

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 #2: July 2, 2012, 5:00 p.m.–6:30 p.m., EST (4 p.m. CDT)

For applicants in the Central, Pacific, and Alaska time zones.

Moderator: Debra Torres

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

After the presentation there'll be a question and answer session. To ask a question during that time, you may press Star 1 and record your name at the prompt.

This conference is being recorded. If you have any objections you may disconnect at this time.

I would now like to turn the call over to Ms. Debra Torres. You may begin.

Debra Torres: Thank you, Matthew. Welcome to the National Diabetes Prevention Program Preventing type 2 Diabetes Among People at High Risk Funding Announcement conference call.

This is the last of two pre-application support calls that CDC will be hosting prior to the letter of intent date of July 6.

As you just heard my name is Debra Torres. I'm the Associate Director of the National Diabetes Prevention Program in the Division of Diabetes Translation here at CDC.

Thank you for taking time today to be with us on this call.

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 provide an overview for scaling and sustaining the National Diabetes Prevention Program.

Next you'll be hearing from Russ Sniegowski who's the Coordinator of the National Diabetes Prevention Recognition program here within our division. And he'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 provide an overview of the letter of intent submission process.

At that point you'll hear from me again. I'll review 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 . . .you may submit a question in the National Diabetes Prevention Program funding opportunity announcement section of our Web site.

The Web address is www.cdc.gov/diabetes/prevention/foa. There's a yellow box at the top right-hand corner of that Web site that says "Submit Your Question."

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

Ann Albright: Thanks, Deb. Hi everybody. We're really glad you joined us on the call today. The funding opportunity announcement that we are discussing today—just want to make sure you know you're in the right place—is preventing type 2 diabetes among people at high risk.

And this supports the expansion of the National Diabetes Prevention Program. You may hear us refer to it periodically as the National DPP, so just want to be sure we are keeping the acronyms and the lingo straight here.

Let me just give you a little bit of background about the evidence basis behind this, why the program has been shaped the way it has, and what the components of the program are to give you, again, a good sense of what we're trying to accomplish here with this funding opportunity announcement and with the National Diabetes Prevention Program itself.

In the U.S., there are about 25.8 million adults with diabetes. And if the current trends continue, as many as one in three Americans born today will develop diabetes in their lifetime.

Approximately 79 million Americans have what we refer to as prediabetes. And prediabetes means that your blood glucose levels are higher than normal but they're not high enough to be diabetes.

People with prediabetes, however, do have an increased risk of developing type 2 diabetes and also heart disease and stroke.

So, I hope that it's pretty clear from at least that little snapshot of information and data that, really, unless something is done to stop this huge increase in new cases of type 2 diabetes that we're facing, that we'll be really overwhelmed by the financial, the healthcare, the personal, the societal burdens that are imposed by this chronic disease.

So it really is imperative that we all work together to organize ourselves and really set up an effective prevention system in this country.

I'm sure that many of you are aware of the science basis behind the National DPP, but I do want to run through it so that it really is very clear that there is a solid evidence basis behind this and it reinforces for all of you why the approach is being taken, that is being done with this funding and with the National DPP itself.

Fortunately, the majority of new cases of type 2 diabetes in the U.S. today can be delayed or prevented. That's the good news part of our story here.

The Diabetes Prevention Program Research Study that was led by the NIH and supported by 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 you'll note that, really, the target group studied in that research clinical trial was people with impaired glucose tolerance. And oftentimes, again, when we use the term that includes these people, we use the term "prediabetes."

The clinical trial did demonstrate that the lifestyle intervention, which was the most effective at preventing type 2 diabetes, achieved modest weight loss of 5% to 7% and increased physical activity to 150 minutes a week.

The lifestyle group reduced their risk of developing type 2 diabetes by 58%. And, if you are 60 or older, it was actually 71%. And, fortunately, this was true for all the participating ethnic groups and for both men and women.

During the lifestyle intervention, participants met one on one with a healthcare professional for 16 weekly meetings.

And that was followed by monthly sessions so that they could really learn how to adopt a consistent diet that was lower in fat and lower in calories and to increase their physical activity to achieve that 150 minutes that was generally done through walking.

The group taking the diabetes medication Metformin reduced their risk by 31%. It's also important to point out that at the three year follow-up, their use of medications for the treatment of high blood pressure was 27% to 28% lower for the participants in the lifestyle intervention. And it was 25% lower for the treatment of cholesterol levels and compared to those who are participating in the Metformin or the placebo arm of the trial.

So, again, you can see that it was not only an improvement in their blood glucose levels, but it was also a reduction in medications that treat those cardiovascular risk factors.

So that was when you looked, really, at the, again, the DPP, the Diabetes Prevention Program Research Study.

Many of you may know that a very large set of the people in that original study have also been followed now over this last decade and they continue to be followed. And that's in a study that is called the Diabetes Prevention Program Outcome Study.

And this follow-up study, at the latest reporting of the results, has shown that making the lifestyle changes continues to protect against type 2 diabetes even after ten years. There was a 34% lower risk. We refer to that as cumulative incidence.

So, while it did decline or decrease from the 58%, still after ten years there was a 34% cumulative reduction in incidents in the lifestyle arm, so still even after all that time, pretty significant reduction in the development of type 2 diabetes.

The Diabetes Prevention Program Research Study along with some additional community research that we really referred to as translation studies have been used to develop the National DPP.

So we've given you some information about the original research efficacy trial or randomized controlled trial that was done.

But it's also important to point out that there have been other studies that have been done that have been used to really help apply this in a real world.

When we look at the cost effectiveness, and I should really point out too that the information that was received from these other kinds of studies, these translation studies, that they gave us information on the delivery in a group setting.

They also gave us information about having those classes facilitated by those other than healthcare professionals.

If we look at the cost effectiveness —and it's something we really do need to look at when we're thinking about how do we scale and sustain this lifestyle intervention that really is the way that's been proven to prevent or delay type 2 diabetes—we can look at the DPP, that original research trials from some modeling work that was done.

If you take 100 of those high-risk adults that were in that study, you can look at about age 50 and you look at them for three years. What has been found is that 15 new cases of type 2 diabetes are prevented out of these 100 people, 162 missed days of work are prevented.

You avoid the need for blood pressure and cholesterol pills in 11 people and you had the equivalent of 20 perfect years of health. And what that resulted in is the avoidance of about \$91,000 in healthcare costs. So you can see that, again, this has the opportunity to make certainly an impact on the financial burden of diabetes.

And as I mentioned earlier, we also have learned a great deal from these other translation research studies or program implementation research. And that's been very important for the building of the National DPP because you do have to think about how do you deliver this to millions of people, not just thousands of people.

So an analysis was done of 28 studies that applied the findings of the original DPP in real world settings. And what that meta-analysis showed was that the average weight change was 4%.

But it's important to point out that, again, some of these real-world studies did not achieve as effective results as the DPP; some achieved at equal or better. So it's important to be aware of that when you're looking at these meta-analyses.

But the weight change was similar whether the program was delivered by clinically trained professionals or lay educators. And that is a very important

point to take note of because this is a large task that we are all undertaking and it really is “all hands on deck.” So we need to have a variety of trained personnel who can deliver the program.

Another piece of important information that was gleaned from these translation studies was that, for every additional lifestyle session attended, weight loss increased by 0.26 percentage points. And what that tells us is that attendance matters. The more sessions people attend, the more likely they are to achieve their weight-loss goals.

When we look at the cost of delivering DPP in a one-on-one format, like what was done in that original DPP clinical trial, it was about \$1400 per participant for the first 12 months, which resulted in an average cost, for a total cost over three years, of about \$2780.

When you look at that cost compared to the group-based format done in communities—and this is information that has been gleaned from those translation or those community-based practice-based research studies—the range for delivering a program in one of those studies done at the Y was \$275 to \$325 per participant. You can see that’s quite a reduction over that \$1400 per participant amount done in the research study.

Our colleagues in Montana are delivering this program and they used certified diabetes educators. And their published data shows that it's about \$550 per participant.

So, when you take a look at these data, and you look at what we have already been doing with implementing the National DPP, it's probably good to consider that the cost of delivering the program is about \$400 to \$500 per person.

And it's important to point out that it isn't just delivering the intervention, the lifestyle intervention. It also includes engaging participants, marketing,

managing enrollment, and eligibility. These are all things that also have to be considered when you're looking at the cost of delivering a program.

So hopefully that's given you a reasonable sense. And then I'm sure many of you are familiar with the research basis.

But we wanted to be sure to spend some time with you on that so that you understand why the curriculum is. . . why we're focused on the curriculum content, why we are focused on the duration of the program, and why we really are trying to be sure that we stick with what the efficacy trials have shown, and what those practical implementation trials and studies have shown, as well.

We really want to be sure this is organized and strategically implemented based on the science, keeping in mind the real world practicalities.

So, let me spend just a couple of minutes now laying out for you the four components of the National Diabetes Prevention Program. It really is more than a program. It is an approach to building a prevention system in the country for type 2 diabetes.

The National Diabetes Prevention Program was developed to move from research into practice and to make a lifestyle change program accessible to those at high risk for type2 diabetes and to reach the most people through scaling the program nationally and sustaining it long term without using and relying upon grant funds from the government alone. That's not a strategy for long-term sustainment and we'll be talking about that when we discuss the content of the FOA itself.

But the National Diabetes Prevention Program is a public-private partnership. And it is really a great public-private partnership with community organizations, private insurers, employers, healthcare organizations, and government agencies that are working together to implement the National

DPP in order to truly have an impact on reducing the number of new cases of type 2 diabetes.

And when we have built this national program, we have built it along four components.

The first one is training. You heard me mention earlier that this really does require a workforce beyond healthcare professionals. It doesn't exclude healthcare professionals. It must include them but it cannot be done by healthcare professionals alone.

So CDC and many of our partners are working to train the workforce so that they can implement the program cost effectively. We need to have this trained workforce to deliver the evidenced-based lifestyle change program for people at high risk.

The program is delivered by a lifestyle coach in a group setting. And it's clear that the attributes and the skill set that those coaches need is that they need to be excellent facilitators.

The way the curriculum is delivered and the content of the curriculum requires that the people who are involved in doing the coaching need to be able to help people with that, determining what their own barriers are and following the recommendations and goals that are set out in the program. But it doesn't, again, require that they get up and lecture to people. It requires that they be able to be excellent facilitators.

And CDC has provided some resources and training. And we'll give you some more information about that, on how that pertains to the FOA, so that you know where lifestyle coaches can be trained and how they can be trained. So that's component one.

Component two is the recognition program. We call that the Diabetes Prevention Recognition Program. The whole purpose of the recognition

program is to assure quality and, too, we have expected to facilitate reimbursement.

It's very important that we're going to scale a national program, which is implemented locally, that we do it in a way that provides assurance both to healthcare professionals that will be referring their patients to this program . . .to these programs and also to the citizens who need to take advantage of this program. We want to be sure that people know that standards are being met. A great deal of effort has gone into establishing practical real-world standards.

Some of you on the line may already have sought CDC recognition for your program. We do not charge for recognition. This is a service that is part of the national program that CDC provides funding for.

But it is very important that people look at the standards for their program, they follow the standards, and then they provide the data as required for recognition. You also receive technical assistance when you come in for recognition.

And for those of you on the line we certainly are hoping that all of you will be applying for the funding that we're here to talk about today.

But it's important for you also to know that, if you choose not to apply for this funding, that you should consider applying for recognition and look at those standards so that, even if you move forward with funding in another way, that you are joining the efforts of the National DPP and have the assurance, the quality assurance that's necessary for this program.

And this is also going to allow CDC to maintain a registry so that we can help people find programs, know where they're located, know how to access them.

And, as many of us are asked to report on how well we are doing, we will be able to do that on behalf of the country—again, an important component of

having an organized scalable and sustainable program on behalf of the country.

So the first component is training, the second is the recognition program. And now what most of you, I'm sure, are thinking about. The third component is the intervention sites. We certainly need to develop intervention sites that will build an infrastructure and deliver the program.

The model that CDC has designed is to really be able, as I mentioned earlier, to be scalable and sustainable. So that means that it has to go beyond reliance on government grant funding.

For those of you that may be less aware, the National Diabetes Prevention Program has been in existence now for almost two years.

The original participants, the inaugural participants in the national DPP have been the YMCA, as the organization delivering the intervention, and an entity called the Diabetes Prevention and Control Alliance or DPCA.

And DPCA has served as the administrator to the YMCA, and now others, to process reimbursements, assist with participant engagement, and provide data information technology.

This is a different kind of model, and a critical model, an innovative model, that has been set up so that community organizations can now receive reimbursement through this administrator.

So, again, this is the way that the Y has been working. But as we are bringing more organizations on, they will also need to be examining their relationship with payers and how they will look at the longer term funding opportunities.

And so, you'll see in the FOA announcement there is information about working with employers and insurers so that we can be sure that there is this longer. . .long-term sustainability.

CDC has provided startup funds to the Y to date. And as, again, we now are putting out this funding opportunity announcement to be able to expand the number of organizations that we will be able to provide some startup funding to.

But that's exactly what it is, it's startup funding. And the expectation is that there is attention given to obtaining sustainable funding going forward through, again, employers and insurers.

So, with the additional dollars that the Division of Diabetes Translation received through the prevention public health funds, we are able to expand the National DPP and find more organizations.

The fourth component is health marketing. And this is a really critical component of the four as well. These are all important components, but this health marketing one is critical. You can have an excellent program but if people don't show up, it doesn't matter how great your program is.

So the main goal of marketing is to generate awareness of prediabetes. A study that CDC has done in the last couple of years has demonstrated that only 7% of the population with prediabetes knows they have it.

So, we have a real awareness challenge with prediabetes and helping to make sure that people are aware of this condition, that they are getting assessed, and that they are knowing their risk and then, in turn, to increase referrals to and participation in the lifestyle change program. So we really need to get awareness out about prediabetes and that you can intervene and prevent or delay the development of type 2 diabetes.

And we need to, again, get to those healthcare professionals and others who may be referring people to the program and to those who need the program, so that they will know where to find it and to participate.

So in a quick review, the four components of the national program:

Training the workforce. We need all hands on deck; we need people trained in an organized, coordinated fashion.

We need to have assurance of the quality of the program. That's the purpose of this CDC recognition program—so that we can help those who are delivering programs meet those standards and deliver an effective, cost-effective program.

The third is the delivery of the intervention itself. And we want those sites in many, many, many places around the country. And I should note in just commenting on that, again some of you may be thinking “well the Y, that’s a wonderful organization, but they're not everywhere.” They're not. And a Y alone cannot be responsible for delivering the National Diabetes Prevention Program.

But it is important to point out that the programs are delivered by the Y in other places besides Y buildings. And I think you'll certainly need to think about that as you're thinking about your application. You may have physical space somewhere but you also may think about how to deliver it in places that are closer to the populations that you're serving. So –certainly, this is very much a transportable program that can be delivered in a variety of locations.

And then, finally, as I mentioned, the health marketing. It is critical that we get the word out about prediabetes and that we help drive traffic to the program so that we get the people who need this program to be able to participate and take advantage.

I'm going to go ahead and turn it over to Russ Sniegowski. Right now he will be discussing the purpose of the FOA and activities that will be supported.

And I'll join back in to answer questions at the end of the call. Thanks everybody.

Russ Sniegowski: Thank you Ann, terrific presentation. Again folks, my name is Russ Sniegowski and as Debra mentioned earlier, I'm the Coordinator of the Diabetes Prevention Recognition Program.

I'm going to talk for just a couple of minutes about the overall purpose of the funding opportunity announcement, as well as the kinds of activities that will be supported by the FOA itself.

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

The underlying activities that will be supported through this funding opportunity announcement are several and I'll go into a bit of detail about these activities as we go along.

The first is to establish an evidenced-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*.

And you can find more information about the Diabetes Prevention Recognition Program and our standard operating procedures available on our Web site which, again, is www.cdc.gov/diabetes/prevention/recognition.

The next activity is to both recruit and facilitate the training of lifestyle coaches to deliver the lifestyle change program in order to educate employers about the health benefits and the cost saving effects of offering the evidence-based lifestyle change program as a covered benefit for employees, to work closely with employers to include the lifestyle change program as a part of their health benefit package.

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

To develop and implement strategic marketing and promotional activities that will serve to 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 this CDC Diabetes Prevention Recognition Program.

In addition to ensuring that each intervention site applied for CDC recognition, one of the activities that is very important is to ensure that each site has the capacity to collect program participant information as well as to maintain a data collection system as outlined in the Diabetes Prevention Recognition Program *Standards and Operating Procedures*. These are the primary activities that will be supported through this FOA.

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

Veronica Davis: Thank you, Russ. Hello and good afternoon. My name is Veronica Davis and I'll be the Grants Management Specialist on the funded awards.

Now we'll review eligibility criteria and 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/Native American tribal governments, and faith-based organizations.

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 affiliate organizations. Through their existing multiple networks and affiliates, these organizations are strategically positioned to simultaneously reach large numbers of people at high risk for type 2 diabetes in multiple states.

They also have the ability to work in partnership with employers and insurers to offer the evidenced-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 benefit and cost savings and long term sustainability.

This FOA will build on the previous Pioneering Healthier Communities FOA, which included a National DPP, a successful public-private partnership consisting of communities organizations, private insurers, employers, healthcare 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 evidenced-based lifestyle change program.

Let me now turn to the funding level for the PPHF2012 National Diabetes Prevention Program: Preventing Type 2 Diabetes Among People at High Risk Financed Solely by the 2012 Prevention and Public Health Fund.

The approximate total funding for the fiscal year is \$6 million and CDC anticipates awarding up to eight awards.

The project period is up to four years. The minimum amount for individual award will be \$750,000 and the ceiling for an individual award is \$2 million over a 12-month budget period.

If a requested funding amount is greater than the funding ceiling, the application will be considered nonresponsive and will not be entered into the review process. Applicants will be notified if they do not meet eligibility requirements.

I will now talk briefly about the review of the applications. All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office, also known as PGO.

In addition, eligible applications will be jointly 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 through the review process. Applicants will be notified that the application did not meet eligibility and/or published submissions requirements.

An objective review panel will evaluate completeness and responsiveness applications according to the criteria listed in section 5 of the application review information subsection entitled "Criteria."

Applications will be funded in order by score and rank determined by the review panel. In addition, the following factors may affect funding decisions: geographic diversity and serving populations with a high burden of type 2 diabetes.

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

Applications are due on July 31, 2012, 11:59 p.m. Eastern Daylight Savings Time.

I will now discuss the letter of intent requirement. Although a letter of intent is not required, 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 a submitted application.

The information contained within the letter of intent does not dictate the content of the application and will not have any bearing on the scoring of the application.

The LOI should be provided no later than July 6, 2012, 5:00 p.m. Eastern Daylight Savings Time. The LOI should be sent by mail or express delivery. An electronic submission email or fax is not acceptable.

Perspective applicants may submit a letter of intent that includes the funding opportunity announcement, title and number, the name of the applicant, agency or organization, name of the official contact person and that person's telephone number, fax number, and mailing and email addresses.

Now a word about format: The LOI should be no more than two pages, 8½ by 11, double spaced, printed on one side, one inch margins, written in English, and unreduced 12-point Times New Roman font.

Submit the LOI by express mail or deliver service to the address as shown on page 51 of the FOA, Section 7. Address to our agency contact— Attention: Sue Shaw.

Required registration, registering your organization through www.grants.gov, the official agency grants Web site, is the first step in submitting the

application online. Registration information is located on the main registration screen of www.grants.gov.

Please visit www.grants.gov at least two weeks prior to submitting your application, to familiarize yourself with the registration and submission processes. The one-time registration process will take up to five days to complete.

However, the grants.gov registration process also requires that you register your organization with the Central Contractor Registration, CCR. The CCR registration can require an additional one to two days to complete. You are required to maintain a current registration in CCR.

Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from grants.gov on the deadline date.

The application package can be downloaded from www.grants.gov. Applicants can complete the application package off line and then upload and submit the application via the grants.gov Web site.

Applicants must submit all application attachments using a PDF file format when submitting via grants.gov. Directions for creating PDF files can be found on the grants.gov Web site. Use of file formats other than PDF may result in a file being unreadable by staff.

Please note that the application submission is not concluded until successful completion of the validation process. After submission of your application package, applicants will receive a submissions receipt email generated by grants.gov. [Grants.gov](http://grants.gov) will then generate a second email message to the applicant, 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 application to ensure submission of your application package is complete and no submission errors exist.

To guarantee that you comply with the application deadline published in the Funding Opportunities Announcement, applicants are strongly encouraged to allocate additional days prior to the published deadline to file their application. Nonvalidated 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 application submission for instruction on how to track your application—Applications Users 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 and require registration.

Applications are now being accepted via grants.gov and are due by 11:59 p.m. Eastern Time on July 31, 2012.

I will now turn it over to Debra who will tell us about useful resources available to all applicants before we proceed to questions. Thank you.

Debra Torres: Thank you Veronica. I know you've learned a lot on this call today and I'm just going to take a few minutes to summarize and highlight a few of the resources that have been mentioned that will be helpful for you in applying for this FOA.

Web sites that have additional information: Our Web site has additional information. You can reach the National Diabetes Prevention Program Web site at www.cdc.gov/diabetes/prevention. That's the main page for the National Diabetes Prevention Program. At the end of that URL you can add a slash, and "FOA." And that's where you can get information about this funding opportunity announcement.

Also, if you go to the National Diabetes Prevention Program main Web site, you can also access the Diabetes Prevention Recognition Program Web site and access a standards document with operating procedures for recognition.

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. We posted the frequently asked questions that we received thus far from our previous conference call with potential grantees, as well as questions that have been received through our Web site. Please check this Web page frequently as we will be continually updating the Web site with questions and answers as they're received. Prior to submitting questions, though, we encourage you to review the full funding opportunity announcement.

The transcript from this call and from the call last week will be posted on our Web site.

If you have a question that has not already been addressed in our FAQs or the FOA, please submit your question on the Web site. We'll be posting the responses as soon as we can. Our goal is to post responses twice a week. So again, just to summarize what you've heard so far, and then we're going to turn this over to open the call for questions.

If you weren't able to ask your question during this call you can submit it online immediately following this call and we will address it.

So just to reiterate where you can find the funding opportunity announcement and the application package, there are two opportunities. One of them is our Web address, which is again www.cdc.gov/diabetes/prevention/foa.

And also there's a spot that will link you directly to grants.gov, where it's posted. And the grants.gov Web site is www.grants.gov. You select "Apply for Grants" and you can download the grant application package. And then you type in the funding opportunity number formatted as the following: CDC-RFA-DP12-1212PPHF 12.

Veronica just went through how to submit your application. I just want to reiterate to be mindful of the deadlines and give yourself ample time to ensure that you receive your receipt from grants.gov. Submission of 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're 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.

And as Veronica mentioned earlier, application submission by email, fax, CDs, or thumb drives will not be accepted. It has to be in a PDF format.

And I'm going to just review a few of the dates and deadlines. The first one is the letter of intent should be delivered to CDC by July 6 at 5:00 p.m. Eastern Standard Time.

The details about the LOI, which was provided by Veronica, are also posted online. The application deadline for this funding opportunity announcement is July 31, 2012 at 11:59 p.m. 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 30th. Inquiries submitted after July 25 will not be answered.

Veronica mentioned how applications will be reviewed. Applicants will be notified that their application did not receive eligibility and you will be notified if you did receive eligibility as well.

It's a lengthy process and it starts with the review from CDC Procurement and Grants Office, and it includes an objective review panel, with more information as was shared by Veronica earlier.

So now I'm going to go ahead and skip directly to questions. Matthew, can you please open the phone lines for additional questions?

Coordinator: Thank you. We'll now begin the question and answer session. To ask a question please press "Star 1" on your touch-tone phone, unmute your phone and record your name at the prompt.

To withdraw your request you may press "Star 2." One moment please. We'll wait to see if there are any questions.

Our first question comes from Fahina. Your line is open.

Fahina: Oh, thank you. I was just wondering, as far as states, if we don't have partners in other states, but do we have to get them, like, right away? I think it's going to take some time for us.

And so, I was just wondering if you can go over the state requirement. Even within Utah—I'm calling from Utah—we have, like, a very large Pacific Islander population that has really high rates of diabetes.

And so my question is, that we would like to kind of focus on that and then move on to, like, maybe California, where we have partners.

Debra Torres: I can go ahead and answer that question. This is Debra Torres. Your network needs to be currently in place and you need to have a structure where you can work in multiple states.

So if you were going to work with Asian/Pacific Islanders in Utah, you'd have to have an existing network of Asian/Pacific Islanders in other states as well.

Fahina: Okay, which we do, we have some partners there, but, so when we take off on the first tier, it needs to be in both states already, is that correct.?

Ann Albright: Yes. This is Ann. Yes, you do. You have to be able to reach people. You have to have your network already up and running.

Now, it may take, again, people some time to get them up and running. But what you're describing, starting in one state and then sort of rolling into another, you really need to be able to include those partners from the get-go and be able to get them organized and begin to deliver with you in Utah.

Fahina: Okay, thank you.

Coordinator: Our next question comes from Jenny. Your line's open.

Jenny: Thank you. Along the lines of serving multiple states, does the program intervention need to be in both states in terms of delivering the National Diabetes Prevention Program?

Or say, if you're connecting with partners, such as third party providers that work in multiple states but your organization is in a single state, does that count?

Russ Sniegowski: We were unable to hear the first part of your question. Would you be kind enough to repeat that please?

Jenny: Sure, I apologize. My question is in serving multiple states-- if our organization is in one state but we'd be partnering with a third party provider that reaches multiple states, does that count as serving multiple states or does the entire intervention need to be in multiple states?

Ann Albright: I guess we're not sure what you mean by the entire intervention. You would need to be able to demonstrate that the network that you have set up with your partner, that you are coming in as an entity, that they can reach people at high risk in multiple. . . more than one state, so multiple states.

So, I guess we're trying to understand what you mean by the entire intervention.

Jenny: Well, the intervention, meaning the National Diabetes Prevention Program. Does that program need to be delivered in multiple states by our organization or, if you're working with a third party provider that serves multiple states, but you're working at delivering this Diabetes Prevention Program in one state, would that would be sufficient?

Ann Albright: Okay, so I guess I'm going to restate your question: You're asking if you all, as the applicant, are in one state, but you are working with a partner that serves multiple states?

Jenny: Correct.

Ann Albright: I think we'd have to defer to our PGO colleagues. We may have to get back to you on that. We'll post that on the Web site.

Jenny: Okay.

Veronica Davis: Right. The eligibility says you, the applicant, has to be able to deliver your program in multiple states.

Jenny: Okay.

Ann Albright: You might consider your partner being the applicant and you guys working with them. That's the other way to look at it since you note that they do have infrastructure in multiple states. Maybe they would be the ones who should be the applicant.

Jenny: Okay, thank you.

Ann Albright: Sure.

Coordinator: Our next question comes from Tonya. Your line is open.

Tonya: Hi, yes. I have a question. I'm not quite sure, again, in terms of eligibility when I heard Veronica speaking. Initially, I thought the grant would open up to private companies. Is it now community-based organizations and faith-based agencies?

Russ Sniegowski: Are you referring to the current programs that are working with us?

Tonya: No. I'm referring to actually being eligible to apply for the CDC prediabetes program grants.

Ann Albright: It's nonprofit organizations, for-profit organizations...

Tonya: Oh, for-profit is okay. This is for for-profit.

Okay, and in terms of delivery for the intervention site, what about mobile delivery? Is that something that you are open to considering or is that not. . .?

Ann Albright: By mobile do you mean telephone, Web based. . .?

Tonya: I'm talking about mobile, yes—Web-based mobile and apps.

Ann Albright: The short answer is “no” at this point. We have keep a close eye on the evidence. And there’s still a number of unanswered questions and evidence that’s necessary to demonstrate that that delivery actually is achieving the same or better results.

But, again, I would encourage you to look at the standards. There is one opportunity, again, for recognition in which the delivery by the instructor can be remote, but the people in the group receiving the intervention need to be in one location.

And, again, the standards dictate that. But, the shortest answer to your question is “no.” This really is an in-person delivery.

Tonya:

Now, if you come to the letters of collaboration from partners, if you don't have existing partners but you have potential partners who would collaborate with you once you got, you know, the program up and running, is that something that you're amenable to?

Debra Torres: Actually, you have to have an existing network in place to hit the ground running.

Tonya: Okay. And in terms of scaling, how effective has the YMCA, your partnership with them, been in terms of scaling the program?

Ann Albright: For the amount of time that they've been up and running, they have reached over 6000 people. But, that, again, was time to build infrastructure that was being, you know, built from ground zero. So, at the last numbers that we have, it's over 6000 people.

Tonya: So, do you have a specific number in terms of site, state, city that you're looking at?

Ann Albright: Any of those specifics are noted in the FOA.

Tonya: Okay. Okay, thank you very much.

Ann Albright: Sure.

Coordinator: Our next question comes from John. Your line's open.

John: Yes good afternoon. This is John and I'm calling with a couple of questions.

One, the current plan with this organization is to focus on one state which has multiple markets in it, which then will be able to serve additional states.

And the ultimate plan is to roll it out, you know, nationwide. One, is that acceptable? And two, even more fundamentally, working with a fairly large organization and this is a newly formed subsidiary within it, is it possible to have that name of the parent remain confidential until a letter of intent is reviewed and either approved or rejected?

Russ Sniegowski: To the first question, the existence of networks and affiliates across multiple states at the time of application is required.

John: Okay.

Ann Albright: And as far as keeping. . . I mean, are you asking us not to have the name of the organization divulged until the letter of intent is received?

John: Reviewed. Either favorably or rejected.

Ann Albright: Well, the letter of intent is not a requirement. The letter of intent is something we are asking people to submit so that we have a good idea of the number of applicants.

I guess what we'd have to say is that the application has to go through the review process that every other applicant goes through.

We do not provide that information to people until the review process is done. But internally, in the review process that we have in place, people have to have access to that information to review the grant.

John: And ultimately, if you're reviewing the application, though, but if the grant is rejected, would that information still be available to the public? Obviously, for use within CDC would certainly be acceptable.

Veronica Davis: If your application is not funded, then that information is not available to the public.

John: I'm sorry, is not. . .?

Veronica Davis: If the application is not funded then that information is not available to the public.

John: Okay, great. Thank you.

Coordinator: Our next question comes from Gretchen. Your line is open.

Gretchen Taylor: Hello. This is Gretchen Taylor. I am just calling to ask the question, is this an opportunity that's likely to come again or do you see this as happening once and this is it?

Ann Albright: Well, we can't really. . .I wish we could answer that.

Gretchen Taylor: Yes.

Ann Albright: This is being solely funded by the Prevention and Public Health Fund.

Gretchen Taylor: Okay.

Ann Albright: So we, as government employees, we manage what Congress provides. And so we will wait to see but that's probably the best answer we can give you.

Gretchen Taylor: Okay. And then a second question, in terms of how diabetes prevention and control programs might be involved in this application, I'm sure many feel that they would be prepared to be responsive within their state.

The requirement to implement across states I could imagine perhaps partnering with a private company or would you see it as something that DPCPs could coordinate across a series of states?

Ann Albright: DPCPs are not eligible applicants.

Gretchen Taylor: Okay.

Ann Albright: So they would certainly have to look to whoever might be an applicant that they have partnered with, who serves multiple states, and work and talk with them about how they may work together as partners. But they are not an eligible applicant for this funding opportunity announcement.

Gretchen Taylor: All right. Thanks very much.

Coordinator: Our next question comes from Robert. Your line's open.

Robert: Hi, thank you. We're a workplace wellness provider with facilities in all 50 states and Puerto Rico. We deliver prevention programs right now.

My question is about staffing. We right now, because of just staffing limits and training development and the like, we use outsourced labor as well as just transporting labor from let's say Arizona, Utah, and from, you know, New York to Boston and the like.

What is the requirement to actually have full-time staff on the ground in each location? Typically we just have regional people that staff our facilities.

Ann Albright: You have to be able to have trained lifestyle coaches in locations where the program is being delivered.

And these, if you look at the standards, you'll note that the classes run for 16 sessions, usually weekly, and then monthly post-core sessions.

So it's going to be really important for you all to look at the national standards and the curriculum requirements because those staff has to be available to deliver that program.

Robert: Yes, we currently deliver that program right now and with the . . .not in all 50 states, but in the states that we deliver, with our staff.

My second question is it seems like that you've already identified a number of agencies or organizations, in your . . .when you talked about the funding, you said there was potentially eight funding. . .you would make this available to eight organizations. How did you come up with that number?

Ann Albright: It's based on the amount that has been the experience of what it takes to get the program up and running and the amount of money that we have.

It's \$6 million and you can hear from the amounts that were given that, based on what it is, what the range that is necessary to get a program up and running depending on the size and the scope of service that an organization will provide, it falls within that funding range. That's how those funding ranges were determined.

Robert: Okay, thank you.

Coordinator: Our next question comes from Nancy. Your line is open.

Nancy: Thank you. In term of cost per participant in delivering the National DPP, you have mentioned different costs across the states from \$275, \$325, \$550, however, you did mention that it could be between \$400 to \$500. How much of the direct cost allocation in the grant is per participant?

Ann Albright: You as an applicant will have to provide your budget. That's something you will need to be responding to in the funding opportunity announcement.

You will have to provide a budget for what you would be determining it is costing to deliver the program, in addition to the other requirements that you have.

Nancy: Okay, so you mentioned that the way you see it, it is between \$400 to \$500, so we have to fall in the range that's given?

Ann Albright: That's what the evidence to date has shown from the literature and what we have found in our practical experience. So you can use that information as a guide, but, again, you will have to prepare your budget.

Nancy: Okay, in preparing the budget, now this—the floor funding is \$750,000 and the ceiling is to be \$2 million. So, since you have about eight organizations altogether that you would like to work this grant to, I'm thinking that about all of them will get between \$750 million to \$800 million.

Ann Albright: Well, you'll know it. . .

Nancy: I'm sorry, between \$750,000 to \$800,000. So, in doing that, how many people altogether for the first year? How many participants are you looking for an organization to provide this—the NDPP?

Ann Albright: I'll make one comment and then if Deb or Russ can also provide information.

We indicate in the funding opportunity announcement that we would fund up to eight. We may not fund eight. It depends on the applications. It depends on

the quality of those applications, the capacity that they demonstrate and the ability to deliver and serve, so it's just important to make that note it's up to eight.

Debra Torres: And also, you have to realize when you read the FOA that the funding is not only to deliver the intervention. It's also to work with employers, to work with insurers.

There is a list of recipient activities and there's also a marketing component. So there's a list of recipient activities that Russ went over and that are identified in the FOA that would need to be addressed. So not all of the funding is just to implement the lifestyle intervention.

Nancy: In other words you did not have a set number of participants for the first year that you want an organization to outreach to?

Russ Sniegowski: No.

Debra Torres: That's what we're looking for in the proposal is how many people do you think, as an organization, you could reach within the four year period? How many sites do you think you can have up, operating, and operationalizing the lifestyle change program?

So we will hear from different programs and funding will be based on the various applications that we received and the number of people that can be reached and also geographic location and other areas such as Veronica had discussed in her section.

Nancy: You mentioned four years, however, the first year funding is going to be for the amount that you're going to award to each organization. So the budget should be first based on the first year and then projected, forecast to the other three years.

So, and if we're working with the proposed funding that you're going to award the organization, they have to focus on the first-year budget and see how much would go toward the program versus how much would go toward developing and in the marketing outreach, and for the other, you know, components of the program.

And also we have to provide the other three years of forecast in order to show, within the altogether four years, what we'll be able to provide and how we're going to sustain this program across the four years toward all the states that we are providing it.

Debra Torres: Yes.

Nancy: Is that so?

Debra Torres: Yes. Funding for the first year is set. For years two, three, and four- it will be based upon availability of funding that we receive from Congress. So, it could be more money. It could be less money.

Nancy: Anyway, Russ, can you please help me here in helping to identify, in doing this budget for the first year?

Do we have to say we're going to work with two, three, four, five organizations and also show we're going to try to outreach, you know, 50,000 to 100,000 participants across two or three states?

Is that what you want us to provide in this budget and in the application so you have a clear understanding of how we going to sustain this National DPP?

Debra Torres: PGO would like to respond to this question.

Veronica Davis: Well, I was just going to go and repeat the funding level piece that I read.

The approximate total funding for the fiscal year is \$6 million and CDC anticipates awarding up to eight awards.

The project period is up to four years. The minimum amount for an individual award will be \$750,000. And the ceiling of an individual award is \$2 million over a 12 month budget period.

And if the final amount requested is greater than the ceiling of the award ranges, the application will be considered nonresponsive.

So it's up to you and how you plan your budget as to what you're going to request.

Ann Albright: It just has to stay within those ranges. . .

Veronica Davis: Okay.

Veronica Davis: Exactly.

Ann Albright: And certainly what you're looking at, and your points you're making, are certainly valid about what can happen in the first year.

But you really need to, you know, again look out for the subsequent years. But those are dependent on funding, so you can certainly be projecting what you think your amount would be.

Again, it still has to be within those ceilings and floor levels but we won't know that funding amount until Congress appropriates those dollars. So you are certainly focusing on year one.

Nancy: Okay. Thank you.

Ann Albright: Sure.

Coordinator: Our next question comes from Henry. Your line's open.

Henry: Yes, first of all, I just want to ask if there's going to be a lot of complex questions. You'll still be posting additional questions on the Web site, right?

Debra Torres: Yes we will.

Henry: Alright.

Debra Torres: But you can always submit your questions online if we were unable to address them or answer them on this call.

Henry: Great. And let me see if I understand, the project period takes into account the length of time that it will take the individual trainers to become trained as coaches, right? It takes that into account?

Debra Torres: Yes.

Henry: Alrighty. Secondly, one of the goals they have here, for example, says "educate employers about the benefits and cost savings." And it says something like "educate and inform in order to achieve for a minimal, you know, 500,000 employees."

Now that means that we can. . .one benchmark would be that a employers that have enough number of employers that, having reached each one, as I don't know, they add up to half a million employees. Nevertheless, this doesn't mean that a half a million have to be trained? You just have to be able to prove that you have reached employers that have a total of this many employees?

Russ Sniegowski: That is correct.

Ann Albright: That's correct. Yes.

Henry: So it's a marketing. . .in other words we are marketing to insurance brokers to all this. But we're not held to the fact that, for example, many insurance brokers or many employers, you know, may or may not take it.

If they take it, that's a plus, but if they don't, the fact that we have brought the information to them is the main thing that counts, is that right? The other one would be a plus but how does that work? Am I articulating this correctly?

Debra Torres: You are. And the main goal is that we do want employers to offer this as a covered health benefit for their employees.

So, we definitely want to go in there not just with the intent of educating, but with being able to close the deal and being able to secure the lifestyle intervention program as a covered health benefit for employees.

Henry: And then, once the employee says "hey, I am sold, I'd like to do it," that's when the lifestyle coach then, that's when the deal is made—is it okay?

So, we can have our lifestyle coach. He or she can come in and do X number of interventions over the number of weeks of the curriculum—that's it, right?

Debra Torres: Well, actually what we're hoping that you will do is you will have locations throughout your communities where you're offering the lifestyle change program.

And then employers or other citizens within the community could be referred to your program. So you should be doing this work simultaneously.

You should be prepared to think about where you're going to deliver the intervention and then develop a plan for how you're going to target employers to offer this as a covered benefit.

Henry: Very good. So this is not meant to be offered like in the worksite, let's say?

Ann Albright: It could be.

Henry: But it's not. . .yes, but you should still have a place where they can refer if they don't have an on-site program? But, on site is a possibility also?

Debra Torres: Yes.

Ann Albright: That's right.

Debra Torres: It could be delivered at a church. It could be. . .there's an entity that's delivering it at a Ford dealership.

As Ann said in her presentation, wherever there's a facility in the community where you'll be able to get people to go to that training, is where you can offer this.

Henry: Right.

Debra Torres: And a worksite is also a possibility.

Henry: Do we have to print our own curriculums or are they available on paper and online, in any amount? Or do we have to print as many curriculums as necessary?

Debra Torres: You will have to print it and download it. The curriculum is available for free.

Debra Torres: We have it currently in English, but we're in the process of piloting the curriculum in Spanish and we're hoping by December the Spanish curriculum will be available. But you will have to do the printing of the curriculum.

Henry: So printing costs in color would have to be included because it's in color?

Debra Torres: Yes.

Henry: . . .and it looks nice of course. Alrighty, well thank you so much. And I'll send more additional questions by email. I appreciate the opportunity .

Debra Torres: Yes, please do. Thank you.

Henry: Thank you.

Coordinator: Our next question comes from Tonya. Your line's open.

Tonya: Oh, no big deal. The gentleman who just called, he just asked a question that I was interested in asking, so thank you.

Debra Torres: I'm sorry we didn't hear your question?

Ann Albright: She just said her question was answered.

Debra Torres: Oh, okay.

Coordinator: Our next question comes from Duchenne. Your line is open.

Duchenne: Hi. Good afternoon. So, two quick questions just to make sure I understand.

For each of the affiliate sites, they will be expected to use the prevention curriculum from the National DPP, correct? They were not supposed to be proposing an alternative curriculum?

Ann Albright: If you have another curriculum, it has to meet the standards and CDC would have to approve it.

Duchenne: Okay.

Ann Albright: And so you really should be looking at the one that's on the Website. It's there, it's available, it's free. We don't want anybody developing a new curriculum.

Duchenne: Okay, so that's great. Now my other question, though, is there anywhere on the Web site where we can get a little bit of information about the projects that have already been up and running?

I'm just having a hard time wrapping my head around how a community network. . .so we, you know, are a community network and have lots of affiliates and lots of, you know, feet on the ground as far as that part, but we don't have a background in approaching employers or insurers.

So I'm not understanding, those seem like two totally different occupations—working with the community or working with employers and insurers.

So I'm just trying to figure out how one organization would do that? Is there - do you guys have any models of this particular project already online?

Russ Sniegowski: Our registry has a list of programs that have received CDC pending recognition. That registry is updated on a biweekly basis and it contains contact information for each of the organizations that have received pending recognition. And those organizations are open to being contacted with questions.

Duchenne: Awesome. Thank you so much.

Ann Albright: It's just important to point out that not all of those are necessarily working with employers or payers
And you're right, it could be considered a different skill set. That's where your partnerships need to come in. That's where you all need to look at cultivating those partnerships.

So we really are needing our community-based partners and organizations to begin to cultivate that skill set.

Duchenne: Okay. And so it should be expected, though, that every application does touch on every single recipient activity?

Debra Torres: Yes. And also to let you know, on our Web site we do have some information about the Y and how they have scaled the program. And also the Y Web site has information about the National Diabetes Prevention Program.

Ann Albright: And they call it the YDPP .

Duchenne: Thank you so much.

Debra Torres: And, to let you know too, to any grantee that is funded under this FOA we will be providing comprehensive technical assistance and we'll be providing training on how to work with employers, how to work with insurers.

So we're not going to send our grantees out with no information or any kind of guidance. We're going to work very closely with the grantees to develop their skill set and to hone that skill set.

Duchenne: Okay, thank you very much.

Debra Torres: Sure.

Coordinator: Our next question comes from Charlotte. Your line is open.

Charlotte: Yes. I have two questions. One thing, is there a data management program to bring in all of this information?

And the second is, will the training be available for the master trainer and lifestyle coaches fairly soon?

Debra Torres: This is Debra, and we are currently contracting with the Diabetes Training and Technical Assistance Center, DTTAC. They will be delivering the lifestyle change program training for lifestyle coaches that are using our curriculum.

This will be available once organizations receive funding. If you're ready to go and train lifestyle coaches, they're ready to deliver the training for those organizations that choose to use our curriculum.

Charlotte: Great.

Debra Torres: And your other question about the data management component, we currently do not have a tool in place for that process.

Ann Albright: That's a decision that the organization needs to make. That's not one that we would dictate.

Charlotte: Okay, thank you.

Coordinator: Our next question comes from Dr. Garcia. Your line is open.

Dr. Garcia: Hello. I was wondering, as Native American tribes are sovereign nations, are they required to have interstate relationships, then, with other tribes or what is your feeling about that issue?

Debra Torres: PGO is going to answer that question.

Veronica Davis: There is not a requirement that you have a relationship with other tribal organizations. But there are tribal organizations out there that do have capacity in multiple states.

Dr. Garcia: Yes, I understand, okay.

Coordinator: The next question comes from John. Your line is open.

John: Yes, good afternoon. It's partially been answered, but you had indicated that there are organizations which have an acceptable alternative curriculum or interpretations of that curriculum.

Could you give me the Web address to find that? Because, I'm sorry, I've been poking around, But I wasn't able to locate it.

Ann Albright: Well, just to be clear, what you're going to have to do is look at our Web site and look at the standards. And I would look at the curriculum that's posted. You really should use that curriculum.

If you already have a curriculum that you're using, that would really be the situation where you would want to consider an alternate. That curriculum would have to be submitted to CDC for approval. And it would have to meet the specific content that's listed in the standards before it would be approved.

This is an actual requirement of the recognition program. So even if you don't come in for funding and you chose to come in for recognition only, - those requirements are the same.

So, really, you want to begin by looking at our Web site and that curriculum and looking at the content and then it would be your choice to look around to see if there are other curriculums that you want to use. But I guess the question may be "why?"

John: There may be other ways to implement this, trying to meet the letter and spirit of the program, in a way that's interpreted a little bit differently.

Ann Albright: Well, the funding opportunity announcement coming out from CDC is intended to be implementing what's currently available to be delivered and scaled and is proven to date. That's why we spent the time really going through some of the science and the evidence, which we look at on a very regular basis.

So, you're right, into the future that may be the case. And we hope continued research is going on in those areas. And we would encourage that continued research.

But, for the purposes of this application, it needs to be an existing, proven one that has been approved by CDC.

John: All right, great, thank you.

Coordinator: I'm showing no further questions.

Debra Torres: Well, thank you. We appreciate you being on the call with us today. And, again, if we were unable to answer your question, please go to our Web site and submit questions. We will be posting responses twice a week.

Now, I'd like to turn it over to Dr. Albright to close us out today. And again, thank you for participating in this call with us.

Ann Albright: And I'd like to do the same. On behalf of the Division of Diabetes Translation here at CDC, we really want to thank all of you for your time on the call today and for your interest in this funding opportunity announcement.

Just wanted to close by saying that this really is an exciting and extraordinary time for diabetes prevention. And we look forward to receiving your letters of intent and your applications.

The growth in the incidence and prevalence of diabetes is just tremendous in this country and we have got to work together in an organized and coordinated

fashion to be able to address it. It's imperative that we all succeed at this. So we appreciate your interest in this and we really do want to work together in an organized, coordinated way. And we look forward to this funding opportunity announcement being able to help further those efforts, so thanks to all of you.

And this does conclude our call today. So thanks to everybody and we'll look forward to questions that you submit to us online. Goodbye everyone.

Coordinator: This concludes today's call. Thank you for your participation. You may now disconnect.

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