Q1. Do we submit data only for participants who completed the 12-month program?

A1. Per the DPRP Standards, the recognized organizations are required to submit every session record of participants who attend at least one session over the 12-month program.

Q2. What is the minimum number of people required to be enrolled in one class? So, even if I have only 2 participants, would it be acceptable to report their data to CDC?

A2. Regarding the number of participants per class, all eligible participants can enroll in the lifestyle change programs and there is no class size requirement per the DPRP Standards. It is at the discretion of the organizations to decide how many participants per class is appropriate for their programs. Please also see Q1 regarding which participants’ records should be submitted.

Q3. Where do I get my organizational code (orgcode)?

A3. The organizations that receive approval recognition from the CDC DPRP will receive an email from the DPRP with detailed information about their organizations’ application including their orgcode, effective date, and data submission timeline. All email communications from the DPRP will be sent to the primary contact person of the organizations. If the primary contact person changes, please send an updated contact information to DprpAsk@cdc.gov.

Q4. Are we supposed to group each participant vs. each session? Does the order of the data need to be grouped into a participant group or class sessions?

A4. Each row of the data file is for each participant per each session attended as shown in the sample data template. In other words, each session per date per participant must be recorded per row of the data file. It is not required to order or group participants’ records by class sessions. Please note that no empty rows or empty cells should be included in the data file.

Q5. If a participant is absent from the class, do we leave their cell blank or use “999” (not recorded)? Example – a participant is sick for 1 week, or is taking care of a spouse who had surgery and therefore misses 2 weeks of class, a 3-week vacation absence, etc. In other words, is “absentee” the same as “not recorded” (999)?

A5. If a participant is absent from a session, then no record should be submitted for that participant for that session. In other words, the record for that participant who is absent should be removed from the data file for that session. Please do not use a default value (999) for weight and physical activity (PA) minutes for participants who are absent from the class session. The absentee is not the same as not recorded (i.e. value “999” for weight and PA minutes).

Q6. We assume that body weight should be documented without decimal points?

A6. Each time a participant attends a session, his or her body weight should be measured and recorded to the nearest whole pound without decimal points.
Q7. Given that the average weight loss is based on 5% of starting weight, will it be CDC’s responsibility to calculate the % loss since there isn’t a column in the spreadsheet to calculate % loss? In other words, are we to include the weight loss percentage at months 6 and 12 on the data collection spreadsheet?

A7. The CDC DPRP will calculate the average percentage weight loss at 6 months and 12 months per the 2015 DPRP Standards and send the results to the organizations every 12 months of their data submission. The recognized organizations are not required to submit the average percentage weight loss outcomes to CDC.

Q8. If a participant has a negative blood result but meets the risk assessment is that okay to include them in the study?

A8. Participants are eligible to enroll in the lifestyle change programs if they are 18 years of age or older and have a body mass index (BMI) of ≥24 kg/m² (≥22 kg/m², if Asian); and either have had a recent (within the past year) blood test (may be self-reported) or claim code indicating they have prediabetes, or a history of gestational diabetes mellitus (GDM), or if they screen positive for prediabetes based on the CDC Prediabetes Screening Test or the American Diabetes Association Type 2 Diabetes Risk Test or on a claims-based risk test. Please note that to meet the eligibility requirement for full recognition, a minimum of 50% of a program’s participants must be eligible based on a blood test or a history of GDM.

Q9. Can you address all options for make-up sessions? In person? By phone? Use of audio/video recordings? Are any/all of these acceptable?

A9. If participants miss a session during either phase of the intervention, the organizations may offer make-up sessions. It is at the discretion of the organizations how the make-up sessions should be delivered. For example, make-up sessions can be held over the phone for the convenience of the coaches and participants. However, please note that only one session per date per participant will be analyzed. In other words, you cannot offer more than one make-up session on the same day.

Q10. How many sessions can be held over the phone? For example, if we have cancelled a class due to a severe weather or snow, can we have multiple conference calls for make-up classes for all participants?

A10. If the classes need to be cancelled, make-up sessions can be delivered to one or more participants at their convenience over the phone or group conference calls. Please make sure each session has a sufficient duration to convey the session content – or approximately one hour in length. Please note that during the first six-months of the program, a minimum of 16 sessions are required over a period lasting at least 16 weeks and not more than 26 weeks; followed by a second six-month phase consisting of at least one session delivered in each month of this last six-month phase.

Q11. If a participant does not meet the BMI requirement, can we include them in the program?

A11. Participants are eligible to enroll in the lifestyle change programs if they have a body mass index (BMI) of ≥24 kg/m² (≥22 kg/m², if Asian). Please see A8 regarding participant’s eligibility requirements.

Q12. If participant has positive A1C but with normal weight, can they take the program?

A12. To be eligible, participants must meet the BMI requirement as well as other eligibility requirements as described in A8.
Q13. Does weight ALWAYS need to be submitted? My understanding was physical activity minutes (PA) did NOT need to be submitted in the first 5 weeks. What value for PA minutes should be entered during these initial 5 sessions? Can we use “999”?

A13. Each time a participant attends a session, his or her body weight should be measured and submitted. The recommended procedures for measuring weight are included in Appendix E of the DPRP Standards and Operating Procedures. It is very important for the organizations to measure and record the participant’s body weight in every attended session. The first and last recorded body weight for each participant are used to calculate the average percentage weight loss for the programs.

Regarding the physical activity documentation, once physical activity monitoring has begun in the curriculum, participants will be asked to report the number of minutes of brisk physical activity completed during the preceding week. This information should be included on the record for that participant and session. In other words, for the first 5 sessions, if participants bring in their physical activity minutes, then the actual values should be recorded and submitted. Otherwise, a default value of “999” can be used if participants do not record physical activity minutes.

A14. How do we verify who our primary, secondary, and data collector on file is?

Q14. Please see A3 regarding primary contact person change.

If the organizations would like to add a secondary or data preparer contact information, the primary contact person should submit a request to DprpAsk@cdc.gov and include the following information for a secondary/data preparer:

*Last Name:

*First Name:

Middle Initial:

*Title:

*Email:

*Phone:

Fax:

We strongly recommend adding a secondary contact or data preparer to the organization’s profile with DPRP. However, the organization primary contact person should still be in the correspondence loop.

Q15. Please give some examples of how agencies are scheduling classes. For example, if we have 16 weekly sessions, we will complete those in 4 months. We are only required to conduct 6 monthly sessions in months 7 - 12. Are agencies spreading the 16 "weekly" sessions out throughout months 1 - 6? Or, are they having the weekly sessions for 4 months and then monthly sessions for 8 months?

A15. Per 2015 DPRP Standards, a minimum of 16 sessions are offered over a period lasting at least 16 weeks and not more than 26 weeks during the first 6 months of the programs. For the second six-month phase, at least one session per month is required to be delivered. Organizations wishing to deliver more sessions (going beyond the minimum requirement of 16 weekly sessions
during months 1-6 and 6 monthly session during months 7-12) are encouraged to do so as this may be beneficial to participants needing additional support. It is at the discretion of the organizations how these additional sessions (beyond the minimum) will be delivered. Please also note that the lifestyle change programs must have a duration of one year.

Q16. Just to clarify, I understand a participant can self-report an elevated fasting blood sugar. Does he or she need to report the actual number (100 - 125)? Can we take the participant's word for it that it was elevated within the last year?

A16. The blood tests indicating prediabetes can be self-reported. The actual number is not required to be submitted to DPRP.

Q17. Can height be self-reported?

A17. Height should be recorded at enrollment and included on all session attendance records generated for an individual participant. Height may be self-reported (i.e., it is not necessary to measure the participant’s height; the participant may simply be asked, “What is your height” or “How tall are you?”). Participant’s height should be recorded in inches.

Q18. If I conduct a make-up with a member on a different day than the next scheduled class, do I enter their data on the spreadsheet? Or since they were absent from the original scheduled class, do I just omit?

A18. If participants participate in a make-up session on a different day from the regularly scheduled sessions, the record for these participants on that day should be entered into the data spreadsheet. However, if a participant is absent from a session (i.e. original scheduled class), then no record should be submitted for that participant for that particular session.

Q19. If we have many classes, do we submit one data spreadsheet for all classes or do it separately?

A19. All classes should be recorded in a single spreadsheet and submitted under a single data file.

Q20. Just need to clarify when we submit in January 2016 for participants’ records between 1/1/2015 through 12/31/2015: I have participants that started in September 2014 and finished the monthly sessions in September 2015. Their 2014 data would have been submitted already in the 2011 format. Can I submit all sessions conducted in 2015 in 2015 format regardless if they started in 2014 or not?

A20. As of January 1, 2016, all data records must be submitted using the 2015 data format and in a single spreadsheet for each data submission.

Q21. Once we put the participant’s age into the spreadsheet, do we need to update it when they have a birthday? We don’t always get a birthdate from the participants.

A21. Participant’s age should be recorded at enrollment (or at the first session if the enrollment date and first session date differ), and the same recorded age will be used throughout all records over the 12-month program.