

Centers for Disease Control and Prevention  
National Diabetes Prevention Program  
Diabetes Prevention Recognition Program  
2021 DPRP Standards Transition Webinar

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**Slide 1: National DPP Webinar Cover Page**

**Speaker:** Welcome to the National Diabetes Prevention Program (National DPP), Diabetes Prevention Recognition Program (DPRP), Transitioning to the 2021 DPRP Standards Webinar. The purpose of the webinar is to discuss key changes to the DPRP Standards which will affect data collection, recognition status, and Lifestyle Coach training.

**Slide 2: The Diabetes Prevention Recognition Standards and Operating Procedures (DPRP Standards)**

**Speaker:** The 2021 DPRP Standards and Operating Procedures, or DPRP Standards, have been approved and were effective as of May 1, 2021. To accompany the release of the 2021 DPRP Standards, the DPRP Data Submission Portal has gone through major revisions and is now available for use by CDC-recognized organizations.

**Slide 3: Transitioning to the 2021 DPRP Standards**

**Speaker:** The CDC does not expect organizations, or those that manage data entry systems, to make immediate changes to accommodate the new DPRP Standards. Organizations have been given a 6-month period, starting June 2021, during which time data can continue to be entered in the 2018 format. The DPRP Portal will allow you to convert that file to the 2021 format so that it can be submitted and used for evaluation. Starting on December 1, 2021, the conversion tool will be discontinued, and all files will need to initiate in the 2021 format.

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**Slide 4: Participant Eligibility**

**Speaker:** Program eligibility has remained unchanged from the 2018 Standards and, to reiterate, the requirements for participant eligibility remains as follows:

- All participants must be adults aged 18+
- All participants must have a body mass index (BMI) of  $\geq 25$  kg/m<sup>2</sup> ( $\geq 23$  kg/m<sup>2</sup>, if Asian American)
- All of a program's participants must be considered eligible based on either:
  - A qualifying blood test result within one year of participant enrollment. Blood tests may be self-reported for CDC recognition purposes. Participants enrolled in the Centers for Medicare and Medicaid Services (CMS) Medicare Diabetes Prevention Program (MDPP) cannot self-report blood test results and lab results must be provided. Blood test results must meet one of the following specifications:
    - Participants must maintain a fasting glucose of 100 to 125 mg/dl
      - The CMS eligibility requirement for MDPP participants is 110 to 125 mg/dl, or a
    - Plasma glucose of 140 to 199 mg/dl, or a
    - HbA1c of 5.7% to 6.4%, or a
    - Diagnosed history of Gestational Diabetes Mellitus (GDM) during a previous pregnancy or, lastly, a

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- o A positive screening for prediabetes based on the Prediabetes Risk Test online at:  
<https://www.cdc.gov/prediabetes/takethetest/>. (This is not an option for eligibility for MDPP participants.)

If there are any questions regarding a participant's eligibility for your National DPP, please submit a technical assistance inquiry to the National DPP Customer Service Center.

**Slide 5: Summary of Changes in Data Collection (1/6)**

**Speaker:** The 2021 DPRP Standards dictate changes to the data that are collected and to the manner in which they are collected. The DPRP Portal now includes an Admin module which allows organizations to update information such as organization contacts, specific delivery mode information, public class information locations, and Lifestyle Coach information. These updates can be made at any time but will be required to be confirmed in the months your data submissions are due. These confirmations will be necessary to enable the Data Submission module.

**Slide 6: Summary of Changes in Data Collection (2/6)**

**Speaker:** The 2021 DPRP Standards also dictate changes to the information collected from participants, and at the session level, and how data can be submitted to the CDC biannually. The new GENDER variable reflects how a participant identifies themselves. This aligns with CDC Health Equity practices. A default value is available for

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those who wish not to respond. The new COHORTID variable allows organizations to choose how a participant is evaluated. If a group of people start the program together, organizations can assign the group a unique identifier so that all the participants associated with that ID are evaluated based on the same start date. If organizations do not have group cohorts or if a participant starts late (something we do not recommend), the participant ID can be used as the cohort ID. This will allow for those participants to be evaluated based on their individual start dates. With respect to session identifiers, we have eliminated the SESSID variable.

**Slide 7: Summary of Changes in Data Collection (3/6)**

**Speaker:** To provide more specific information on the enrollment process, the ENROLL variable previously collected has now been divided into two separate variables. ENROLLMOT identifies the participant's main motivation for enrolling in the program, and ENROLLHC identifies whether a healthcare professional was the source that led the participant to enroll. The options for the PAYER variable have changed slightly to accommodate a new response option. This required us to rename the variable, now referred to as PAYERSOURCE.

**Slide 8: Summary of Changes in Data Collection (4/6)**

**Speaker:** Information specific to each Lifestyle Coach will be collected in the coach table of the Organization Profile module, as well as on the CSV spreadsheet submitted biannually. Each coach

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leading a cohort must be assigned a COACHID. This ID will be entered on the spreadsheet at the session level to indicate that the coach is teaching that cohort. For each entry on the spreadsheet, there should be an identical entry in the coach table. The coach table will also require that you enter the training mechanism and training provider information associated with each COACHID entered. This information corresponds to the primary training mechanism the applicant organization will use. These are, 1) A training entity listed on the National DPP Customer Service Center, 2) A private organization with a national network, 3) A CDC-recognized virtual organization, or 4) A Master Trainer who completed a CDC-Memorandum of Understanding (MOU)-holding Master Training program.

**Slide 9: Summary of Changes in Data Collection (5/6)**

**Speaker:** Physical activity documentation will no longer be tracked as a requirement. However, the number of physical activity minutes performed will be used as a means for determining risk reduction. For this reason, the physical activity default option of 999 has been removed. Participants are required to report the number of physical activity minutes performed in the week before each session. For participants who started the program before the 2021 Standards went into effect, we will exclude any entries of 999 when those participants are evaluated. For participants who start on or after the 2021 Standards went into effect, the DPRP will confirm that 999

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represents the number of minutes. If it does not, the organization will be instructed to change the entry to 0.

**Slide 10: Summary of Changes in Data Collection (6/6)**

**Speaker:** A participant can also show they have reduced their risk of developing type 2 diabetes by showing that there was a reduction in their HbA1c. In order to use this option, a baseline entry measured within the year before the person started the program must be recorded within 14 days of the cohort start date. The final entry must be recorded in months 9-12 of the cohort's timeline and is only necessary if being used for evaluation. Valid baseline entries for eligibility and evaluation must be in the prediabetes range of 5.7% to 6.4%. CDC will not allow for retroactive addition of HbA1c values on previous data submissions. HbA1c reduction can only be considered for participants whose initial records are received after the implementation of the 2021 Standards. HbA1c levels can be self-reported at the participant level. If a participant comes in on a qualifying HbA1c and their final HbA1c falls below 5.7%, please report that on the data spreadsheet.

**Slide 11: Summary of Changes in Recognition - Pending**

**Speaker:** Some changes have been made to CDC recognition. Organizations that make the required data submission every 6 months will be allowed to stay in pending recognition indefinitely. Organizations can move into preliminary or full recognition as the result of any evaluation.

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**Slide 12: Summary of Changes in Recognition - Preliminary**

**Speaker:** In order for an organization in pending recognition to achieve preliminary recognition, it must retain at least 5 completers from the evaluation cohort. We have removed the attendance requirement.

**Slide 13: Summary of Changes in Recognition - Preliminary/Full**

**Speaker:** An organization can remain in Preliminary or Full Recognition status indefinitely if the organization makes all required 6-month data submissions and re-achieves the requirements for preliminary or full within 3 years of first achieving it, and then at least every 3 years thereafter based on data for participants who meet the following: 1) attended at least 8 sessions in the first six months and whose time from first session attended to last session attended was at least 9 months; this is a revised definition of a completer, and 2) are enrolled in a cohort that held their first session at least one year but not more than 18 months before the submission due date; this is referred to as the evaluation cohort.

**Slide 14: Summary of Changes in Recognition - Full**

**Speaker:** The requirements for full recognition have changed to allow for more ways for an organization to show that their participants have reduced their risk of developing type 2 diabetes. In addition to meeting the requirement for preliminary, organizations must meet two

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more. The first (requirement 6) states that, among completers in the evaluation cohort, at least 60% of all completers must achieve at least one of the following outcomes: 1) at least a 5% weight loss 12 months after the cohort began, or 2) at least a 4% weight loss combined with at least 150 minutes per week, on average, of physical activity 12 months after the cohort began, or 3) at least a 0.2% reduction in HbA1c from the pre-intervention measurement to the post-intervention measurement. The final requirement (requirement 7) remains unchanged from the 2018 Standards and states that organizations must show that at least 35% of completers in the evaluation cohort are eligible for the program based on either a blood test indicating prediabetes or a history of GDM. These can be self-reported. Please note that these are requirements for CDC recognition only. Medicare and other payers set their own requirements for reimbursement.

**Slide 15: Summary of Changes in Recognition - Full Criterion for 2 Additional Years**

**Speaker:** In the 2021 Standards, we are offering an extra incentive to organizations to retain participants in the program. Organizations will be granted an additional 2 years of full recognition (for a total of 5 years) if, at the time full recognition is achieved, the following retention criterion is met for eligible participants in the evaluation cohort: 1) a minimum of 50% at the beginning of the fourth month since the cohorts held their first

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sessions, 2) a minimum of 40% at the beginning of the seventh month since the cohorts held their first sessions, and 3) a minimum of 30% at the beginning of the tenth month since the cohorts held their first sessions.

**Slide 16: Summary of Changes in Recognition Requirements**

**Speaker:** This table summarizes the requirements for each recognition status. This table should be used as a quick reference guide to recognition.

**Slide 17: How to Use HbA1c in the 2021 DPRP Standards**

**Speaker:** To understand one of the key components of participant data submission more clearly, this table is a quick reference guide to how HbA1c is used within the 2021 DPRP Standards. We recognize that HbA1c is used for both **participant eligibility** and as **an optional outcome measure**, and this can be confusing. First, the table shows you the differences between how it's used for CDC DPRP recognition eligibility (at least 35% in your cohort came in with a qualifying HbA1c within one year of program entry). CDC does not require eligibility documentation and allows self-reporting. For MDPP eligibility, the entry timeline of within one year is the same. But, this is at the participant-level and documentation is required. Please refer to the CMS MDPP website for more information. For use as a CDC DPRP optional outcome measure, HbA1c should be collected within one year of program entry and 60% of completers in your cohort must have reduced pre- and

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post-test HbA1c's by .2%. And, the final measure must be reported within months 9-12. All can be self-reported for CDC recognition purposes.

**Slide 18: Summary of Changes in Lifestyle Coach Training**

**Speaker:** In an effort to enhance program delivery, the 2021 DPRP Standards address program evaluation findings which demonstrate that well-trained and highly motivated Lifestyle Coaches have a significant impact on participant outcomes. Training entities that have an MOU with CDC have a variety of advanced training offerings available, from advanced facilitation techniques like motivational interviewing, to participant engagement and retention, effective facilitation via distance learning, health equity, and more. Recognized organizations should refer to the National DPP Customer Service Center for additional information about Lifestyle Coach and Master training. CDC is also in the process of developing an advanced coach training program. More details will be shared as they become available. CDC will not collect data on advanced lifestyle coach training. This is an organizational-level responsibility. However, CDC reserves the right to audit organizations on this requirement. Lifestyle Coaches do not need to repeat the basic trainings if they already completed them.

**Slide 19: Prevent T2 Curriculum**

**Speaker:** In a similar effort to help support program delivery, the PreventT2 curriculum (originally developed in 2015 and released in

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2016) is undergoing updates based on current nutrition guidelines and new evidence. The English version will be available as of August 2021, and the Spanish version will be available as of September 2021. More information, including recommendations on how to incorporate these updates into your current curriculum, will be provided at those times. Please note that CDC will only be updating the PreventT2 curriculum as that is the sole CDC-developed and owned curriculum used by the National DPP.

**Slide 20: Using the 2021 DPRP Portal (1/2)**

**Speaker:** The DPRP Data Submission Portal that has been used to validate and submit data files has been expanded to include new functionality. Organizations will now log into the Portal to revise certain organization-level information such as contacts and public class locations; to upload, validate, and submit data files; and to retrieve documents such as file review reports, evaluation reports, and recognition documentation.

**Slide 21: Using the 2021 DPRP Portal (2/2)**

**Speaker:** Upon logging into the Portal, organizations will see organization-level information such as organization code, recognition status, approval and effective dates, and the date range for the next file to be submitted. The Organization Profile module is where information on delivery, contacts, coaches, and public class locations can be updated and confirmed. This information will need to be

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confirmed during the data due months in order to enable the Submit Evaluation Data module. This information can be updated at any time. In addition to main contacts, organizations will now be able to add an email address for a Medicare Diabetes Prevention Program contact, a state quality specialist, and a key partner. These new contacts will have different levels of permission and will not be able to upload files for you. The Submit Evaluation Data module is where data files will be uploaded, validated, and submitted. The Evaluation Report module allows organizations to retrieve evaluation and progress reports and participant lists. And, finally, the Recognition Status and History module will house recognition documentation such as preliminary and full recognition letters and certificates.

**Slide 22: Converting Files from 2018 Format to 2021 Format (1/3)**

**Speaker:** In order to take advantage of the 6-month transition period during which a Portal conversion tool will be available for converting a 2018 format file to a 2021 format file, organizations must first log into the Portal. In order to successfully do that, organization contacts must have SAMS registration. The National DPP Customer Service Center can assist with this process. Once logged in, the contact will enter the Submit Evaluation Data module. During this transition period, there will be two buttons: one to upload a 2021 formatted file and one to convert a 2018 formatted file. If an upload failure results from attempting to convert the 2018 file, the file format will need to be reviewed and format errors corrected. Once the

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file is successfully converted, the new file name will appear so that it can be opened, saved, and reviewed. The converted file will be a 28-column file that includes additional columns for COHORTID, COACHID, ENROLLMOT, ENROLLHC, PAYERSOURCE, A1C, and GENDER. The new COHORTID variable will allow organizations to decide if a participant should be evaluated on an individual timeline or on a cohort timeline. The conversion process will populate the COHORTID column with the PARTICIP. If the organization wants the DPRP to continue to evaluate a person on their individual timeline, the participant ID entries should be kept. If the organization wants the participant to be evaluated with a group cohort, then this entry should be replaced with an actual cohort name that adheres to the naming convention rules outlined in the data dictionary of the 2021 DPRP Standards.

**Slide 23: Converting Files from 2018 Format to 2021 Format (2/3)**

**Speaker:** The COACHID, ENROLLMOT, and ENROLLHC columns will be blank as a result of the conversion. These variables cannot be left blank. Organizations will need to enter coach IDs for the COACHID variable and will need to choose appropriate entries from the options listed for ENROLLMOT and ENROLLHC from the 2021 DPRP Standards Data Dictionary. PAYERSOURCE will be populated with entries from PAYER.

**Slide 24: Converting Files from 2018 Format to 2021 Format (3/3)**

**Speaker:** The A1C column will be populated with 999 but the organization can change this with actual participant information. The

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GENDER column will be populated with the default value of 9 but can also be changed. The SESSID variable will be eliminated. Instead, the SESSTYPE variable will be used and mapped as follows: 1) for records with SESSTYPE = MU and SESSID = 1 to 26, SESSTYPE will be converted to MU-C, 2) For records with SESSTYPE = MU and SESSID = 99, SESSTYPE will be converted to MU-CM, and 3) For records with SESSTYPE = MU and SESSID = 88, SESSTYPE will be converted to MU-OM. Once missing information has been entered and all other information reviewed, the file can be uploaded to the DPRP Portal to proceed with 2021 validations.

**Slide 25: And Don't Worry**

**Speaker:** The CDC understands many of these changes will take time to implement and wants to help. For any data-related inquiries, please contact the data team directly at [DPRPData@cdc.gov](mailto:DPRPData@cdc.gov). For all other assistance, including SAMS access, please contact the National DPP Customer Service Center at [NationalDPPCSC.cdc.gov](https://NationalDPPCSC.cdc.gov).

**Slide 27: National DPP Webinar Closing Page**

**Speaker:** This concludes this presentation. Thank you for participating in the Diabetes Prevention Recognition Program.