

THE CDC NATIONAL DIABETES PREVENTION PROGRAM



Diabetes Prevention Recognition Program

WELCOME GUIDE

For Newly CDC-Recognized Organizations



NATIONAL
DIABETES
PREVENTION
PROGRAM

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Greetings!

It is our pleasure to welcome you to the Centers for Disease Control and Prevention's (CDC's) National Diabetes Prevention Program (National DPP). An estimated 86 million American adults have prediabetes, putting them at risk for type 2 diabetes, heart disease, and stroke. The National DPP intervenes in this process by building the infrastructure for local sites to deliver a proven type 2 diabetes lifestyle change program. We are delighted that you have partnered with the National DPP to prevent type 2 diabetes in the United States.

CDC's Diabetes Prevention Recognition Program (DPRP) is the quality assurance arm of the National DPP. The DPRP identifies organizations that have demonstrated their ability to deliver a proven lifestyle change program to prevent type 2 diabetes.

Now that you are a CDC-recognized organization with pending recognition status, we invite you to take the time to read the Welcome Kit and the DPRP Standards and Operating Procedures (DPRP Standards). These materials will show you how to achieve and maintain full recognition in the program.

We are committed to offering you valuable resources for fighting type 2 diabetes and doing everything we can to ensure your success. It is gratifying to see type 2 diabetes prevention being implemented by organizations like yours as we all work together to improve the public's health.

Sincerely,

The National DPP Team

National Diabetes Prevention Program
Division of Diabetes Translation
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention



▼ NATIONAL DIABETES PREVENTION PROGRAM OVERVIEW

The core of the National DPP is a CDC-recognized lifestyle change program that offers participants a trained Lifestyle Coach, CDC-approved curriculum, and in-person group or online support over the course of 1 year.

To implement this program, the National DPP relies on public-private partnerships between community organizations, public and private insurers, employers, health care organizations, faith-based organizations, and government agencies. Together, these organizations work to build a workforce that can deliver the program effectively, ensure quality and standardized reporting, and increase referrals to and participation in the program.

The National DPP works to make it easier for people with prediabetes to participate in affordable, high-quality lifestyle change programs to reduce their risk of type 2 diabetes and improve their overall health.

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“The program works because it has been studied and tested. This is an opportunity to implement a proven intervention intended to prevent or delay type 2 diabetes, and increase access for people at high risk.”



— Dr. Ann Albright
Director, Division of Diabetes Translation

THE CDC DIABETES PREVENTION RECOGNITION PROGRAM

As the quality assurance arm of the National DPP, the DPRP identifies organizations that have demonstrated their ability to deliver a proven lifestyle change program to prevent type 2 diabetes.

The DPRP provides organizations with guidance needed to achieve and maintain full CDC recognition through the DPRP Standards, as well as training and technical assistance.

CDC-recognized organizations must follow a CDC-approved curriculum, which is delivered by a trained Lifestyle Coach in a series of classes or “sessions.” Organizations agree to be monitored and evaluated regularly by submitting participant data. Data are analyzed and measured against a set of requirements found in the DPRP Standards based on participant performance.



RECOGNITION TIMING

- An organization is required to submit de-identified session-level participant data. Please refer to the most recent [DPRP Standards](#) for submission timelines. Your organization’s effective date, the first day of the month following your organization’s approval date, dictates due dates for data submission and your timeline to be evaluated for full recognition.



PENDING RECOGNITION

- Organizations are granted CDC pending recognition when their application is approved and they are accepted into the National DPP. Organizations can remain in pending recognition status up to 3 years without achieving full recognition. If your organization does not achieve full recognition within 3 years, it will lose pending recognition status and will be removed from the registry (see page 6).

FULL RECOGNITION

- Organizations achieve full recognition after they meet the DPRP Standards and must continue to meet the requirements to remain fully recognized. If an organization does not maintain full recognition the year after it first achieves it, it will be given a 1-year extension. If an organization does not meet the requirements during the extension period, it will lose recognition and be removed from the registry. After a 1-year waiting period, the organization can reapply for pending CDC recognition status in the National DPP.



▼ THE REGISTRY OF RECOGNIZED ORGANIZATIONS

Every organization with pending or full recognition is listed in the [National Registry of Recognized Organizations](#). The registry provides visibility for your program and can help with enrollment because it:

- » Helps people learn about your program.

- » Shows that you have an effective, evidence-based program.
- » Increases referrals from health care professionals.
- » May help you get reimbursement from private and public payers.

▼ FINDING YOUR PROGRAM ON THE REGISTRY

The National DPP website has an [interactive map](#) of publicly available lifestyle change programs across the United States. If your program is noted as publicly available on your application, it will appear in the list that comes up when people click on your state and community. Both public and private programs can also be found through the [registry's drop-down menu](#).

There is a downloadable master list of all CDC-recognized organizations and lists of programs that are delivered online, in person, or both. Both pending and fully recognized programs are listed, with fully recognized programs identified by a yellow star.



▼ DPRP STANDARDS AND EVALUATION REQUIREMENTS

To achieve CDC full recognition and demonstrate that you can deliver a proven lifestyle change program to prevent type 2 diabetes, your organization must meet the [DPRP Standards](#).

Before applying for CDC recognition, an organization must:

- » Select either a [CDC-approved curriculum](#) or develop a yearlong lifestyle change curriculum to prevent type 2 diabetes that is based on the DPRP Standards and has been approved by CDC for use.
- » Be able to begin offering the lifestyle program within 6 months of receiving application approval from CDC.
- » Commit to deliver the program over 1 year, including at least 16 sessions during the first 6 months and at least 6 sessions during the last 6 months.
- » Be able to recruit eligible participants. The recognition program requires that at least 50 percent of participants be [diagnosed with prediabetes](#) through blood testing, have a history of gestational diabetes mellitus (GDM), or a positive risk test screening for prediabetes.
- » Be able to submit data on participants' progress—including attendance, weight loss, and physical activity minutes.
- » Have at least one trained Lifestyle Coach who can help build participants' skills and their confidence to make lasting lifestyle changes. Trained coaches can be licensed or registered health professionals or lay health workers, such as community health workers, *promotores*, or patient navigators. Lifestyle Coaches should be able to facilitate groups or online learning communities to encourage social interaction, shared learning, and group cohesion. Technology such as email, text messaging, and social media may also be used for this purpose.
- » Designate someone to be the diabetes prevention program coordinator, who can monitor the lifestyle change program for adherence to the DPRP Standards and submit data to CDC.



THE REQUIREMENTS FOR CDC PENDING RECOGNITION

If you have already received CDC approval, then you have already successfully completed Requirements 1 and 2, and have agreed to complete Requirements 3 and 4 of the DPRP Standards.

Requirement 1: Submit an application

To apply for CDC Recognition, fill out the [form](#) online and submit it electronically. Along with some basic information, you will need to include:

- » Contact information for a primary and secondary point of contact for your program.
- » Contact information for a data preparer (if the person preparing your data is someone other than the primary or secondary contact).
- » The curriculum you plan to use. If using a curriculum other than those pre-approved by CDC, you will need to upload it in its entirety with your application and have it reviewed prior to your organization being granted pending recognition. If you change or adapt the curriculum at any point during your program, please notify CDC immediately by emailing DPRPAsk@cdc.gov.
- » How you offer your program:
 - ☐ In-person (Check this box if everyone attends in-person only.)
 - ☐ Online (Check this box if everyone attends online only.)
 - ☐ Other (Check this box if you offer the program in another format, such as a combination of in-person and online delivery, telehealth or distance learning.)

If your organization offers classes more than one way (for example, you offer an in-person class and a separate online class), please check each box that applies. For a combination program—where one lifestyle change program uses multiple delivery modalities—be sure to check “other,” since checking the in-person and online boxes does not indicate a combination program.

Requirement 2: A curriculum based on DPRP Standards

- » The lifestyle change program should be based on the DPRP Standards.
- » Current DPRP Standards refer to the preferred CDC curriculum, **PreventT2**. However, other CDC-approved curricula are also available.
- » The CDC PreventT2 curriculum is available in both English and Spanish.
- » If you plan on using an alternative curriculum, CDC will need to review it before granting your organization pending recognition. Allow 4 to 6 weeks for review. If you use an alternative curriculum that has not been submitted to CDC for approval, your program will not be evaluated for recognition.
- » The DPRP does not recommend changing your curriculum after your participants begin. However, if you want to change from the 2012 National DPP curriculum to the PreventT2 curriculum mid-course, please do this at the end of the first 6 months and inform CDC by emailing DPRPAsk@cdc.gov.



Requirement 3: A 12-month program with at least 22 sessions

- » During months 1–6, there must be at least 16 weekly sessions. If the sessions are completed before the end of month 6, topics from the first 6 months should be repeated.
- » During months 7–12, there must be at least six sessions delivered once per month. If six sessions are completed before the end of month 12, remaining topics from the second 6 months should be delivered or topics repeated based on participants' needs and interests. Keep in mind that the way you conduct your program affects participant engagement and retention.



Requirement 4: Intervention intensity

- » The DPRP Standards state minimum requirements; more sessions can be offered.
- » Organizations that offer a full 12-month intervention with more than 22 sessions, for example bi-monthly sessions in months 7–12, are more likely to
 - Achieve full recognition because of better retention and participation.
 - Have better participant outcomes.

The following are the remaining requirements that need to be met during your yearlong program to achieve CDC full recognition.



Requirement 5: Session attendance during months 1–6 (weeks 1–26)

- » Organizations must offer at least 16 sessions during months 1–6; weekly sessions must be delivered within the first 6 months.
- » Eligible participants who attended at least four sessions during the year-long program will be included in your organization's evaluation for session attendance.
- » Session attendance, the average number of sessions attended during months 1–6, across all eligible participants, must be a minimum of nine.

Tips for Success:

- » Emphasize from the very start that the program lasts 12 months.
- » Consider holding an introductory “pre-class” session, also known as Session Zero, before the first session. Use this time to explain the program and its value, set expectations, and go over the time commitment.
- » Consider having participants sign “attendance contracts.” This has led to successful outcomes for many organizations.

“Holding a Session Zero has been effective for some organizations in recruiting, enrolling, engaging, and retaining program participants.”

“Remember, there’s a positive relationship between the number of sessions attended and success in meeting exercise and weight loss goals.”

Requirement 6: Documentation of body weight

- » Documentation of body weight will be based on all eligible participants who attended a minimum of four sessions during the year-long program.
- » Documentation of body weight is calculated as the percentage of sessions attended by eligible participants where body weight has been documented.
 - The body weight of participants must be documented in at least 80 percent of their sessions over the 12-month lifestyle change program.
- » Weight should be monitored on an ongoing basis and always checked for accuracy before data are submitted to CDC.

Tips for Success:

- » Document the body weight of every participant in all sessions.
- » Hold weigh-ins in a private and confidential area.
- » For online programs, participants must document their weight and also complete the session (about 1-hour long). CDC highly recommends the use of a Bluetooth-enabled scale.



Requirement 7: Documentation of physical activity minutes

- » Documentation of physical activity minutes will be based on all eligible participants who attended a minimum of four sessions during the year-long program.
- » Documentation of physical activity minutes is calculated as the percentage of sessions attended by eligible participants where physical activity minutes have been documented.
- » Participants’ physical activity minutes must be documented in at least 60 percent of their sessions over the 12-month lifestyle change program.
- » Data should be monitored on an ongoing basis.

Tips for Success:

- » Record physical activity minutes at every session for each participant, once physical activity is introduced into the curriculum (i.e., PreventT2 session, Track Your Activity).
- » Check participants’ physical activity logs to make sure that they recorded their weekly physical activity minutes.
 - Recommend 150 minutes of moderate physical activity per week.
 - Emphasize the importance of tracking minutes throughout the entire 12-month program.
- » Make sure every participant understands that, according to studies, keeping track of physical activity helps people achieve their weight-loss goals.



Requirement 8: Weight loss achieved in months 1–6 (weeks 1–26)

- » Average weight loss achieved in months 1–6 will be based on all eligible participants who attended a minimum of four sessions during the year-long program.
- » Eligible participants across your program must, on average, experience at least a 5 percent weight loss from their “starting” weight.
- » This measure will be calculated using the participant’s last weight documented at the 6-month point in the program and the weight documented at session one (or the first session where weight is recorded).

Tips for Success:

- » Ask participants who are achieving their weight-loss goals to share their experiences with the rest of the group, with a special focus on troubleshooting and overcoming challenges.
- » Devote extra time to exploring participants’ challenges. Along with input from the Lifestyle Coach, use peer learning and problem solving.



“Lifestyle Coaches are vital for establishing connections and a sense of mutual accountability among participants.”



▼ **Requirement 9: Session attendance during months 7–12** (*Organizations miss this requirement most often, keeping them from achieving full recognition, so please make sure you reach out to DPRPAsk@cdc.gov with any questions.*)

- » There is a strong, positive connection between program duration, program intensity (how many sessions participants attend), and weight loss. Session attendance during months 7–12 will be based on all eligible participants who attended a minimum of four sessions during the year-long program.
- » Organizations are required to offer at least six monthly sessions during months 7–12.
- » Participants must, on average, attend at least three sessions during months 7–12.

Tips for Success:

- » Consider offering more sessions since:
 - Attending more sessions helps build continuity and strengthens the bond between participants—resulting in increased peer support and learning.
 - Offering sessions twice a month in months 7–8 provides an easier transition to monthly sessions. Programs that offer more than one session per month during months 7–12 report higher session attendance. This is important because higher session attendance, especially in months 7–12, has been shown to lead to higher weight loss.
 - Topics may be repeated to fill in sessions so that the program runs for 12 months.





Requirement 10: Weight loss achieved at 12 months (weeks 1–52)

- » Average weight loss achieved over the 12-month program will be based on all eligible participants who attended a minimum of four sessions during the program.
- » Eligible participants across your program must, on average, lose at least 5 percent of their “starting” weight.
- » This measure will be calculated using the participant’s last weight documented at the 12-month point in the program (or the last session where weight is recorded) and the weight documented at session one (or the first session where weight is recorded).

Tips for Success:

- » Strongly encourage participants to use the Food Log to record their food intake (e.g., type, calories, fat calories). Remind them that keeping a log has been linked to losing more weight.
- » Start a group discussion about participants’ weight-loss efforts, including challenges and how they overcame them.

Requirement 11: Program Eligibility

- » A minimum of 50 percent of evaluated participants must be eligible for the program based on a **blood test** within the last year (can be self-reported) or history of GDM.
- » A maximum of 50 percent of participants may be eligible for the program based on a risk test alone. If more than half of your participants are eligible based on a risk test alone, you have until the last session of the 12-month period for them to get a blood test or to confirm a history of GDM. This will then be counted towards meeting the 50 percent minimum eligibility requirement.

Tips for Success:

- » Encourage participants who enter the program solely on the basis of a positive risk test to follow up with their health care provider to get tested for prediabetes. Those who get the blood test should let their Lifestyle Coach know so that it can be documented.
- » Reach out to the clinical community to increase program awareness and referrals. Work with your state health department for help with clinical outreach.





DATA COLLECTION AND SUBMISSION

To maintain CDC recognition, lifestyle change programs must make regular data submissions. Data are due each year in the anniversary month of each organization's effective date. These data include information such as participant demographics, eligibility determination, attendance, body weight, and physical activity. CDC will provide you with a report, based on the data you submit, to help you improve participant outcomes.

HOW TO SUBMIT DATA

- Before you submit evaluation data, be sure you understand the data submission requirements detailed in the [DPRP Standards](#). You must transmit your data in a single data file using the comma separated value (CSV) format. CDC provides a CSV template (Excel spreadsheet) and includes the proper headers and naming conventions in the correct order for CDC to analyze. It is a very useful tool!
- To submit your data, enter your organization code and your program point of contact's email address on this [form](#).
- The organization code is the unique code assigned to your organization by the DPRP. You can find this code in the email you received when CDC awarded pending recognition status to your program. Your point of contact's email address should be the same address currently on file with CDC. (If your contact information has changed, please contact CDC at DPRPAsk@cdc.gov to update it before submitting your data). After you submit this information, you will be taken to a page where you can upload your data file.

COMMON DATA ISSUES

When submitting your data to the CDC DPRP for evaluation, please make sure you:

1. Do not include titles, headers, or footnotes in your file.
2. Use the exact variable names and order, as detailed in the Data Dictionary in the [DPRP Standards](#) and the CVS data template. Variable names and order must match those in the template provided by CDC.
3. Do not include any empty cells. When a data value is unknown, enter the default value, except for physical activity minutes. The 999 default code can only be used to document physical activity minutes for participants until physical activity is introduced in the curriculum. Afterward, any physical activity not reported by a participant should be recorded as zero.
4. Do not include any records from sessions that a participant did not attend. For example, do not record a 999 default code unless the participant attended. This will cause your attendance to increase, but it will lower your documentation averages.
5. Do not send different files for each class. All classes should be recorded on a single spreadsheet and saved in a single file.
6. Do not submit two sessions for a participant with the same date, or multiple make-up sessions for the same participant in 1 week. This will violate the program intensity requirement.
7. Assign every eligible participant a unique ID. If a participant drops out and later re-enrolls in the program, you must assign him/her a different ID.
8. Always include participant height, so that body mass index (BMI) can be calculated.

Always refer to the most current DPRP Standards for the up-to-date data dictionary, evaluation data elements, and codes.



“Always double-check your data. CDC checks for valid coding, but cannot determine if correct participant data have been entered.”



DATA SUBMISSION REMINDERS

Each CDC-recognized organization must submit evaluation data to the DPRP, regardless of recognition status. DPRP will send data submission reminders by email to your organization's primary contact:

- » The first reminder will come 1 month before you need to submit your program's data.
 - For example, if the effective date is March 1, the email will be sent on or around February 1.
 - DO NOT send data at this time.
- » A second data submission reminder (if necessary) will be sent to your organization's primary contact, as a courtesy, approximately 2 weeks into your effective date month.
 - For example, if the effective date is March 1, the email reminder will be sent on or around March 15.
 - Your organization is required to submit data by the last day of the data submission month. For example, if the effective date is March 1, the last day data can be submitted is March 31.
- » If data have not been submitted, a final email will be sent to your primary point of contact approximately 2 weeks after the last day of the effective date month to inform your organization that it has received a loss of recognition and has been removed from the registry.
- » For example, if the effective date is March 1, the email will be sent on or around April 15.

Tips for Success:

- » Monitor and evaluate participants' data on an ongoing basis. By using your data for program improvement, you can:
 - Identify specific participants that may be experiencing significant challenges.
 - Monitor outcomes to better understand progress on meeting the DPRP Standards.
 - Modify program implementation as needed to improve outcomes.
- » Review your data to identify trends and individual participants who may have challenges meeting the requirements. This can show you when you may need to provide additional coaching and support.

▶ DPRP EVALUATION REPORTS

Analysis is based on 12 full months of data for all eligible participants. This means that participants will be counted in the analysis if (1) they attended the first session within the 12-month evaluation period, (2) they attended four or more sessions within the 12-month evaluation period, and (3) they are eligible based on a blood test, history of GDM, or risk test. If it is your organization's first data submission, analysis will be based on all participants who began the program anytime within the 12-month period from the organization's effective date (or approval date, if classes began immediately after application approval).

DPRP PROGRESS REPORT

▶ **CDC will send a progress report when less than a full 12 months of data have been submitted.**

- » The report provides feedback on your organization's progress toward achieving full recognition. Your organization will remain in pending recognition status.
- » The feedback cannot necessarily be used to predict whether an organization will achieve full recognition, but it can identify areas for improvement.



DPRP EVALUATION REPORT

▶ **CDC will send an evaluation report when a full 12 months of data have been submitted.**

- » The report provides an evaluation of the cohort(s) against the DPRP Standards requirements for full recognition status.
- » Requirements 5–11 state that participants must have completed the full 12-month program (from the date of the first sessions to the report due date) to be included in the analysis.
- » When your organization has its first full evaluation, CDC determines whether it has achieved full recognition. If all the requirements are not met for full recognition, your organization will remain in pending recognition status, and you will have another chance to achieve full recognition at the next evaluation the following year.
- » If your organization did not achieve full recognition during the first full evaluation and does not achieve full recognition at the end of 36 months, your organization will lose pending recognition status and be removed from the registry. After waiting 1 year, your organization may reapply for CDC recognition.



▼ RECOGNITION BENEFITS

CDC recognition has benefits! Through the recognition program, CDC acknowledges your organization's dedication and ability to deliver an effective lifestyle change program in your community. Additional benefits of CDC recognition include:

- » An increased likelihood of success in preventing or delaying onset of type 2 diabetes in your participant population.
- » Ongoing CDC technical assistance at no cost, including customized progress reports summarizing your organization's results.
- » Inclusion in the [National Registry of Recognized Organizations](#), with designation as a CDC-recognized organization.
- » Verification that your organization is delivering a high-quality, evidence-based program, which supports reimbursement from public and private insurers and employers.
- » The chance to participate in a national network of diabetes prevention programs and influence trends in type 2 diabetes prevention in the United States.

▼ RESOURCES

To help your organization be successful in delivering the PreventT2 curriculum, the National DPP [resources page](#) offers print (e.g., brochures, fact sheets, posters, ads) and digital materials (e.g.,

social media content, web banners) that focus on recruiting and retaining participants and promoting your program. Resources are also available for health care professionals, employers, and insurers.



■ TECHNICAL ASSISTANCE

CDC provides technical assistance to each organization in the Summary and Recommendations section of each progress and evaluation report. Organizations can also request a call to review their data or data-related issues before they submit a report. There is no limit to the number of calls you can request.

After CDC receives a data submission, the DPRP Team makes two attempts to schedule a call to review the results. Make sure the right contact person is on file with CDC in order to receive reminders and other notifications, reports, and program-related information. Some organizations prefer to list the person who is in charge of entering or managing the data. If you want to change your contact person, email us at DPRPAsk@cdc.gov.

CDC is constantly updating and improving technical assistance resources, and will alert you of any changes that might matter to your organization.

Tip: See the guidance section Example of Using Data for Evaluation in the [DPRP Standards](#) to see how a cohort might progress toward meeting the

DPRP requirements for CDC full recognition. By reviewing your data regularly, you can monitor progress and identify challenges so that they can be addressed early.

- The DPRP Team is available to answer questions submitted to DPRPAsk@cdc.gov.
- CDC also provides technical assistance via a Summary and Recommendations section in each progress and evaluation report.
- CDC routinely offers webinars for organizations with pending or full recognition status.
- CDC also provides individual technical assistance on request.

FREQUENTLY ASKED QUESTIONS

My organization is thinking of offering a CDC-recognized lifestyle change program to prevent diabetes in our community. What should we do first?

- » Organizations are strongly encouraged to read the DPRP Standards and complete the accompanying Capacity Assessment before applying for recognition. If your organization does not have the capacity to offer the program at this time, you may want to support [other sites in your area](#).

What can organizations do if they feel that the cost of participating in a CDC-recognized lifestyle change program is too high for participants?

- » CDC estimates the average cost of program delivery to be about \$500 per participant annually. This is a small amount considering that the average medical expenditures among people with diagnosed diabetes are 2.3 times higher than for people without diabetes. This is not to say that the participant must bear the direct cost of the program. Many organizations have other sources of funding and cover some participant costs, while others ask participants to pay a small fee to help cover program costs. Your organization may be able to help defray costs for participants by working with partners, getting reimbursed for services by private or public insurers, or offering a program at a worksite as part of a benefits package for employees.

Does CDC require Lifestyle Coaches to be certified or credentialed?

- » No. However, Lifestyle Coaches must receive formal training on a CDC-approved curriculum for at least 12 hours, or about 2 days. Qualified trainers are defined as:
 - A training entity listed on the National DPP's [Staffing and Training page](#); or
 - A master trainer who has delivered the lifestyle change program for at least a year.
 Additional trainings on essential skills and CDC-sponsored webinar trainings (e.g., motivational interviewing, group facilitation) should also be made available to help Lifestyle

Coaches carry out their roles and responsibilities. Master trainers also have expertise in adult learning and group facilitation. For more information on Lifestyle Coaches, training, and eligibility, refer to the most current DPRP Standards.

Where do I get my organization code (ORGCODE)?

- » Organizations with pending recognition will receive an email with detailed information about their application, including their ORGCODE, effective date, and data submission timeline. All email communications from the DPRP will be sent to the organization's primary point of contact. If the primary contact changes, please send updated contact information to DPRPAsk@cdc.gov.

What are the options for make-up sessions? In-person? By phone? Are any/all of these acceptable?

- » If participants miss a session during either phase of the intervention, an organization may offer make-up sessions. It is up to each organization to determine how make-up sessions will be delivered. For example, make-up sessions can be held over the phone for the convenience of the coaches and participants. However, please note that only one session per date per participant will be analyzed. In other words, you cannot offer more than one make-up session on the same day, and you cannot offer a make-up session on the same day or week as a regularly scheduled session.

How many sessions can be held over the phone? For example, if we have cancelled a class due to a severe weather or snow, can we have multiple conference calls for make-up classes for all participants?

- » If a class needs to be cancelled, a make-up session can be delivered to one or more participants at their convenience over the phone or through a group conference call. Please make sure each session is long enough to convey the session content (about 1 hour). Please note that during the first 6 months of the program, at least 16 sessions must be delivered, and during the second 6 months, at least 1 session per month should be delivered.



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