt to the specific cultural, linguistic, environmental, and historical situation of the communities and populations being served.

Although recognized organizations may incorporate innovative ideas and expert opinion, these additions should be based on evidence from efficacy and effectiveness trials and adult learning theory and be reviewed and approved by CDC before use. The CDC-developed PreventT2 curriculum is freely available for use and can be found at Introducing the Revised PreventT2 Curriculum and National DPP PreventT2 Curricula and Handouts. Additional PreventT2 language translations can be found at https://coveragetoolkit.org/national-dpp-curriculum/. Organizations may also use other curricula (i.e., an alternate curriculum) that have been approved by CDC as meeting the DPRP Standards.

During the first 6 months (weeks 1-26) of the National DPP LCP, all 16 Core curriculum modules must be covered in at least 16 weekly sessions. Organizations may repeat Core modules or use Core Maintenance modules to offer additional sessions in months 1-6 after they have offered the 16 required weekly Core sessions. In this case, organizations must code the use of Core Maintenance modules in months 1-6 as Core sessions. Below are the corresponding sessions from the PreventT2 2021 curriculum. Please note that the terms curriculum "modules" and "sessions" are used interchangeably. Also, other than the first and last curriculum modules, all other modules can be provided in any order.

Alternate Curricula for the National DPP Lifestyle Change Program

Alternate Curricula for the National DPP Lifestyle Change Program (cdc.gov)

All alternate curricula should contain similar session titles and evidence-based content, including appropriate nutrition and physical activity guidelines from reputable sources. Organizations must submit their alternate curricula to CDC for review and approval against the session topics below prior to use. Please note, CDC cannot appear to endorse commercial products or services, including names of diets or dietary supplements, for use either within or outside the purview of the National DPP LCP. Alternate curricula with promotion of such products/services will be rejected until this information is removed.

There are additional resources on the National DPP Customer Service Center to assist Lifestyle Coaches in delivering the LCP. For example, the Personal Success Tool (Personal Success Tool (PST) | National Diabetes Prevention Program | Diabetes | CDC) and introductory Discovery Session Tool (Discovery Session Guide for Live Videoconferencing (cdc.gov) are available to supplement the curriculum modules.

Table 1. Curriculum Topics (Core Phase: Months 1-6)

PreventT2 2021 Curriculum
Program Overview
Introduction to the Program
Get Active to Prevent T2
Track Your Activity
Eat Well to Prevent T2
Track Your Food
Energy In, Energy Out
Eating to Support Your Health Goals
Manage Stress
Eat Well Away From Home
Managing Triggers
Stay Active to Prevent T2
Take Charge of Your Thoughts
Get Back on Track
Get Support
Stay Motivated to Prevent T2

During the last 6 months (weeks 27-52) of the National DPP LCP, organizations must include at least one session delivered each month (for a minimum of 6 sessions). Organizations wishing to deliver more sessions (going beyond the minimum requirement of one session each month) are encouraged to do so, as this may be beneficial to participants needing additional support. An organization may use a Core module to offer additional sessions in months 7-12 after it has offered the required 6 Core Maintenance modules. In this case, the organization must code the use of the Core module in months 7-12 as a Core Maintenance session.

Lifestyle Coaches should select topics from the PreventT2 2021 curriculum below based on participants' needs and interests. Lifestyle Coaches may choose the order in which they are presented, with the exception of the first module within months 1-6 and last module within months 7-12. All other modules can be provided in any order as long as they're offered within the appropriate phase of the program (Core or Core Maintenance).

Table 2. Curriculum Topics (Core Maintenance Phase: Months 7-12)

PreventT2 2021 Curriculum
When Weight Loss Stalls
Take a Movement Break
Keep Your Heart Healthy
Shop and Cook to Prevent Type 2
Find Time for Physical Activity
Get Enough Sleep
Stay Active Away From Home
More About Type 2
More About Carbs
Prevent Type 2 For Life!

Additional considerations when submitting an alternate curriculum:

If an organization chooses to use an alternate curriculum (a curriculum not previously approved or developed by CDC), it must send the curriculum to CDC to be reviewed for consistency with the evidence-based curriculum topics listed above. There is a file upload link within the initial recognition application where an organization can submit their alternate curriculum. An organization can submit a culturally adapted curriculum in English to CDC for review before translating it into a language other than English. An organization must submit all final versions (in English) to CDC for final evaluation and feedback. Initial CDC review of alternate curricula takes approximately 4-6 weeks. Please note, once an alternate curriculum is approved for an umbrella or parent organization, other sites under that umbrella do not have to resubmit the entire alternate curriculum to CDC for review and may just select or list the curriculum being used on their applications.

Changes made to a current curriculum:

An organization must notify CDC of any changes to its CDC-approved curriculum by logging in to the National DPP Customer Service Center and initiating a National DPP technical assistance request if:

- an organization chooses to develop its own curriculum during its tenure in the DPRP, which will initiate a curriculum review, or
- an organization chooses to culturally adapt its curriculum for a specific population, translate its curriculum into another language, or make any other changes to its currently approved curriculum, including changes to any supplemental materials, videos, or handouts. Four to six weeks should be allowed for review and approval of new or changed curricula.

I. Guidelines for Session Delivery

Organizations are required to submit records on all sessions completed by all participants enrolled in the National DPP LCP who attend at least one session. A session refers to the completion of one CDC-approved curriculum module. Organizations are not permitted to send data only on participants they deem sufficiently engaged.

What all organizations must do/provide:

- Organizations are required to notify individuals that they have been enrolled in the yearlong National DPP LCP and must provide clear instructions outlining the expectations for participants, including attendance and weekly reporting of weight and physical activity minutes.
- Organizations must ensure that body weight and physical activity minutes are collected from each participant, whether it be in person or electronically. Online organizations must also require that participants indicate whether they have completed the content of each session module.
- Organizations must ensure that participants enrolled in self-paced programs engage with the content through use of one or more of the following:
    - Videos/presentations, email, video conferencing, and social media.
    - Knowledge checks (multiple choice or short answer).
    - Participant contributions to group discussions on a community board.
    - Participant responses to the Lifestyle Coach via email, text message, or in-app messaging.
- Organizations must provide live Lifestyle Coach interaction.
    - Live Lifestyle Coach interaction is required and should be offered to each participant during weeks when the participants have engaged with program content. E-mails and text messages can count toward the requirement for live coach interaction as long as there is bi-directional communication (i.e., organizations may not simply send out an announcement via text or e-mail and count that as live coach interaction; the participant must have the ability to respond to and get support from the live coach).
    - Lifestyle Coaches should track participant engagement and completion of online modules. Proactive outreach should be used to encourage session completion and reporting of weight and physical activity minutes.
    - Organizations may not require that participants initiate Lifestyle Coach interactions.
    - Organizations may not use AI or Machine Learning (ML) to replace live lifestyle coaching.
- Organizations must meet the requirements for intensity and duration of the LCP.
    - Regular sessions do not have to be scheduled exactly 7 days apart, but organizations should not purposely schedule regular sessions too close together, as this could impact a participant's ability to achieve program goals.
    - Sessions where content is delivered in group settings should last approximately one hour.
    - Sessions where content is delivered through a self-paced online platform should take approximately one hour (including the Lifestyle Coach interaction).
    - Sessions should be scheduled to cover approximately 12 months.

- Data Collection and Reporting
    - If participants are enrolled in self-paced programs, the organization must have an online system in place to track participant progress through the content. If sessions are being recorded for future viewing by participants, the organization must confirm that the participant watched the entire video.
    - The organization must have the confirmed date of session completion.
    - The organization must collect each participant's weight for the week (or else will use the default entry to indicate that weight was not reported).
    - The organization must collect each participant's weekly physical activity minutes (0 if the participant did not report minutes).
    - There must be verification that there was an attempt by the Lifestyle Coach to connect with each participant (if the content was not delivered live).
    - Organizations **may** not use AI or ML to replace Lifestyle Coach engagement for yearlong session instruction.
    - Organizations **may** use AI, ML, or algorithms to flag weight outliers for the purpose of reaching out to the participant for confirmation by a human. If the organization is not able to confirm the accuracy of the weight entry, the flagged weight must be replaced by the default entry of 999.
    - Organizations **may** use algorithms to determine physical activity minutes when fitness trackers are being used, but not for extrapolating unknown data points. For example, an algorithm may be used to convert steps to minutes exercised.
    - Organizations **may** use AI, ML, or algorithms to flag physical activity outliers for the purpose of reaching out to the participant for confirmation by a human. If the organization is not able to confirm the accuracy of the physical activity minutes entry, the flagged minutes must be replaced by 0 (zero).
    - Organizations **may not** report multiple entries for a single session module (e.g., if an online participant logs in multiple times to complete a module or if a session is delivered over multiple dates). **The delivery of one curriculum module counts as one session.**

J. Make-up Sessions

Make-up sessions are not required but are highly encouraged to promote retention. Organizations offering make-up sessions must follow the guidelines below. Make-up sessions will be analyzed in the same way as regularly scheduled sessions.

- Make-up sessions can be provided in any delivery mode. Please use the variable DMODE to indicate the delivery mode used. Additional CMS guidelines may apply for MDPP supplier organizations.
- Make-up sessions must be comparable to regularly scheduled sessions in content and length (generally about an hour).
- A single make-up session per participant may be held on the same date as a regularly scheduled session.
- Only one make-up session may be held per week.
- If a participant knows in advance that a session will be missed, a make-up session may be held prior to missing the regularly scheduled session.

- The weight recorded for the make-up session should be the weight measured on the day the make-up session is attended.
    - Recorded weights for make-up sessions that take place on the same date as a regular session must match the weight being recorded for the regular session.
- Participants should report the number of physical activity minutes they were planning to report on the day of the session that was missed. Physical activity minutes for a make-up session must reflect the number of minutes performed from the last session attended to the session that was missed. If this information is not available, the organization should record 0.
- If a participant attends a make-up session for a session that has not yet been held, it is up to the discretion of the Lifestyle Coach as to which time period the minutes should represent.
- For appropriate SESSTYPE coding for make-up sessions, please see the Data Dictionary in Table 5.

K. Requirements for Pending, Preliminary, Full, and Full Plus Recognition

The DPRP awards four categories of recognition: Pending, Preliminary, Full, and Full Plus. Organizations are required to submit data every 6 months on all participants in all ongoing cohorts regardless of recognition status achieved.

Pending Recognition

To be awarded Pending recognition, organizations must meet the following requirements:

Requirement 1: Submit an application for recognition. Organizations must submit a separate completed application for each delivery mode at https://dprp.cdc.gov/. For definitions of delivery modes, see Section D: Delivery Mode.

Requirement 2: Commit to using a CDC-approved curriculum. The required curriculum topics can be found in the Required Curriculum Content section of this document.

Requirement 3: Agree to adhere to the intervention duration. The National DPP LCP must have a duration of one year. If organizations choose to continue the intervention for a period longer than one year, only the first 365 days of data from each participant cohort will be analyzed to determine recognition.

Requirement 4: Agree to adhere to the intervention intensity. The National DPP LCP must begin with an initial 6-month phase, referred to as the Core phase, during which a minimum of 16 weekly sessions are offered over a period lasting at least 16 weeks and not more than 26 weeks. Each session must be of sufficient duration to convey the session content (approximately one hour). Regular sessions do not have to be scheduled exactly 7 days apart, but organizations should not purposely schedule regular sessions too close together, as this could impact a participant's ability to achieve program goals. Please see Section I: Guidelines for Session Delivery.

The initial 6-month phase must be followed by a second 6-month phase, referred to as Core Maintenance, consisting of at least one session delivered each month (for a minimum of 6 sessions). Organizations wishing to deliver additional sessions (going beyond the minimum requirement of

one session each month) are encouraged to do so, as this may be beneficial to participants needing additional support. Each session must be of sufficient duration to convey the session content (approximately one hour).

Once requirements 1-4 have been met, the DPRP will assign an organization code (ORGCODE). Concurrent with the initial approval date, the organization will also be assigned an effective date. The effective date is the first day of the month following the approval date and is used to determine due dates for required data submissions. **An organization may not begin offering sessions until approval is given and recognition awarded.**

An organization with pending recognition is expected to make its first data submission 6 months after its effective date. An organization may remain in Pending recognition indefinitely if it continues to submit the required data every 6 months.

Note: Organizations in Pending recognition are CDC-recognized.

Evaluations for Preliminary, Full, and Full Plus Recognition
Preliminary, Full, or Full Plus recognition is required to apply to become an MDPP supplier. It is not necessary to achieve Preliminary recognition before achieving Full or Full Plus recognition. Organizations will be evaluated for Preliminary, Full, and Full Plus recognition only at the time of required data submissions. To be eligible for an evaluation, organizations must have submitted data on at least one completed group or individual cohort. A group cohort is defined as multiple participants moving through the program at the same time. An individual cohort is defined as one participant moving through the program on their own timeline. Both group and individual cohorts are considered complete when 365 days have lapsed since the date of the first session of that cohort. Organizations can have multiple groups and/or individual cohorts running at the same time with different start dates.

PLEASE NOTE: We encourage organizations not to assign a participant a group cohort ID if their first attended session will be more than 14 days after the group cohort's first scheduled session. If the organization chooses to allow a participant to join an existing group cohort more than 14 days after the group cohort's first scheduled session, the organization should assign the participant ID as the cohort ID for the participant, making them an individual cohort.

Evaluations are performed on evaluation cohorts. An evaluation cohort is defined as all group and/or individual cohorts that hold their first session within the same 6-month sequence, at least one year but not more than 18 months before the first day of the current submission due month. This means that multiple groups and/or individual cohorts can be part of a single evaluation cohort.

If a new organization wants to be eligible for an evaluation at the time of its Sequence 2 (12-month) data submission, it will need to begin offering sessions immediately after approval of its application and before the effective date. This is the only way the organization will have a completed group or individual cohort required for an evaluation. Organizations that are not eligible for an evaluation at the time of their Sequence 2 (12 months) data submission will need to wait until their next required data submission at Sequence 3 (18 months).

While data must be submitted for all participants, evaluations are only performed on data from eligible participants who achieve completer status. An eligible participant is considered a completer if:

- they attended at least 8 sessions in months 1-6 and
- the time from the first session held for their cohort to the last session attended by the participant is at least 9 full months.

Preliminary Recognition

Organizations may achieve Preliminary recognition in several ways once requirements 1-4 above are met:

1. In keeping with CDC's priority to advance health equity, organizations will be considered for immediate advancement to Preliminary recognition at the time of application approval if they are serving a population that resides in a county classified as having "high" vulnerability according to the CDC/ATSDR Social Vulnerability Index (SVI*). Organizations wishing to be considered under this provision will need to indicate their interest on the DPRP application and will be contacted by the National DPP Customer Service Center for further information about their capacity and experience serving populations in these counties. If organizations meet these additional requirements, immediate advancement to Preliminary recognition will allow them to forego the enrollment and retention requirements organizations need to demonstrate to apply for approval as an MDPP supplier and begin to bill CMS. Having access to Medicare reimbursement will help provide additional financial support to help meet the needs of these participants.

   *Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. Themes in the SVI include socioeconomic status, household characteristics, racial and ethnic minority status, housing type, and transportation. More information may be found on CDC's SVI webpage: CDC/ATSDR Social Vulnerability Index (SVI).

2. If an organization has Preliminary, Full, or Full Plus recognition for one delivery mode and subsequently applies to deliver the National DPP LCP through an additional delivery mode, the DPRP will consider awarding Preliminary recognition to the new delivery mode pending a review.

3. Organizations will move into Preliminary recognition at the time of the Sequence 1 (6-month) or Sequence 2 (12-month) data submission if records indicate that at least 5 eligible participants have attended at least 8 sessions.

4. If options 1, 2, or 3 do not apply, organizations will move into Preliminary recognition when both of the following criteria have been met (referred to as **requirement 5**):

   a. The evaluation cohort includes at least 5 eligible participants whose cohorts began 12-18 months prior to the data submission month, and

b. At least 30% of the eligible participants (Section A. Participant Eligibility) meet the definition of a completer.

Once an organization meets the requirements for Preliminary recognition, the organization may remain in Preliminary indefinitely if it continues to submit the required data every 6 months.

Full Recognition

Organizations achieve Full recognition when they meet the following criteria:

1. Requirements 1-4 for Pending recognition.

2. **Requirement 5:** Retaining participants to completer status.

    a. The evaluation cohort must include at least 5 eligible participants whose cohorts began 12-18 months prior to the data submission month.

    b. At least 30% of all eligible participants meet the definition of a completer.

Requirements 6 and 7 will only be calculated for an evaluation for Full recognition if requirement 5 is met.

3. **Requirement 6:** Risk Reduction. Organizations must demonstrate that there has been a reduction in risk of developing type 2 diabetes among completers in the evaluation cohort by showing that at least 60% achieved at least **one** of the following outcomes:

    a. 5% weight loss 12 months after the cohort began. Weight loss is calculated using the first and last recorded weights during the Core and Core Maintenance phases.

    b. 4% weight loss and at least 8 sessions associated with an average of 150 minutes/week of physical activity. Weight loss is calculated using the first and last recorded weights during the Core and Core Maintenance phases.

    c. 4% weight loss and at least 17 sessions attended. Weight loss is calculated using the first and last recorded weights during the Core and Core Maintenance phases.

    d. 0.2% reduction in baseline A1C (recorded within one year of enrollment). For example, if a participant reports an A1C value of 6.4% when they enter the program and 6.1% at the completion of the program, they would be considered to have met this goal. Only participants with an initial A1C in the prediabetes range (5.7%-6.4%) will be able to use this option. The participant's initial A1C value must be the result of a test administered within a year before enrollment in the LCP and reported within 14 days of the first session attended. A participant's final A1C value must be the result of a test administered in months 9-12 and included with the participant's completion records.

4. **Requirement 7:** Eligibility. Organizations must show that at least 35% of completers in the evaluation cohort are eligible for the yearlong National DPP LCP based on either a blood test indicating prediabetes or a history of GDM.

Once an organization meets the requirements for Full recognition, the organization may remain in Full indefinitely if it continues to submit the required data every 6 months.

Full Plus Recognition

Retention. Organizations achieve Full Plus recognition when they meet the following criteria in addition to requirements 1-7 described above:

Eligible participants in the evaluation cohort must have been retained at the following percentages:

- A minimum of 50% at the beginning of the 4th month since the cohorts' first sessions.
- A minimum of 40% at the beginning of the 7th month since the cohorts' first sessions.
- A minimum of 30% at the beginning of the 10th month since the cohorts' first sessions.

A designation of Full Plus recognition will last 12 months. At that time, if the organization does not meet the requirements for Full Plus, it will be placed in Full recognition.

Table 3. Requirements for Recognition

This table summarizes the requirements for recognition. An example of how CDC's DPRP evaluates organizational performance is included in the Example of Using Data for Evaluation section of this document. The DPRP will calculate all performance indicators for organizations seeking recognition.

	Standard	Requirement	How Evaluated	When Evaluated	Recognition Status
1	**Application for recognition (separate application required for each delivery mode)**	Must provide the organization's identifying information to the DPRP	- Attestation to follow and adhere to the DPRP Standards - Completion of the National DPP Organizational Capacity Assessment - Completion and submission of the DPRP application and applicable application review calls - Name of organization - Address - Contact persons - Contact phone numbers/emails - Delivery modality	Upon receipt of application	Pending, Preliminary

2	**Curriculum**	Must meet requirements for curriculum content described in the Required Curriculum Content section	- Check box on application form agreeing to use the recommended curriculum *—or—* - Provide alternate curriculum to the DPRP for approval	Upon receipt of application	Pending, Preliminary
3	**Intervention duration**	1 year duration	- Check box on application form agreeing to use the recommended curriculum - *—or—* - Provide an alternate curriculum to the DPRP for review to confirm duration	Upon receipt of application	Pending, Preliminary, Full, and Full Plus
4	**Intervention intensity**	Minimum of 16 sessions delivered approximately once per week during months 1-6, followed by a minimum of 6 sessions delivered approximately once per month during months 7-12	- Check box on application form agreeing to use the recommended curriculum - *—or—* - Provide an alternate curriculum to the DPRP for review to confirm intensity	Upon receipt of application	Pending, Preliminary, Full, and Full Plus
5	**Minimum number of program completers**	Organizations must show that at least 30% of the minimum 5 eligible participants whose cohorts began 12-18 months prior to the data submission month meet the definition of a completer.	Determine if the number of completers is at least 30% of the number of eligible participants in the evaluation cohort: • Divide the number of completers in the evaluation cohort by the total number of eligible participants in the evaluation cohort. Determine if the result is at least 30%.	Every 6 months, beginning at 12 or 18 months from the effective date, depending on when an organization starts delivering sessions and when 365 days have lapsed since a cohort started sessions	Preliminary, Full, and Full Plus
Requirements 6 and 7 will only be calculated for an evaluation for Full recognition if requirement 5 is met.					

6	**Participant risk reduction at 12 months**	Organizations must demonstrate that there has been a reduction in risk of developing type 2 diabetes among completers in the evaluation cohort by showing that at least 60% of completers achieved at least one of the following outcomes: • At least 5% weight loss 12 months after the cohort began or • At least 4% weight loss and at least 8 sessions associated with an average of 150 minutes/week of physical activity or • At least 4% weight loss and at least 17 sessions attended or • At least a 0.2% reduction in baseline A1C	Determine the percent of completers who either: • Achieve at least 5% weight loss on or before12 months after the cohort began **or** • Achieve at least 4% weight loss and have at least 8 sessions associated with an average of 150 minutes/week of physical activity **or** • Achieve at least 4% weight loss and at least 17 sessions attended **or** • Achieve a 0.2% reduction in A1C Divide the number of completers in the evaluation cohort who achieve one of the 3 goals by the total number of completers in the evaluation cohort. Determine if the result is at least 60%.	Every 6 months, beginning at 12 or 18 months from the effective date, depending on when an organization starts delivering sessions and when 365 days have lapsed since a cohort started sessions	Full and Full Plus
7	**Program eligibility requirement**	Organizations must show that a minimum of 35% of completers in the evaluation cohort are eligible for the yearlong National DPP LCP based on either a blood test indicating prediabetes or a history of GDM. The remainder (maximum of 65% of participants) must be eligible based on the ADA/CDC Prediabetes Risk Test.	Divide the number of completers in the evaluation cohort who meet the requirement by the total number of completers in the evaluation cohort. Determine if the result is at least 35%. **For CDC-recognized organizations that are also MDPP suppliers:** All Medicare participants in the evaluation cohort must be eligible based on a blood test indicating prediabetes.	Every 6 months, beginning at 12 or 18 months from the effective date, depending on when an organization starts delivering sessions and when 365 days have lapsed since a cohort started sessions	Full and Full Plus

	Additional retention criterion	Eligible participants in the evaluation cohort must have been retained at the following percentages: • A minimum of 50% at the beginning of the fourth month since the cohorts' first sessions • A minimum of 40% at the beginning of the seventh month since the cohorts' first sessions • A minimum of 30% at the beginning of the tenth month since the cohorts' first sessions	Divide the number of eligible participants in the evaluation cohort who attended at least 1 session in months 4, 7, or 10 of the cohort session timelines by the total number of eligible participants in the evaluation cohort. Determine if the results are at least 50%, 40%, and 30%.	Every 6 months, beginning at 12 or 18 months from the effective date, depending on when an organization starts delivering sessions and when 365 days have lapsed since a cohort started sessions	Full Plus

L. Umbrella Hub Arrangements (UHAs)

In an umbrella hub arrangement, an organization with Preliminary, Full, or Full Plus CDC recognition agrees to serve as the sponsoring hub for a group of organizations (subsidiaries) that have CDC Pending, Preliminary, Full, or Full Plus recognition. The UHA should make it possible for additional organizations to achieve sustainable delivery of the National DPP LCP by facilitating the sharing of infrastructure costs and by leveraging best practices. Participating in a UHA may also help facilitate achieving MDPP supplier status or Medicaid provider status and/or meeting contracting requirements imposed by accountable care organizations (ACOs), managed care organizations (MCOs), or other payers. This will lead to greater access to sustainable coverage resources. Establishing and participating in a UHA is completely voluntary and is not brokered by CDC. For additional information on National DPP UHAs, please review the *National Diabetes Prevention Program Umbrella Hub Arrangements Guidance and Application* documents posted on the National DPP Customer Service Center: National Diabetes Prevention Program Umbrella Hub Arrangements Guidance and Application (cdc.gov). Organizations that wish to become a hub must review the UHA guidance and submit their application and accompanying documents to the National DPP Customer Service Center. Other UHA tools and resources can be found on the *National DPP Coverage Toolkit*, https://coveragetoolkit.org/umbrella-hub-arrangements/.

M. Recognition Extensions and Exceptions

Because the DPRP understands that extenuating circumstances may arise that could require an organization to make a late data submission, not complete a 12-month cohort, or put the program on a temporary hold, certain extensions and exceptions will be made on a case-by-case basis. CDC will grant extensions and exceptions to data submission requirements on a case-by-case

basis due to extenuating circumstances including, but not limited to, natural disasters, public health emergencies, or unexpected staff losses. However, organizations must communicate these occurrences to CDC as soon as possible so that proper guidance can be given.

III. Applying for Recognition

CDC welcomes organizations that offer the National DPP LCP to prevent or delay type 2 diabetes to apply for recognition through the DPRP. Any organization with the capacity to deliver the National DPP LCP adhering to the DPRP Standards may apply for recognition. **A separate application must be submitted for each delivery mode the organization wishes to use.**

Before an organization applies, leadership and staff must read the current version of the DPRP Standards, which describes the criteria for delivering the National DPP LCP to achieve and sustain CDC recognition. The DPRP Standards also contain a capacity assessment. This is a list of questions designed to help organizations determine their readiness to deliver the National DPP LCP (see Appendix A. Organizational Capacity Assessment). All organizations are required to complete this assessment. An organization must be ready to start offering sessions within 6 months after their effective date (the first day of the month immediately following CDC approval of their application). At the 6-month point in their timeline, if sessions have not started, a one-time adjustment to the organization's effective date may be made to allow for an additional 6 months. If the organization anticipates they will not be ready to start offering sessions within 12 months, they should postpone applying. Upon approval, the organization will receive a welcome letter with pertinent information for delivering the program and submitting data.

If your organization intends to submit an alternate curriculum with the initial application, refer to section H. Required Curriculum Content.

Any organization assigned a DPRP organization code that contracts with another CDC-recognized organization to deliver the National DPP LCP on their behalf must ensure the contracted organization uses a CDC-approved curriculum and follows the requirements detailed in the DPRP Standards:

1. **Type of Application.** Select *Initial* if this is the first application being submitted. Select *Reapplying* if this is a subsequent application due to previous withdrawal or loss of recognition. If an organization chooses to change their curriculum to another CDC-approved curriculum, a notification to CDC through the National DPP Customer Service Center at Home (cdc.gov) is required, and no further steps are needed involving the application until further notice from CDC.

2. **Organization Code.** This code is assigned by the DPRP. Organizations reapplying should enter the previously assigned organization code.

3. **Organization Name.** Upon application approval, the organization name will be published in the DPRP registry at: Diabetes Prevention Recognition Program Registry | CDC and in the CDC Find a Program locator at: Find a Program | Diabetes | CDC.

4. **Organization Physical Address.** Provide the main organization's business office or headquarters address. Upon application approval, this will be published in the DPRP Registry and in the CDC Find a Program locator.

5. **Organization Web Address or URL.** Upon application approval, this will be published on the DPRP Registry and in the CDC Find a Program locator. All web addresses must link directly to a location where participants can find information about the organization's CDC-recognized National DPP LCP and enroll in the program. CDC will not accept or host any other web addresses, including those that appear to endorse commercial products or services, diets, or dietary supplements in association with the National DPP LCP. Applications with web addresses promoting such products/services will be rejected. CDC reserves the right to review websites and press releases to ensure they align with the Standards requirements.

6. **Organization Phone Number.** Provide the number that participants, payers, and others should call to obtain information about the program. Organizations should not provide a 1-800 number unless a live operator is available. Upon application approval, this phone number will be published in the DPRP Registry and in the CDC Find a Program locator.

7. **Organization Type**. Choose the option that best describes the organization type. This refers to an organization's main headquarters location or main office: Local or Community YMCAs; Universities/Schools; State/Local Health Departments; Hospitals/Health Care Systems/Medical Groups/Physician Practices; Community-based Organizations; HRSA-funded Federally Qualified Health Centers (FQHCs), Community Health Centers, or Lookalikes; Pharmacies/Drug Stores/Compounding Pharmacies; Tribal Programs, Tribal Serving Organizations, Urban Indian Health Systems, Indian Health Service; Cooperative Extension Sites; Worksites/Employee Wellness Programs/Private Businesses; Senior/Aging/Elder Centers; Health Plans/Insurers; Faith-Based Organizations/Churches;. In addition, organizations currently delivering DSMES services are asked to identify the organization that recognized/accredited them, ADA or ADCES, as a DSMES provider.

8. **Delivery Mode.** An applicant organization can select one delivery mode for each application submitted [In-person, Distance Learning, In-person with a Distance Learning Component, Online, or Combination with an Online Component]. Delivery modes will be published in the DPRP Registry and in the CDC Find a Program locator. For definitions, see Section D: Delivery Mode. Once a delivery mode has been selected, the application will populate with delivery mode-specific follow-up questions.

9. **Program Coordinator Name.** Provide the name of the individual who will be the applicant organization's Program Coordinator. Provide a salutation [e.g., Mr., Mrs., Dr., Ms., Miss, other (please specify); last name; first name; and middle initial]. The Program Coordinator's name will not be included in the DPRP Registry or the CDC Find a Program locator.

10. **Program Coordinator Contact Information.** Provide the phone number and email address of the organization's Program Coordinator. DPRP staff will use this information to communicate with the organization. All DPRP-related documents, reports, and emails will go to the Program Coordinator. The Program Coordinator's contact information will not be included in the DPRP registry or the CDC Find a Program locator.

11. **Secondary Contact Name.** Provide the name of the individual who will be the applicant organization's Secondary Contact, if applicable. Provide a salutation [e.g., Mr., Mrs., Dr., Ms., Miss, other (please specify); last name; first name; and middle initial]. The Secondary Contact's name will not be included in the DPRP registry or the CDC Find a Program locator.

12. **Secondary Contact Information.** Provide the phone number and email address of the organization's Secondary Contact, if applicable. The Secondary Contact's contact information will not be included in the DPRP registry or the CDC Find a Program locator.

13. **Data Preparer Name.** Provide the name of the individual who will be the organization's Data Preparer. If a Data Preparer is not designated, the Program Coordinator or Secondary Contact may submit data for the organization. Provide a salutation [e.g., Mr., Mrs., Dr., Ms., Miss, other (please specify); last name; first name; middle initial; and affiliation). The Data Preparer's name will not be included in the DPRP registry or the CDC Find a Program locator.

14. **Data Preparer Contact Information.** Provide the phone number and email address of the organization's Data Preparer. DPRP staff will use this information to communicate with the organization about data submission issues, if required. The Data Preparer's contact information will not be included in the DPRP registry or the CDC Find a Program locator.

15. **Class Type.** Select all applicable class types offered: **public** (open to anyone who qualifies for the National DPP LCP without further restrictions), **employee** (open only to employees of the CDC-recognized organization or the host organization), **member-only** (open only to member insureds; membership required) or **other** (write in target audience served, such as American Indian/Alaska Native persons, patients, clients, etc.). Organizations offering classes/sessions to the public are required to provide/update the physical addresses of their delivery sites in the manner that CDC specifies with their 6-month data submissions. Upon application approval, the class type will be published in the DPRP Registry. Additional information such as public class information [addresses, if insurance is accepted (optional) or program costs (optional)] will be published in the CDC Find a Program locator. CDC-recognized organizations are expected to update their public class location information regularly. *MDPP suppliers* must report all active delivery locations in the DPRP Data Portal in the Class Information section.

16. **Lifestyle Coach Training Entity.** Provide the **primary training mechanism** the applicant organization will use or has used to train their main Lifestyle Coaches. Choose from 1) a private organization with a national network of program sites whose Master Trainers were trained by an MOU-holding training entity; 2) a CDC-recognized virtual organization with

national reach whose Master Trainers were trained by an MOU-holding training entity; or 3) a Master Trainer (has completed at least 12 hours of formal training as a Lifestyle Coach, successfully offered the National DPP LCP for at least two years, completed a Master Trainer program offered by an MOU-holding training entity, and has a current agreement with the training entity to serve as a Master Trainer).

17. **Curriculum.** Select either a CDC-approved curriculum (one that CDC has either developed or previously approved for use by your or another organization) or 'Other Curriculum' if the applicant organization is submitting an alternate curriculum for review and approval. If selecting Other Curriculum, provide the completed yearlong curriculum with any supplemental materials, handouts, or web-based content together with the application.

18. **Projected start date**. Provide the projected first cohort start date, if available.

Certification of Application:

Electronic signature. Submitting the application asserts that the organization has thoroughly reviewed the *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures* and is voluntarily seeking participation in the CDC recognition program. The organization agrees to comply with all the recognition criteria contained in the *DPRP Standards*, including the transmission of data to CDC every 6 months from the CDC assigned effective date, for the purpose of program evaluation, continuing recognition, and technical assistance. (Enter the name and title of the authorized representative, the organization name, and date.)

IV. Submitting Evaluation Data to the DPRP

When to Submit Data

Each CDC-recognized organization (with Pending, Preliminary, Full, or Full Plus recognition) must submit session-level participant data to CDC every 6 months. This requirement begins 6 months after the organization's effective date. Data submissions may be made at any time during the submission due month according to the following schedule:

Effective Date	Data Submission Due Months
January 1	July/January
February 1	August/February
March 1	September/March
April 1	October/April
May 1	November/May
June 1	December/June
July 1	January/July
August 1	February/August
September 1	March/September
October 1	April/October
November 1	May/November
December 1	June/December

Approximately one month prior to an organization's data submission month, the DPRP will send an email reminder to the organization's contacts. A second data submission reminder will be sent to the organization's contacts, as a courtesy, approximately 2 weeks after the data submission month begins.

How to Submit Data

Data submissions are made through the DPRP Data Submission and Administration Portal (https://dprpdataportal.cdc.gov/samsinfo). Using the Portal requires Secure Access Management Services (SAMS) registration. Anyone intending to submit data on an organization's behalf must be listed as the Program Coordinator, Secondary Contact, or Data Preparer in the DPRP Data Portal. They must also register their email address with SAMS. To register current or new organizational contacts, please submit a National DPP technical assistance request for a SAMS invitation by logging into the National DPP Customer Service Center.

CDC will only communicate organization-specific information or honor programmatic requests from contacts who have been assigned to a contact role in the DPRP Data Submission and Administration Portal Secure Access Management Services (cdc.gov).

Each authorized contact for your organization must register with SAMS to submit session-level participant data to CDC every 6 months through the DPRP Data Portal. Authorized contacts will receive an email labeled "SAMS NoReply (CDC)" within a week after DPRP application approval or after a contact has been assigned to one of the following roles: Program Coordinator, Secondary Contact, or Data Preparer. This email will have specific instructions on how to enroll and create your personal SAMS account and password. Once you create your account, set your password, and submit your information, a DPRP administrator will be able to approve your SAMS profile and grant you access to the DPRP Data Portal. If you do not receive an email from "SAMS NoReply (CDC)" within a week of DPRP application approval or being assigned to a contact role, please check your spam folder or contact the National DPP Customer Service Center.

Please note that your SAMS Partner Portal password will expire every 60 days. Once it expires, you will automatically be prompted to change it on your next login to SAMS or one of your CDC applications, like the DPRP Data Submission and Administration Portal.

For direct help with your SAMS username or password, you may contact the SAMS Help Desk by calling (877) 681-2901 between the hours of 8:00 AM and 6:00 PM ET Monday - Friday or by sending an email to samshelp@cdc.gov.

Table 4. System Permissions for Each Role in the DPRP Data Submission and Administration Portal

System Permissions for Each Role in the DPRP Data Submission and Administration Portal	Receives Program-related Emails and Notices	SAMS DPRP Data Portal Access	Update Organization Profile: Program Delivery	Update Organization Profile: Contacts	Update Organization Profile: Coaches	Update Organization Profile: Class Information	Submit Evaluation Data	Download Evaluation Summary & Reports for Dissemination	Download Recognition Certificate & Letter
Program Coordinator	X	X	X	X	X	X	X	X	X
Secondary Contact	X	X	X	X	X	X	X	X	X
Data Preparer	X	X	X		X	X	X		X

Key Partner	x								
MDPP Contact	x								
Umbrella Contact*	x	x	x				x	x	
National DPP State Quality Specialist (SQS)*	x	x						x	x

*** Contacts assigned by the DPRP**

Updating Organizational Information

Organizations will be required to keep contact information, Lifestyle Coach information, and class information current. Updates should be made through the DPRP Data Portal. This is a required step to submit evaluation data.

Please note: MDPP suppliers must report all active delivery locations in the DPRP Data Portal in the Class Information section.

Making Data Submissions and How to Avoid Common Data Submission Errors

- Biannual data submissions may be made in one of two ways. Organizations may opt to record all data on a single CSV file for upload and submission, or they may opt to upload two CSV files—one that includes only enrollment information for new participants and one that includes session information for all participants (new, ongoing, and concluded).
    - If the single CSV file option is chosen, then participant enrollment information must always be included with the participant's session information (new, ongoing, and concluded).
    - If the two CSV files option is chosen, then participant enrollment information must only be submitted when the participant is new or if the information needs to be revised.
- Unless otherwise instructed, each submission should only include records collected during the 6-month data collection period (sequence) prior to the current data submission month.
    - Records from the current data submission month should not be included in the file.
- To make a data submission, there must be at least one record for at least one participant who attended a session within the 6-month data collection period (sequence).
    - All participants in all cohorts who attended at least 1 session in the 6-month data collection period (sequence) must be included.
- Files may contain records from participants across multiple cohorts.
- Files may be uploaded at any time, but the files can only be submitted on or after the first day of the data submission month.
- Files must be in CSV format. [If using an Apple computer, the format should be CSV (Comma Delimited) **AND NOT** CSV (McIntosh)].
- Files must include all appropriate data elements (See Table 5 for more details).
    - All data elements should be coded correctly.
- There should be no invalid date entries/typos.
- Transmitted data must conform to the specifications in the Data Dictionary included below. The variable names, codes, and values contained in the Data Dictionary (**Table 5**) must be used. Changes should not be made to the spelling. Variables (columns) in the data submission file must have the same names (column headings) and appear in the same order as in the Data

Dictionary.

- Organizations must not transmit any personally identifiable information (PII) from Lifestyle Coaches or participants to CDC.
- ***Please note: Once a file is accepted, it may not be resubmitted, so organizations should take care to make sure data are complete and accurate.***

What happens after the file is submitted to CDC?

- A DPRP statistician will review the file. If errors or items that need to be confirmed are identified, the statistician will upload and release a File Review Report.
    - The Program Coordinator, Secondary Contact, and Data Preparer will receive an alert that the report is ready to be reviewed.
- The organization will make corrections and/or provide the requested confirmation and resubmit the file if required.
- The organization may request technical assistance from the DPRP at any time.
- When all identified issues have been addressed, CDC will accept the file and generate a progress report or evaluation report, depending on which is applicable at the time.
    - This document will be available to the Program Coordinator, Secondary Contact, National DPP Quality Specialists (SQS), and Umbrella Contact, if applicable.

Evaluation Data Elements

Appendix D contains the Participant Enrollment Form. Use of the form is optional, but participant enrollment questions must be asked in the format listed to comply with the DPRP Standards and other federal requirements for data collection and reporting. For variables 5-31, organizations should refer to the Participant Enrollment Form for the proper data collection format. **Note: Enrollment information only needs to be collected once but may be updated if information changes.**

1. **Organization Code.** The organization code will be assigned to the organization by the DPRP at the time of application approval. There will be one organization code per each delivery mode.

2. **Participant ID.** Participant IDs will be assigned by the organization to uniquely identify and track each enrolled participant. The Participant ID must be included on all session attendance records generated for individual participants. The Participant ID may not be based on a participant's name, social security number, date of birth, or other PII. **Once a Participant ID has been assigned, it cannot be reused for any other participant or for the same participant if they reenroll at a later time. This remains true even if an organization withdraws and reapplies to the DPRP**.

3. **Cohort ID.** The Cohort ID will be assigned by the organization to uniquely identify and track a group or individual cohort. The Cohort ID must be included on all session attendance records generated for individual participants. The Cohort ID for an individual cohort participant (rather than a group cohort participant) must be equal to the participant ID. The Cohort ID may not be based on a participant's name, social security number, or other PII. Cohort IDs should never be

reused.

4. **Coach ID.** A Coach ID will be assigned by the organization to uniquely identify and track Lifestyle Coaches. The Coach ID must be included on all session attendance records generated for individual participants. The Coach ID may not be based on a coach's name, social security number, or other PII. Lifestyle Coaches who deliver the MDPP should use their National Provider Identifier (NPI) as their Coach ID.
5. **Enrollment Motivation.** This variable identifies the main motivation which led the participant to enroll in the yearlong program.
6. **Enrollment Source.** This variable identifies whether a health care professional was the source which led the participant to enroll in the yearlong program.
7. **Payer Type.** This variable identifies the main payment method the participant is using to cover the cost of their participation in the yearlong program.
8. **Participant State.** The state in which the participant resides. The two-letter postal abbreviation for the US state, territory, or freely associated state should be used. Organizations that deliver the LCP to US citizens residing outside of the United States, its territories, or freely associated states should default to the participant's US state of residence or US Army Post Office (APO) address.
9. **Participant Zip Code.** The 5-digit zip code in which the participant resides.
10. **Participant's Age.** Age should be recorded at enrollment.

11-17. **Participant's Ethnicity and Race.** Ethnicity and race should be recorded at enrollment. The participant should self-identify and choose one or more of the following: American Indian or Alaska Native, Asian or Asian American, Black or African American, Hispanic or Latino, Middle Eastern or North African, Native Hawaiian or Other Pacific Islander, and/or White. Multiple responses are allowed. This element requires responses for seven fields, and each field includes a response.

18. **Participant's Ethnicity and Race - Additional Information.** Participants may give additional information about the nationality, ethnic group, or culture with which they identify. Organizations should collect this additional information as a write-in option and refer to the Participant Enrollment Form.
19. **Participant's Sex.** Sex should be recorded at enrollment. The participant should indicate the sex they were assigned at birth on their original birth certificate. The data record should indicate male or female.
20. **Participant's Gender.** Gender should be recorded upon enrollment. The participant should indicate how they describe themself. The data record should indicate man; woman; transgender, non-binary, or another gender; or not reported.

21. **Participant's Height.** Height should be recorded at enrollment. Height may be self-reported (i.e., it is not necessary to measure each participant's height; the participant may simply be asked, "What is your height?" or "How tall are you?"). If the participant provides their height in feet and inches, please note that this must be converted to the nearest whole inch for submission.

22. **Education.** Education will identify the highest grade completed by the participant. This information should be recorded at enrollment.

23-28. **Participant's Disability Status.** These variables refer to a six-part disability question to be asked only one time upon participant enrollment.

29. **A1C Value.** This optional data element is available only to participants who enter the program with a GLUCTEST value of 1 and an initial A1C value within the prediabetes range of 5.7% to 6.4%. The initial A1C value should be taken within a year before entering the program and reported within 14 days of the first session attended by the participant. A final A1C value must be the result of a test administered in months 9-12 and included with the participant's completion records.

30-32. **Participant's Prediabetes Determination.** Prediabetes determination should be recorded at enrollment and included on all session attendance records generated for an individual participant. This indicates whether the participant's prediabetes status was determined by a blood test, a previous diagnosis of GDM, or by screening positive on the ADA/CDC Prediabetes Risk Test (see guidance titled ADA/CDC Prediabetes Risk Test). Variable entries may change over time. For example, if a participant was originally enrolled on the basis of a risk test and then subsequently received a blood test indicating prediabetes, the risk test value remains the same, and the blood test value is changed to a positive. If a participant becomes ineligible due to a pregnancy or diagnosis of type 2 diabetes after starting the program, all three prediabetes determination variables should be changed to the default value of 2. **Note: Eligible participants do NOT become ineligible if their reported A1C drops below the prediabetes range.**

33. **Delivery Mode.** This variable identifies the delivery mode used for the specific participant and session (i.e., in-person, online, distance learning). 34. **Session Type.** This variable identifies the sessions attended within months 1-6 (scheduled Core sessions) as "C", Core Maintenance sessions attended within months 7-12 as "CM", or Ongoing Maintenance sessions as "OM" in the second year (any sessions attended outside the yearlong National DPP LCP) for organizations that choose to offer Ongoing Maintenance sessions. Data submitted for Ongoing Maintenance sessions will not be evaluated for CDC recognition. Make-up sessions will be identified as "MU-C" if the participant attends the session in months 1-6. Make-up sessions will be identified as "MU-CM" if the participant attends the session in months 7-12. Make-up sessions will be identified as "MU-OM" if the participant is making up a session in the second year (post-yearlong National DPP LCP).

35. **Session Date.** Each time a participant attends a session, the actual date of the session should be recorded. The date should be recorded in mm/dd/yyyy format. A participant should not have more than one record (line of data) for any specific session date, with the following exception:

One make-up session may be held on the same date as a regularly scheduled session for the convenience of the participant. For online sessions, organizations should record the date each session is completed.

36. **Participant's Weight.** Each time a participant attends a session, his or her body weight should be measured and recorded to the nearest tenth of a pound. The weight should be included on the record for that participant and session. For online programs, organizations should record the weight associated with the session completion date. CDC will employ statistical methods to determine weight outliers. If the organization cannot confirm the accuracy of the outlier, it must be changed to the default entry of 999.
37. **Participant's Physical Activity Minutes.** Participants are required to report the number of minutes of moderate or brisk physical activity completed **since the previous session**. The total number of minutes performed should be included on the record for that participant and session. If a participant reports doing no activity **since the previous session**, or if they have not tracked their minutes, then zero (0) minutes should be recorded. Please note that participants should strive to achieve the weekly goal of 150 minutes, on average.

Table 5. Data Dictionary: Evaluation Data Elements

Data element description	Variable name	Coding/valid values	Comments
1. Organization Code	ORGCODE	Assigned by CDC	Required; provided by CDC
2. Participant ID	PARTICIP	Up to 25 alphanumeric characters*. If using only numbers, please limit to 10 to avoid formatting issues within Excel. CDC suggests not using IDs resembling dates.	Required. Participant ID is uniquely assigned and maintained by the organization and must not contain any PII.
3. Cohort ID	COHORTID	Up to 25 alphanumeric characters*. If using only numbers, please limit to 10 to avoid formatting issues within Excel. CDC suggests not using IDs resembling dates.	Required. Cohort ID is uniquely assigned and maintained by the applicant organization and must not contain any PII.

4. Coach ID	COACHID	Up to 25 alphanumeric characters*. If using only numbers, please limit to 10 to avoid formatting issues within Excel. CDC suggests not using IDs resembling dates.	Required. Coach ID is uniquely assigned and maintained by the applicant organization and must not contain any PII. Lifestyle Coaches who deliver the MDPP should use their National Provider Identifier (NPI) as their Coach ID.
5. Enrollment Motivation	ENROLLMOT	1. Health care professional 2. Blood test results 3. Prediabetes Risk Test (short survey) 4. Someone at a community-based organization (church, community center, fitness center) 5. Family or friends 6. Current or past participant in the National DPP LCP 7. Employer or employer's wellness plan 8. Health insurance plan 9. Media advertisements (social media, flyer, brochure, radio ad, billboard, etc.) 10. Program Champion	Required. At enrollment, participants are asked who/what motivated them the most to sign up for this program. What was the most influential factor?
6. Enrollment Source	ENROLLHC	1. Yes, a doctor/doctor's office 2. Yes, a pharmacist 3. Yes, other health care professional 4. No	Required. At enrollment, participants are asked if a health care professional asked them to join the National DPP LCP.
7. Payer Source	PAYERSOURCE	1. Medicare 2. Medicaid 3. Private/commercial insurer 4. Self-pay 5. Dual eligible (Medicare and Medicaid) 6. Grant funding 7. Employer 8. Free of charge 10. Government/Military 11. Venture capital	Required. At enrollment, participants are asked "Who is the primary payer for your participation in the National DPP LCP?"
8. Participant State	STATE	Two-letter abbreviation for the US state or territory in which the participant resides	Required

9. Participant Zip Code	PARTICIPZIP	The 5-digit zip code for the locality where the participant resides	Required
10. Participant's Age	AGE	18 to 125 (in years, rounded with no decimals)	Required
11. Participant's Ethnicity and Race (1 of 7)	AIAN	1. American Indian or Alaska Native 2. NOT American Indian or Alaska Native	Required. If ethnicity and race is not reported by the participant, all of the 7 ethnicity and race variables will be coded as 2.
12. Participant's Ethnicity and Race (2 of 7)	ASIAN	1. Asian or Asian American 2. NOT Asian or Asian American	Required. If ethnicity and race is not reported by the participant, all of the 7 ethnicity and race variables will be coded as 2.
13. Participant's Ethnicity and Race (3 of 7)	BLACK	1. Black or African American 2. NOT Black or African American	Required. If ethnicity and race is not reported by the participant, all of the 7 ethnicity and race variables will be coded as 2.
14. Participant's Ethnicity and Race (4 of 7)	HISPANIC	1. Hispanic or Latino 2. NOT Hispanic or Latino	Required. If ethnicity and race is not reported by the participant, all of the 7 ethnicity and race variables will be coded as 2.
15. Participant's Ethnicity and Race (5 of 7)	MENA	1. Middle Eastern or North African 2. NOT Middle Eastern or North African	Required. If ethnicity and race is not reported by the participant, all of the 7 ethnicity and race variables will be coded as 2.
16. Participant's Ethnicity and Race (6 of 7)	NHPI	1. Native Hawaiian or Pacific Islander 2. NOT Native Hawaiian or Pacific Islander	Required. If ethnicity and race is not reported by the participant, all of the 7 ethnicity and race variables will be coded as 2.
17. Participant's Ethnicity and Race (7 of 7)	WHITE	1. White 2. NOT White	Required. If ethnicity and race is not reported by the participant, all of the 7 ethnicity and race variables will be coded as 2.
18. Participant's Ethnicity and Race - Additional Information	ETHRACEINFO	Open text field; may use up to 100 alphanumeric characters (including spaces)	Required. If information is not reported by the participant, the variable should be coded as NA.
19. Participant's Sex	SEX	1. Male 2. Female 9. Not Reported	Required
20. Participant's Gender	GENDER	1. Man 2. Woman 3. Transgender, non-binary, or another gender 9. Not reported	Required

21. Participant's Height	HEIGHT	30 to 98 (in inches)	Required
22. Education	EDU	1. Less than grade 12 (no high school diploma or GED) 2. Grade 12 or GED (high school graduate) 3. Some college or technical school 4. College or technical school graduate or higher 9. Not reported	Required
23. Participant's Disability Status (1 of 6)	DIFFHEAR	1. Deaf or has serious difficulty hearing 2. NOT deaf or DOES NOT have serious difficulty hearing 9. Participant chose not to respond	Required. This variable refers to the response to the first question in the six-item set of questions to assess disability status.
24. Participant's Disability Status (2 of 6)	DIFFSEE	1. Blind or has serious difficulty seeing, even when wearing glasses 2. NOT blind or DOES NOT have serious difficulty seeing, even when wearing glasses 9. Participant chose not to respond	Required. This variable refers to the response to the second question in the six-item set of questions to assess disability status.
25. Participant's Disability Status (3 of 6)	DIFFMEM	1. Has serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition 2. DOES NOT have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition 9. Participant chose not to respond	Required. This variable refers to the response to the third question in the six-item set of questions to assess disability status.
26. Participant's Disability Status (4 of 6)	DIFFWALK	1. Has serious difficulty walking or climbing stairs 2. DOES NOT have serious difficulty walking or climbing stairs 9. Participant chose not to respond	Required. This variable refers to the response to the fourth question in the six-item set of questions to assess disability status.
27. Participant's Disability Status (5 of 6)	DIFFDRESS	1. Has difficulty dressing or bathing 2. DOES NOT have difficulty dressing or bathing 9. Participant chose not to respond	Required. This variable refers to the response to the fifth question in the six-item set of questions to assess disability status.

28. Participant's Disability Status (6 of 6)	DIFFERRAND	1. Has difficulty doing errands alone because of a physical, mental, or emotional condition 2. DOES NOT have difficulty doing errands alone because of a physical, mental, or emotional condition 9. Participant chose not to respond	Required. This variable refers to the response to the sixth question in the six-item set of questions to assess disability status.
29. Participant's Reported A1C Value, if applicable	A1C	5.7 to 6.4--for pre-intervention (initial) entry 2.5 to 18--for all other entries 999--if not reported	Required if the organization plans to use the participant's A1C to determine reduction in risk.
30. Participant's Prediabetes Determination (1 of 3)	GLUCTEST	1. Prediabetes determined by acceptable blood test result 2. Prediabetes NOT determined by acceptable blood test result	Required. Acceptable tests include fasting blood glucose (FG), oral glucose tolerance test (OGTT), A1C, or a lab test result indicating a diagnosis of prediabetes.
31. Participant's Prediabetes Determination (2 of 3)	GDM	1. Prediabetes determined by a clinical diagnosis of GDM during a previous pregnancy 2. Prediabetes NOT determined by GDM (default)	Required
32. Participant's Prediabetes Determination (3 of 3)	RISKTEST	1. Prediabetes determined by the ADA/CDC Prediabetes Risk Test 2. Prediabetes NOT determined by the ADA/CDC Prediabetes Risk Test (default)	Required
33. Delivery Mode	DMODE	1. In-person 2. Online 3. Distance learning	Required
34. Session Type	SESSTYPE	C Core session CM Core Maintenance session OM Ongoing Maintenance session MU-C Make-up sessions in the Core phase MU-CM Make-up sessions in the Core Maintenance phase MU-OM Make-up sessions in the Ongoing Maintenance phase	Required. Any session delivered in months 1-6, even if pulled from months 7-12 of the PreventT2 curriculum content, must be coded as a Core session (C). Any session delivered in months 7-12, even if pulled from months 1-6 of curriculum content, must be coded as a Core Maintenance session (CM).

35. Session Date	DATE	mm/dd/yyyy	Required. Each data record represents attendance by one participant at one session; it must specify the actual date of the session.
36. Participant's Weight	WEIGHT	70 to 997 (rounded to the nearest tenth of a pound) 999 If weight cannot be reported	Required. At each session, participants are weighed; weight must be included on the record for that session and participant. Weight may be obtained by the Lifestyle Coach or participant on a regular scale or through the use of a digital or Bluetooth-enabled scale. For MDPP suppliers, see CMS guidance.
37. Participant's Physical Activity Minutes	PA	0 to no max (in minutes)	Required. At some or all program sessions, participants are asked to report the number of minutes of moderate or brisk physical activity they completed **since the previous session**. If a participant reports doing no activity **since the previous session**, or has not tracked their minutes, then zero (0) minutes should be recorded.

A1C: Hemoglobin A1C test; FG: fasting blood glucose test; GDM: gestational diabetes mellitus; PII: personally identifiable information (directly or indirectly identifiable); OGTT: oral glucose tolerance test

*All alphanumeric coding values should not include any spaces or special characters other than a hyphen (-).

V. Technical Assistance

At the discretion of CDC or National DPP leadership, aggregated data at the organizational, state, regional, or national level may be shared with external partners for the purpose of preparing reports or manuscripts or providing targeted technical assistance aimed at improving program or organizational performance or quality. Technical assistance is currently available to all recognized organizations through a variety of mechanisms:

1. Webinars
    a. Regularly scheduled "Office Hours" designed to provide information on topics related to delivery of the National DPP LCP
    b. Ad hoc webinars to address program changes, new initiatives, population-specific strategies, and other relevant topics
2. Summary and Recommendations sections in progress and evaluation reports provided to individual organizations
    a. Results specific to the most recent data submission

   b. Organization-specific strategies for meeting any requirements currently not being met
3. The National DPP Customer Service Center (www.NationalDPPCSC.cdc.gov)
   a. Direct access to technical assistance agents
   b. Tools/resources in the form of knowledge articles
   c. Community discussion board
4. Technical assistance calls available to organizations
   a. Initiated by CDC technical assistance staff
   b. Initiated by organizations through the National DPP Customer Service Center
5. Technical assistance calls or site visits from National DPP Quality Specialists (SQS) who have completed CDC-approved training.
   a. CDC has provided intensive training to state health department diabetes staff to strengthen essential knowledge and skills needed to provide high-quality technical assistance to partners, recognized organizations, and Lifestyle Coaches offering the National DPP LCP. For additional information, please see: https://nationaldppcsc.cdc.gov/s/article/Availability-of-National-DPP-State-Quality-Specialists.

VI. Quality Assurance Reviews

The DPRP has developed a Quality Assurance Review (QAR) program with established processes and protocols for assuring quality among CDC-recognized organizations offering the National DPP LCP. Quality assurance reviews will be conducted to assure that organizations are implementing quality programs aligned with the evidence-based standards, collecting and reporting data properly, marketing CDC-recognized programs and material on websites properly (where applicable), and following all of the DPRP requirements for CDC-recognized organizations, including:

- Use of a CDC-approved curriculum;
- Reporting changes to a curriculum made after initial approval;
- Meeting basic and advanced training requirements for coaches, which includes the two-hour per year continuing education requirement;
- Following change of ownership requirements;
- Providing live coach interaction as required;
- Providing six-month updates on class locations.

QARs can be either targeted (where CDC has learned that an organization could benefit from this process) or random. Technical assistance will be provided as needed during the QAR process. The process is designed to be beneficial to organizations, and organizations are expected to participate jointly with CDC in the QAR process.

CDC may contact organizations that have voluntarily withdrawn, or have stopped submitting data to the DPRP, in an effort to improve program delivery and understand organizational attrition.

After a CDC-recognized organization is identified for a quality assurance review, the QAR process involves:

1. Notice of the QAR via e-mail;

2. Review of organizational and/or program information, which could include data submissions, against a standard protocol to determine which type of technical assistance intervention will occur (e.g., a conference call, site visit, examination of program delivery protocol—including virtual programming, or some other reasonable method);
3. Notice of the QAR findings via e-mail, along with an opportunity to discuss the findings with CDC via conference call;
4. Work with the organization to correct any issues found during the QAR process within a reasonable timeline; and
5. Technical assistance to the organization during the QAR process, where applicable.
6. A mandatory 6-month waiting period to reapply for CDC recognition if an organization either withdraws or is revoked after a QAR process finds that revocation/withdrawal from the DPRP is necessary.

A completed review can take 4-6 weeks. If, upon completion of the full QAR process, an organization feels the QAR findings need further review, it may submit a one-time appeal to the QAR Appeals Review Board comprised of DDT leadership. The DPRP and the organization jointly agree to accept and implement the findings of the QAR Appeals Review Board.

VII. DPRP Registry and Find a Program Locator

The DPRP Registry publishes a list of all CDC-recognized organizations, their recognition statuses (Pending, Preliminary, Full, and Full Plus), locations, websites, delivery modes, class types (e.g., public, members only, employees, etc.), MDPP supplier statuses, and whether the organizations are part of an Umbrella Hub Arrangement (UHA).
Diabetes Prevention Recognition Program Registry | CDC

The Find a Program Locator publishes the locations where in-person organizations offer the National DPP LCP, as well as program attributes associated with all CDC-recognized organizations.
Find a Program | Diabetes | CDC

VIII. Guidance Documents (Appendices)

Appendix A. Organizational Capacity Assessment

Introduction

The CDC Diabetes Prevention Recognition Program (DPRP) is a voluntary program for organizations interested in offering the National Diabetes Prevention Program (National DPP) lifestyle change program (National DPP LCP) for people at high risk for type 2 diabetes. Organizations interested in applying to become a CDC-recognized diabetes prevention program should read the CDC DPRP Standards and Operating Procedures (DPRP Standards) and complete this Capacity Assessment prior to applying for recognition.

Benefits of Completing the 2024 Capacity Assessment

Assessing your organization's capacity will identify areas that may need to be enhanced before applying for CDC recognition to ensure your organization can deliver the yearlong National

DPP LCP with quality and fidelity to the DPRP Standards and sustain the program long term. Sustainable delivery organizations are those that have the capacity to implement the National DPP LCP without federal, state, or local government or other non-governmental grant dollars long-term. In addition, it is necessary for your organization to have appropriate staff with the knowledge, skills, and abilities listed in the Guidelines for Staff Eligibility, Skills and Roles, and Sample Job Descriptions sections of the DPRP Standards document.

Directions for Completing the 2024 Capacity Assessment

1. Refer to the DPRP Standards document, available at DPRP Standards and Operating Procedures (English & Spanish) (cdc.gov), when completing this questionnaire.
2. DPRP Standards reference – indicates the location of the relevant information in the DPRP Standards document.
3. Organizational capacity assessment questions – Read the question and check one box: "yes," "no," "unsure," or "Not Applicable (N/A)". The "N/A" might apply to online/virtual delivery organizations.
4. Total the number of "yes," "no," "unsure," and "N/A" responses at the bottom of the questionnaire. If the total number of "no" and "unsure" responses outnumber the "yes" responses, consider applying at a later date when your organization is ready.
5. For each Capacity Assessment topic with a "no" or "unsure" response, consider working with your organization's leadership to enhance your readiness before applying for recognition. Partnering with an existing CDC-recognized organization in your community or contacting the National DPP Customer Service Center and initiating a *National DPP technical assistance request* may be helpful.

Capacity Topic	Where Found in the DPRP Standards	Organizational Capacity Assessment Questions	Yes	No	Unsure	N/A
DPRP Standards	CDC DPRP Standards and Operating Procedures DPRP Standards and Operating Procedures (English & Spanish) (cdc.gov)	A. Have the following people from your organization read the CDC DPRP Standards and Operating Procedures (DPRP Standards)?				
		1. Leadership/management				
		2. Program Coordinator (if already hired)				
		3. Lifestyle Coach(es) (if already				
		4. Data Preparer or Manager (if different from other key staff and already hired)				

Leadership and Staff Support		B. Do the following people from your organization support submission of this application for CDC recognition?				
		5. Leadership/management				
		6. Program Coordinator (if already hired)				
		7. Lifestyle Coach(es) (if already hired)				
		8. Data Preparer or Manager (if different from other key staff and already hired)				
Staff	Guidelines for Staff Eligibility, Skills and Roles, and Sample Job Descriptions	C. Does your organization, at a minimum, have or plan to hire the following staff with the knowledge, skills, and abilities listed in the Guidelines for Staff Eligibility, Skills and Roles, and Sample Job Descriptions section of the DPRP Standards?				
		9. A Diabetes Prevention Program Coordinator responsible for submitting data to CDC and receiving all programmatic and data-related correspondence about the organization's recognition status				
		10. A Lifestyle Coach responsible for implementing the yearlong CDC-approved curriculum and providing support and guidance for participants in the program				
Organizational Commitment to Health Equity		D. Does your organization offer a program that reflects a commitment to health equity as evidenced below?				
		11. The program reflects and adapts to the diverse cultural health beliefs and practices, preferred languages, and other communication needs of the populations the organization serves.				
		12. The organization and staff consider and have knowledge of the historical, social, and economic context of the communities and populations served.				
		13. Staff are representative of and reflect the communities and populations served.				

		14. The organization engages invested and affected groups to ensure the program meets the needs of the populations served.				
		15. Health literacy and cultural appropriateness are considered in alternate curricula and any supplemental materials developed or provided for populations served.				
Staff Training		E. Does your organization have a plan for Program Coordinator(s), Lifestyle Coach(es), and Data Preparer(s) or Manager(s) to offer or attend the required trainings outlined?				
		16. A training on delivery of a CDC-approved curriculum that includes the required content listed in the DPRP Standards. See a list of training entities that hold Memoranda of Understanding with CDC here: Training for your Lifestyle Coaches (cdc.gov).				
		17. For organizations offering online or distance learning programs, training on the specific technology platform to be used to deliver the National DPP LCP				
		18. Training on computer skills necessary for data collection and interpretation of participants' outcomes to effectively monitor their progress toward meeting program goals and submit required data to CDC				
		19. CDC-sponsored webinar trainings on specialized topics, including but not limited to program delivery ("Welcome to the DPRP") and data submission ("Submit for Success")				
		20. Training to comply with the federal Health Insurance Portability and Accountability Act (HIPAA) and any other state or local laws governing personally identifiable information (PII), including laws related to data collection, storage, use, and disclosure. (CDC does not permit the transmission of PII.)				

		21. Additional training to meet Advanced Coach Training requirements. Additional training can include, but is not limited to, group coaching, motivational interviewing, and other skills needed to facilitate group process and deliver the yearlong National DPP LCP effectively.				
DPRP Evaluation Data Collection and Submission	Submitting Evaluation Data to the DPRP	F. Does your organization have staff with the knowledge, skills, and tools needed to collect, enter, monitor, and submit the required DPRP evaluation data elements for each enrolled participant using the CDC Data Portal or uploading data using a comma-separated value (CSV) format to the CDC DPRP Data Portal every 6 months?				
		22. If you answered "Yes" to question F above, has your organization designated a staff member to be responsible for collecting, entering, monitoring, and submitting the required DPRP evaluation data elements to CDC every 6 months?				
		23. If you answered "No" or "Unsure" to question F above, does your organization have a plan for training a designated staff member to be responsible for collecting, entering, monitoring, and submitting the required DPRP evaluation data? elements to CDC every 6 months?				
		24. If you answered "No" or "Unsure" to question F above, does your organization have a plan to contract with an external organization (i.e., a third party data administrator) with the knowledge, skills, and tools needed to collect, enter, monitor, and submit the required DPRP evaluation data elements for all program participants on behalf of your organization to the CDC DPRP every 6 months?				
Organization Infrastructure:	Location and Delivery	G. For organizations offering in-person only programs:				

In-person only	Mode	25. Does your organization have designated space to offer the yearlong National DPP LCP?				
		26. Does your organization provide private settings where a Lifestyle Coach can weigh and monitor participants?				
Organization Infrastructure: Online, Distance Learning, or Combination	Location and Delivery Mode	H. For organizations offering online, distance learning, or combination programs:				
		27. Does your organization have any designated space in which to offer the in-person portion of your combination yearlong National DPP LCP (if applicable)?				
		28. Does your organization have appropriate equipment or a technology platform to deliver the online or distance learning version of the yearlong National DPP LCP?				
		29. Does your organization have appropriate equipment or a technology platform to allow participants to interact with the Lifestyle Coach(es) throughout the yearlong National DPP LCP?				
		30. Does your organization have the ability to obtain weights via digital technology such as Bluetooth-enabled scales?				
Eligible Participants	Participant Eligibility	I. Does your organization have access to a large number of individuals at high risk for type 2 diabetes that meet the eligibility requirements listed in the DPRP Standards?				
Recruitment and Enrollment	Participant Eligibility	J. Does your organization have the ability to recruit and enroll a sufficient number of eligible participants (i.e., via marketing and media outreach, partnership engagement, health fairs, referrals from health care professionals, etc.) to maintain an adequate number of participants and classes over time?				

		31. Does your organization have the capacity to offer at least one class with a minimum of 10 participants and retain at least 30% of them to completer status?				
		32. Has your organization connected with health care providers, insurers, or employee wellness programs to help ensure referrals to your program?				
		33. If you answered "No" or "Unsure" to questions 1 or 2 above, has your organization made connections, formed a partnership with other CDC-recognized organizations, or considered joining an umbrella arrangement?				
Retention		K. Does your organization dedicate staffing and technological resources to consistently engage and retain participants?				
		34. The organization has sufficient resources needed to engage and retain participants for a full year. This includes resources for: - session preparation - session delivery - session follow-up (documentation) - engagement between sessions to keep participants motivated				
Sustainability		L. Does your organization have a plan to sustain the yearlong National DPP LCP long term without federal, state, or local government or other nongovernmental grant funds?				
		35. If you answered "Yes" to question L above, does your organization plan to become a Medicare Diabetes Prevention Program (MDPP) supplier? Delivering the Medicare Diabetes Prevention Program (MDPP) (cdc.gov) 36. For MDPP supplier support, go to Medicare Diabetes Prevention Program (MDPP) Basics - National DPP Coverage Toolkit				

		37. If you answered "No" or "Unsure" to question L above, does your organization plan to bill Medicaid (where coverage is available) or engage private insurers and/or employers to discuss coverage of the National DPP LCP? For help in doing so go to the National DPP Coverage Toolkit National Diabetes Prevention Program Coverage Toolkit Home Page - National DPP Coverage Toolkit Healm - A National DPP Employee Benefit Tool (cdc.gov)				
Tools and Resources		M. Has your organization reviewed the following downloadable tools and resources on CDC's National Diabetes Prevention Program Customer Service Center web site available at Home (cdc.gov)				
		38. Resources for Recruiting Participants: Keys to Success: Recruiting Participants (cdc.gov)				
		39. Resources for Health Care Professionals: Resources for Health Care Professionals (cdc.gov)				
		40. Resources for Pharmacists: https://www.cdc.gov/diabetes-prevention/hcp/pharmacists/				
		41. Resources for Employers and Insurers: Employers and Insurers (cdc.gov) (see additional resources in Section L)				
		42. Resources to Encourage Participant Retention (Personal Success Tool): Personal Success Tool and Promotional Materials (cdc.gov)				

		43. National DPP Marketing Success Strategies: National DPP Marketing Success Strategies (cdc.gov)				
		44. Program Champion Strategy Toolkit: Program Champion Strategy Toolkit and Promotional Materials (English & Spanish) (cdc.gov)				
		45. Recruitment and Retention: Keys to Success: Recruitment and Retention Overview (cdc.gov)				
		46. Lifestyle Coach, Program Coordinator, and Program Provider Journey Road Maps: Lifestyle Coach, Program Coordinator, and Program Provider Journey Road Maps (cdc.gov)				
		Total number of boxes checked for each column				

Appendix B. American Diabetes Association/Centers for Disease Control and Prevention (ADA/CDC) Risk Test

PREDIABETES RISK TEST

Prediabetes: You Could Be at Risk

Prediabetes is a condition where blood glucose (sugar) levels are higher than normal but not high enough to be diagnostic for type 2 diabetes. Diabetes is the 8th leading cause of death. It is a serious disease that can cause heart attacks; strokes; blindness; kidney failure; or loss of toes, feet, or legs. Type 2 diabetes can be delayed or prevented in people with prediabetes through an effective lifestyle change program. It is important for people to take the first step by identifying their risk for type 2 diabetes.[1]

- The jointly sponsored ADA/CDC Prediabetes Risk Test can be found at https://www.cdc.gov/prediabetes/takethetest. The risk test can also be downloaded and printed from the link provided.

Prediabetes Risk Test

NATIONAL DIABETES PREVENTION PROGRAM

1. How old are you?

Write your score in the boxes below

Younger than 40 years (0 points)
40–49 years (1 point)
50–59 years (2 points)
60 years or older (3 points)

2. Are you a man or a woman?

Man (1 point) Woman (0 points)

3. If you are a woman, have you ever been diagnosed with gestational diabetes?

Yes (1 point) No (0 points)

4. Do you have a mother, father, sister, or brother with diabetes?

Yes (1 point) No (0 points)

5. Have you ever been diagnosed with high blood pressure?

Yes (1 point) No (0 points)

6. Are you physically active?

Yes (0 points) No (1 point)

7. What is your weight category?

(See chart at right)

Total score:

Height	Weight (lbs.)		
4'10"	119-142	143-190	191+
4'11"	124-147	148-197	198+
5'0"	128-152	153-203	204+
5'1"	132-157	158-210	211+
5'2"	136-163	164-217	218+
5'3"	141-168	169-224	225+
5'4"	145-173	174-231	232+
5'5"	150-179	180-239	240+
5'6"	155-185	186-246	247+
5'7"	159-190	191-254	255+
5'8"	164-196	197-261	262+
5'9"	169-202	203-269	270+
5'10"	174-208	209-277	278+
5'11"	179-214	215-285	286+
6'0"	184-220	221-293	294+
6'1"	189-226	227-301	302+
6'2"	194-232	233-310	311+
6'3"	200-239	240-318	319+
6'4"	205-245	246-327	328+
	1 Point	2 Points	3 Points
	You weigh less than the 1 Point column (0 points)		

Adapted from Bang et al., Ann Intern Med 151:775-783, 2009. Original algorithm was validated without gestational diabetes as part of the model.

If you scored 5 or higher

You are at increased risk for having prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you have type 2 diabetes or prediabetes, a condition in which blood sugar levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes. **Talk to your doctor to see if additional testing is needed.**

If you are African American, Hispanic/Latino American, American Indian/Alaska Native, Asian American, or Pacific Islander, you are at higher risk for prediabetes and type 2 diabetes. Also, if you are Asian American, you are at increased risk for type 2 diabetes at a lower weight (about 15 pounds lower than weights in the 1 Point column). Talk to your doctor to see if you should have your blood sugar tested.

You can reduce your risk for type 2 diabetes

Find out how you can reverse prediabetes and prevent or delay type 2 diabetes through a **CDC-recognized lifestyle change program** at https://www.cdc.gov/diabetes/prevention/lifestyle-program.

Risk Test provided by the American Diabetes Association and the Centers for Disease Control and Prevention.

American Diabetes Association. CDC Centers for Disease Control and Prevention

CS300699-A

Appendix C. Staffing Guidelines, Roles, and Responsibilities and Sample Position Descriptions

Lifestyle Coach Qualifications and Training

CDC-recognized organizations are responsible for ensuring that an adequate and well-trained workforce dedicated to the National Diabetes Prevention Program (National DPP) lifestyle change program (LCP) is in place before launching the first class. Eligible Lifestyle Coaches must be formally trained to a CDC-approved curriculum for a minimum of 12 hours, or approximately two days, by one of the following: 1) an MOU-holding training entity listed on the National DPP Customer Service Center (CSC), 2) a private organization with a national network of CDC-recognized program sites whose Master Trainers were trained by an MOU-holding training entity, 3) a CDC-recognized virtual organization with national reach whose Master Trainers were trained by an MOU-holding training entity, or 4) a Master Trainer who has delivered the National DPP LCP for at least two years and has completed a Master Trainer program offered by an MOU-holding training entity. While Lifestyle Coaches may have credentials (e.g., Registered Dietitians, Registered Nurses, Pharmacists, Certified Diabetes Care and Education Specialists), credentials are not required. Community Health Workers and non-credentialed people can be effective coaches as well.

Recognized organizations are responsible for the ongoing support and continued training of Lifestyle Coaches. Organizations should provide Lifestyle Coaches with an opportunity to attend CDC-sponsored webinar training on specialized topics such as program delivery and data submission and refresher training as needed. All Lifestyle Coaches should also complete at least two hours of Advanced Coach Training each year. Advanced Coach Training is 1) training beyond the required formal training for Lifestyle Coaches that builds on the foundational skills necessary for helping participants make effective lifestyle change and 2) limited to trainings provided by MOU-holding training entities. Recognized organizations should refer to the National DPP Customer Service Center (National DPP CSC) for information about training opportunities.

Understanding that Lifestyle Coaches have a range of roles and responsibilities in addition to delivery of the National DPP LCP, recognized organizations should allocate enough time for Lifestyle Coaches to carry out their core responsibilities effectively. A minimum of 3-5 hours of staff time should be allocated to deliver a one-hour class session, although this may vary depending on the organization. Decisions about the number of Lifestyle Coaches hired and time allocation for program delivery will vary based on the delivery modality (i.e., in-person, online, distance learning, or combination live/combination not-live); the experience of the Lifestyle Coaches; the number of classes and locations served at one time; and whether the organization is in a start-up, maintenance, or expansion phase of program delivery.

Additional time outside of class is typically needed for:

- Planning and reviewing class session content;
- Preparing and monitoring data to support quality improvement;
- Arranging and adapting session plans to meet unique participant needs such as language, cultural

or dietary restrictions, or hearing or sight impairments;

- Reviewing data participants submit about physical activity minutes and/or food tracking and providing feedback to individual participants;
- Recording and verifying data participants submit and share about physical activity minutes to support data submission to CDC; and
- Interacting with participants between classes to support retention (such as using social media; sending phone, e-mail, or text reminders; or engaging in online communities).

Position Description- Lifestyle Coach

Role of the Lifestyle Coach: Lifestyle Coaches implement a CDC-approved curriculum designed for effective lifestyle change for preventing or delaying type 2 diabetes and provide support and guidance to participants in the program.

Responsibilities of the Lifestyle Coach:

a. Delivering the National DPP LCP and adhering to a CDC-approved curriculum with the required intensity and duration (per the DPRP Standards) to class participants in an effective, meaningful, and compelling way.
b. Encouraging group or individual participation and interaction using open-ended questions and facilitating commitment to activities for effective lifestyle change.
c. Motivating participants and creating a friendly environment for group discussion and interactive learning, whether in-person or virtually.
d. Making learning a shared objective and encouraging peer-to-peer learning.
e. Preparing for each class by reviewing the lesson plan and class content, reviewing data, making reminder calls or sending text messages to participants, and reviewing participants' food and activity trackers.
f. Being accessible to participants both before and after sessions to answer questions.
g. In collaboration with the Program Coordinator and/or Data Preparer, recording, entering, and submitting session data elements for each participant as noted in **Table 2** in the DPRP Standards.
h. Collaborating with the Program Coordinator and others involved in data preparation to regularly monitor participant progress and address any issues to improve participant outcomes.
i. Following up with participants outside of class if they were unable to attend a session that week (during months 1-6) or month (during months 7-12) to offer a make-up session.
j. Supporting and encouraging goal setting and problem-solving.
k. Complying with all applicable laws and regulations, including those governing participant privacy and data security (e.g., the Health Insurance Portability and Accountability Act [HIPAA]).
l. Completing the required organizational training, refresher or Advanced Coach Training, and training offered by CDC, such as DPRP-sponsored webinars.
m. For organizations seeking reimbursement for delivery to Medicare beneficiaries, obtaining a National Provider Identifier (NPI) number from the Centers for Medicare & Medicaid Services.

Program Coordinator Qualifications, Training, and Eligibility

An organization seeking CDC recognition by participating in the DPRP must designate an individual to serve in the role of Program Coordinator at the time its application is submitted. Because of the critical role the Program Coordinator plays in hiring, guiding, and supervising Lifestyle Coaches, it is highly recommended that this individual have at least one year of experience working as a Lifestyle Coach. Program Coordinators should also complete formal Lifestyle Coach training and at least two hours of Advanced Coach Training each year.

The Program Coordinator is also responsible for data submission to CDC and receives all programmatic and data-related correspondence from CDC regarding the organization's recognition status. The Program Coordinator is CDC's primary point of contact. When an organization has a Program Coordinator staffing change, CDC must be notified of the new point of contact immediately by logging in to the National DPP CSC and initiating an *Update Organization Contact Information* request. If a CDC-recognized organization serves a large number of participants at any one-time, multiple Program Coordinators may be required. Similarly, if a CDC-recognized organization serves a small number of participants, it may be appropriate for a Program Coordinator to serve simultaneously in the role of the Lifestyle Coach, provided they complete the proper Lifestyle Coach training.

Position Description- Program Coordinator

Roles of the Program Coordinator:

- Serve as the organizational experts for implementing the National DPP LCP consistent with the DPRP Standards.
- Supervise daily operations related to the National DPP LCP and provide guidance and support for Lifestyle Coaches.
- Understand program data submitted to CDC's DPRP and facilitate actions to monitor data and support or mentor Lifestyle Coaches toward quality performance outcomes.
- Disseminate information sent from CDC's DPRP to others in the organization about training, technical assistance, and the organization's performance and CDC recognition status.
- Request technical assistance from CDC and know how to mobilize the training and information resources CDC provides through the CSC within their organization.
- Engage in other key functions such as publicity and marketing of the National DPP LCP, which may require assistance from senior leadership in the organization.

Responsibilities of the Program Coordinator:

1. **Responsibilities to CDC include:**
    a. Serving as the direct link between their organization and CDC and as the lead for distributing DPRP information to relevant staff (i.e., Lifestyle Coaches and Data Preparers, if applicable).
    b. Participating in technical assistance opportunities offered by CDC's DPRP and in quality assurance assessments offered by CDC.
    c. Notifying CDC's DPRP of any changes to organizational information or the CDC-approved curriculum

used by the organization following the initial application for recognition.

2. Responsibilities to the CDC-recognized organization include:

a. Hiring and supervising Lifestyle Coaches.

b. Organizing Lifestyle Coach training to a CDC-approved curriculum and other ongoing training and skill-building opportunities.

c. Supporting Lifestyle Coaches in implementing the National DPP LCP.

d. Monitoring and evaluating the quality of support that Lifestyle Coaches provide to National DPP LCP participants.

e. Recruiting, screening, and registering eligible participants for the National DPP LCP.

f. Organizing a master schedule of National DPP LCP classes offered by the CDC-recognized organization.

g. Ensuring adequate publicity for and marketing of the National DPP LCP. (Some Program Coordinators have additional responsibility for establishing community partnerships that drive enrollment, referrals, and reimbursement.)

h. Engaging with payers to bill for program participation, as appropriate.

i. Assisting Lifestyle Coaches with launching each yearlong class and evaluating the cohort based on the goals of the National DPP LCP, realigning program delivery where needed.

j. Assisting in ensuring commitment and retention of National DPP LCP participants.

k. Facilitating a review of program data with Lifestyle Coaches and other relevant staff, including a Data Preparer as needed, to regularly monitor and strategize how to improve participant performance.

l. Providing class coverage in the absence of a Lifestyle Coach.

m. Complying with all applicable laws and regulations, including those governing participant privacy and data security (e.g., HIPAA).

n. Completing the required organizational training, refresher or new skills training, and training offered by CDC (e.g., DPRP webinars) and facilitating the completion of these trainings by Lifestyle Coaches.

o. For organizations seeking reimbursement for delivery to Medicare beneficiaries, obtaining a National Provider Identifier (NPI) number from the Centers for Medicare & Medicaid Services.

Appendix D. Participant Enrollment Form

National Diabetes Prevention Program Lifestyle Change Program
Participant Enrollment Form Overview

People interested in joining the National Diabetes Prevention Program (National DPP) Lifestyle Change Program (LCP) must answer a few questions to determine if they meet the program requirements for enrollment and to satisfy the Diabetes Prevention Recognition Program (DPRP) Standards requirements for data collection and reporting. The second page of this appendix includes a printable form with these questions to support data collection during participant enrollment. This form can be used by National DPP LCP staff to support data collection from potential program participants or be given directly to potential program participants to fill out themselves. **Use of this form is voluntary; however, the questions must be asked in the format listed in this form to comply with the DPRP Standards requirements for data collection and reporting.**

How to use this form:

- **National DPP LCP Staff:** LCP staff may work directly with potential participants to help them answer these questions. In these situations, staff can use the Enrollment Form (page 2) to support these conversations and capture responses.
- **Potential Program Participants:** Some participants may be comfortable using the form to answer the enrollment questions on their own. In this case, print out the Enrollment Form on page 2 and share it with the potential participants. *Note: It is recommended that National DPP LCP staff offer their support while participants complete the form.*

The form includes questions on race, ethnicity, and other personal topics. People answering these questions may have concerns about sharing this type of information. Staff can respond to these concerns by explaining that the answers provided on the form help the National DPP understand who is participating in the program and how to best support them.

Please share with participants that the answers provided on this form will remain confidential. These data are reported to CDC with no additional information attached. Information about immigration status or social benefits is not shared with CDC.

The form begins on the next page.

For Office Use Only
Participant ID: _____
Cohort ID: _____

National Diabetes Prevention Program Lifestyle Change Program Participant Enrollment Form

Please complete ALL the following questions to the best of your ability. The privacy of your data is important. The answers you provide will not be linked to your name.

1. Please indicate your age*:* _____

2. What is your race or ethnicity? Select ALL that apply. You may enter additional details in the spaces below:

- ☐ **American Indian or Alaska Native:** Includes all individuals who identify with any of the original peoples of North, Central, and South America. It includes people who identify as American Indian or Alaska Native and groups such as Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc.
  Provide additional details below:
  Enter, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Tribal Government, Tlingit, etc. _____

- ☐ **Asian or Asian American:** Includes all individuals who identify with one or more nationalities or ethnic groups originating in East Asia, Southeast Asia, or the Indian subcontinent. Examples of these groups include, but are not limited to, Chinese, Filipino, Asian Indian, Vietnamese, Korean, and Japanese. The category also includes groups such as Pakistani, Cambodian, Hmong, Thai, Bengali, Mien, etc.
  Provide additional details below:
  Enter, for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, Cambodian, Pakistani, Hmong, etc. _____

- ☐ **Black or African American:** Includes all individuals who identify with one or more nationalities or ethnic groups originating in any of the Black racial groups of sub-Saharan Africa. Examples of these groups include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali. The category also includes groups such as Ghanaian, South African, Barbadian, Kenyan, Liberian, Bahamian, etc.
  Provide additional details below:
  Enter, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, Ghanaian, South African, Barbadian, etc. _____

- ☐ **Hispanic or Latino:** Includes all individuals who identify with one or more nationalities or ethnic groups originating in Mexico, Puerto Rico, Cuba, Central and South American, and other Spanish cultures.

Examples of these groups include, but are not limited to, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, and Colombian. The category also includes groups such as Guatemalan, Honduran, Spaniard, Ecuadorian, Peruvian, Venezuelan, etc.
Provide additional details below:
Enter, for example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. _____

- **Middle Eastern or North African:** Includes all individuals who identify with one or more nationalities or ethnic groups originating in the Middle East or North Africa. Examples of these groups include, but are not limited to, Lebanese, Iranian, Egyptian, Syrian, Moroccan, and Israeli. The category also includes groups such as Algerian, Iraqi, Kurdish, Tunisian, Chaldean, Assyrian, etc.
  Provide additional details below:
  Enter, for example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Israeli, Algerian, Iraqi, Kurdish, etc.
  _____

- **Native Hawaiian or Pacific Islander:** Includes all individuals who identify with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or other Pacific Islands. Examples of these groups include, but are not limited to, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese. The category also includes groups such as Palauan, Tahitian, Chuukese, Pohnpeian, Saipanese, Yapese, etc.
  Provide additional details below:
  Enter, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, Palauan, Chuukese, Tahitian, etc. _____

- **White:** Includes all individuals who identify with one or more nationalities or ethnic groups originating in Europe. Examples of these groups include, but are not limited to, German, Irish, English, Italian, Polish, and French. The category also includes groups such as Scottish, Norwegian, Dutch, Slavic, Cajun, Roma, etc.
  Provide additional details below:
  Enter, for example, German, Irish, English, Italian, Polish, French, Scottish, Norwegian, Dutch, etc.
  _____

3. What sex were you assigned at birth, on your original birth certificate?

- Male
- Female

4. Are you:

- Man
- Woman
- Transgender, non-binary, or another gender
- I do not identify with the choices provided

5. Please indicate your height *(2'6" to 8'2"):* _____

6. Please indicate your level of education below *(Select one):*

- Less than grade 12 (No high school diploma or GED)
- Grade 12 or GED (High school graduate)
- Some college or technical school
- College or technical school graduate or higher

7. Please respond to the following questions to help us identify ways we can best assist you:

– Are you deaf or do you have serious difficulty hearing?
☐ Yes ☐ No

– Are you blind or do you have serious difficulty seeing, even when wearing glasses?
☐ Yes ☐ No

– Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
☐ Yes ☐ No

– Do you have serious difficulty walking or climbing stairs?
☐ Yes ☐ No

– Do you have difficulty dressing or bathing?
☐ Yes ☐ No

– Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
☐ Yes ☐ No

8. Which state, territory, or freely associated state do you reside in? _____

9. What is your zip code? _____

10. What motivated you the most to sign up for this program? What was the most influential factor? *(Select one):*

☐ Health care professional
☐ Blood test results
☐ Prediabetes Risk Test (short survey)
☐ Someone at a community-based organization (church, community center, fitness center, etc.)
☐ Family or friends
☐ Current or past participation in the National DPP lifestyle change program
☐ Employer or employer's wellness plan
☐ Health insurance plan
☐ Media advertisements (social media, flyer, radio, etc.)
☐ Program Champion

11. Did a health care professional ask you to join the National DPP lifestyle change program? *(Select one):*

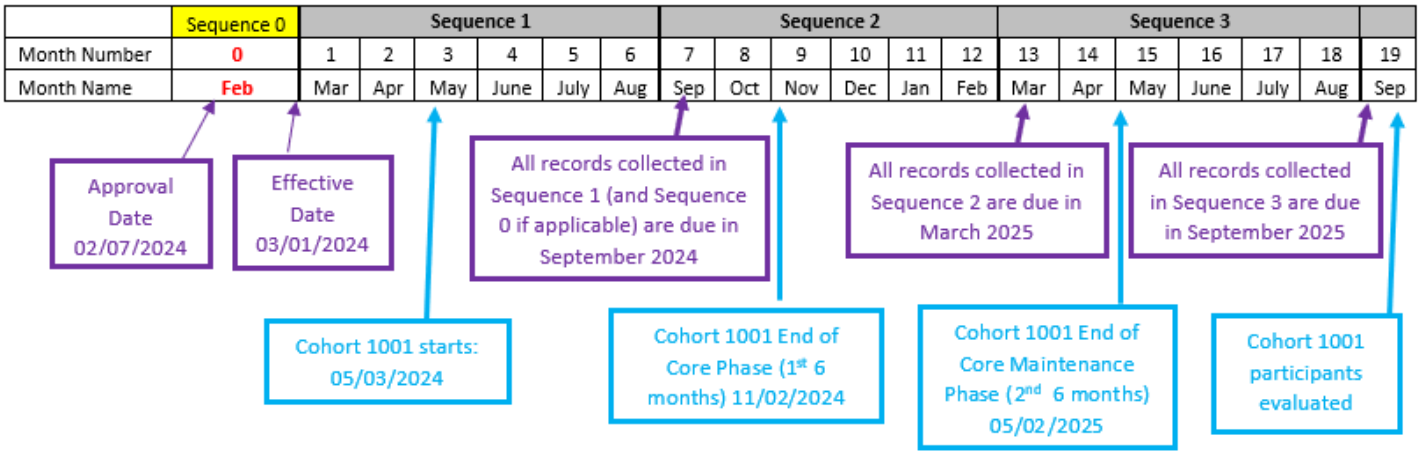
☐ Yes, a doctor/doctor's office
☐ Yes, a pharmacist
☐ Yes, another health care professional
☐ No

12. Who is the primary payer for your participation in the National DPP lifestyle change program? *(Select one):*

☐ Medicare
☐ Medicaid
☐ Private/commercial insurer
☐ Self-pay
☐ Dual eligible (Medicare and Medicaid)
☐ Grant funding
☐ Employer
☐ Free of charge
☐ Government/Military
☐ Venture capital

Appendix E. Example of a Path to Evaluation

Holding a single cohort during a sequence



Group Cohort Timeline versus Data Submission Timeline and Evaluation Cohort Timeline

- A new organization, 123456, is approved and awarded Pending recognition on February 7, 2024.
  - This makes the effective date for the organization March 1, 2024 and sets the data submission schedule as March and September each year (starting in September 2024).

- Organization 123456 enrolls 12 participants in COHORTID 1001 and holds the first session for this cohort on May 3, 2024. (This begins the Core phase, or first 6 months of the program.)

- Organization 123456 makes their Sequence 1 (6-month) submission in September 2024.
  - This submission will include records for all sessions attended by all participants between the approval date (**February 7, 2024**) through **August 31, 2024**.
  - Cohort 1001 will have not yet completed the Core phase, but the organization will submit the data that have been collected so far.
  - ***Organizations that meet the enrollment and attendance requirement at the Sequence 1 submission will be awarded Preliminary Recognition.***

- COHORTID 1001 completes the Core phase on November 2, 2024 and starts the Core Maintenance phase (second 6 months of the program) on November 3, 2024.

- Organization 123456 makes their Sequence 2 (12 month) submission in March 2025.
  - This submission will include records for all sessions attended from **September 1, 2024 through February 28, 2025**.
  - ***If an organization has one or more cohorts that began sessions in Sequence 0 (between the approval date and effective date), those cohorts may be eligible to be evaluated for Preliminary, Full, or Full Plus Recognition at the time of the Sequence 2 submission.***

- COHORTID 1001 completes the Core Maintenance phase on May 2, 2025.
    - *The final session for this cohort may be held prior to May 2, 2025, but the cohort will not be eligible for an evaluation until the first submission AFTER this date*.

- Organization 123456 makes their Sequence 3 (18 month) submission in September 2025.
    - This submission will include records for all sessions attended from **March 1, 2025 through August 31, 2025**.
    - ***Cohorts that began sessions in Sequence 1 may be eligible to be evaluated for Preliminary, Full, or Full Plus Recognition at the time of the Sequence 3 submission***.

How an Organization Can Advance in Recognition (Continuing with the example above with organization 123456)

- Cohort 1001 had 12 participants. If at least 5 were eligible and attended at least 8 sessions prior to their Sequence 1 submission (in September 2024), the organization would be awarded Preliminary recognition at that time. Otherwise, it would remain in Pending recognition.

- The first session for cohort 1001 was on or after the effective date (in Sequence 1), so this cohort would be eligible for its first evaluation at Sequence 3 (September 2025).

    - 12 participants enrolled in the May 3, 2024 cohort 1001.
        - 2 participants are ineligible based on BMI.
        - 10 eligible participants remain.

    <u>Evaluating Requirement 5</u>
        - The evaluation cohort includes at least 5 eligible participants (In this example, there are 10).
        - 9 of these participants attended the 8-minimum number of required sessions in months 1-6.
        - 7 of those 9 participants had at least 9 full months from the cohort's first session to the participants' last session.
        - 7/10=70% of eligible participants met the criteria to be called completers.
        - Requirement 5 is met.

    <u>Evaluating Requirement 6</u>
        - 2 of the 7 completers achieved the required minimum 5% weight loss.
        - 1 of the remaining 5 completers achieved the required minimum 4% weight loss combined with at least 8 sessions associated with an average of 150 minutes/week of physical activity since the previous session.
        - 1 of the remaining 4 completers achieved the required minimum 4% weight loss combined with the required minimum 17 sessions attended.
        - 1 of the remaining 3 completers reported a 0.2% reduction in A1C.
        - The other 2 remaining completers did NOT demonstrate risk reduction

- 5 of the 7 completers met at least one of the four outcomes necessary to meet the requirement (5/7=71.4%; 71.4% ≥ 60% requirement).
- Requirement 6 is met.

Evaluating Requirement 7

- 7 of the 7 completers were eligible for the program based on a blood test 7/7=100%; 100% ≥ 35% requirement).
- Requirement 7 is met.

- Organization 123456 is awarded Full recognition. It may stay in Full recognition indefinitely as long as it continues to make the required data submission every 6 months.

Evaluating Retention Thresholds

- By the beginning of Month 4, 9 of 10 eligible participants were still in the program (Retention= 9/10=90%).
  - Month 4 retention was 90% (90% ≥ 50% requirement).
  - Month 4 retention requirement is met.
- By the beginning of Month 7, 7 of 10 eligible participants were still in the program (Retention=7/10=70%).
  - Month 7 retention was 70% (70% ≥ 40% requirement).
  - Month 7 retention requirement is met.
- By the beginning of Month 10, 5 of 10 eligible participants were still in the program (Retention=5/10=50%).
  - Month 10 retention was 50% (50% ≥ 30% requirement).
  - Month 10 retention requirement is met.

- All 3 retention thresholds are met. Organization 123456 is awarded Full Plus recognition for 12 months.
  - The organization will remain in Full Plus as long as it continues to meet the retention requirements every 12 months. If it fails to meet the requirements, it will revert to Full recognition.

Calculations used in Evaluation

- **Weight change** = [1 – (Final recorded weight ÷ Initial recorded weight)] x 100
- **Average weekly physical activity minutes associated with a session** = Sum of all recorded minutes collected since the last session (including 0s) ÷ Number of days since last session x 7
- **Total number of attended sessions** = Total number of unique sessions associated with a single participant ID
- **A1C reduction** = Initial A1C measurement – Final A1C measurement

Appendix F. Guidance for Measuring/Recording Weight and Reporting Physical Activity Minutes

Measuring/Recording Weight

1. Lifestyle Coaches are allowed to weigh participants, or participants may self-report weight.
2. Place the scale on a firm, flat surface.
3. Participants should remove any coats, heavy sweaters, shoes, keys, or heavy pocket contents before being weighed. Participants should be advised to wear light clothing.
4. Each participant should stand in the middle of the scale's platform with his/her body weight equally distributed on both feet, placing hands at sides, and looking straight ahead prior to reading the weight.
5. The same scale should be used to measure weights at each session, if possible.
6. Weights should be measured under similar circumstances at each session and in the same way the initial measurement was taken (e.g., participants wearing similar clothing, measurements taken at the same time of day).
7. Participants who self-report weight and who weigh more than once per week should report the closest weight to the recorded session date. Reported weights should not be more than one week old. This means that during monthly sessions, each participant should submit their weight within one week of the monthly session.
8. Online or distance learning organizations are encouraged to use Bluetooth-enabled scales (scales that transmit weights securely via wireless or cellular transmission) but must ensure that only the participant's weight is being transmitted. Organizations are not allowed to use algorithms or other methods to estimate appropriate weights. Only one weight should be recorded per session date.
9. Weight should be recorded to the nearest tenth of a pound (for example: 184.6, 223.1).
10. Weights recorded for make-up sessions that take place on the same date as a regular session should match the weight being recorded for the regular session.
11. Only Lifestyle Coaches or other trained facilitators may officially record/enter weights for evaluation by CDC.

Recording Physical Activity Minutes

1. Participants should track the number of minutes of physical activity they perform between sessions.
2. Minutes reported at make-up sessions should reflect the number of minutes that would have been reported during the missed session.
3. Only Lifestyle Coaches or other trained facilitators may officially record/enter physical activity minutes for evaluation by CDC.

Appendix G. Key Terms and Definitions

Approval date = The date CDC approves an organization's application for participation in the CDC DPRP. **An organization may not begin offering sessions until approval is given and Pending recognition is achieved.**

Applicant organization = An organization that plans to offer the National DPP LCP and is in the process of applying for recognition from the CDC DPRP.

CDC Diabetes Prevention Recognition Program (DPRP) = The quality assurance arm of the National DPP charged with evaluating organizations' performance in effectively delivering the National DPP LCP with quality and fidelity to the original science. Organizations can earn CDC recognition by following a CDC-approved curriculum and achieving outcomes proven to prevent type 2 diabetes in participants at high risk.

CDC-recognized organization = An organization that offers the National DPP LCP and has achieved Pending, Preliminary, Full, or Full Plus recognition from the DPRP.

Completed cohort = A cohort where 365 days have lapsed since the first session was held.

Completer = An eligible participant enrolled in an evaluation cohort who attended at least 8 sessions in months 1-6 and whose time from the first session held by the cohort to the last session attended by the participant is at least 9 full months.

Diabetes Prevention Program (DPP) = The original research study, led by the National Institutes of Health, which showed that making modest behavior changes helped participants with prediabetes lose 5% to 7% of their body weight and reduce their risk of developing type 2 diabetes by 58% (71% for people over 60 years old).

DPP lifestyle intervention = The intervention used during the 2002 DPP research study and replicated during further efficacy and implementation studies.

Effective date = The first day of the month following an organization's approval date.

Evaluation cohorts = Group or individual cohorts that began 2 sequences prior to the currently due sequence submission [12 months but not more than 18 months before the current submission due date. Sequence 1 cohorts are evaluated at Sequence 3; Sequence 2 cohorts at Sequence 4, etc.]. All completers enrolled in an evaluation cohort are evaluated together, even if they moved through the program in separate cohorts.

Full recognition = The second highest level of regular CDC recognition. Organizations achieve Full recognition when they meet the following criteria, as detailed in Table 3:

1. Requirements 1-4 for Pending recognition.
2. Requirement 5 for Preliminary recognition.
3. Requirements 6 and 7.

An organization may remain in Full recognition indefinitely if it continues to submit the required data every 6 months.

Full Plus recognition = The highest level of CDC recognition. Organizations achieve Full Plus recognition when they meet the following criteria, as detailed in Table 3:

1. Requirements 1-4 for Pending recognition.
2. Requirement 5 for Preliminary recognition.
3. Requirements 6 and 7 for Full recognition.
4. The 3 additional retention thresholds.

A designation of Full Plus will last 12 months. At that time, if the organization does not meet the requirements for Full Plus, it will be placed in Full recognition.

Group cohort = Two or more participants who enroll and attend the yearlong National DPP LCP together in a class that starts on the same date and follows the same schedule for regular sessions (not make-up sessions).

Individual cohort = A single participant who enrolls and attends the yearlong National DPP LCP on their own timeline. The cohort ID (COHORTID) for an individual cohort participant must be equal to the participant ID (PARTICIP).

National Diabetes Prevention Program (National DPP) = A partnership of public and private organizations working collectively to build a nationwide delivery system for a lifestyle change program proven to prevent or delay onset of type 2 diabetes in adults at high risk.

National DPP lifestyle change program (National DPP LCP) = The translated adaptation of the DPP lifestyle intervention which:

- Is a yearlong, structured program (delivered in-person, online, via distance learning, or through a combination of these modalities, as defined in the DPRP Standards) consisting of:
  - an initial 6-month phase offering at least 16 sessions over 16–26 weeks and
  - a second 6-month phase offering at least one session a month (at least 6 sessions).
- Is facilitated by a trained Lifestyle Coach.
- Uses a CDC-approved curriculum.
- Includes regular opportunities for direct interaction between the Lifestyle Coach and participants.
- Provides social support and focuses on behavior modification to improve healthy eating, physical activity, and stress management.

Pending recognition = The base level of CDC recognition status granted to all applicant organizations when they meet requirements 1-4, as detailed in Table 3.

Preliminary recognition = An intermediate level of CDC recognition (allows organizations to become MDPP suppliers and to begin billing CMS). Organizations achieve Preliminary recognition when they meet the following criteria, as detailed in Table 3:

1. Requirements 1-4 for Pending recognition.
2. Requirement 5.

An organization may remain in Preliminary recognition indefinitely if it continues to submit the required data every 6 months.

Sequence = The 6-month data collection period that starts with the first day of the data submission month and ends with the last day before the next data submission month. Organizations making their first submissions will include records for sessions held since their approval dates.