

PPHF 2012 - National Diabetes Prevention Program:
Preventing Type 2 Diabetes Among People at High Risk Financed Solely
by 2012 Prevention and Public Health Funds.

Pre-application Support Conference Calls

Call #1: June 28, 2012, 10:00 a.m.–11:30 a.m., EST (9:00 a.m. CDT)

For applicants in the Atlantic, Eastern, and Central time zones.

Moderator: Sue Shaw

Coordinator: Thank you for standing by. At this time all participants are in a listen-only mode.

Today's conference is being recorded. If you have any objections you may disconnect at this time.

Now I'd like to introduce your host for today's conference, Ms. Laura Baldwin. Ma'am, you may begin.

Laura Baldwin: Thank you. Welcome to the National Diabetes Prevention Program, Preventing Type 2 Diabetes Among People at High Risk Funding Announcement conference call.

This is the first of two pre-application support calls that CDC will be hosting prior to the Letter of Intent due date of July 6.

As you just heard, my name's Laura Baldwin. I'm the Communication and Partnership Team Lead in the Division of Diabetes Translation here at the CDC. Thank you for taking time to be on this call today.

Let me run through the agenda and the people you'll be hearing from prior to us opening the phone line for questions.

The first presenter will be Dr. Ann Albright. She's the Director of the Division of Diabetes Translation here at CDC. And she'll be giving an overview of the National Diabetes Prevention Program.

She'll describe the purpose of the funding opportunity announcement and an overview for scaling and sustaining the National Diabetes Prevention Program.

Next you'll be hearing from Debra Torres. Debra is the Associate Director of the National Diabetes Prevention Program here within the division. And she'll be describing the recipient activities as outlined in the funding opportunity announcement.

And then lastly you'll be hearing from Veronica Davis. She's a Grants Management Officer at CDC. And Veronica will be discussing the eligibility criteria and funding levels of the announcement, as well as providing an overview of the Letter of Intent submission process.

At that point you'll hear from me again. I'll review some key resources that are available for you online as you prepare your Letters of Intent and your application. And then we'll go into open questions and answers.

Currently all the lines are on mute. However prior to the Q&A portion of the call the operator will provide instructions on how you can indicate that you'd like to ask a question.

With this in mind, we suggest writing down your questions during the call, as questions will be held until the end.

In the event your question is not answered on today's call, you may submit it under the National Diabetes Prevention Program Funding Opportunity Announcement section of the Web site. The Web address is www.cdc.gov/diabetes/prevention/foa. There's a yellow box at the top right corner of that Web site that says "Submit your question."

I'm now going to turn it over to Dr. Ann Albright who'll begin with an overview of the National Diabetes Prevention Program.

Dr. Ann Albright: Thanks Laura. Good morning everybody.

The funding opportunity announcement that we're going to discuss today—Preventing Type 2 Diabetes Among People at High Risk—supports the expansion of the National Diabetes Prevention Program. Sometimes you may hear us refer to it as the National DPP.

We'll talk more about the specific program, but let me begin by just giving you a bit of background about why we are where we are and what we're, again, hoping to accomplish with this new funding opportunity announcement.

In the United States, almost 26 million adults have diabetes. And if current trends continue, as many as one in three Americans will develop diabetes in their lifetime.

Approximately 79 million Americans have prediabetes. And that's a condition that means your blood glucose levels are higher than normal, but not high enough to be diabetes.

And the people with prediabetes are at an increased risk of developing type 2 diabetes, heart disease and stroke. So unless we do something about this to stop this onslaught and tsunami of new cases of type 2 diabetes, there really is

no question that we would be overwhelmed by societal burden, financial health care, and personal burdens that are imposed by the disease of diabetes.

So how do we start down this road? Really what is the science that supports what it is we are trying to accomplish?

The good news is the majority of new cases of type 2 diabetes can be delayed or prevented. The National Diabetes Prevention, or excuse me, the Diabetes Prevention Program Research study—which was led by NIH and supported by the CDC—was done to answer the question, “Can type 2 diabetes be prevented or delayed through a lifestyle intervention or a drug called metformin in people with impaired glucose tolerance?” So again, these are people that were at high risk.

And the clinical trial did demonstrate that the lifestyle intervention that was the most effective at preventing type 2 diabetes resulted in moderate weight loss of about 5 to 7% and increasing physical activity to 150 minutes a week.

The lifestyle group did reduce the risk of type 2 diabetes by 58%. And if you were over 60, it was actually by 71%. And this was true for all the participating ethnic groups and for both men and women. So that is the good news that we get to work with here.

During the study, the lifestyle intervention participants met one-on-one with a health care professional for 16 weekly meetings. And those sessions were to really learn how to maintain the adoption of these consistent lifestyle habits, which included a lower fat and calorie intake and, as we mentioned earlier, increasing the physical activity to 150 minutes a week. And that was done generally through walking.

The group taking the diabetes medication metformin reduced their risk by 31%. So lifestyle group 58%, over 60 it was 71%, and those on metformin reduced their risk by 31%.

Not only were we looking at diabetes development in this study population, but at a three-year follow-up in the study, the use of medications for the treatment of high blood pressure was 27 to 28% lower for participants in the lifestyle intervention group. And it was 25% lower for the treatment of high cholesterol compared to those participants who were in the metformin or the placebo group. There certainly was a placebo group since there was also a drug arm to this research study.

Then we have been following the subjects in the participants in the Diabetes Prevention Research Program in a study that we call the Diabetes Prevention Outcome Study. And this group has been followed now for ten years, actually a little more than ten years now.

And when we look at what has gone on in this long-term outcome study, while some weight regain has occurred, there still is a reduction in the incidents, a cumulative reduction in the incidents of type 2 diabetes in the lifestyle intervention group by 34%.

So even after this lengthy period of time, there still is a significant reduction in the likelihood of these people going on to develop type 2 diabetes.

So regarding the Diabetes Prevention Program Research study, which we've described to you in brief, we are certainly happy to refer you to any other more detailed study data if you'd like to know more about that. But it was not only this significant, large randomized controlled trial that was critical to the prevention work, but there have also been a number of additional community research studies that have demonstrated that lifestyle intervention. And these findings from the DPP could be achieved in a community setting.

And this really. . .these studies together form the basis for the National Diabetes Prevention Program. And in the National Diabetes Prevention Program and in these community-based studies, information is really delivered in a group setting and facilitated by a variety of people in addition to health care professionals. And we'll talk a little bit more about that in a moment.

Let me just give you a little bit of information now about the cost effectiveness because all of these pieces are critical for the expansion and sustainability of this lifestyle intervention. We really do have to be attentive to the ability for people to access this lifestyle intervention, for it to be sustainable and be economically viable in order for us to achieve the outcomes of reducing new cases of type 2 diabetes.

So if you look at the DPP research study, the Diabetes Prevention Program Research Study that we described, when modeling is done and we look at the data, if you were treating 100 high-risk adults for three years, that showed that you could prevent 15 new cases of type 2 diabetes, you would prevent 162 missed work days, avoid the need for blood pressure and cholesterol pills in 11 people, and adding the equivalent of 20 perfect years of health. And when that's all considered, that avoids \$91,400 in health care costs.

Now again, that was that large randomized controlled trial. We also have learned a great deal from program implementation research. And particular meta-analysis that was done, which looked at 28 studies that did apply the findings and the intervention used in the Diabetes Prevention Program Research Study, showed that the average weight loss achieved in that meta-analysis was 4%.

Again, you had a variety of studies that were examined in that meta-analysis. The weight change was similar, whether the program was delivered by clinically trained professionals or lay educators.

And for every additional lifestyle session attended, the weight loss increased by 0.26 percentage points.

So the takeaway from these studies—this meta-analysis and these multiple studies that were examined—is that you can successfully deliver this lifestyle intervention by not only trained health professionals, but by a variety of lay trained educators as well, and that attendance matters. We do know that the more often people attend, the greater likelihood they are to achieve the weight loss that's necessary for preventing type 2 diabetes.

And it is important to point out that this really is a diabetes prevention program that's moderated or modulated through weight loss. It's really not just a weight loss-only program. People understand their risk for diabetes, they're being asked to make lifestyle changes as opposed to a shorter term weight-loss approach.

The cost of developing, or excuse me, delivering the lifestyle intervention in a one-on-one format, which was demonstrated in the randomized trial, the Diabetes Prevention Program Research Study, was about \$1400 per participant for the first 12 months.

So compared to the cost of the group-based format in communities, we have found that range to be more in the area of about \$275 to \$325 per person. That's what was found in a particular study done using YMCA-trained staff.

And there was another study done in Montana that used certified diabetes educators as the deliverers of the intervention. That one was about \$550 per participant.

So in some of the real world implementation that's been going on already as part of a National Diabetes Prevention Program, it appears as if it's about \$400 to \$500 per person when you're implementing the intervention to scale, since that does include engaging participants, marketing enrollment, managing eligibility and those kinds of things, which you do need to consider when you're looking at the cost of delivering this intervention.

So hopefully that gives you a good sense of the scientific evidence. It's a very strong science base. We have the major efficacy trial, that randomized control trial, that Diabetes Prevention Program Research Study, that we briefly described. We have a series of these studies that had been done in the real world—we call them translation studies—that have taught us a lot about what it's going to take to deliver this in the real world.

So that gives us a very strong evidence base, letting us know that the lifestyle intervention in these high-risk people is very successful and can give us a good opportunity to prevent or delay type 2 diabetes in these high-risk people.

So let me spend a little bit of time here now describing the National Diabetes Prevention Program components.

Again, we're trying to move now from these research studies into a national program that is really delivered locally. So we think about this as a national program, but we're very clear that this is done in communities, this is done - the front lines are in local implementation.

But we do want to help all of us look at this and consider this a national endeavor, because it's going to take all of us working together in a unified, united way in order for us to actually achieve the health outcomes that we're trying to, for all the citizens in the country that are at risk for type 2 diabetes.

So the National Diabetes Prevention Program was developed to move from research to practice and to make the lifestyle change program accessible to those at high risk for type 2 diabetes and really to reach the most people through scaling the program nationally and sustaining its long-term outcome without relying solely on government grant funds. That's not going to allow us, again, to be able to sustain and scale the program if it's dependent upon only government grant funds.

So the National Diabetes Prevention Program is a public-private partnership. It includes community organizations and private insurers, employers, health care organizations, and government agencies who are working together to implement the National DPP to delay or prevent type 2 diabetes.

And we have four components that make up the National Diabetes Prevention Program. And we really do try to make sure folks understand that they really are these four components. We're all going to be spending most of our time and attention on the delivery of the lifestyle intervention, but there are four components or four elements to the National Diabetes Prevention Program that are all very important for its success and, again, sustainability and scalability.

The first is training the workforce. We need to increase the workforce. We've got to have a trained workforce that can implement the program cost effectively. And establishing a trained workforce to deliver this Lifestyle Intervention Program is really critical.

The program is delivered by a lifestyle coach in a group setting. And we'll be able to tell you more about opportunities for training and getting lifestyle coaches trained. That is really necessary.

Again, this is. . .we really refer to this as an all-hands-on-deck. We need lots of people who can be trained to deliver the lifestyle intervention. But the

training does need to be effective and we need to be sure that people with appropriate skill sets are delivering the program so that it contributes to its success. So that's Component I.

Component II is the Diabetes Prevention Recognition Program. We implemented a Recognition Program that is managed and delivered by the CDC in order to assure quality. This also facilitates reimbursement because it certainly gives payers, insurers, employers, health care professionals, and citizens some assurance that what is being delivered and what people are getting access to does meet standards. It's also allowing CDC to develop a program registry so that we can help be sure that we're taking a look and knowing where the programs are and how effectively they're being implemented.

The information that you'll receive at the end of the call, around some of the tools and resources for you, will give you all kinds of information about the Recognition Program, what the standards are. We have sought to make them as straightforward and simple as possible, and so we really encourage you and will ask that you look at those recognition standards. They are a critical component, again, to organizing us, assuring that we are delivering the program in a way that's going to achieve those important outcomes that we all need to get accomplished.

The third component is the one we all spend probably most of our time talking about, and that is the intervention sites themselves.

We are developing intervention sites that will build the infrastructure and provide the program. The model that CDC has been using to develop these intervention sites and be sure that they are scalable and sustainable, as I mentioned earlier, does go beyond reliance on government grant funding.

The National Diabetes Prevention Program began with a relationship among CDC, the YMCA, and an entity called the Diabetes Prevention and Control Alliance. In this initial inaugural partnership, the YMCA served as, and continues to serve as, a major organization delivering the lifestyle intervention through their trained coaches. And DPCA—the Diabetes Prevention and Control Alliance—serves as an administrator.

And they provide a number of functions that in this case the YMCA has tapped into. They process reimbursements, they assist with partnership engagement, and they provide data information technology.

What CDC has done is that we have provided startup funds. In this case, in the inaugural work of a National Diabetes Prevention Program, it has been to the YMCA.

This grant funding opportunity announcement is allowing us to now also expand the opportunities for providing startup funding. But again, that's the intent is that it be for startup funding. We have to be sure that there is ongoing long-term funding for delivering the intervention.

So with the additional dollars that the Division of Diabetes Translation received through the Prevention and Public Health Fund, we are now able to expand the National Diabetes Prevention Program and fund more organizations to scale and sustain the National Diabetes Prevention Program.

So let me close by mentioning the health marketing component. So we've listed the four for you. The first we mentioned was training. The second was the recognition program. The third are the intervention sites. And this fourth component of the National Diabetes Prevention Program is health marketing.

The main goal of health marketing is to generate awareness of prediabetes as a public health issue. Unfortunately the awareness and knowledge of

prediabetes is low. A study we published in this last year indicated that only 7% of the population with prediabetes know they have prediabetes. So we have a long way to go in helping people understand their risk, and then in turn take action to reduce their likelihood of developing diabetes from prediabetes.

So again, one of the main goals of the awareness and health marketing is to increase that awareness and understanding of prediabetes, and it's to increase referrals to and participation in the lifestyle change program.

So we'll answer questions that you have after the other speakers. I'd like now to turn this over to Debra Torres, who will be discussing the purpose of the FOA and the activities that will be supported. Thanks.

Debra Torres: Thank you, Dr. Albright. Great presentation, thanks.

Now I'm going to talk about the purpose of the funding opportunity announcement and the kinds of activities that will be supported by this funding opportunity announcement.

The primary purpose of this funding opportunity announcement is to scale and sustain the National Diabetes Prevention Program through national organizations that have the ability to work across the multiple states.

Activities that will be supported through this funding opportunity announcement include several. And I'll go into a little bit of detail about these activities.

The first is to establish an evidence-based lifestyle change program in multiple states, for populations at high risk for type 2 diabetes, that meet the standards outlined in the CDC Diabetes Prevention Recognition Program Standards and Operating Procedures.

Dr. Albright spoke briefly about our DPRP program and our standard operating procedures. More information is available at www.cdc.gov/diabetes/prevention/recognition.

The next activities are:

To recruit and facilitate training of lifestyle coaches to deliver the lifestyle change program.

To educate employers about the health benefits and cost savings of offering the evidence-based lifestyle change program as a covered health benefit for employees.

To work closely with employers to include the lifestyle change program as a part of their health benefits package.

To educate public and private health insurance companies about the return-on-investment and long-term cost savings of reimbursing organizations that are delivering the evidence-based lifestyle change program using the pay-for-performance model of reimbursement.

To secure voluntary reimbursement from public and private health insurance companies for organizations that are delivering the lifestyle change program.

To develop and implement strategic marketing and promotional activities that will increase awareness, referrals, enrollment and participation in the lifestyle change program.

To ensure that each intervention site that offers the lifestyle change program under this FOA obtains recognition from the CDC Diabetes Prevention Recognition Program.

In addition to ensuring that each intervention site applies for CDC recognition, one of the activities that's important is to ensure that each site has the capacity to collect participant information and to maintain a data collection system as outlined in the DPRP Standards and Operating Procedures. These are the primary activities that will be supported through this funding opportunity announcement.

And now I'm going to hand it over to Veronica Davis from our Procurement and Grants Office and she's going to review the eligibility criteria and funding levels with you.

Veronica Davis: Thank you, Debra.

Hello, my name is Veronica Davis and I'll be the Grants Management Specialist on the funded award.

I will now review the eligibility criteria and the funding levels.

The majority of the questions we have received to date are about eligibility. Eligible applicants that can apply for this funding opportunity are nonprofit organizations, for-profit organizations, Indian Natives, American Tribal, government, and faith-based organizations.

Eligible organizations are uniquely qualified and positioned to scale and expand the National DPP due to their independent structure and ability to implement innovative strategies to scale and sustain the National DPP in multiple states.

These organizations have an existing infrastructure and capacity to achieve considerable expansion of the National DPP across multiple states due in part to their existing network and/or affiliate organization.

Through these existing multiple networks and affiliates, these organizations are strategically positioned to simultaneously reach a large number of people at higher risk for type 2 diabetes in multiple states.

They also have the ability to work in partnership with employers and issuers to offer the evidence-based lifestyle change program as a covered health benefit for employees and reimbursement for organizations delivering the lifestyle change program in order to achieve the demonstrated benefits and cost savings and long-term sustainability.

This FOA will build on the previous Pioneering Healthier Communities FOAs. Which includes the National DPP, a successful public-private partnership consisting of community organizations, private insurers, employers, health care organizations, and government agencies working together to scale and sustain the National DPP.

The result will be the establishment of a sustainable network of organizations delivering the evidence-based lifestyle change program.

Now the funding levels. Let me now turn to the funding levels for the PPH 2012 National Diabetes Prevention Program with preventing type 2 diabetes among people at high risk financed solely by 2012 Prevention and Public Health Funds.

The approximate total funding for this fiscal year is \$6 million, and CDC anticipates awarding up to eight awards. The project period is up to four years. The minimal award would be \$750,000 and the maximum individual award is \$2 million over the 12-month budget per period.

If a funding amount greater than the award ranges is requested, the application will be considered not responsive and that will be entered into the review

process. The applicants will be notified that the application did not meet the eligibility requirements.

For review, all eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applicants will jointly be reviewed for responsiveness by the National Center for Chronic Disease Prevention and Health Promotion and PGO.

Incomplete applications and applications that are not responsive to the eligibility criteria will not advance in the review process.

Applicants will be notified that the application did not meet eligibility and/or meet published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section 5, Application Review Information, subsection entitled Criteria.

The selection. Applications will be funded in order by score and ranked determined by the review panel.

In addition, the following factors may affect the funding decision. Geographic diversity and inclusion of population with a high burden of type 2 diabetes.

CDC will provide justification for any decision to fund out of rank order. Anticipate an announcement and award dates will be September 30, 2012.

Applications are due on July 31, 5 p.m., EST. Awards will be announced on and before September 30.

Applications are due July 31, 11:59 p.m. - correction EST. Awards will be announced on or before September 30.

And I will now turn the line over to... I'm sorry, okay. Letters of Intent (LOI) requirement and submission.

Although a Letter of Intent is not required, it is not binding and does not enter into the review of the subsequent application. The information that it contains allows CDC program staff to estimate and plan the review of submitted applications.

The information contained with the Letter of Intent does not dictate the consent of the application and will not have any bearing on the scoring of the application.

LOIs should be provided no later than July 6, 2012, 5 pm EST.

LOI should be sent by mail or express delivery. Electronic submission—e-mail or fax—are not acceptable.

Prospective applicants may submit a Letter of Intent that include the following information. The funding opportunity announcement call-in number, the name of the applicant agency or organization, name of the official contact person and that person's telephone number, fax number, mailing and email address.

Now a word about format. The LOI should be no more than two pages 8-by-11, double-spaced, printed on one side with one inch margins, written in English and unreduced 12-point Times New Roman font.

Submit the LOI by express mail or delivery service to Sue Shaw, Program Consultant. And that's Division of Diabetes Translation, Centers for Disease Control and Prevention, Department of Health and Human Services, 4770 (Buford) Highway NE, Mailstop K-10, Atlanta, GA 30341.

The main phone number is 770-488-5000.

Required registration. Registering your organization through www.grants.gov, the official agency-wide e-grant Web site, is the first step in submitting an application online.

Registration information is located on the Get Registered screen of www.grants.gov.

The one-time registration process will take three to five days to complete. However, the grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR).

The CCR registration can require an additional one to two days to complete. You're required to maintain a current registration in the CCR.

Electronic applications will be considered as having met the deadline of the application if received for processing from grants.gov prior to 11:59 pm EST on July 31, 2012.

The application packages can be downloaded from www.grants.gov. Applicants can complete the application package offline and then upload and submit to Applications via the grants.gov Web site.

The applicant must submit all application attachments using a PDF file format when submitting via grants.gov. Directions for creating PDF files can be found in the grants.gov Web site.

Use of file formats other than a PDF may result in a file being unreadable by staff.

Please take a note that all application submission is not concluded until the successful completion of the validation process email from www.grants.gov is received.

After submission of your application package, applicants will receive a submission receipt email generated by grants.gov. [Grants.gov](http://grants.gov) will then generate a second email message to applicants which will either validate or reject your submitted application package.

This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their applications to ensure submission of the application package is complete and no submission errors exist.

To guarantee that you comply with the application deadline published in the FOA by the opportunity announcement, applicants are also strongly encouraged to allocate additional days prior to published deadline to file their application. Applications will not be accepted after the published application deadline date.

In the event that you do not receive a validation email within two business days of the application submission, please contact grants.gov. Refer to the email message generated at the time of the application submission for instructions on how to track your application or the application user guide Version 3.0.

Again, please pay careful attention to the application submission requirements detailed in the FOA beginning on Page 26. Other submission requirements begin on Page 36 are required registrations. Applications are being accepted at grants.gov and due by 11:59 pm Eastern Time on July 31, 2012.

I will now turn the call over to Laura, who will tell us the useful resources available to all applicants before we proceed to questions. Thank you.

Laura: Thank you, Veronica. I know you've all learned a lot of information over the past half an hour and I'll just take a few more minutes to summarize and highlight a few of the resources that have been mentioned.

Just to again go over the Web site that has more information. Additional information on the National Diabetes Prevention Program is available at www.cdc.gov/diabetes/prevention. That's the main page for the National Diabetes Prevention Program. At the end of that URL add a backslash and FOA and that's where you get more information on this funding opportunity announcement.

As I stated earlier, there is a "submit your questions" box on the FOA Web site. In addition there's a list of frequently asked questions (FAQs). We've posted the frequently asked questions that we've received thus far. They were posted yesterday. Please check this Web page frequently as we will be continually updating this as questions are received.

Prior to submitting questions, though, we encourage you to review the full funding opportunity announcement, the transcript from this call and the second call that will take place next week, although this initial part will be duplicative and the FAQs that are already posted online.

If you have a question that has not already been addressed in FAQs or the FOA, please submit your question on the Web site and be patient. We will be posting the responses as soon as we can. Our goal is to post the responses twice a week.

So just to again summarize a little bit of what you've heard so far and then we're going to open the lines for questions. If you aren't able to ask your

question during this call, you can submit it online immediately following this call.

So just to reiterate, where can you find the funding opportunity announcement and the application package? There are two opportunities. One is if you go to the Web address that I continually mentioned, www.cdc.gov/diabetes/prevention/foa, right there is a spot that will link you directly to grants.gov and where it's posted.

In addition, you can go to grants.gov. When you go to the www.grants.gov you select “apply for grants.” You download a grant application package and then you type in the funding opportunity number formatted as the following: CDC-RFA-DP12-1212PPHF12. So a lot of numbers there.

Veronica just went through how to submit your application. Please be mindful of the deadlines and give yourself ample time to ensure that you receive your receipt from submission. Reminder, the application needs to be in a PDF file.

If you have any questions or concerns with grants.gov you can contact the grants.gov customer service. They are open 24 hours a day, seven days a week, with the exception of federal holidays. The support center's phone number is 800-518-4726. That's 1-800-518-4726. And their email address is support@grants.gov.

As Veronica mentioned, application submissions by email, fax, CDs, or fund drives will not be accepted. It has to be the PDF. I'm just going to review a few of the dates and deadlines here.

The first one is the optional letter of intent should be delivered to CDC by July 6, 2012 at 5:00 pm Eastern Standard Time. The details about the LOI were just provided by Veronica. These are also posted online. The application deadline is July 31, 2012 at 11:59 pm Eastern Standard Time.

Answers to questions from potential applicants—these are the questions that you submit online—will be posted on the CDC Web site from June 22 through July 30. Inquiries submitted after July 25 will not be answered.

In addition to today's call, CDC will be providing another pre-application support conference call next week. This will take place on Monday, July 2, 2012 from 5:00 pm to 6:30 pm Eastern Standard Time. The call-in information is the same you called in for this call today. It's 1-888-593-8437 and the pass code is 9755259. And again, this is posted on the Web site. Awardees will be notified on September 30, 2012.

Veronica mentioned how applications will be reviewed. Applicants will be notified if their application did not meet eligibility standards. You will also be notified if your organization is eligible.

It's a lengthy process here. It starts with a review from CDC's procurements and grants office and it includes an objective review panel as was shared by Veronica earlier.

I'm skipping right ahead as I don't want to be duplicative of what was shared already. So at this point, Nicky (teleconference coordinator) can you help us open the phone lines for additional questions please?

Coordinator: If you'd like to ask a question, please press star 1. To withdraw your request, please press star 2. Once again, if you'd like to ask a question, it's star 1. And please stand by for any questions.

And we have a question from Deborah and her line is open.

Deborah: Hi. I appreciate the information that you shared with us regarding costs per participant. Does CDC have any expectation or guidance regarding the ideal class size?

Dr. Albright: We tend to really look for having classes in the size of 8 to 15. The smallest number. . .we tend not to put a smallest number on. That's really to your point how cost effectively you can offer it.

But we would expect that the class sizes don't get much larger than 15 because it does become difficult for the kind of group interaction to occur and for the coach and facilitator to be able to get the things done in one hour- because that's what you have with people, one hour.to deliver them information, facilitate the group interaction, and be able to collect the information necessary. So probably not more than 15. We tend to say the average class size 8 to 15.

Deborah: That's good. Also what is the start date for the program? I see the funding announcement says that decisions will be made by September 30. Is the start date October, January, or some other time?

Veronica: The start date is September 30, 2011. I'm sorry, 2012.

Deborah: Okay. Thank you.

Laura: Just to reiterate, that's the start date of when you will receive the notification of award. Are you asking for the start date that those who are awarded start offering the classes?

Deborah: Right. I know that the classes should begin within eight months of the award notice.

Laura: Okay.

Debora: I didn't know for our overall timeline or program planning that if we should assume that September 30 or October 1, that's the actual date that activity should begin. Not necessarily the classes but all of the funded program activities.

Veronica: Right. The budget period started for these awards will be September 30.

Debora: Thank you. I appreciate that.

Coordinator: And next question comes from Nancy. Nancy, your line is open.

Nancy: Yes, hi. Good morning. It was very good information that you guys have provided this morning. Thank you very much. I have a question. One of the components, the second component, deals with recognition program and effective trainer workforce.

We already train to deliver the program. And also we already have recognition pending. Should we have to mention that when we are submitting our application?

Debra: You don't have to, but it would be helpful for us. So yes, if you already applied for pending recognition and you already have a curriculum that's been approved, I would include that in the application.

Nancy: Yes. We already are on the cdc.gov Web site if you go to the DPRP registry. But thank you very much for telling me because I needed to know if we have to put that down.

Laura: And just to reiterate, if you have already applied and received pending recognition, include that in your application. If you have not already applied

for recognition, then that is okay. Applying and receiving recognition is a requirement once you receive funding. It's not a requirement before you apply.

Nancy: Okay. Thank you very much.

Coordinator: And Laura, your line is open.

Laura: We were just wondering about the letter of intent. We actually had our question answered when we were reading the opportunity announcement in a little more detail. The letter of intent is not required?

Laura: That's correct.

Laura: Would it be in our best interest to submit one.

Veronica: Yes. Yes. It's not mandatory but it does help the process and scheduling the program.

Laura: Okay. Thank you very much.

Coordinator: Maybelle, your line is open.

Maybelle: Yes. I had a question regards to existing infrastructure. Our health organization already receives funding through NIHS to implement this type of program. And we've had it for seven years. Could we. . .now we don't have recognition for that program so that would be a new element. Could we be considered for funding in addition to this or would we have to drop the previous funding to go after this kind of funding?

Debra: This could be added. This could be complementary. You don't have to, it's not either/or. It could be complementary to your existing funding.

Dr. Albright: You'll need to make sure that in your application you do indicate what. . .who you're going to be reaching with these funds and follow the other requirements that are listed in the FOA.

Maybelle: Okay. Then another follow-up question is in regards to this recognition program, it sounds like it would be required to apply for it and what would happen if a program applied for it, but was not able to be recognized? Would the award be taken away?

Debra: We would work with you to reapply. And also we would work with you to ensure that the curriculum that you're using is appropriate with the standards and operating procedures that are part of the recognition program. So we would definitely provide the technical assistance and work with you to apply for pending recognition.

Laura: And just to summarize what Dr. Albright said from your initial question re: funding, in your application it will be essential to describe the current funding that you have, the population you're reaching, and with these new funds how you would expand your reach and the number of people that you'd be serving.

Dr. Albright: It might be also helpful to just let people know, you're all obviously on the call because you're interested in applying for these funds to expand the National Diabetes Prevention Program.

But as I mentioned, the National Diabetes Prevention Program has been up and running now for about a year and a half. And so, if for some reason you chose not to apply for these funds, but you're still interested in getting your current program recognized, you can certainly still do that.

You heard another caller say they already have achieved pending recognition. They're already using an approved curriculum. So you can certainly choose

that as well. But obviously we know people on the call today are interested in applying for these funds to increase their opportunity for a program reach.

But these things do need to line up. We need to be sure that the programs being offered are meeting the standards. And certainly that's. . .that is a requirement in the funding opportunity announcement. But as Debra noted, we are here to provide technical assistance and do all that we can to help you achieve that.

Coordinator: Okay. The next question comes from Lori. Lori, your line is open.

Lori: Will the funding cover training because we don't have a program like this at all in our. . .well there's only two other places in our state, so we're kind of starting from scratch. So I didn't know if that training that's down in Atlanta is covered or what kind of processes you have.

Also I noticed reading through a lot of the curriculum, is there somewhere you buy the curriculum or are we charged for this, the printing of all those materials and the handouts?

And also, the attendance piece for the recognition. We live in an area where the snow gets pretty deep in the winter. I didn't know how that affects our recognition unless I misunderstood whether a lot of if you succeed or not is based on if your patients actually show up and how often they show up. Thank you.

Debra: I think there are a couple of responses to your question so I'm going to try to compartmentalize your question. First of all, the actual curriculum for the National Diabetes Prevention Program is available on our Web site and that's free to any organization that's interested in delivering the lifestyle intervention. Anybody can go to our Web site, download that information and use our curriculum.

The grantees of this funding opportunity announcement will be trained and their lifestyle coaches will be trained. . through DTTAC which is the Diabetes Training and Technical Assistance Center. DTTAC trains on our curriculum. If you're using a different curriculum, you can be trained by those other organizations.

I'm not certain I understood your question about the weather.

Dr. Albright: I'll try to answer that one, Debra, if I can. There is the opportunity for doing makeup sessions with people. When you look in the standards, there will be some guidance on how to conduct makeup sessions. But the intent is to really do all the possible sessions as a group so that people don't miss information that they need to engage in the curriculum. So yes, attendance does matter.

And as we go forward with this work, some research is going on right now to examine the impact of program delivery through other electronic methods. The standards will tell you what is acceptable now, which means that the participants in the class can be in one location and the facilitator can be at a distance.

But that currently is the only electronic or distance method available. So the short answer is yes, you really do need to try to get people together. There is some guidance on how to deal with makeup sessions. But would encourage you to take a look at those standards carefully. And we're happy to answer questions and talk more about that with you.

Lori: Okay.

Coordinator: Okay. Jeffrey, your line is open.

Jeffrey: Hi. Yes. We are working with the State Department of Public Health to . . .for widespread dissemination of a DPP. . .translation of DPP. It sounds like this FOA is for national organizations and would not be appropriate for state-level programs.

Debra: That's correct. This FOA is for organizations that have ability to work in multiple states, not in a single state.

Coordinator: Okay. Robert, your line is open.

Robert: Yes. Thank you first and foremost for the wealth of information you provided this morning. Actually my question is somewhat of a follow up to that of the previous caller in that we recognize that it is expected that there be the ability to operate in multiple states.

However, our question is related to the expectation of that fulfillment at the outset. Is it just the capacity to operate in multiple states or is it expected that at the program's inception you are operating in multiple states?

Debra: At the program's inception you're operating in multiple states. But you must either have an existing network or affiliate organizations that are in those states that are up and ready to scale the program.

Laura: But the application includes discussion of a plan of how you will be delivering this in multiple states.

Robert: I'm sorry. Can you repeat that? I missed that last portion.

Laura: There's a discussion in the application to include a project plan and that project plan describes how you will be implementing this program in multiple states.

Dr. Albright: But I think to directly get to your question as Debra noted, you do have to have an existing infrastructure in your organization that would demonstrate that you are already present in more than one state.

You may not be delivering this program in more than one state but you have to demonstrate you've got an infrastructure that could hit the ground delivering it in multiple states.

Robert: Right. And multiple just being two or more or is there a minimum number of states that you need to be impacting by providing the DPP?

Debra: At this point in the FOA, we don't have the number of states set. We just require that you work in multiple states.

Robert: Thank you.

Coordinator: And Cathy, your line is open.

Cathy: Yes, thank you. I was looking for if you could provide a few examples of the kinds of nonprofit and for-profit organizations. I realize the Y has been involved. I'm assuming insurers operating across multiple states. But are there any other types of organizations that stand out as we try to share this with our partners?

Debra: As the FOA indicates, we don't specify types of nonprofit organizations. We just say nonprofit organizations, for-profit organizations, and the Native American tribal governments and faith-based organizations. So we don't go into detail as to what type of organizations they are. But you have to look at the full picture from an opportunity announcement and see where you fit into that.

Coordinator: And Maybelle, your line is open.

Maybelle: Yes. Could you repeat again the funding levels? That kind of went a little quick. There was like \$6 million over four years, something like that? Could you repeat that again, please?

Veronica: Okay. The approximately total funding for the fiscal year is \$6 million. CDC anticipates awarding up to eight awards. The minimum award would be \$750 and maximum of an individual award is up to \$2 million over the 12-month budget period. But if the funding amount requested is greater than the award, it raises the question whether the application will be considered nonresponsive.

Laura: So the range is \$750,000 to \$2 million.

Maybelle: And is there a re-application every year or how many years is that?

Veronica: The project is anticipated to go up to four years, but the same level that we described is for the first 12-month budget period.

Debra: And the remainder of the years will be based on availability of funding. We could have more funding. We could have less funding.

Maybelle: But the project period is expected to be for up to four years?

Veronica: Yes.

Coordinator: Deborah, your line is open.

Deborah: Hi. Thank you again. On Page 11 of the announcement, there's a 500,000 number. There's reference to educating and informing a minimum of 500,000 employees at the end of the grant period. And does that mean that the

requirement is for a grantee to reach employers that together employ a total minimum of 500,000 persons?

Debra: Yes. So you would be working with employers and the number of employers that you work with you'd have to reach 500,000 employees.

Deborah: Okay. And we, in terms of documentation of that, would it just be through that particular entity's records or would you be looking for any particular documentation as to how that number is reached?

Debra: You would be able to, if you go into Coca Cola and you're working with their employees, find out what number they have and when you report to us on a monthly basis, you would say we're reaching 50,000 employees and then let us know how they're being educated or reached by the program.

Deborah: Okay. So is it we would need to know for sure, not just that we're engaging an employer who has a certain number of employees, but also that those employees are receiving particular information or being touched directly?

Debra: One of the primary ways that we're going to require grant recipients to work with employers is to get employers to offer this as a covered health benefit for their employees.

So if you're working with a large organization, a large employer, and you get them to offer this as a covered benefit to their employees, then you would develop strategies for how you're going to market and promote the program to those employees so that those employees will register and enroll in the lifestyle change program.

Deborah: Okay. Thank you.

Coordinator: And I'm showing there are no further questions at this time.

Debra: And I apologize. I do have one other comment. The employees that are reached would have to be those that are eligible to go through the program and those are set aside. Those are listed in our standards document of what the eligibility is for prediabetes.

Dr. Albright: And maybe just to add to that as well. The number that's listed in the FOA as far as the number of employees that an employer has, we're not expecting all of those people to have prediabetes, you know.

You're going to work with these employers that have a large employee base and would. . . amongst those employee populations you will be working with those employers to achieve covered benefit status and to work to identify and help serve those employees that ultimately do have prediabetes.

Coordinator: And we did get another question that came in, if you'd like to take it.

Dr. Albright: Sure.

Coordinator: Joan, your line is open.

Joan: Good morning. Thank you very much for the information. I have a question in regards to the curriculum. I'm a little confused as to the Diabetes Prevention Control Program used an established curriculum, but I'm understanding that you can actually develop your own. And I was just wondering if you could speak to that.

Dr. Albright: Yes. Let me. . . just we want to clarify your question. We do not want people developing curricula. There are enough out there that will meet the requirements. You do not need to develop a new curriculum. What we would

like people to do is, in some cases you've heard folks on the line say that they have been working in this area already. They have been using a curriculum.

So what they would need to do is check the standards and be sure that the curriculum they're using meets those standards. As part of the recognition process, CDC will review the curriculum for you. . .must review the curriculum, if you're not using the one that we make available free on the Web site.

So first we would encourage people, if you're not delivering this yet, look at the Web site, look at the curriculum. We would encourage you to use that one. If you are choosing to use another one, it would have to meet the standards, but we do not encourage people to develop a new curriculum. It's not necessary.

Joan: Thank you very much for that clarification.

Dr. Albright: Sure.

Laura: Are there any additional questions?

Coordinator: There are no further questions.

Laura: Well before I turn this over to Dr. Albright to close us out today, just wanted to reiterate if additional questions come up over the next few weeks, please submit them online and continue to monitor the Web site for additional information.

We appreciate your time today and we'll leave it with Dr. Albright to share some closing remarks.

Dr. Albright: I just want to say at this point on behalf of the Division of Diabetes Translation, really do want to thank all of you for your time on the call today and your interest in this funding opportunity announcement. Specifically we'll give you the number again, PPHF2012 National Diabetes Prevention Program preventing type 2 diabetes among people at high risk that is financed solely by the 2012 prevention and public health fund.

This really is an amazing and exciting time for diabetes prevention. And we really do look forward to getting your letters of intent. It's a critical time for diabetes prevention. It's imperative that we unite and organize and really move forward in a consistent fashion so that we can have the kinds of health outcomes that we need; fewer new cases of type 2 diabetes in this country.

It's imperative that we're successful in this endeavor. So we really appreciate your interest and look forward to reviewing the applications that are submitted. Thank you so much.

This does conclude our call today and we look forward to getting any other questions that you may have. Again, go to our Web site to submit those questions. Thanks and we look forward to hearing from you.

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