

CDC National Diabetes Prevention Program

Overview of Proposed Changes to the Diabetes Prevention Recognition Program (DPRP) Standards

Type of Change	Rationale	Detailed Description of Change(s)
1. Add an optional variable reflecting improved hemoglobin A1C (A1C) to achieve full recognition	Literature reviews indicate that a 0.3% reduction in A1C in persons with prediabetes corresponds to a 30 to 40% reduction in type 2 diabetes incidence, similar to a 5% reduction in body weight. ¹⁻⁷ Therefore, we are proposing to allow A1C reporting as an additional (optional) means for organizations to achieve full recognition.	Add optional variable: A1C pre- and post-intervention to assess improvement in prediabetes A1C level as an alternative to weight loss for organizations interested in this option
2. Analyze weight loss in combination with physical activity to achieve full recognition	Analyze already-collected weight loss and physical activity minutes, in combination, as a second alternative to the original 5% average cohort weight loss.	Participants who achieve 4% weight loss combined with 150 minutes of physical activity per week, on average.
3. Extend recognition timelines	To acknowledge the success of CDC-recognized organizations in achieving strong participant retention in the lifestyle change program.	If an organization shows strong participant retention at 3 months, 6 months, and 9 months, it will receive an extension of full recognition status from 3 years to 5 years.
4. Document additional information from applicant organizations delivering the program virtually	Improve CDC's ability to better understand virtual delivery platform structures.	Add drop-down questions to gather information about the intensity of live coach interaction per session, how the curriculum is delivered, and how/when weight and physical activity minutes are collected.

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5. Document gender information in addition to currently collected sex-at-birth information	Will allow CDC to offer a more gender-inclusive variable, as requested by key stakeholders. Recent research shows higher odds of being diagnosed with type 2 diabetes based on gender identity.	Gender (described as how an individual self-identifies) – Male/Female/Other/Not Reported
6. Collect class cohort-level information	Will allow CDC to evaluate outcomes for annual participant cohorts and help organizations better understand their data submissions and evaluation timelines for these cohorts.	Add a variable in the Class Identification section to document an organization-assigned unique identifier that represents one yearlong group of participants at a time. (Program individual identifiers should not be included.)
7. Remove session-level variable	Will help minimize data collection burden on CDC-recognized organizations by eliminating a session variable for each participant per session (a minimum of 22 sessions in the yearlong intervention are required).	Remove this variable in the Session Identification section.

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