**From:** Joanna Craver [mailto:jcraver@aadenet.org]
**Sent:** Thursday, June 05, 2014 12:23 PM
**To:** OMB-Comments (CDC)
**Cc:** Ruth Lipman
**Subject:** DPRP Standards for Public Comment

Hi Leroy,

After carefully reviewing the DPRP Standards and Operating Procedures that are available for public comment and recommendations, AADE's has crafted a few suggestions. Please see the attached document. AADE has been working with 30 DPRP sites for the past year and our comments are comprised from our experience of working with the sites as well as keeping validity to the original DPP evidence-based study.

Thank you for your time in reviewing our submission.

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To learn more about AADE's DPP click here

CDC's DPRP for Public Review:

Comment from the American Association of Diabetes Educators

June 2014

The American Association of Diabetes Educators (AADE) is pleased to have the opportunity to comment on the proposed revisions to DPRP guidance. Our experience finds that collection of the data required in the DPRP process is not overly burdensome for the sites delivering the program. This data collection is valuable for not only maintaining standards for the National Diabetes Prevention Program but because it creates a consistent minimum data set, it serves as a resource to examine factors that affect the ability to avoid or delay development of type 2 diabetes through participation in this intervention and further build the evidence base about program effectiveness setting the NDPP apart from other so called wellness interventions. We appreciate the expanded scope of delivery models includes in this version of the DPRP which we believe is warranted based on the evidence and will serve to increase access to this valuable program:

Page 4- Participant Eligibility- Number 2- We are concerned about accuracy of self-reported blood based tests which will be accepted for individuals participating in virtual programs. There ought to be a single standard for documentation for all DPRP programs; deviation from the DPP trial needs to be evaluated for its impact prior to implementation.

Page 6- Paragraph 2- The link to the GLB website is confusing as it has links to both the 12 and 16 week curricula. The sentence after the link directs readers to the CDC website with its curriculum.

Page 7- Requirements for Pending and Full Recognition- Clarification about how the scores are averaged for determination of full recognition (i.e does each new 6 month data sheet replace the prior data sheet or are all the scores averaged together over the two year pending recognition period?)

Page 9- top paragraph (continued from page 8) – The standard for reported weight of participants for all DPRP programs should insure accuracy. Self-reported weights represents a significant change from the current standard and should be validated prior to implementation.

<u>Recommendations on Clarification of Data collection and data sheet entries:</u>

1. AADE has a seen a lot of confusion about the need to start a new spreadsheet every 6 months and recommends adding the text in italics "Each DPRP recognized organization (full or pending) must transmit evaluation data to CDC every six months. This requirement begins six months from the date of the first lifestyle intervention session held following acceptance of the DPRP application. *A new spreadsheet should be started for each six month period and e*ach transmission must include data from all of the lifestyle intervention sessions conducted during the preceding six months."

2. Add a statement indicating that for each participant, a single age, the one documented at the first session is to be used throughout the entire year long program.

3. Guidance about precision (i.e. the number of decimal places) for height and weight is needed because the values affect inclusion/exclusion on the basis of BMI

CDC Response

Joanna M Craver, MNM
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Dear Ms. Craver:

Thank you for taking the time to review and comment on the CDC Diabetes Prevention Recognition Program (DPRP) Standards. The Division of Diabetes Translation appreciates your commitment to improving the DPRP Standards. All of your comments were carefully considered. Included with this letter you will find specific responses to the suggestions and remarks outlined in your letter dated June 5, 2014.

With the growing number of new cases of type 2 diabetes, it is vital that we continue to implement proven interventions for preventing or postponing this serious disease. The DPRP is an important part of assuring that we meet the goal of reducing new cases of type 2 diabetes. Again, thank you for your interest in the DPRP.

Sincerely,

Division of Diabetes Translation
Centers for Disease Control and Prevention

**Note:** (C) indicates a comment, suggestion or request for clarification from your organization; (R) indicates a response from CDC (responses are also in blue font)

(C) Page 4- Participant Eligibility- Number 2- We are concerned about accuracy of self-reported blood based tests which will be accepted for individuals participating in virtual programs. There ought to be a single standard for documentation for all DPRP programs; deviation from the DPP trial needs to be evaluated for its impact prior to implementation.

> (R) Programs have always had the ability to accept participants who self-report that an acceptable blood test performed in the last year indicated prediabetes. We did not mean to imply that only virtual programs could accept participants based on a self-reported blood test and should have been clearer in addressing this standard. . We have modified the text as follows:
> A minimum of 50% of a program's participants must have had a recent (within the past year) blood test (blood test may be self-reported) or claim code . . .

(C) Page 6- Paragraph 2- The link to the GLB website is confusing as it has links to both the 12- and 16-week curricula. The sentence after the link directs readers to the CDC website with its curriculum.

> (R) The text has been changed to read as follows:
> The lifestyle intervention should be based on the principles of proven efficacy and effectiveness studies. The preferred curriculum can be found at http://www.cdc.gov/diabetes/prevention/recognition/curriculum.htm.

(C) Page 7- Requirements for Pending and Full Recognition- Clarification about how the scores are averaged for determination of full recognition (i.e. does each new 6 month data sheet replace the prior data sheet or are all the scores averaged together over the two year pending recognition period?)

> (R) In the 2014 DPRP Standards, each recognized organization must transmit evaluation data to CDC every 12 months. Each transmission must include data from all of the sessions conducted during the preceding 12 months. Each transmission should include no more than 12 months' worth of data. Subsequent data submissions should not include data from earlier time periods or earlier data submissions. CDC will assess progress toward meeting the requirements for full recognition according to the schedule delineated in the DPRP Standards.

(C) Page 9- top paragraph (continued from page 8) – The standard for reported weight of participants for all DPRP programs should insure accuracy. Self-reported weights represent a significant change from the current standard and should be validated prior to implementation.

> (R) The DPRP standards represent the minimum standards a program must meet to achieve recognition. Virtual programs are required to collect and report weights and, to meet the minimum requirement, weight may be self-reported since it is not possible for staff in virtual program to see the participant step on the scale and verify the weight. Programs may certainly go beyond this minimum requirement and utilize other means of collecting/transmitting weights such as electronic scales with wireless transmission. Use of this technology for collecting/transmitting weight, however, does not guarantee that weights will be accurate or not falsified. A participant could place anything on the scale and this

weight would be transmitted. All other requirement are the same for in-person or virtual programs.
Although participants' weights must still be obtained and reported at in-person sessions, the DPRP Standards have been revised to allow these weights to be measured by either the lifestyle coach or the participant. Thus, participants of in-person programs may also, at the organization's discretion, self-report weights by reporting the objectively obtained weights to the coach. To help ensure that all programs report consistent weights over time, there is an appendix to the DPRP Standards ("Recommended Standards for Measuring Weight").

Recommendations on Clarification of Data collection and data sheet entries:
(C) AADE has a seen a lot of confusion about the need to start a new spreadsheet every 6 months and recommends adding the text in italics "Each DPRP recognized organization (full or pending) must transmit evaluation data to CDC every six months. This requirement begins six months from the date of the first lifestyle intervention session held following acceptance of the DPRP application. *A new spreadsheet should be started for each six month period and e*ach transmission must include data from all of the lifestyle intervention sessions conducted during the preceding six months."

(R) We have revised the text as follows to address your concern:
For organizations recognized after 12/1/2014 - Each DPRP recognized organization (full or pending) must transmit evaluation data to CDC every 12 months. This requirement begins 12 months from the organization's effective date (the effective date is defined as the first day of the month following the acceptance of the organization's application by the DPRP). Each transmission must include data from all of the lifestyle intervention sessions conducted during the preceding 12 months. Each transmission should include no more than 12 months' worth of data (i.e., data for all participants attending sessions during a specific 12-month period). Subsequent data submissions should not include data from earlier submissions.
For organizations approved prior to 12/1/2014 – A plan for transitioning these organizations to the requirements of the 2014 edition of the DPRP Standards will be provided after December 1, 2014 (pending OMB approval). Technical assistance will also be available.

(C) Add a statement indicating that for each participant, a single age, the one documented at the first session is to be used throughout the entire year long program.

(R) The participant's age at enrollment (or age at the first session if the enrollment date and first session dates differ) should be recorded and the recorded age used throughout all records. If the participant's age is incorrectly recorded at enrollment (or first session) then the age should be corrected on all records. If an organization's recordkeeping system automatically adjusts the age on a participant's birthday then this variation in ages (pre- and post-birthday) would be acceptable.

(C) Guidance about precision (i.e. the number of decimal places) for height and weight is needed because the values affect inclusion/exclusion on the basis of BMI

(R) The DPRP Standards contain the following statement. "Participant's height should be recorded in inches." and ". . . body weight should be measured and recorded to the nearest whole pound." Only whole numbers are needed for each of these measurements and are sufficiently precise for purposes of the DPRP.