

Formative and Summative Evaluation of Scaling the National Diabetes  
Prevention Program (National DPP) in Underserved Areas

Reinstatement with Change  
OMB No. 0920-1090; Exp. xx/xx/xxxx

**Supporting Statement: Part B**

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## Section B. Collection of Information Employing Statistical Methods

### B1. Respondent Universe and Sampling Methods

The Centers for Disease Control and Prevention (CDC) funds 10 national organization grantees under cooperative agreement DP17-1705. These grantees work across 29 States and two Pacific Islands. Each grantee is responsible for scaling and sustaining the National Diabetes Prevention Program (National DPP) lifestyle change program for individuals with prediabetes or at risk of developing type 2 diabetes. Using web-based data collection forms, grantees and their affiliate delivery sites have the opportunity to submit data to CDC on program-level characteristics, strategies, barriers, and facilitators (**Attachments 3A and 3B**). CDC will collect these data annually, and distribute all supporting instruction and communication (**Attachments 4 to 5C**) to grantee and affiliate delivery site respondents. We anticipate a response rate of 100%. The respondent universe includes the following grantees:

- 1) American Association of Diabetes Educators
- 2) Association of Asian Pacific Community Health Organizations
- 3) American Diabetes Association
- 4) American Pharmacists Association Foundation
- 5) The Balm in Gilead
- 6) Black Women’s Health Imperative
- 7) HealthInsight
- 8) National Association of Chronic Disease Directors
- 9) National Alliance for Hispanic Health
- 10) Trinity Health

Each grantee is working with multiple affiliate delivery sites. For 2018, the estimated number of sites to be established as CDC-recognized organizations is 50. This number is expected to increase to 100 in 2019 and 150 in 2020, with an annualized number of 100 sites.

**Table B.1-1. Estimated Sample Size**

	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>Annualized</b>
National DPP Grantee	10	10	10	10
National DPP Affiliate Delivery Site	50	100	150	100

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
National DPP Affiliate Delivery Sites	Evaluation Form for Sites	100	1	6	600
National DPP Grantees	Evaluation Form for Grantees	10	1	4	40
Total					640

Information will be collected from each grantee and affiliate delivery site. No sampling methods are employed.

## **B2. Procedures for Collection of Information**

Information will be collected annually. Shortly following the Office of Management and Budget (OMB) approval, CDC’s National DPP Evaluator/Statistician, Kunthea Nhim, DrPH, MPH, will authorize the system administrator for the Data Reporting for Evaluation and Monitoring of 1705 System (1705 DREM) to:

- Send an email (**Attachment 5A**) inviting grantees and affiliate delivery sites to create/register an account to access the National Evaluation Reporting Portal of the 1705 DREM System to complete the Evaluation Form for National DPP Grantees (**Attachment 3A**) and the Evaluation Form for National DPP Affiliate Delivery Sites (**Attachment 3B**), respectively. The Glossary of Terms for completing National DPP Evaluation Forms (**Attachment 3C**), and the Evaluation Form Instructions attached to the account login (Data System Screenshots, **Attachment 4**), will be available in the Evaluation Resource and Communication Portal of the 1705 DREM System. This e-mail will inform respondents of the National Evaluation Forms and encourage completion of the assessment.
- Send a reminder e-mail to those grantees and affiliate delivery sites who have not completed the online forms by December 1 (**Attachment 5B**).
- Follow-up with grantees and affiliate delivery sites that have not responded to the introductory and reminder e-mails via phone call or email to give an overview of the proposed data collection forms and address any potential questions or concerns they may have.

Each grantee will be responsible for completing a grantee-level evaluation form in addition to reviewing affiliate site-level evaluation forms for quality and completeness.

Each grantee and each affiliate delivery site will be responsible for submitting its own data. Following online submission of the evaluation forms, an automated email will be sent thanking each respondent for their participation in the assessment (**Attachment 5C**).

Upon receiving the completed data submission, the National DPP's evaluation contractor (ICF) will conduct data quality checks and publish the final aggregated de-identified data tables in the 1705 DREM system. This will allow CDC to generate an annual assessment report in the form of a data dashboard (**Attachment 5D**) for grantees and sites. ICF will also share the final raw datasets with the CDC evaluators and statisticians through a CDC Secure File Transfer Protocol (SFTP) site. CDC will then conduct a comprehensive analysis and provide feedback to each grantee in the form of tailored technical assistance via webinars, phone consultations, and/or a facilitated discussion to address each grantee's specific needs. Emerging or promising practice documents based on the aggregated de-identified data will also be developed and shared with the grantees and sites, and with the users of the National DPP Customer Service Center (CSC).

### **B3. Methods to Maximize Response Rates and Deal with No Response**

Participation in this assessment has a clear benefit to grantees and sites. Participants will receive data-driven technical assistance from CDC, including individualized feedback in the form of an annual dashboard report. They will also receive emerging or promising practice documents generated from an annual cross-grantee, de-identified, aggregate analysis. As such, we anticipate a high rate of response and significant cooperation on this CDC assessment from grantee and affiliate site program directors and project coordinators. In order to increase rates of participation, we will also employ introductory emails, reminder emails, and follow-up phone calls as needed.

### **B4. Tests of Procedures or Methods to Be Undertaken**

The DP17-1705 Evaluation Framework (**Attachment 7**), along with the National Evaluation Forms for Grantees (**Attachment 3A**) and Affiliate Delivery Sites (**Attachment 3B**), were developed based on lessons learned from the DP12-1212 National Evaluation (OMB No. 0920-1090, exp.12/31/2018) and the Program Logic Model for DP17-1705 referenced in the Notice of Funding Opportunity. The DP17-1705 Evaluation Framework identifies pertinent questions on process and outcome measures for monitoring grantees' and sites' activities and progress. CDC has utilized lessons learned from the four-year DP12-1212 evaluation report to develop technical assistance resources for CDC-recognized organizations and other key stakeholders. Data collection and lessons learned from this DP17-1705 evaluation will provide more insights on scaling the National DPP to priority populations in underserved areas, which will be used

to develop a portfolio of technical assistance tools and resources for the National DPP CSC.

**B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

The National Evaluation Forms were reviewed by CDC staff with expertise in National Diabetes Prevention Program implementation and assessment. This includes the CDC National DPP Team Lead, Miriam T. Bell, MPH; CDC Performance Improvement and Evaluation (PIE) Team Lead, Gia E. Rutledge, MPH; the CDC National DPP Evaluator/Statistician, Kunthea Nhim, DrPH, MPH; the CDC PIE Team Evaluator, Yvonne Mensa Wilmot, PhD, MPH; and CDC-designated evaluation contract staff.

ICF will analyze grantee and site program-level data for inclusion in the annual dashboard report. The CDC National DPP Evaluator/Statistician will analyze aggregated de-identified grantee and site-level outcome data. ICF will receive regular guidance and feedback from CDC throughout the analysis process. This assessment effort will result in several dissemination products, including but not limited to Power Point presentation slides, consumer-friendly program briefs, infographics, tip sheets, emerging/promising practice documents, materials, resources, tools, and at least one manuscript.

**Table B.5-1 Staff Responsible Data Collection and Analyses**

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