

THE CDC NATIONAL DIABETES PREVENTION PROGRAM



Diabetes Prevention Recognition Program

WELCOME GUIDE

For Newly CDC-Recognized Organizations

Updated as of July 15, 2019



NATIONAL
DIABETES
PREVENTION
PROGRAM

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Greetings!

It is our pleasure to welcome you to the Centers for Disease Control and Prevention's (CDC's) National Diabetes Prevention Program (National DPP). An estimated 84 million American adults have prediabetes, putting them at risk for type 2 diabetes, heart disease, and stroke. The National DPP intervenes in this process by building the infrastructure for sites like yours to deliver a proven type 2 diabetes lifestyle change program at the local level. We are delighted that you have partnered with the National DPP to prevent type 2 diabetes in the United States.

CDC's Diabetes Prevention Recognition Program (DPRP) is the quality assurance arm of the National DPP. The DPRP recognizes organizations that have demonstrated their ability to deliver a proven lifestyle change program to prevent type 2 diabetes.

Now that you are a CDC-recognized organization with pending recognition status, we invite you to take the time to read the Welcome Kit and the DPRP Standards and Operating Procedures (DPRP Standards). These materials will show you how to achieve and maintain full recognition in the program.

We are committed to offering you valuable resources for fighting type 2 diabetes and doing everything we can to ensure your success. It is gratifying to see type 2 diabetes prevention being implemented by organizations like yours as we all work together to improve the public's health.

Sincerely,

The National DPP Team

National Diabetes Prevention Program
Division of Diabetes Translation
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention



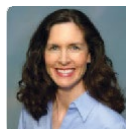
^ NATIONAL DIABETES PREVENTION PROGRAM OVERVIEW

The core of the National DPP is a CDC-recognized lifestyle change program that offers participants a trained Lifestyle Coach, CDC-approved curriculum, and in-person group or online support over the course of 1 year.

To implement this program, the National DPP relies on public-private partnerships between community organizations, public and private insurers, employers, health care organizations, faith-based organizations, and government agencies. Together, these organizations work to build a workforce that can deliver the program effectively, ensure quality and standardized reporting, and increase referrals to and participation in the program.

The National DPP works to make it easier for people with or at high risk for prediabetes to participate in affordable, high-quality lifestyle change programs to reduce their risk of type 2 diabetes and improve their health.

“The program works because it has been studied and tested. This is an opportunity to implement a proven intervention intended to prevent or delay type 2 diabetes, and increase access for people at high risk.”



– Dr. Ann Albright
Director, Division of Diabetes Translation

^ THE CDC DIABETES PREVENTION RECOGNITION PROGRAM

As the quality assurance arm of the National DPP, the DPRP recognizes organizations that have demonstrated their ability to deliver the proven lifestyle change program to prevent type 2 diabetes.

The DPRP provides organizations with guidance needed to achieve and maintain full CDC recognition through the DPRP Standards, as well as training and technical assistance.



CDC-recognized organizations must deliver a CDC-approved curriculum, either live by a trained Lifestyle Coach or through a virtual setting with Lifestyle Coach interaction. Organizations agree to be monitored and evaluated regularly by submitting participant data. Data are analyzed and measured against a set of requirements that are found in the DPRP Standards and based on participant performance.

RECOGNITION TIMING

^ An organization is required to submit de-identified session-level participant data. Please refer to the most recent [DPRP Standards](#) for submission timelines. Your organization's effective date, the first day of the month following your organization's approval date, dictates due dates for data submissions, as well as your timeline to be evaluated for preliminary and full recognition.

PENDING RECOGNITION

^ Organizations are granted pending recognition when their application is approved. Organizations can remain in pending recognition up to 3 years without achieving preliminary or full recognition, as long as the required data submissions are made according to the organization's submission timeline. If your organization does not achieve preliminary or full recognition within this time, it will lose pending recognition and be removed from the registry. After a 6-month waiting period, the organization can reapply for pending recognition.

PRELIMINARY RECOGNITION

^ Organizations achieve preliminary recognition when they meet the requirements for preliminary recognition detailed in the DPRP Standards. Organizations may remain in preliminary recognition status for four consecutive 6-month data submission periods (i.e., two years). Organizations that either do not maintain preliminary recognition at the 12 month point in the preliminary timeline or fail to achieve full recognition after 24 months in preliminary, will lose recognition and be removed from the registry. After a 6-month waiting period, the organization can reapply for pending recognition.

FULL RECOGNITION

^ Organizations achieve full recognition when they meet the requirements for full recognition detailed in the DPRP Standards and must continue to meet the requirements to remain fully recognized. Organizations may, however, remain in full recognition status for four consecutive 6-month data submission periods (i.e., two years). If organizations do not continue to meet full recognition at 24 months, but do meet the requirements for preliminary recognition, they can remain in full recognition status under a Corrective Action Plan for an additional 12 months. If an organization does not meet the requirements during the extension period, it will lose recognition and be removed from the registry. After a 6-month waiting period, the organization can reapply for pending recognition.



^ THE REGISTRY OF RECOGNIZED ORGANIZATIONS

Every organization with pending, preliminary, or full recognition is listed in the [National Registry of Recognized Organizations](#). The registry provides visibility for your program and can help with enrollment because it:

- » Helps people learn about your program.
- » Shows that you have an effective, evidence-based program.
- » Increases referrals from health care professionals.
- » May help you get reimbursement from private and public payers.

^ FINDING YOUR PROGRAM ON THE REGISTRY

The National DPP website has an [interactive map](#) of publicly available lifestyle change programs across the United States. If your program is noted as publicly available on your application, it will appear in the list that comes up when people click on your state and community. Both public and private programs can also be found through the [registry's drop-down menu](#).

There is a [downloadable master list](#) of all CDC-recognized organizations that are delivering programs in-person, online, using a distance learning platform, or through a combination of any of these three. To download the full registry, select "Download Full Registry" on the right side of the table." Fully recognized organizations are identified by a yellow star and organizations with preliminary recognition are indicated by a blue dot. Please note, these indicators will not appear on the downloaded list.



^ DPRP STANDARDS AND EVALUATION REQUIREMENTS

To achieve CDC preliminary or full recognition and demonstrate that you can successfully deliver a proven lifestyle change program to prevent or delay type 2 diabetes, your organization must meet the requirements detailed in the [DPRP Standards](#).

Before applying for CDC recognition, an organization must:

- » Select either a [CDC-approved curriculum](#) or develop a yearlong lifestyle change curriculum to prevent or delay type 2 diabetes that is based on the DPRP Standards and has been approved by CDC for use.
- » Be able to begin offering the lifestyle program within 6 months after its effective date.
- » Commit to deliver the program over 1 year, including at least 16 weekly sessions during the first 6 months and at least 6 monthly sessions during the last 6 months.
- » Be able to submit data on participants' progress— including attendance, weight loss, and physical activity minutes.
- » Have at least one trained Lifestyle Coach who can help build participants' skills and their confidence to make lasting lifestyle changes. Trained coaches can be licensed or registered health professionals or lay health workers, such as community health workers, promoters, or patient navigators. Lifestyle Coaches should be able to facilitate groups or online learning communities to encourage social interaction, shared learning, and group cohesion. Technology such as email, text messaging, and social media may also be used for this purpose.
- » Designate someone to be the diabetes prevention program coordinator, who can monitor the lifestyle change program for adherence to the DPRP Standards and submit data to CDC.

PARTICIPANT ELIGIBILITY

Recognized organizations will enroll participants according to the following requirements:

1. All of a program's participants must be 18 years of age or older and not pregnant at time of enrollment. These programs are intended for adults at high risk for developing type 2 diabetes.
2. All of a program's participants must have a body mass index (BMI) of ≥ 25 kg/m² (≥ 23 kg/m², if Asian American).
3. All of a program's participants must be considered eligible based on either:
 - a) A recent (within the past year) blood test (may be self-reported for CDC recognition purposes; but, for Medicare DPP suppliers, a self-reported blood test is not permitted) meeting one of these specifications:
 - i. Fasting glucose of 100 to 125 mg/dl (CMS eligibility requirement for Medicare DPP suppliers is 110 to 125 mg/dl)
 - ii. Plasma glucose measured 2 hours after a 75 gm glucose load of 140 to 199 mg/dl
 - iii. A1c of 5.7 to 6.4
 - iv. Clinically diagnosed gestational diabetes mellitus (GDM) during a previous pregnancy (may be self-reported; allowed for CDC, but not for Medicare beneficiaries.); or
 - b) A positive screening for diabetes based on the ADA/CDC Prediabetes Risk Test (<https://www.cdc.gov/prediabetes/takethetest/>) or a screening result indicating high risk for type 2 diabetes on the hard copy or electronic version of the ADA/CDC Prediabetes Risk Test (<https://www.cdc.gov/diabetes/prevention/pdf/Prediabetes-Risk-Test-Final.pdf>). Note: These are not options for eligibility for Medicare beneficiaries.
4. Participants cannot have a previous diagnosis of type 1 or type 2 diabetes prior to enrollment.
5. A healthcare professional may refer potential participants to the program, but a referral is not required for participation in CDC-recognized programs.

Recognized organizations can retain participants if the following occurs:

1. Participants who develop type 2 diabetes while in the program should be referred to their primary care provider for referrals to ADA-recognized or AADE-accredited diabetes self-management education and support (DSMES) programs and other resources such as Medical Nutrition Therapy (MNT) as appropriate.
2. Lifestyle change programs for type 2 diabetes prevention emphasize weight loss and are not appropriate for women who are currently pregnant. Participants who become pregnant may continue at the discretion of their health care provider and the CDC-recognized program delivery organization.



^ THE REQUIREMENTS FOR CDC PENDING RECOGNITION

If you have already received CDC approval, then you have already successfully completed Requirements 1 and 2 and have agreed to adhere to Requirements 3 and 4 of the DPRP Standards.

^ Requirement 1: Application for Recognition

To apply for CDC Recognition, fill out the [form](#) online and submit it electronically. Along with some basic information, you will need to include:

- » Contact information for a primary and secondary point of contact for your program.
- » Contact information for a data preparer (if the person preparing your data is someone other than the primary or secondary contact).
- » The curriculum you plan to use. If using a curriculum other than those pre-approved by CDC, you will need to upload it in its entirety with your application and have it reviewed prior to your organization being granted pending recognition. If you change or adapt the curriculum at any point during your program, please notify CDC immediately by emailing NationalDPPAsk@cdc.gov.
- » How you offer your program:
 - ☐ In-person (Check this box if everyone attends in-person only.)
 - ☐ Online (Check this box if everyone attends online only.)
 - ☐ Distance Learning (Check this box if everyone attends using a distance learning platform only.)
 - ☐ Combination (Check this box if you offer the program as a combination of any of the following, in-person, online, or distance learning delivery modalities.)



^ Requirement 2: Lifestyle Curriculum

- » The lifestyle change program must be based on evidence from efficacy and effectiveness trials on type 2 diabetes prevention.
- » Current DPRP Standards refer to the preferred CDC curriculum, [PreventT2](#). However, other CDC-approved curricula are also available.
- » The CDC PreventT2 curriculum is available in both English and Spanish.
- » If you plan on using an alternate curriculum, CDC will need to review it before granting your organization pending recognition. Allow 4 to 6 weeks for review. If you use an alternate curriculum that has not been submitted to CDC for approval, your recognition could be revoked.
- » It is not recommended that you change your curriculum after your participants have begun. However, if you want to change from the 2012 National DPP curriculum to the PreventT2 curriculum mid-course, please do this at the end of the first 6 months and inform CDC by emailing NationalDPPAsk@cdc.gov.



^ Requirement 3: Intervention Duration

- » The lifestyle change program must have a duration of one year.
- » Medicare DPP supplier organizations will hold ongoing maintenance sessions after the completion of the 12 month program.

^ Requirement 4: Intervention Intensity

- » During months 1–6, there must be at least 16 weekly sessions. If the sessions are completed before the end of month 6, organizations may repeat core modules or use core maintenance modules to offer additional sessions.
- » During months 7–12, there must be at least six sessions delivered once per month. If six sessions are completed before the end of month 12, remaining core maintenance modules should be delivered. Repeating core modules based on participants' needs and interests is also allowed. Keep in mind that the way you conduct your program affects participant engagement and retention.
- » Organizations that offer a full 12-month intervention with more than 22 sessions, for example bi-monthly sessions in months 7–12, are more likely to
 - Achieve full recognition because of better retention and participation.
 - Have better participant outcomes.

The following are the remaining requirements (5-9) that need to be met during your yearlong program to achieve CDC preliminary or full recognition. Please note that all performance measures are based on data from eligible participants

- *Who have had a full 12 months lapse since the date of the first session.*
- *Who have attended at least 3 sessions in months 1-6.*
- *Whose time from first session to last session was at least 9 months.*

The above criteria must be met by at least 5 participants in order for an organization to be eligible to achieve preliminary or full recognition.



^ Requirement 5: Session attendance during months 1–6 and 7–12 (requirement for preliminary and full recognition)

- » A yearlong cohort must have at least 60% of its evaluated participants attending at least 9 sessions during months 1-6 and at least 60% of its evaluated participants attending at least 3 sessions in months 7-12.

DPRP Keys to Success Tip Sheet:

- » Emphasize from the very start that the program lasts 12 months.
- » Consider holding an introductory “pre-class” session, also known as Session Zero, before the first session. Use this time to explain the program and its value, set expectations, and go over the time commitment.
- » Consider having participants sign non-binding “attendance contracts.” This has led to successful outcomes for many organizations.

^ “Holding a Session Zero has been effective for some organizations in recruiting, enrolling, engaging, and retaining program participants.”

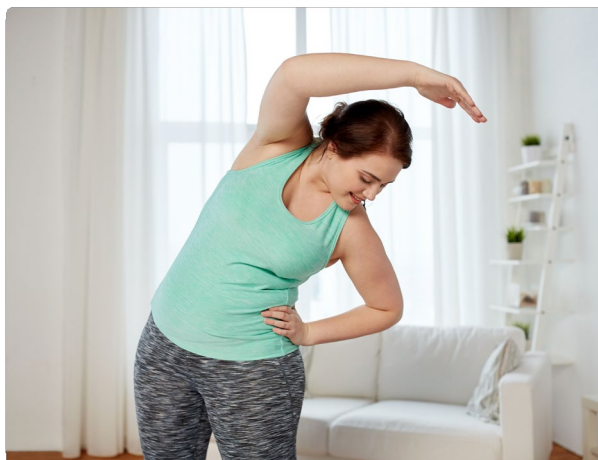
“Remember, there’s a positive relationship between the number of sessions attended and success in meeting exercise and weight loss goals.”

^ **Requirement 6: Documentation of body weight (requirement for full recognition)**

- » A yearlong cohort of participants must have body weight documented during at least 80% of the sessions attended by evaluated participants.
- » Weight should be monitored on an ongoing basis and always checked for accuracy before data are submitted to CDC.

Tips for Success:

- » Document the body weight of every participant in all sessions.
- » Hold weigh-ins in a private and confidential area (participants may choose to self-report weight).
- » For online programs, participants must document their weight and also complete the session (about 1-hour long). CDC highly recommends the use of a Bluetooth-enabled scale.



^ **Requirement 7: Documentation of physical activity minutes**

- » A yearlong cohort of participants must have physical activity (PA) minutes documented during at least 60% of the sessions attended by evaluated participants.
- » Zero (0) minutes reported will not count as documented PA minutes.

Tips for Success:

- » Record physical activity minutes at every session for each participant, once physical activity is introduced into the curriculum (i.e., PreventT2 session, Track Your Activity).
- » Check participants’ physical activity logs to make sure that they recorded their weekly physical activity minutes.
 - Recommend 150 minutes of moderate physical activity per week.
 - Emphasize the importance of tracking minutes throughout the entire 12-month program.
- » Remember that simple activities such as house cleaning and gardening can count as PA minutes.
- » Make sure every participant understands that, according to studies, keeping track of physical activity helps people achieve their weight-loss goals.



^ **Requirement 8: Weight loss achieved at 12 months**
(requirement for full recognition)

- » The average weight loss across all evaluated participants in the yearlong cohort must be a minimum of 5% of starting body weight.
- » The first and last weights recorded for each participant during months 1–12 will be used to calculate this measure.

Tips for Success:

- » Ask participants who are achieving their weight-loss goals to share their experiences with the rest of the group, with a special focus on troubleshooting and overcoming challenges.
- » Devote extra time to exploring participants' challenges. Along with input from the Lifestyle Coach, use peer learning and problem solving.
- » Strongly encourage participants to use the Food Log to record their food intake (e.g., type, calories, fat). Remind them that keeping a log has been linked to losing more weight.
- » Start a group discussion about participants' weight-loss efforts, including challenges and how they overcame them.

^ **Requirement 9: Program eligibility (requirement for full recognition)**

- » A minimum of 35% of all evaluated participants in a yearlong cohort must be eligible for the lifestyle change program based on either a blood test indicating prediabetes or a history of GDM.
- » The remainder (a maximum of 65% of participants) must be eligible based on the ADA/CDC Prediabetes Risk Test.
- » If a participant comes into a program on the basis of a risk test score, organizations are permitted to make a one-time change to the participant's eligibility status based on a post-enrollment blood test.

Tips for Success:

- » Encourage participants who enter the program solely on the basis of a positive risk test to follow up with their health care provider to get tested for prediabetes. Those who get the blood test should let their Lifestyle Coach know so that it can be documented.
- » Reach out to the clinical community to increase program awareness and referrals. Work with your state health department for help with clinical outreach.



“Lifestyle Coaches are vital for establishing connections and a sense of mutual accountability among participants.”



^ DATA COLLECTION AND SUBMISSION

To maintain CDC recognition, lifestyle change programs must make regular data submissions. Data are due every six months. The first submission is due 6 months after the organization's effective date. These data include information such as participant demographics and eligibility determination, as well as session-level information such as dates of session attended, body weight, and physical activity minutes. CDC will provide you with a report, based on the data you submit, to help you monitor your progress and improve participant outcomes.

HOW TO SUBMIT DATA

- ^ Before you submit evaluation data, be sure you understand the data submission requirements detailed in the [DPRP Standards](#). You must transmit your data in a single data file using the comma separated value (CSV) format. CDC provides a spreadsheet template that includes the proper data element names in the correct order for CDC to analyze. It is a very useful tool!
- ^ To submit your data, enter your organization code and your program point of contact's email address on this [form](#).
- ^ The organization code is the unique code assigned to your organization by the CDC. You can find this code in the email you received when CDC awarded pending recognition status to your program. Your point of contact's email address should be the same address currently on file with CDC. (If your contact information has changed, please contact CDC at NationalDPPAsk@cdc.gov to update it before submitting your data). After you submit this information, you will be taken to a page where you can upload your data file.

^ When submitting your data to the CDC for evaluation, please make sure you:

1. Do not include personally identifiable information (PII) from Lifestyle Coaches or participants.
2. Do not include titles, headers, or footnotes.
3. Use the exact data element names and order, as detailed in the Data Dictionary in the [DPRP Standards](#) and the data template. Data element names and order must match those in the template provided by CDC.
4. Do not include any empty cells. When a data value is unknown, enter the default value, except for physical activity minutes, age, and height. The 999 default code should only be used to document physical activity minutes for participants until physical activity is introduced in the curriculum. Afterward, any physical activity not reported by a participant should be recorded as zero. Default values do not exist for age and height. It is required that you collect this information for each participant.
5. Do not include any records from sessions that a participant did not attend. Using a default code of 999 to represent the weight and PA minutes of a participant who does not attend a session will lower your documentation percentages.
6. Do not send different files for each class. All classes should be recorded on a single spreadsheet and saved in a single file.
7. Do not submit two sessions for a participant with the same date unless one of the sessions is a make-up. Only one make-up session can be held per participant per week. Anything more will violate the program intensity requirement.
8. Assign every eligible participant a unique ID. If a participant drops out and later re-enrolls in the program, you must assign him/her a different ID.

^ Always refer to the most current DPRP Standards for the up-to-date data dictionary, evaluation data elements, and codes.



“Always double-check your data. CDC checks for valid coding, but cannot determine if correct participant data have been entered.”

DATA SUBMISSION REMINDERS

^ Each CDC-recognized organization must submit evaluation data to the CDC, regardless of recognition status. Your organization has until the last day of the data submission month to upload your data file. CDC will send data submission reminders by email to your organization's contacts:

- » The first reminder will come 1 month before you need to submit your program's data.
 - For example, if the data are due in March, the email will be sent on or around February 1.
 - DO NOT send data at this time.
- » A second data submission reminder will be sent to your organization's contacts, as a courtesy, approximately 2 weeks into your effective date month.
 - For example, if the data are due in March, the email reminder will be sent on or around March 15.
- » If, after this second reminder, the CDC still does not receive the data submission by the end of the submission month, the organization will lose recognition and be removed from the DPRP Registry.

Tips for Success:

- » Monitor and evaluate participants' data on an ongoing basis. Use the guidance section "Example of Using Data for Evaluation" in the DPRP Standards to see how a cohort might progress toward meeting the DPRP requirements for CDC full recognition. By using your data for program improvement, you can:
 - Identify specific participants that may be experiencing significant challenges.
 - Monitor outcomes to better understand progress in meeting the DPRP Standards.
 - Modify program implementation as needed to improve outcomes.
- » Review your data to identify trends and individual participants who may have challenges meeting the requirements. This can show you when you may need to provide additional coaching and support.



^ DPRP EVALUATION REPORTS

Analysis is based on 12 full months of data for all eligible participants. This means that eligible participants will be counted in the analysis if (1) they attended the first session at least 1 year but not more than 18 months before the submission due date, (2) they attended 3 or more sessions in months 1 through 6, and (3) the time from their first session to their last session is at least 9 full months.

DPRP PROGRESS REPORT

^ CDC will send a progress report when data from at least one completed cohort are *not* available for an evaluation.

- » The report provides feedback on your organization's progress toward achieving preliminary or full recognition.
- » The feedback cannot necessarily be used to predict whether an organization will achieve preliminary or full recognition, but it can identify areas for improvement.

DPRP EVALUATION REPORT

^ CDC will send an evaluation report when data from at least one completed cohort are available for an evaluation.

- » The report provides an evaluation of the participant data from the completed cohort(s) against the DPRP Standards requirements for preliminary and full recognition.
- » Requirements 5–9 state that participants must have had a full 12-months lapse from the date of the first session to the report due date to be included in the analysis.
- » When your organization has its first full evaluation, CDC determines whether it has achieved preliminary or full recognition.
 - If the organization does not achieve preliminary or full recognition after the first evaluation, it will remain in pending status and be reevaluated every 6 months, when data from at least one completed cohort are available.
 - After 36 months of pending recognition, if the organization has not achieved preliminary or full recognition, it will receive notice of Loss of Recognition (LOR) and must wait 6 months before reapplying for pending recognition.





^ RECOGNITION BENEFITS

CDC recognition has benefits! Through the recognition program, CDC acknowledges your organization's dedication and ability to deliver an effective lifestyle change program in your community. Additional benefits of CDC recognition include:

- » An increased likelihood of success in preventing or delaying onset of type 2 diabetes in your participant population.
- » Ongoing CDC technical assistance at no cost, including customized reports summarizing your organization's results.
- » Inclusion in the [National Registry of Recognized Organizations](#), with designation as a CDC-recognized organization.
- » Verification that your organization is delivering a high-quality, evidence-based program, which supports reimbursement from public and private insurers and employers.
- » The chance to participate in a national network of diabetes prevention programs and influence trends in type 2 diabetes prevention in the United States.





^ TECHNICAL ASSISTANCE

CDC provides technical assistance to each organization through several mechanisms: 1) the National DPP Customer Service Center, 2) direct correspondence with the data team about your data submission, and 3) in the Summary and Recommendations section of each progress and evaluation report. There is no limit on technical assistance.

National DPP Customer Service Center

CDC provides technical assistance through the National DPP Customer Service Center (NationalDPPCSC.cdc.gov). The purpose of the National DPP Customer Service Center is to provide organizations easy access to information and resources about prediabetes and the National DPP. Organizations can access training materials, toolkits, and videos; ask questions; and receive technical assistance related to all aspects of the program. To receive support from a member of our team, you must register for a free profile, and submit a request on the "Contact Us" page. Before submitting a request, please review the existing resources related to your request to see if your question has already been answered. These suggested resources will appear on the right-hand side of the page when a subject is entered.

Contact the DPRP Data Team

Once your organization makes your data submission, you may contact the data team directly for technical assistance on your submission by emailing DPRPData@cdc.gov. Make sure to always include your ORGCODE and organization name. Also, make sure that the email is being sent by one of the contacts on file with the DPRP.

Summary and Recommendations in the DPRP Reports

Each report your organization receives (progress and evaluation) includes a summary and recommendations section that contains notes and strategies tailored to your specific organization's outcomes and population.

- The DPRP Team is available to answer questions submitted to NationalDPPAsk@cdc.gov.
- The DPRP Data Team are available to answer questions about submitted data by emailing DPRPData@cdc.gov.
- The CDC routinely offers webinars for recognized organizations.
- The CDC also provides individual technical assistance on request.





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