

Centers for Disease Control and Prevention Diabetes Prevention Recognition Program

Standards and Operating Procedures

www.cdc.gov/diabetes/prevention/recognition

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Public reporting burden for this collection of information is estimated to average one hour per response for the Diabetes Prevention Recognition Program Application Form and two hours per response for the submission of Evaluation Data, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the CDC Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA #0920-0909.

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2021 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/index.html>). 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, online, distance learning, and combination). 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 to 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 DPRP is further committed to ensuring health equity by increasing access to the National DPP LCP among vulnerable populations, including those living in geographically hard to reach or rural areas, through a variety of modalities.

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 U.S. 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/Documents/DPP_508.pdf). The current standards, though still grounded in the earlier research, incorporate innovations from further translational studies, best practices, 8 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 an effective type 2 diabetes prevention National DPP LCP 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.

The CDC's National DPP Customer Service Center is an interactive online resource for organizations who deliver, promote, partner with, refer to, and cover the lifestyle change program, and serves as a hub for National DPP resources and technical assistance. Organizations should go to 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 your experience.

You will need to register first to submit National DPP Technical Assistance Inquiries. To register with the National DPP Customer Service Center, please go to NationalDPPCSC.cdc.gov, select “Login” and then “Register.” To request technical assistance, please sign in and then select “Contact Us/Contact Support.” Once signed in, you will also be able to view your previous requests and associated correspondence.

II. Standards and Requirements for Recognition

Any organization that has the capacity to deliver the National DPP LCP may apply for recognition. It is strongly recommended that potential applicants thoroughly read the *DPRP Standards* (this document) and conduct a capacity assessment (see Appendix A, “Organizational Capacity Assessment”) before applying for recognition. Completion of the Organizational Capacity Assessment is required for organizations participating as subsidiaries in umbrella arrangements (see Section J. Umbrella Arrangements).

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/m² (≥ 23 kg/m², if 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 (Centers for Medicare and Medicaid Services- 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. HbA1C 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 a CDC-recognized program.

Recognized organizations can retain participants if either of the following situations occur:

1. Participants 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. 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.
2. Participants become pregnant while in the program. The National DPP LCP emphasizes weight loss and is not appropriate for women who are currently pregnant. **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.

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 assure 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 healthcare 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. At the national level, CDC ensures privacy by not releasing any participant level data, and by collecting only de-identified participant data. Reports published by CDC only include aggregate data at the organizational level.

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 modalities. These remote classrooms could include, but are not limited to, Skype, WebEx, Zoom, GoToMeetings, GoogleMeet, FacebookLive, etc. Those organizations can obtain weights via digital technology, such as Bluetooth-enabled scales, or accept a self-report from a participant's own at-home scale. (Bluetooth-enabled scales refer to scales that transmit weights securely via wireless or cellular transmission.)

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 being 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. Participants are physically present in a classroom or classroom-like setting. Organizations that conduct make-up sessions via a delivery mode other than in-person are still considered to be delivering the program in-person.
2. **Online.** A yearlong National DPP LCP delivered 100% online for all participants. Participants log into course sessions via a computer, tablet, or smart phone. The organization must be able to track the participants’ progress through online course sessions. CDC recommends requiring user IDs and passwords for course access. Live Lifestyle Coach interaction is required and should be offered to each participant no less than once per week during the first six months and once per month during the second six months. 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 do 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).
3. **Distance Learning.** A yearlong National DPP LCP delivered 100% by trained Lifestyle Coaches via remote classroom or telehealth. The Lifestyle Coach provides live delivery of session content in one location and participants call-in or video-conference from another location. Organizations that conduct make-up sessions via a delivery mode other than distance learning are still considered to be delivering the program by distance learning.
4. **Combination.** A yearlong National DPP LCP delivered as a combination of any of the previously defined delivery modes for each individual participant by trained Lifestyle Coaches. A combination modality can include the use of one modality such as in-person in the core phase of the National DPP LCP and the use of a different modality such as online in the core maintenance phase. A combination modality can include a consistent delivery approach of two modalities across each participant within the National DPP LCP in a rotating manner (e.g., one session online and the next session in person; or one session in person and the next via distance learning). **In addition**, each cohort may use a different combination of delivery modes (i.e., one cohort may use in-person and online and another cohort may use in-person and distance learning). This accommodates mixed modalities where each participant can choose a different delivery mode for each session as long as participants are not selecting a single delivery mode for all sessions. The combination delivery mode is not an option for organizations that wish to deliver entire cohorts by different delivery modes (one cohort in-person and another cohort online) and then aggregate data from all cohorts under one orgcode. In this case, organizations should apply for org codes for each delivery mode they are using. Requirements for Lifestyle Coach interaction and the recording of weight and physical activity minutes must be adhered to for the delivery modes being used. Organizations may conduct make-up sessions via any delivery mode.

E. Staffing

The eligibility criteria, skills, knowledge, qualities, and training required of Lifestyle Coaches and Diabetes Prevention Program Coordinators (Program Coordinators) are described in the guidance section of this document titled Staffing Guidelines, Roles, and Responsibilities; and Sample Job Descriptions.

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 the understanding and sensitivity to help participants deal with a range of issues and challenges associated with making important lifestyle changes.

Organizations 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 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 and designating more than one Program Coordinator. 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 Lifestyle Coach and the Program Coordinator.

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 the 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 coaching from a Program Coordinator 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 training on specialized topics such as program

delivery (“Welcome to the DPRP”), data submission (“Submit for Success”), and any others offered by CDC, and refresher training as desired. 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 to organizations.

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 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 training entities that are listed on the National DPP Customer Service Center. (Advanced Coach Training must be provided by organizations that are on the CDC Memorandum of Understanding (MOU) training entity list.) 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 will not be collecting data on advanced lifestyle coach training. This is an organizational-level responsibility. CDC reserves the right to audit organizations on this requirement.

Training entities that provide formal training to a CDC-approved curriculum and Advanced Coach Training opportunities are listed on the National DPP Customer Service Center at <https://nationaldppcsc.cdc.gov/s/article/Training-for-your-Lifestyle-Coaches>. These entities are not officially endorsed by CDC, but they sign a 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 the training entities listed on the National DPP Customer Service Center, 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 listed on the National DPP Customer Service Center webpage, 2) a CDC-recognized virtual organization with national reach whose Master Trainers were trained by an MOU-holding training entity listed on the National DPP Customer Service Center webpage, or 3) a Master Trainer (has completed at least 12 hours of formal training as a Lifestyle Coach, has successfully offered the National DPP LCP for at least one year, and has completed a Master Trainer program offered by a training entity listed on the National DPP Customer Service Center). Advanced Coach Training can only be offered by a training entity listed on the National DPP Customer Service Center. 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 organization must have achieved either preliminary or full CDC recognition; only preliminary and full recognition will transfer.

- The new company must commit to completing the cohorts that are 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.
- While preliminary and full recognition transfers, it does so only until the new owner of the organization submits data for recognition. At that time, the organization must meet the standards for either preliminary or full recognition on its own merits.
- 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/enhanced version.

H. Required Curriculum Content

The National DPP LCP consists of a series of sessions that present information and interactive learning activities, provide outside-of-class activities, and offer feedback in stages to optimize behavioral change. The program may be presented in-person or by an online or distance learning modality as described in the Delivery Mode section of this document. As demonstrated in the DPP 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 type 2 diabetes and should emphasize the need to make lasting lifestyle changes.

The participant's body weight must be recorded at all sessions. 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: modest weight loss in the range of 5-7% of baseline body weight, a combination of a loss of 4% of baseline body weight and 150 minutes of physical activity per week on average, or a modest reduction in hemoglobin A1C (HbA1C) of .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.) is 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/trainingdevelopment/classroom_training.html

CDC Training Quality Standards

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

Clear Communication Index

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

Although National DPP LCPs may incorporate innovative ideas and expert opinion, these programs should be based on evidence from efficacy and effectiveness trials and adult learning theory. The CDC-developed PreventT2 curriculum is freely available for use and can be found at <https://www.cdc.gov/diabetes/prevention/resources/curriculum.html>. Additional PreventT2 language translations can be found at <https://coveragetoolkit.org/national-dpp-curriculum/>. Organizations may also use other curricula that have been approved by CDC as meeting the standards.

During the first 6 months (weeks 1-26) of the National DPP LCP, all curriculum topics 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 2012 National DPP and PreventT2 curricula. All alternate curricula should contain similar session titles and content, not necessarily the same session titles, and evidence-based content, including current nutritional guidelines and evidence-based content on physical activity supporting their sessions, and must submit their curricula to CDC for review against the session topics below.

There are Personal Success Tool modules and introductory Session Zero tools available to supplement the curriculum modules. Organizations should submit a request for more information on the National DPP Customer Service Center.

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

2012 National DPP Curriculum	PreventT2 Curriculum
Welcome to the National Diabetes Prevention Program	Program Overview & Introduction to the Program
Being Active - A Way of Life	Get Active to Prevent T2
Move Those Muscles	Track Your Activity
Be a Fat and Calorie Detective	Track Your Food
Three Ways to Eat Less Fat and Fewer Calories	Eat Well to Prevent T2
Jump Start Your Activity Plan	Get More Active
Tip the Calorie Balance	Burn More Calories Than You Take In
Healthy Eating	Shop and Cook to Prevent T2
You Can Manage Stress	Manage Stress
The Slippery Slope of Lifestyle Change	Find Time for Fitness
Make Social Cues Work for You & Talk Back to Negative Thoughts	Cope with Triggers
Can use Heart Health from months 7-12	Keep Your Heart Healthy
Problem Solving	Take Charge of Your Thoughts
Take Charge of What's Around You	Get Support
Four Keys to Healthy Eating Out	Eat Well Away from Home
Ways to Stay Motivated	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. Sessions must focus on topics that reinforce and build on the content delivered during the first 6 months of the National DPP LCP.

Lifestyle Coaches will select topics from either curriculum below based on participants' needs and interests. Lifestyle Coaches must select from the following topics and may choose the order in which they are presented.

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

2012 National DPP Curriculum	Prevent T2 Curriculum
Welcome to Sessions 7-12	N/A
Balance Your Thoughts for Long-Term Maintenance	When Weight Loss Stalls
Staying on Top of Physical Activity	Take a Fitness Break
Stepping up to Physical Activity	Stay Active Away from Home
A Closer Look at Type 2 Diabetes	More About T2
More Volume, Fewer Calories	More About Carbs
Fats - Saturated, Unsaturated, and Trans Fat	Can repeat Eat Well to Prevent T2 from months 1-6
Healthy Eating - Taking it One Meal at a Time & Food Preparation and Recipe Modification	Have Healthy Food You Enjoy
Stress and Time Management	Get Enough Sleep
Preventing Relapse	Get Back on Track
Handling Holidays, Vacations, and Special Events	Can repeat Eat Well Away from Home from months 1-6
Heart Health	Stay Active to Prevent T2
Healthy Eating with Variety and Balance	Can repeat Shop and Cook to Prevent T2 from months 1-6
Looking Back and Looking Forward	Prevent T2—for Life!

MDPP suppliers and ongoing maintenance sessions:

Organizations that are MDPP suppliers must offer a second year of programming (ongoing maintenance sessions) and may repeat any curriculum topic from months 1-6 or months 7-12 for these sessions, except the introductory sessions. See the Data Submissions section for details on how to code these sessions.

Use of 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. CDC review of alternate curricula takes approximately 4-6 weeks.

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 switch to a different CDC- approved curriculum other than the one approved as part of their initial DPRP application,
- an organization chooses to develop its own curriculum during its tenure in the DPRP, which will initiate a curriculum review,
- 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 6 weeks should be allowed for review and approval of new or changed curricula.

I. 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 code variable DMODE accordingly.
- Make-up sessions must be comparable to regularly scheduled sessions in content and length. The make-up session is used to review a CDC-approved curriculum module which is generally about an hour.
- A single make-up session per participant may be held on the same date as a regularly scheduled session.
- Make-up sessions should not be delivered more than once per week unless a make-up session is being delivered in addition to a regular session. Further, there must be at least 5 days between make-up sessions to maintain the intensity of the program (weekly for the first 16 weeks).
- Delivering sessions on consecutive days that fall in two different weeks (Saturday/Sunday) does not meet the intensity requirement. Missed core sessions can only be made up within the core phase (months 1-6).
- Missed core maintenance sessions can only be made up within the core maintenance phase (months 7-12).
- 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 weight measures 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.
- A participant 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 during the week leading up to the session that was missed. If this information is not available, the organization should record 0. Recorded physical activity minutes for make-up sessions that take place on the same date as a regular session can be different than the physical activity minutes recorded for the regular session.

- 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 week the minutes should represent.
- For appropriate SESSTYPE coding for make-up sessions, please see the Data Dictionary in Table 4.
- Additional CMS guidelines may apply for MDPP supplier organizations.

J. Umbrella Arrangements

In an umbrella arrangement, an organization with full or preliminary CDC recognition agrees to serve as the sponsoring hub for a group of organizations (subsidiaries) that have CDC pending, preliminary, or full recognition. CDC recognition for the hub and the subsidiaries will be based on a single evaluation of cross-subsidiary aggregated participant data. The umbrella arrangement 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 an umbrella arrangement 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, in turn, will lead to greater access to sustainable coverage resources. Umbrella arrangements are completely voluntary and are not brokered by CDC. For additional information on the DPRP Umbrella Arrangement, please review the Umbrella Arrangement guidance document posted on the National DPP Customer Service Center. Organizations that want to become a hub must complete the application available by request through the National DPP Customer Service Center.

K. Requirements for Pending, Preliminary, and Full Recognition

The DPRP awards three categories of recognition: pending, preliminary, and full recognition. Organizations are required to submit data every 6 months on all ongoing cohorts regardless of recognition status achieved.

Pending Recognition

To begin the process, an organization submits an application to the DPRP for each delivery mode it plans to offer. An organization achieves pending recognition when the DPRP determines that the organization has met requirements 1-4 in **Table 3**. The DPRP will subsequently 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 pending recognition is achieved.** Sessions are required to start no later than 6 months after the effective date.

An organization with pending recognition is required 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.

Preliminary and Full Recognition

Preliminary or full recognition is required to become an MDPP supplier. It is not necessary to achieve preliminary recognition before achieving full recognition. Organizations will be evaluated for preliminary and full 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 cohort. A cohort is considered complete when 365 days have lapsed since the first session of that cohort was held. Organizations will have the option of defining cohorts or allowing each participant to serve as their own cohort. An organization can have multiple cohorts running at the same time. Evaluations are always based on data from participants enrolled in cohorts that held their first session at least one year but not more than 18 months before the submission due date (referred to as evaluation cohorts). This means that multiple cohorts can be part of a single 6-month evaluation cohort. If a new organization wants to be eligible for an evaluation at its first 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 that the organization will have the full 12 months of data required for an evaluation. Organizations that are not eligible for an evaluation at 12 months will need to wait until their next required data submission at 18 months.

Preliminary Recognition

Organizations achieve preliminary recognition when they meet the following criteria:

1. The requirements for pending recognition.
2. Requirement 5: Organizations must retain at least 5 completers in the evaluation cohort (eligible participants in the 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 months).

Once an organization meets the requirements for preliminary, the organization may remain in preliminary recognition indefinitely if it continues to submit the required data every 6 months and is able to meet the requirements for preliminary within 3 years of first achieving it, and then at least every 3 years thereafter.

Temporary Preliminary Recognition

If an organization has preliminary or full recognition for one delivery mode and subsequently applies to deliver the National DPP LCP through an additional delivery mode, the DPRP will convey temporary preliminary recognition to the new delivery mode. This is a special designation that will only last until the organization has its first evaluation for the new delivery mode. At that time, the organization will achieve recognition based only on data submitted for the new delivery mode. If the organization is unable to meet the requirements for preliminary or full recognition

based on that evaluation, the DPRP will place it in pending recognition status.

Full Recognition

Organizations may receive full recognition for a period of either three years or five years. See additional requirements below for an organization to qualify for full recognition for five years. An organization may remain in full recognition for 3 years if it continues to submit the required data every 6 months. Those organizations still active and submitting data that do not re-achieve full recognition status after 36 months will return to preliminary. MDPP suppliers that lose full recognition will be able to continue as an MDPP supplier with preliminary recognition. Once an organization meets the requirements for full recognition, it will be allowed to remain in full for 3 years despite not meeting the requirements, as long as it continues to make data submissions in every submission due month. Organizations will achieve full recognition when they meet the following criteria:

1. The requirements for pending recognition.
2. The requirement for preliminary recognition.
3. Requirement 6: Organizations must show that there has been a reduction of risk of developing type 2 diabetes among completers in the evaluation cohort by showing that at least 60% of all completers achieved at least **one** of the following outcomes:
 - a. at least 5% weight loss 12 months after the cohort began or
 - b. at least 4% weight loss and at least 150 minutes/week on average of physical activity 12 months after the cohort began or
 - c. at least a 0.2% reduction in HbA1C
4. Requirement 7: 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.

Organizations will be granted an additional 2 years of full recognition (for a total of 5 years) if, at the time full recognition is achieved, the following retention criterion is met:

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 held their first sessions.
- A minimum of 40% at the beginning of the seventh month since the cohorts held their first sessions.
- A minimum of 30% at the beginning of the tenth month since the cohorts held their first sessions.

PLEASE NOTE: Organizations can voluntarily withdraw at any point in their timeline, but regardless of circumstances of the withdrawal, they must wait 6 months prior to reapplying. The wait can be waived if the organization can provide a start date for the new cohort and the assurance

Requirements for Pending, Preliminary, and Full Recognition Status

1. **Application for recognition.** Organizations must submit a separate completed application for each delivery mode at https://nccd.cdc.gov/DDT_DPRP/ApplicationForm.aspx
2. **Curriculum.** The National DPP LCP must be based on evidence from efficacy and effectiveness trials on type 2 diabetes prevention. The required curriculum topics can be found in the Required Curriculum Content section of this document and the CDC-approved curricula at <http://www.cdc.gov/diabetes/prevention/recognition/curriculum.htm>. If the organization chooses to use an alternate curriculum, it must submit it to the DPRP by logging in to the National DPP Customer Service Center and initiating a National DPP Technical Assistance Request for review to ensure that it meets all of the key elements of the curriculum used in the DPP research trial. This must occur prior to an application being approved and prior to starting classes.
3. **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 will be analyzed to determine recognition.
4. **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.

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).

5. **Minimum number of program completers (requirement for preliminary recognition)**

Organizations must retain at least 5 eligible participants in the evaluation cohort who attended at least 8 sessions in months 1-6 and whose time from first session held by the cohort to last session attended by the participant is at least 9 full months. Participants meeting these criteria are defined as program completers.

6. **Participant risk reduction at 12 months (requirement for full recognition)**

Organizations must show that at least 60% of the 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 150 minutes/week on average of physical activity reported 12 months after the cohort began or
- at least a 0.2% reduction in baseline HbA1C (recorded within one year of enrollment). For example, if a participant reports an HbA1c 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 who enter the program with a GLUCTEST value of 1 will be able to use this option. A participant's HbA1C value must be collected and submitted prior to the final data submission for that year, included in the last session record, and collected in months 10-12.

7. Program eligibility requirement (requirement for full recognition)

- Organizations must show that a minimum of 35% of completers in the evaluation cohort are eligible for the National DPP LCP based on either a blood test indicating prediabetes or a history of GDM. The remainder (a maximum of 65% of participants) must be eligible based on the CDC/ADA Prediabetes Risk Test. If a participant comes into the program based on a risk test score, organizations are permitted to make a one-time change to the participant's eligibility status based on a post-enrollment blood test. If a recognized organization is also an MDPP supplier, all Medicare participants must be eligible based solely on a blood test indicating prediabetes. Refer to the Participant Eligibility section for more information. Note: while CDC is setting an organizational requirement for eligibility for recognition purposes, individual payers, including Medicare, may impose higher or lower participant level eligibility requirements for blood testing for reimbursement purposes.

8. Retention criterion for 2 additional years of full recognition (5 years total)

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 held their first sessions.
- A minimum of 40% at the beginning of the seventh month since the cohorts held their first sessions.
- A minimum of 30% at the beginning of the tenth month since the cohorts held their first sessions.

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
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1	Application for recognition (separate application required for each delivery mode)	Must provide the organization's identifying information to the DPRP	<ul style="list-style-type: none"> - Name of organization - Address - Contact persons - Contact phone/emails 	Upon receipt of application	Pending
2	Curriculum	Must meet requirements for curriculum content described in the Required Curriculum Content section	<ul style="list-style-type: none"> - Check box on application form agreeing to use the recommended curriculum <p style="text-align: center;"><i>—or—</i></p> <ul style="list-style-type: none"> - Provide alternate curriculum to the DPRP for approval 	Upon receipt of application	Pending
3	Intervention duration	1 year duration	Curriculum review	Upon receipt of application	Pending
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	Curriculum review	Upon receipt of application	Pending
5	Minimum number of program completers	Organizations must retain at least 5 completers in the evaluation cohort (eligible participants in the evaluation cohort who attended at least 8 sessions in months 1-6 and whose time from first session held by the cohort to last session attended by the participant is at least 9 months).	Determine if the number of completers in the evaluation cohort is at least 5.	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 and Full

<p>6</p>	<p>Participant risk reduction at 12 months</p>	<p>Organizations must show 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 the completers achieved any one of the following outcomes:</p> <ul style="list-style-type: none"> • At least 5% weight loss 12 months after the cohort began or • At least 4% weight loss and at least 150 minutes/week on average of physical activity 12 months after the cohort began or • A 0.2% reduction in HbA1C 	<p>Determine the number of completers who either:</p> <ul style="list-style-type: none"> • Achieve at least 5% weight loss on or before 12 months after the cohort began or • Achieve at least 4% weight loss and perform at least 150 minutes/week on average of physical activity 12 months after the cohort began or • Achieve a 0.2% reduction in HbA1C <p>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%.</p>	<p>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</p>	<p>Full</p>
<p>7</p>	<p>Program eligibility requirement</p>	<p>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 CDC/ADA Prediabetes Risk Test.</p>	<p>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%.</p> <p>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.</p>	<p>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.</p>	<p>Full</p>

	<p>Additional retention criterion</p>	<p>Eligible participants in the evaluation cohort must have been retained at the following percentages:</p> <ul style="list-style-type: none"> • A minimum of 50% at the beginning of the fourth month since the cohorts held their first sessions. • A minimum of 40% at the beginning of the seventh month since the cohorts held their first sessions. • A minimum of 30% at the beginning of the tenth month since the cohorts held their first sessions. 	<p>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%.</p>	<p>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.</p>	<p>An additional 2 years of Full (for a total of 5 years)</p>
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L. 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 should 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 contains a capacity assessment. This is a list of questions designed to help an organization determine its readiness to deliver the CDC-recognized National DPP LCP (see Appendix A, “Organizational Capacity Assessment”). All organizations are strongly encouraged to complete this assessment. Organizations that wish to participate as subsidiaries in an Umbrella Arrangement may be required to complete the Capacity Assessment.

An organization must be ready to start offering sessions within 6 months after its effective date (the first day of the month immediately following CDC approval of its application). If an organization anticipates that it will not be not ready to start offering sessions within 6 months, it should postpone applying. Upon approval, the organization will receive a welcome letter with pertinent information for delivering the program and submitting data.

To apply for recognition, an organization completes the online application at https://www.cdc.gov/diabetes/prevention/lifestyle-program/apply_recognition.html. The organization must indicate whether it will be using a CDC-approved curriculum, such as the PreventT2 curriculum (<https://www.cdc.gov/diabetes/prevention/lifestyle-program/curriculum.html>), or submitting an alternate curriculum for review. After submitting the application, the organization will receive a confirmation email. Organizations using a CDC-approved curriculum will normally be notified of the results of the CDC review within 15 working days. Organizations submitting an alternate curriculum, or any supplemental alternate curriculum material, handouts, or videos for review, will normally be notified of the results of the CDC review within 4-6 weeks.

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

Each organization will be required to complete the following elements in the online application form. Any changes to contact information elements should be provided to CDC in the manner specified during six-month data submissions:

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 its curriculum to another CDC-approved curriculum, a notification to CDC through the National DPP Customer Service Center at <https://nationaldppcsc.cdc.gov/s> is required, and no further steps are needed involving the application.

Organization Code. This code is assigned by the DPRP. Choose *Not applicable* if this is an initial application. For organizations reapplying, enter the previously assigned organization code.

2. **Organization Name.** Upon application approval, the organization name will be published in the DPRP registry on the CDC website and/or in a publicly available program locator.
3. **Organization Physical Address.** Provide the main organization’s business office or

headquarters address. Upon application approval, this will be published in the DPRP registry on the CDC website and/or in a publicly available program locator.

4. **Organization Web Address or URL.** Optional. Upon application approval, this will be published on the DPRP Registry and/or in a publicly available 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.
5. **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 will be published in the DPRP registry on the CDC website and/or in a publicly available program locator.
6. **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/Healthcare Systems/Medical Groups/Physician Practices; Community-Based Organizations; HRSA-funded Federally Qualified Health Centers (FQHC), Community Health Centers, or Lookalike; Pharmacies/Drug Stores/Compounding Pharmacies; Indian Health Service/Tribal/Urban Indian Health Systems; Cooperative Extension Sites; Worksites/Employee Wellness Programs/Private Businesses; Senior/Aging/Elder Centers; Health Plans/Insurers; Faith-Based Organizations/Churches.
7. **Delivery Mode.** An applicant organization can select one delivery mode per each application submitted (either in-person only, online only, distance learning, or combination). Delivery modes will be published in the DPRP registry on the CDC website and/or in a publicly available program locator. For definitions, see the Standards and Requirements for Recognition, Delivery Mode section.
8. **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 and/or public program locator.
9. **Program Coordinator Contact Information.** Provide the phone number and email address for 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 and/or public program locator.
10. **Secondary Contact Name.** Provide the name of the individual who will be the applicant organization's Secondary Contact, if applicable. This person would be contacted in the event an organization's Program Coordinator cannot be reached for routine communication. 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 and/or public program locator.

11. **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 and/or public program locator.
12. **Data Preparer Name.** Provide the name of the individual who will be the organization's Data Preparer. This can be either the Program Coordinator or the Lifestyle Coach if a third person is not designated at this time. Provide a salutation [(e.g., Mr., Mrs., Dr., Ms., Miss, other (please specify))], last name, first name, middle initial, and academic credentials, if applicable [(e.g., MD, RN, MPH, MPA, PhD, other (please specify))]. The Data Preparer's name will not be included in the DPRP registry and/or public program locator.
13. **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 and/or public program locator.
14. **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 organization or the host organization), **member-only** (open only to member insureds; membership required) or **other** (write in target audience served such as American Indians/Alaska Natives, patients, clients, etc.). Organizations offering classes/sessions to the public are required to provide/update the physical addresses of the sessions in the manner that CDC specifies with their six-month data submissions. Upon application approval, the class type as well as public class information (addresses, if insurance is accepted- optional, or program costs- optional), will be published in the DPRP registry on the CDC website and/or in a publicly available program locator. CDC anticipates launching a new, publicly available program locator in 2020. When this locator is available, CDC-recognized organizations will be expected to update their public class location information regularly.
15. **Lifestyle Coach Training Entity.** Provide the name of the training entity the applicant organization will use or has used to train their main Lifestyle Coaches. Choose from 1) a training entity that has an MOU with CDC and is listed on the CDC website (found here: <https://nationaldppCustomerServiceCenter.cdc.gov/s/article/Training-for-your-Lifestyle-Coaches>); 2) a private organization with a national network of program sites; 3) a CDC-recognized virtual organization with national reach; or 4) a Master Trainer who has completed at least 12 hours of formal training as a Lifestyle Coach, successfully offered the National DPP lifestyle change program for at least one year, and completed a Master Trainer program offered by a training entity listed on the CDC website.
16. **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.

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.)

Once an organization's application has been reviewed and approved, the DPRP will send an email to the organization's Program Coordinator indicating that the organization has been granted pending recognition. This email will include the unique organization code assigned by the DPRP, the organization's effective date (which determines the date the organization's evaluation data are due to the DPRP), and instructions for data submission. Once approved, the organization will be listed on the DPRP Registry and/or a publicly available program locator. This process takes approximately 15 days.

If an organization submits an alternate curriculum for review and approval by CDC, an initial email indicating receipt will be sent. Organizations should allow 4-6 weeks for review and approval of the application and assignment of an organization code. If an alternate curriculum is not approved by CDC, the application will not be approved. CDC will describe in writing the reasons why a curriculum is not approved and allow the organization an opportunity to correct any issues and reapply for recognition once the curriculum is amended. Any questions about an organization's application status should be directed to [the National DPP Customer Service Center](#).

IV. Submitting Evaluation Data to the DPRP

When to Submit Data

Each CDC-recognized organization (with pending, preliminary, or full 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 Month
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 due 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 due month begins. If CDC does not receive the data submission by the last day of the data submission due month, the organization will lose recognition and will be removed from the DPRP Registry.

How to Submit Data

Data submissions are made through the DPRP Data Submission Portal (<https://dataPortal-dprp.services.cdc.gov/samsinfo>). Using the Portal requires Secure Access Management System (SAMS) registration. You must be added to SAMS in order to use the Portal. Individuals added to the Portal receive an email notification from SAMS and should follow the instructions in the email to access the system. If you have not completed your SAMS registration, please submit a National DPP Technical Assistance Request by logging in to the National DPP Customer Service Center.

Key Points Regarding Data Submissions

- The organization must have at least one user registered with SAMS to make the data upload/submission.
- Only records for sessions attended in the 6-month data collection period (sequence) prior to the submission due month should be included on the submission.
- In order to make a data submission, there must be at least one record for at least one participant collected within the sequence.
- A single file may contain records from participants enrolled in multiple cohorts.
- A data file may be uploaded at any time, but the file can only be submitted during the submission due month.
- Organizations failing to submit complete acceptable data in the month in which data are due will lose recognition and must wait 6 months before reapplying.

Updating Organizational Information

Organizations will be required to keep contact information, coach information, and public class locations current. Organizations will have the opportunity to name an MDPP contact as they update information. Organizations will also be permitted to add an e-mail for a key partner. Updates will be done through the DPRP Data Submission Portal and/or in a publicly available program locator. This will be a required step before submitting data files.

How to avoid common data submission errors

- Make sure the file is in csv format. [If using an Apple computer, make sure the format is CSV (Comma Delimited) **AND NOT** CSV (McIntosh)].
- Make sure the file includes all required data elements.
- Make sure the data elements are coded correctly.
- Make sure all records in the file were collected during the sequence.
- Make sure there are no out of range dates or invalid date entries/typos.
- Make sure all records that were collected during the sequence are included in the file. (**Files will not be allowed to be resubmitted to include previously omitted records.**)

What happens after the file is submitted to CDC?

- A DPRP statistician will review the file. If there are errors found, the file will be rejected. If no errors are found, the file will be accepted.
- If the file is rejected, CDC will send an email to all listed contacts for the organization with details about what needs to be corrected, and a deadline by which corrections must be made.
- The organization will make corrections and may request technical assistance from DPRP, if desired.
- Once the file is free of errors, CDC will accept the file and send a progress report or evaluation report, depending on which is applicable at the time, to the primary and secondary contacts.

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 4**) must be used. Do not make any changes in 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 should take time to become familiar with all of the data elements and specifications.

Organizations must not transmit any personally identifiable information (PII) from Lifestyle Coaches or participants to CDC. All identifiers (except the orgcode, which is provided by CDC) will be assigned and maintained by the organization according to the specifications outlined in the data dictionary.

Evaluation Data Elements

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.

Enrollment Motivation. This variable identifies the main motivation which led the participant to enroll in the yearlong program.

Enrollment Source. This variable identifies whether a healthcare professional was the source which led the participant to enroll in the yearlong program.

Payer Type. This variable identifies one main payment method that participants are using to pay for their participation in the yearlong program.

Participant State. The state in which a participant resides should be recorded at enrollment and included on all session attendance records generated for that participant. The two-letter postal abbreviation for the U.S. state or territory should be used. Organizations choosing to deliver the lifestyle program to U.S. citizen participants residing outside of the U.S. or its territories should default to the participant's U.S. resident state or U.S. Army Post Office (APO) address state.

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 a participant's prediabetes status was determined by a blood test, a previous

diagnosis of GDM, or by screening positive on the CDC Prediabetes Risk Test (see guidance titled CDC/ADA Prediabetes Risk Test). Multiple responses are allowed and may be added. 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.

HbA1C Value. Only participants who enter the program with a GLUCTEST value of 1 will be able to use this option, if desired. The initial HbA1C 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 HbA1C value must be collected and submitted prior to final data submission for that National DPP LCP year. HbA1C values must be included in the last session record and recorded in months 9-12.

Participant's Age. Age should be recorded at enrollment and the recorded age used throughout all records regardless of a birthday occurring during the yearlong program. If the participant's age is incorrectly recorded at enrollment (or at the first session), the age should be corrected on all records. If an organization's recordkeeping system automatically adjusts the age on a participant's birthday, then the two recordings of age are acceptable.

Participant's Ethnicity. Ethnicity should be recorded at enrollment and included on all session attendance records generated for an individual participant. The participant should self-identify and choose one of the following: Hispanic/Latino, not Hispanic/Latino, or not reported.

Participant's Race. Race should be recorded at enrollment and included on all session attendance records generated for an individual participant. 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, Native Hawaiian or Other Pacific Islander, and/or White. Multiple responses are allowed. This element requires responses for five fields, and each field includes a response for not reported.

Participant's Sex. Sex should be recorded at enrollment and included on all session attendance records generated for an individual participant. The participant should indicate the sex they were assigned at birth, on their original birth certificate. The data record should indicate male, female, or not reported.

Participant's Gender. Gender should be recorded upon enrollment and included similarly on all session attendance records generated for an individual participant. The participant should indicate how they describe themselves. The data record should indicate male, female, transgender, or not reported.

Participant's Height. Height should be recorded at enrollment and included on all session attendance records generated for an individual participant. 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?"). The participant's height should be recorded to the nearest whole inch.

Education. Education will identify the highest grade or year of school the participant completed. This information should be recorded at enrollment and included on all session attendance records generated for an individual participant; may be updated one time if education changes

Delivery Mode. This variable identifies the delivery mode, as defined in the Applying for

Recognition section, for this specific participant and session (i.e., in-person, online, distance learning). Please note that, since this is a session level variable, combination mode does not apply.

Session Type. This variable identifies the session 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 (post-yearlong National DPP LCP) for Medicare DPP suppliers or other organizations that choose to offer ongoing maintenance sessions. MDPP suppliers must collect and report data for ongoing maintenance sessions in the same way they do for core and core maintenance sessions, including recording participant weights. CDC will collect these data for the Centers for Medicare & Medicaid Services to assist with their continued implementation and assessment of the MDPP expanded model.

Make-up sessions will be identified as “MU-C” if the participant is making up a session that was regularly scheduled in months 1-6. Make-up sessions will be identified as “MU-CM” if the participant is making up a session that was regularly scheduled 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).

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, except for make-up sessions. One make-up session per week 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.

Participant’s Weight. Each time a participant attends a session, his or her body weight should be measured and recorded to the nearest whole 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.

Participant’s Physical Activity Minutes. Participants are required to report the number of minutes of moderate or brisk physical activity completed during the preceding week. This information should be included on the record for that participant and session. If a participant reports doing no activity during the preceding week, then zero (0) minutes should be recorded.

Table 4. 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 11 to avoid formatting issues with Excel. CDC suggests not using IDs resembling dates.	Required. Participant ID is uniquely assigned and maintained by the applicant organization and must not contain any PII.

3. Cohort ID	COHORTID	Up to 25 alphanumeric characters* If using only numbers, please limit to 11 to avoid formatting issues with 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. If a participant changes to a new cohort, it is strongly recommended that the new cohort be on the same timeline as the initial cohort, because the participant will now be evaluated on the timeline of the new cohort. If a participant joins a cohort that is not on the same timeline, the organization can use the Participant ID as the Cohort ID to indicate the person will be on an individual timeline.
4. Coach ID	COACHID	Up to 25 alphanumeric characters* If using only numbers, please limit to 11 to avoid formatting issues with 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 CMS MDPP should use their National Provider Identifier (NPI) as their Coach ID.
5. Enrollment Motivation	ENROLL - MOT	<ol style="list-style-type: none"> 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.) 	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	ENROLL-HC	<ol style="list-style-type: none"> 1. Yes, a doctor/doctor's office 2. Yes, a pharmacist 3. Yes, other healthcare professional 4. No 	Required. At enrollment, participants are asked if a healthcare professional asked them to join this National DPP LCP.
7. Payer Source	PAYERSOURCE	<ol style="list-style-type: none"> 1 Medicare 2 Medicaid 3 Private Insurer 4 Self-pay 5 Dual Eligible (Medicare and Medicaid) 6 Grant funding 7 Employer 8 Free of charge 9 Other 	Required. At enrollment, participants are asked "Who is the primary payer for your participation in this National DPP LCP?"
8. Participant State	STATE	Two-letter abbreviation for the U.S. state or territory in which the participant resides	Required
9. Participant's Prediabetes Determination (1 of 3)	GLUCTEST	<ol style="list-style-type: none"> 1 Prediabetes diagnosed by blood glucose test 2 Prediabetes NOT diagnosed by blood glucose test (default) 	Required; acceptable tests include fasting blood glucose (FG), oral glucose tolerance test (OGTT), A1c, or a lab test result indicating diagnosis of prediabetes.
10. Participant's reported HbA1c value, if applicable.	A1C	2.5 to 18.999 if not reported	Required if organization plans to use the participant's HbA1c to determine reduction in risk
11. Participant's Prediabetes Determination (2 of 3)	GDM	<ol style="list-style-type: none"> 1 Prediabetes determined by clinical diagnosis of GDM during previous pregnancy 2 Prediabetes NOT determined by GDM (default) 	Required
12. Participant's Prediabetes Determination (3 of 3)	RISKTEST	<ol style="list-style-type: none"> 1 Prediabetes determined by risk test 2 Prediabetes NOT determined by risk test (default) 	Required
13. Participant's Age	AGE	18 to 125 (in years, rounded with no decimals)	Required
14. Participant's Ethnicity	ETHNIC	<ol style="list-style-type: none"> 1 Hispanic or Latino 2 NOT Hispanic or Latino 9 Not reported (default) 	Required; if ethnicity is not reported by the participant, this variable will be coded as '9'.

15. Participant's Race (1 of 5)	AIAN	1 American Indian or Alaska Native 2 NOT American Indian or Alaska Native (default)	Required; if race is not reported by the participant, all of the 5 race variables will be coded as '2'.
16. Participant's Race (2 of 5)	ASIAN	1 Asian or Asian American 2 NOT Asian or Asian American (default)	Required; if race is not reported by the participant, all of the 5 race variables will be coded as '2'.
17. Participant's Race (3 of 5)	BLACK	1 Black or African American 2 NOT Black or African American (default)	Required; if race is not reported by the participant, all of the 5 race variables will be coded as '2'.
18. Participant's Race (4 of 5)	NHOPI	1 Native Hawaiian or Other Pacific Islander 2 NOT Native Hawaiian or Other Pacific Islander	Required; if race is not reported by the participant, all of the 5 race variables will be coded as '2'.
19. Participant's Race (5 of 5)	WHITE	1 White 2 NOT White (default)	Required; if race is not reported by the participant, all of the 5 race variables will be coded as '2'.
20. Participant's Sex	SEX	1 Male 2 Female 9 Not reported	Required
21. Participant's Gender	GENDER	1 Male 2 Female 3 Transgender 9 Not reported	Required
22. Participant's Height	HEIGHT	30 to 98 (in inches)	Required
23. 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 (default)	Required
24. Delivery Mode	DMODE	1 In-person 2 Online 3 Distance learning	Required

25. Session Type	SESSTYPE	<p>C Core session</p> <p>CM Core maintenance session</p> <p>OM Ongoing maintenance sessions (for MDPP supplier organizations or other organizations that choose to offer ongoing maintenance sessions)</p> <p>MU-C Make-up sessions in the Core phase</p> <p>MU-CM Make-up sessions in the Core Maintenance phase</p> <p>MU-OM Make-up sessions in the Ongoing Maintenance phase</p>	<p>Required. Any session delivered in months 1-6, even if pulled from months 7-12 of the PreventT2 curriculum content, for example, must be coded as a Core session, C.</p> <p>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.</p>
26. Session Date	DATE	mm/dd/yyyy	<p>Required. Each data record represents attendance by one participant at one session; must specify actual date of the session. One make-up session per week may be recorded on the same session date as a regularly scheduled session.</p>
27. Participant's Weight	WEIGHT	<p>70 to 997 (in pounds)</p> <p>999 If weight cannot be reported</p>	<p>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, participants cannot self-report weight except as specifically waived by CMS.</p>
28. Participant's Physical Activity Minutes	PA	0 to (in minutes)	<p>Required. At some or all program sessions, participants are asked to report the number of minutes of moderate or brisk physical activity they completed in the preceding week. If a participant reports doing no activity during the preceding week, then zero (0) minutes should be recorded.</p>

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 are case sensitive and should not include any spaces or special characters.

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. Technical assistance is currently available to all recognized organizations through a variety of mechanisms:

1. Webinars
 - a. Regularly scheduled “Office Hours” webinars 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 each progress report (ongoing cohort progress prior to a completed cohort)/evaluation report (full, completed cohort evaluation for recognition status)
 - 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. 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 State Quality Specialists who have been trained and certified by CDC.

VI. Quality Assurance Reviews

The DPRP has developed a Quality Assurance Review (QAR) program with established processes and protocols for assuring quality amongst 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 continuing education requirement
- Following change of ownership requirements
- Providing live coach interaction as required
- Providing six-month updates on class locations

Quality assurance reviews 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.

After a CDC-recognized organization is identified for a quality assurance review, the QAR process involves (please allow 4-6 weeks for a completed review):

1. Notice of quality assurance review 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 quality assurance review findings via e-mail along with an opportunity to discuss findings with CDC via a 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. There will be a mandatory 6-month waiting period to reapply for CDC recognition if an organization either withdraws or is revoked after a QAR process which finds that revocation/withdrawal from the DPRP is necessary.

If, upon completion of the full QAR process, an organization feels the QAR findings are in need of further review, it may submit a one-time appeal to the QAR Appeals Review Board. The DPRP and the organization jointly agree to accept and implement the findings of the QAR Appeals Review Board.

VII. National Registry of Organizations with CDC Recognition

A list of CDC-recognized organizations with pending, preliminary, and full recognition will be published on the DPRP registry on the CDC website and/or in a publicly available program locator. Other data fields listed on the CDC website include: organization name, address, phone number, website (if provided to CDC), delivery mode, class type (e.g., public, members only, employees, etc.), and whether the organization is part of an umbrella arrangement.

VIII. Guidance Documents

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 are strongly advised to read the *CDC DPRP Standards and Operating Procedures* and complete this Capacity Assessment prior to applying for recognition.

Benefits of Completing the 2020 Capacity Assessment

Assessing your organization's capacity will identify areas that may need to be enhanced, prior to applying for CDC recognition, to ensure the organization is able to 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 the 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 *CDC DPRP Standards and Operating Procedures* document.

Directions for Completing the 2020 Capacity Assessment

1. Refer to the *CDC DPRP Standards and Operating Procedures* document, available at https://www.cdc.gov/diabetes/prevention/lifestyle-program/apply_recognition.html, when completing this questionnaire.
2. DPRP Standards Reference - indicates the location of the relevant information in the *CDC DPRP Standards and Operating Procedures* 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 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, then 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	DPRP Standards Reference	Organizational Capacity Assessment Questions	Yes	No	Unsure	N/A
DPRP Standards	CDC DPRP Standards and Operating Procedures- https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf	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 hired)				
		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?				
		1. Leadership/management				
		2. Program Coordinator (if already hired)				
		3. Lifestyle Coach(es) (if already hired)				
		4. 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 have or plan to hire the following staff (at minimum) with the knowledge, skills, and abilities listed in Guidelines for Staff Eligibility, Skills and Roles, and Sample Job Descriptions section of the DPRP Standards?				
		1. A Diabetes Prevention Coordinator responsible for submitting data to CDC and receiving all programmatic and data-related correspondence about the organization's recognition status				
		2. A Lifestyle Coach responsible for implementing the yearlong CDC-approved curriculum and providing support and guidance to participants in the program				
Staff Training		D. Does your organization have a plan for Program Coordinator(s), Lifestyle Coach(es), and Data Preparer(s) or Manager(s) (if available) to offer or attend the following?				

		1. A training on delivery of a CDC-approved curriculum that includes the required content listed within the DPRP Standards (If outside training is needed, please see a list of training entities that hold Memorandums of Understanding with CDC here: https://www.cdc.gov/diabetes/prevention/lifestyle-program/staffing-training.html .)				
		2. For organizations offering online only or combination programs, training on the specific technology platform to be used to deliver the online National DPP LCP				
		3. Training on computer skills necessary for data collection and interpretation of participants' outcomes to effectively monitor their progress toward meeting program goals				
		4. CDC-sponsored webinar trainings on specialized topics including but not limited to program delivery ("Welcome to the DPRP") and data submission ("Submit for Success")				
		5. Training to comply with federal, Health Insurance Portability and Accountability Act (HIPAA), state, and 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.)				
		6. Additional refresher training or training to develop new skills including but not limited to group coaching and motivational interviewing needed to effectively manage and deliver the yearlong National DPP LCP				
DPRP Evaluation Data Collection and Submission	Submitting Evaluation Data to the DPRP	E. Does your organization have staff with the knowledge, skills, and tools needed to collect, enter, monitor, and submit the required DPRP evaluation data elements using a CDC data entry Portal or uploading a comma separated value (CSV) format to the CDC DPRP submission Portal every 6 months?				
		1. If you answered "Yes" to question E. above, has your organization designated a staff member who will be responsible for collecting, entering, monitoring, and submitting the required DPRP evaluation data elements to CDC every 6 months?				

		2. If you answered “No” or “Unsure” to question E. above, does your organization have a plan for training a designated staff member who will be responsible for collecting, entering, monitoring, and submitting the required DPRP evaluation data elements to CDC every 6 months?				
		3. If you answered “No” or “Unsure” to question E. 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 on behalf of your organization to the CDC DPRP every 6 months?				
Organization Infrastructure: in-person only	Location and Delivery Mode	F. For organizations offering in-person only programs:				
		1. Does your organization have any designated space in which to offer the yearlong National DPP LCP?				
		2. Does your organization provide private settings in which participants can be weighed and monitored by a Lifestyle Coach?				
Organization Infrastructure: online only, distance learning, or combination programs	Location and Delivery Mode	G. For organizations offering online only, distance learning, or combination programs:				
		1. Does your organization have any designated space in which to offer the in-person portion of your combination yearlong National DPP LCP?				
		2. Does your organization have appropriate equipment or a technology platform to deliver the online or distance learning version of the yearlong National DPP				
		3. Does your organization have appropriate equipment or a technology platform to allow participants to interact with a Lifestyle Coach over the yearlong National DPP LCP?				
		4. Does your organization have the ability to obtain weights via digital technology such as Bluetooth-enabled scales?				
Eligible Participants	Participant Eligibility	H. 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	I. 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 healthcare professionals, etc.) to maintain an adequate number of participants and classes over time?				
		1. Does your organization have the capacity to offer at least one class, starting with a minimum of 10-15 participants and ending in 5 or more participants, every 12 months?				
		2. Has your organization made connections with healthcare providers, insurers, or employee wellness programs to help ensure referrals to your program?				
		3. If you answered "No" or "Unsure" to questions a, b, or c above, has your organization made connections or formed a partnership with other CDC-recognized organizations or considered joining an umbrella arrangement?				
Sustainability		J. 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?				
		1. If you answered "Yes" to question J. above, does your organization plan to become a Medicare Diabetes Prevention Program (MDPP) supplier?				
		2. If you answered "No" or "Unsure" to question J above, does your organization plan to engage private insurers and/or employers to discuss coverage of the National DPP LCP?				
Tools and Resources		K. Has your organization reviewed the following downloadable tools and resources on CDC's National Diabetes Prevention Program Customer Service Center web site available at https://nationaldppCustomerServiceCenter.cdc.gov/s/				
		1. Resources for Recruiting Participants available at https://www.cdc.gov/diabetes/prevention/lifestyle-program/resources/participants.html				

		2. Resources for Healthcare Professionals available at https://www.cdc.gov/diabetes/prevention/info-hcp.html				
		3. Resources for Pharmacists available at https://www.cdc.gov/diabetes/prevention/pharmacists.html				
		4. Resources for Employers and Insurers available at https://www.cdc.gov/diabetes/prevention/employers-insurers.htm				
		5. Resources to Encourage Participant Retention (Personal Success Tool) available at https://www.cdc.gov/diabetes/prevention/lifestyle-program/resources/retention.html				
		6. Prevent T2 Marketing Resources for Recruiting and Retaining Participants available at https://www.cdc.gov/diabetes/prevention/resources/index.html				
		7. Program Champion Strategy Toolkit available at https://www.cdc.gov/diabetes/prevention/resources/champion-toolkit.html				
		Total number of boxes check for each				

Appendix B. 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 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 provided link.

Prediabetes Risk Test



1. How old are you?

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

Write your score in the boxes below

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.



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 (National DPP 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) a training entity listed on the National DPP Customer Service Center, 2) a private organization with a national network of CDC-recognized program sites whose Master Trainers were trained by an MOU-holding training entity listed on the National DPP Customer Service Center webpage, 3) a CDC-recognized virtual organization with national reach whose Master Trainers were trained by an MOU-holding training entity listed on the National DPP Customer Service Center webpage, or 4) a Master Trainer who has delivered the National DPP LCP for at least one year and has completed a Master Trainer program offered by a training entity on the National DPP Customer Service Center. 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 lay 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 training entities that are listed on the National DPP Customer Service Center. Recognized organizations should refer to the National DPP Customer Service Center for information about training opportunities.

Understanding that Lifestyle Coaches have a range of roles and responsibilities in addition to the 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, or combination), 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 Diabetes Prevention Recognition Program Standards and Operating Procedures, i.e., 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 or interactive learning, whether in-person or online.
- 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** within 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, Lifestyle Coaches will need to obtain a National Provider Identifier (NPI) number from the Centers for Medicare & Medicaid

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 a Program Coordinator have at least one year of experience working as a Lifestyle Coach. Program Coordinators should also complete formal training as a Lifestyle Coach and at least two hours of Advanced Coach Training each year.

A 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 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 Customer Service Center 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 at any one time, 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:

- Program Coordinators serve as the organizational experts for implementing the National DPP LCP consistent with Diabetes Prevention Recognition Program Standards and Operating Procedures, i.e., DPRP Standards.
- They supervise daily operations related to the National DPP LCP and provide guidance and support to Lifestyle Coaches.
- Program Coordinators understand program data submitted to CDC's DPRP and facilitate actions to monitor data and support or mentor Lifestyle Coaches toward quality performance outcomes.
- They 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.
- They are familiar with how to request technical assistance from CDC and how to mobilize the training and information resources CDC provides through the Customer Service Center within their organization.
- Program Coordinators may 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:

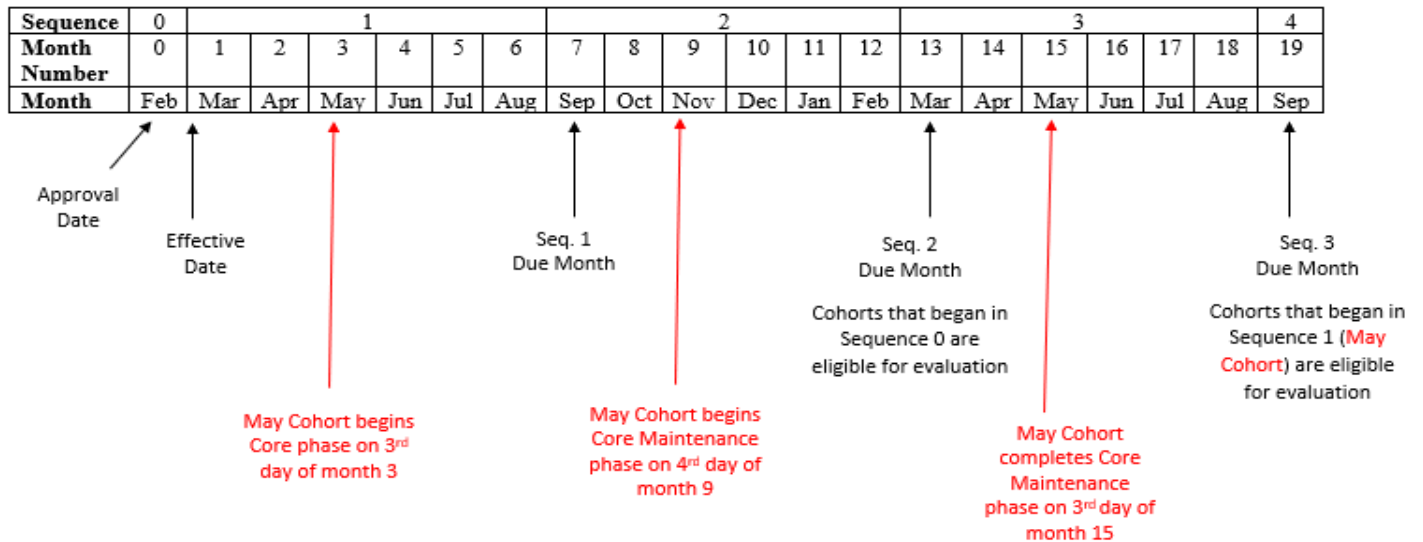
- a. Serving as the direct link between their organization and the CDC and as the lead for distributing DPP information to relevant staff (i.e., Lifestyle Coaches and data preparers, if applicable).
- b. Participating in technical assistance opportunities offered by CDC's DPRP and in quality assurance 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 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 the National DPP LCP participants.
- e. Recruiting, screening, and registering eligible participants for the National DPP LCP.
- f. Organizing a master schedule of the 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, Program Coordinators filling in as Lifestyle Coaches will need to obtain a National Provider Identifier (NPI) number from the Centers for Medicare & Medicaid Services through their CDC-recognized organization.

The Path to Evaluation for One Organization

Example 1: Holding a single cohort during a sequence



How a Cohort Moves Through the Program

- New Org XYZ is approved and awarded pending recognition on February 7th.
- New Org XYZ is assigned an effective date of March 1st.
- New Org XYZ enrolls 10 participants in “May Cohort” who attend their first session on May 3rd (Start of the Core phase; first 6 months of the program).
- New Org XYZ makes their 6-month (Sequence 1) data submission in September.
 - Includes records for all sessions attended from February 7th through August 31st.
 - “May Cohort” will not yet have completed the Core phase until November 3rd (6 full months).
- May Cohort starts the Core Maintenance phase on November 4th (second 6 months of the program).
 - (Core Maintenance modules may be used prior to this date, but the all sessions held prior to November 4th MUST be *coded* as Core).
- New Org XYZ makes their 12-month (Sequence 2) data submission in March.
 - Includes records for all sessions attended from September 1st through February 28th or 29th.
 - *Cohorts that began sessions in Sequence 0 (between approval date and effective dates,) are eligible for an evaluation at the time of the 12-month submission.*

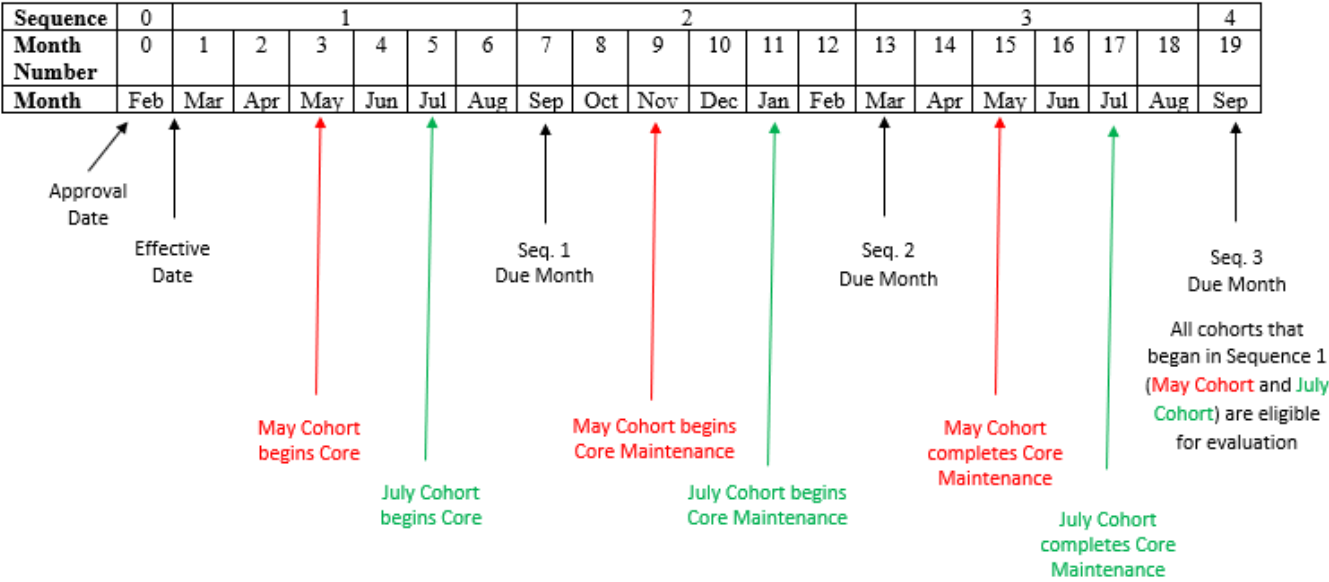
- A full 365 days must lapse from the day the first session of the cohort is held before an evaluation is performed.
- May Cohort completes the Core Maintenance phase on May 3rd.
 - The final session for this cohort may be held prior to May 3rd, but the cohort will not be eligible for an evaluation until the next submission AFTER this date.
- New Org XYZ makes their 18-month (Sequence 3) data submission in September.
 - Includes records for all sessions attended from March 1st through August 31st.
 - Full evaluation is performed on any cohorts that began in Sequence 1.

How a Participant Moves Through the Program

- 10 participants enroll in May Cohort.
 - 1 participant is ineligible based on BMI.
 - 9 eligible participants.
- By the beginning of Month 4, 9 eligible participants are still in the program (Retention= 9/9=100%).
- By the beginning of Month 7, 7 eligible participants are still in the program (Retention=7/9=77.8%).
- By the beginning of Month 10, 5 participants are still in the program (Retention=5/9=55.6%).
 - All 5 of these participants attended the 8-minimum number of required sessions in months 1-6.
 - All 5 of these participants have met the criteria to be called a completer.
- Requirement 5 is met.
 - The number of completers in all cohorts that held their first session in Sequence 1 is at least 5.
- Requirement 6 is met.
 - 2 of the 5 completers achieved the required minimum 5% weight loss.
 - 1 of the 5 completers achieved the required minimum 4% weight loss combined with the required minimum 150 minutes/week on average of physical activity.
 - 0 of 5 reported a .2% reduction in HbA1C.
 - 3 of the 5 completers met at least one of the three outcomes required to meet the requirement (3/5=60%; 60% ≥ 60% requirement).
- Requirement 7 is met.
 - 3 of the 5 completers were eligible for the program based on a blood test 3/5=60%; 60% ≥ 35% requirement).
- New Org XYZ is awarded Full recognition for 3 years.
- Retention thresholds.

- Month 4 retention was 100% (100% ≥ 50% requirement).
- Month 7 retention was 77.8% (77.8% ≥ 40% requirement).
- Month 10 retention was 55.6% (55.6% ≥ 30% requirement).
- New Org XYZ is awarded Full recognition for an additional 2 year (5 years in total).

Example 2: Holding multiple cohorts during a sequence



Calculations for Requirement 6

Weight change = $(1 - (\text{final recorded weight} \div \text{initial recorded weight})) \times 100$

Average Weekly Physical Activity Minutes = $\text{Sum of all recorded weekly minutes (including 0s)} \div \text{Number of all sessions attended}$

HbA1C Reduction = $\text{Initial HbA1C measurement} - \text{Final HbA1C measurement}$

Appendix E. 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 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 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.
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 the appropriate weight. Only one weight should be recorded per session date.
9. Weight should be recorded to the nearest pound (0.5-0.9 rounds up to the nearest pound; 0.1-0.4 rounds down to the nearest pound).
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 during the week leading up to the session.
2. During the core maintenance phase when sessions are offered less frequently, minutes should still reflect the number performed in the week leading up to the session.
3. Minutes reported at make-up sessions should reflect the number of minutes performed during the week leading up to the session that was missed.
4. Only Lifestyle Coaches or other trained facilitators may officially record/enter physical activity minutes for evaluation by CDC.

Appendix F. 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 offers the National DPP LCP and is in the process of applying for pending recognition from the CDC DPRP.

CDC-recognized organization = An organization that offers the National DPP LCP and has achieved pending, preliminary or full recognition from the DPRP.

Cohort = A group of participants who enroll and attend the yearlong National DPP LCP together in a class that starts on the same date and follows the same schedules for regular sessions (not make-up sessions), regardless of when any one participant of the group attends the class for the first time. If a participant joins the group cohort late, the Lifestyle Coaches should offer a make-up for session 1 within 14 days of the regularly scheduled session 1 for the group cohort. We strongly recommend that organizations do not enroll participants who begin attending the class later than 14 days of the first scheduled session for the group cohort. Organizations will have the option of defining cohorts or allowing each participant to serve as their own cohort.

Completed cohort = A cohort where 365 days have lapsed since the first class 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 first session held by the cohort to last session attended by the participant is at least 9 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 or replicated during further efficacy and implementation studies.

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

Evaluation cohorts = Cohorts that began at least 12 months but not more than 18 months (sequence) before the submission due date. Completers enrolled in an evaluation cohort are evaluated together.

Full recognition = The highest level of CDC recognition where all DPRP requirements are met (allows organizations to become MDPP suppliers and to begin billing Medicare). Organizations achieve full recognition when they meet the following criteria:

1. The requirements for pending recognition.
2. The requirement for preliminary recognition.
3. Requirements 6 (at least one is met) and 7 as detailed in Table 3.

National Diabetes Prevention Program (National DPP) = A partnership of public and private organizations working collectively to establish, scale, and sustain an evidence-based National DPP Lifestyle Change Program for adults with prediabetes to prevent or delay onset of type 2 diabetes.

Pending Recognition = The CDC recognition status granted to all applicant organizations once an initial application is approved.

Preliminary Recognition = An intermediate level of CDC recognition (allows organizations to become MDPP suppliers and to begin billing Medicare). Organizations achieve preliminary recognition when they meet the following criteria:

1. The requirements for pending recognition.
2. Requirement 5 as detailed in Table 3.

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.

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.

National DPP Lifestyle Change Program (National DPP LCP) = The translated adaptation of the DPP lifestyle intervention which:

- is a yearlong structured program (in-person, online, combination, or other as defined in the DPRP Standards and Operating Procedures) 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.
- focuses on behavior modification, managing stress, and social support.