

**Form Approved**  
**OMB No. 0920-1090**  
**Exp. Date xx/xx/xxxx**

## **Spreadsheet for National DPP Grantees**

**Public reporting burden of this collection of information is estimated to vary between 3 and 5 hours with an average of 4 hours per grantee response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington Headquarters Office of Management and Budget, Paperwork Project Director (0920-1090), Washington, DC 20503; and the Office of Management and Budget, CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-1090)**

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**Instruction for Form Completion:**

Worksheet Definitions:

The "Site-level Data" tab is used for affiliate delivery sites that are CDC-recognized organizations wi

The "Coach-level Data" tab is used for all lifestyle coaches who deliver the CDC-recognized lifestyle

The "Class-level Data" tab is used for all lifestyle change classes offered at this site, as a result of th

The "Participant-level Data" tab is used for all participants attending the CDC-recognized lifestyle cf

Please note:

There are multiple boxes under each "response" column to allow for selection of more than one re:

For questions that require both a drop down response and a numeric value to be entered, there are

Please complete your data submission by September 30th, 2019 through the 1705 National Evaluat

**PLEASE E-MAIL US AT [NationalDPPEval@cdc.gov](mailto:NationalDPPEval@cdc.gov) IF YOU HAVE ANY QUESTIONS. THANKS!**

th assigned unique DPRP codes. It needs to be completed for each site receiving DP17-1705 change program offered at this site, as a result of the DP17-1705 cooperative agreement funding in each year of the project period. DP17-1705 cooperative agreement funding in each year of the project period. DP17-1705 cooperative agreement funding in each year of the project period. DP17-1705 cooperative agreement funding in each year of the project period.

response per question.

two separate boxes that are next to each other.

Reporting Portal in the Data Reporting for Evaluation and Monitoring of DP17-1705 (17

o funding in each year of the project period.

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05 DREM) system with your assigned username and password.

Question	Code	Response				
<b>Delivery Site (CDC-recognized organization with DPRP ORGCODE) Information</b>						
1. Grantee Name	GRANTEE					
2. Site ORGCODE (MUST be the ORGCODE that is provided by the DPRP)	ORGCODE					
3. Grant Year	GRANTYR					
4. Fiscal Year	FISYR					
<b>Strategy 1: Increase the availability of CDC-recognized organizations in underserved areas</b>						
<b>Activity 1: Identify new affiliate sites in underserved areas with the capacity to offer the lifestyle change program</b>						
5. Did your site complete the CDC's Organizational Capacity Assessment before applying for CDC recognition?	SITECAPASSESS					
		If answered "Yes", please submit the results of your organization's capacity assessment as an attachment to NationalDPPEval@cdc.gov.				
6. In the current funding year, how did your site select class locations (if applicable) to deliver the lifestyle change program in underserved areas? Please select ALL that apply.	SITERECLOC		How did your site select class locations (if applicable) to deliver the lifestyle change program in underserved areas? Please select ALL that apply. (SITERECSTR)	For all the recruitment strategies selected, what types of locations were selected to deliver the lifestyle change program? Please select ALL that apply. (SITERECLOC)	Please describe why these locations were selected for program delivery (SITELOCWHY)	For each type of location selected, what was the number of locations selected to deliver the lifestyle change program? (SITELOCNUM)
		If you answered "Other", please specify.				
<b>Activity 2: Provide affiliate sites the financial and technical assistance required to become a CDC-recognized organization</b>						
7. What technical assistance (TA) did you receive during program start-up and/or for program implementation? Please provide up to 5 most helpful TA received for program implementation. Please select up to 5 that apply. Please also provide a brief description of additional TA that was needed but not received in the current funding year.	SITETA		Top 5 most helpful TA received (SITETA)	Please describe additional TA needed but not received, if any? (SITETANEEED)		
		If you answered "Other", please specify.				
8. What resources did your site use for program implementation? Please provide up to 5 resources that were most needed for program implementation. For each resource used, please provide sources of funding. Please select ALL that apply.	SITERES		Top 5 resources needed for program implementation (SITERES)	Funding sources/in kind (SITERESFUND)	Please describe how all of the resources selected above were used (SITERESUSE)	
		If you answered "Other", please specify.				
9. In the current funding year, did your organization charge participants to attend the lifestyle change program (i.e. self-pay participants)? If able to report, what is the average annual enrollment cost for a participant who self-pays to participate in the National DPP lifestyle change program?	PARCHARGCOST		Did your organization charge participants to attend the lifestyle change program (i.e., self-pay participants)? (PARCHARGYN)	What is the average annual enrollment cost for a participant who self-pays to participate in the lifestyle change program? (PARCHARGCOST)		

Question	Code	Response				
<b>Strategy 2: Increase clinician screening, detection, and referral of adults with prediabetes or at high risk for type 2 diabetes to CDC recognized organizations</b>						
<b>Activity 1: Provide technical assistance to CDC-recognized organizations on how to help health systems implement policy and practice changes to identify priority populations with prediabetes and refer them to the lifestyle change program</b>						
10. Did you conduct any marketing activities to health care providers (HCPs) or health care systems about identifying priority populations and referring them to your organization's lifestyle change program? If No, skip to question 11.	SITEMARKHCPSYN					
11. If Yes to Q10, what marketing strategies did you use to reach HCPs or health care systems to refer priority populations to your organization's lifestyle change program? Please select ALL that apply and note additional strategies under "other."			<b>Marketing strategies used to reach HCPs or health care systems to refer priority populations (SITEMARKHCP)</b>	<b>Number of HCPs or health care systems exposed to each marketing strategy used (SITEMARKHCPNUM)</b>		
			If you answered "Other", please specify.			
12. What tools/resources did you use to reach HCPs or health care systems to refer priority populations to your organization's lifestyle change program? If you provided additional resources beyond those listed, please note this under "other" and describe.	HCPTOOL		<b>Tools/resources used to reach HCPs or health care systems to refer priority populations (HCPTOOL)</b>	<b>Number of HCPs or health care systems exposed to each tool or resource (if able to report) (HCPTOOLNUM)</b>		
			If you answered "Other," please specify.			
13. Please select from the list all referral sources to the lifestyle change program. If able to report, please provide the total number of potential participants referred for each referral source. For referral sources from health care providers/systems, please provide mode of referral. Please select ALL that apply.	OREFLSOR		<b>Referral sources (OREFLSOR)</b>	<b>For referral sources from health care providers/systems, please provide mode of referral (HCPREFMODE)</b>	<b>Total number of potential participants referred for each referral source (HCPREFNUM)</b>	
			If you answered "Other", please specify.			

Question	Code	Response				
14. What were the recruitment places that your site used to reach priority populations of focus? For each place selected, please provide the total number of potential participants reached (if able to report). Among all of the recruitment places selected, please provide the recruitment methods you used. Please select ALL that apply.	RECRUTPL		What were the recruitment places that your site used to reach priority populations of focus? Please select ALL that apply (RECRUTPL)	Among all of the recruitment places selected, what were the recruitment methods you used? Please select ALL that apply. (RECRUMET)	Total number of potential participants reached for each recruitment place (RECRUTPARTNUM)	
			If you answered "Other", please specify.			
15. Please describe any factors that facilitated marketing to health systems and health care providers.	HCPSMARKFAC					
16. Please describe any barriers you experienced in marketing to health systems and health care providers, and strategies you used to address barriers.			Barriers in marketing to health care providers/systems to screen, test, and refer priority populations (HCPSMARKBAR)		Strategies to address barriers reported (HCPSMARKSTR)	
<b>Strategy 3: Increase priority population awareness of prediabetes and enrollment in the lifestyle change program</b>						
<b>Activity 1: Use the CDC National DPP Marketing Portfolio and other materials as appropriate to recruit, engage, and enroll priority populations in the lifestyle change program</b>						
17. For all priority populations of focus, what types of marketing strategies did you use to reach them? Please describe "Other" strategies used that don't fit into the categories provided. Please select ALL that apply.	SMARKSTR		For all priority populations of focus, what types of marketing strategies did you use to reach them? Please select ALL that apply. (SMARKSTR)			
				If you answered "Other", please specify.		
18. What channels did you use to reach people to enroll in the National DPP Lifestyle Change Program? Please describe "Other" channels used that don't fit into the categories provided. Please select ALL that apply. How many people did you reach with each channel? If able to report, please provide frequency per marketing channel used.	COMCHANNEL			What channels did you use to reach people to enroll in the National DPP Lifestyle Change Program? (COMCHANNEL)	If able to report, please provide frequency per marketing channel used. (COMCHANNELFREQ)	For each channel used, what was the total number of people reached? (COMCHANNELREACH)

Question	Code	Response				
		If you answered "Other", please specify.				
19. For current funding year, did you use a pay for outcome (PFO) or other type of value-based payment plan to cover enrollment costs for priority populations supported with 1705 funds? Please select the type of payment plan, and provide details of the payment/reimbursement arrangement. Please select ALL that apply.	PFOMODEL	Did you use a PFO or other value-based payment plan? (PFOMODELYN)	What type of PFO payment plan was used to cover enrollment costs for priority populations supported with 1705 funds? Please select ALL that apply. (PFOMODEL)	Please describe how payment/reimbursement was arranged. (PFOMODELDES)		
	If you answered "Other", please specify.					
<b>Strategy 4: Ensure high rates of retention for priority population participants in the lifestyle change program</b>						
<b>Activity 1: Develop and/or adapt tools, materials, best practices, and advanced skills training for coaches to help CDC-recognized organizations support and retain priority population participants</b>						
20. How have you adapted the lifestyle change program to address the specific cultural needs or preferences of one or more of your priority populations or focus? Please select ALL that apply.	SITEADAPT			Type of delivery adaptation (SITEADAPT)		
	If you answered "Other", please specify.					
21. For all priority populations of focus, what types of incentives are provided to participants to encourage program participation or completion? What are the funding sources for incentives provided? Please select ALL that apply. Please provide brief descriptions of how and when incentives were provided.	SITEINCENT		For all priority populations of focus, what types of incentives were provided? Please select ALL that apply. (SITEINCENT)	For each type of incentive selected, what are the funding sources for incentives provided? Please select ALL that apply. (SITEINCENTFUND)	Please describe how and when incentives selected were provided (SITEINCENTDES)	
	If you answered "Other", please specify.					
22. Which additional strategies or best practices (other than those reported in questions 20 & 21) did your site adopted in order to retain priority populations of focus? For all strategies or best practices adopted, please provide brief description of how and when they have been used to engage/retain priority populations of focus. Please select ALL that apply.	SRETAINSTR		Which additional strategies or best practices (other than those reported in questions 20 & 21) did your site adopted in order to retain priority populations of focus? Please select ALL that apply. (SRETAINSTR)	For all strategies or best practices adopted, please provide brief description of how and when they have been used to engage/retain priority populations of focus. (SRETAINSTRDES)		

Question	Code	Response				
		If you answered "Other", please specify.				
<b>Strategy 5: Ensure that participation in the lifestyle change program is included as a covered benefit for priority populations</b>						
<b>Activity 1: Work with employers and public and private payers to promote the lifestyle change program as a covered benefit for priority populations</b>						
23. Which types of payers reimbursed for the costs of priority populations enrolled in your lifestyle change program. Please select ALL that apply. For all types of payers selected, what were the names of the payers who reimbursed for the costs of priority populations enrolled in your lifestyle change program? What was the number of participants who received reimbursement from all payers (if able to report)?	SPAYTYPE		Which types of payers reimbursed for the costs of priority populations enrolled in your lifestyle change program. Please select ALL that apply. (SPAYTYPE)	For all types of payers selected, what were the names of the payers who reimbursed for the costs of priority populations enrolled in your lifestyle change program? (SPAYNAM)	What was the number of participants who received reimbursement from all payers (if able to report)? (SPAYPARTNUM)	
			If you answered "Other", please specify.			
<b>Activity 2 . Provide technical assistance to CDC-recognized organizations serving priority populations on how to implement administrative systems required to bill and receive payment from payers</b>						
24. If your site received reimbursement from payers selected in Q23 in the current funding year, for all type of payers, please select from the list which types of billing and coding systems were used, or which entities your site contracted with to submit claims. If able to report, please also provide the name(s) of third-party administrators used and the date claims were initiated. Please select ALL that apply.	SMDPPBILL			For all type of payers, which types of billing and coding systems were used to submit claims to payers? Please select ALL that apply. (SMDPPBILL)	If contracted with a third-party administrator (TPA) to provide billing and payment services, what was the name(s) of TPA your organization contracted with? (SBILLTPA)	What date was the claims processing system implemented? (SBILLCLAIM)
			If you answered "Other", please specify.			

For all lifestyle coaches who deliver the CDC-recognized lifestyle change program offered at this site and for all lifestyle coaches who deliver the CMS's Medicare Diabetes Prevention Program (MDPP), please provide the following information:

GRANTEE	ORGCODE	COACHID	COACHROLES	COACHROLESOTH
		<p>Please enter a unique de-identified Coach ID for each of the lifestyle coach delivering the program at this site (Please do not include any personally identifiable information such as name, birth data, social security number for Coach ID)</p>	<p>What were the roles of the lifestyle coach? Please select all that apply. If you answered "Other", please specify.</p>	<p>Please describe other role(s) of lifestyle coaches.</p>

ite, as a result of DP17-1705 cooperative agreement funding in the current funding year, please provide the foll  
 rovide their National Provider Identifier (NPI) as their Coach ID.

<p>What percent time did the lifestyle coach spend on each role selected?</p>	<p>What curriculum was the lifestyle coach trained? Please select all that apply. If you answered "Other", please specify.</p>	<p>Please describe other curriculum lifestyle coach was trained.</p>	<p>What types of additional trainings did the lifestyle coach receive? Please select all that apply. If you answered "Other", please specify.</p>	<p>Please describe other type(s) of additional trainings that the lifestyle coach received.</p>
<p>COACH%TIME</p>	<p>COACHCURTRAIN</p>	<p>OTHERCURTRAIN</p>	<p>COACHADDTRAIN</p>	<p>COACHOTHTRAIN</p>

Following information. Please provide one unique de-identified Coach ID per row. For

<p>What types of qualifications (if applicable) does the lifestyle coach have? Please select ONE.</p>	<p>What are the types of funding sources for the lifestyle coach? Please select all that apply. If you answered "Other", please specify.</p>	<p>Please describe other type(s) of funding for the lifestyle coach.</p>	<p>If able to report, what is the average annual salary of the lifestyle coach?</p>
<p>COACHQUAL</p>	<p>COACHFUND</p>	<p>COACHFUNDOTH</p>	<p>COACHSAL</p>

For all lifestyle change classes offered at this site, as a result of the DP17-1705 cooperative agreement ID per row.

		Please enter a unique de-identified Class ID for this class.	Please select from the list of unique de-identified Coach IDs for the main lifestyle coach who delivered the program for this class.	What curriculum was used for this class?
<b>GRANTEE</b>	<b>ORGCODE</b>	<b>CLASSID</b>	<b>COACHID</b>	<b>CURUSE</b>

nt funding in current funding year, please provide the following information. Please provide one unique

If you answered "Other", please describe other type of curriculum used.	What language was used for this class?	If you answered "Other", please describe the other language used.	What was the type of location (if applicable) for this class?	If you answered "Other", please describe other type of location.
CURUSEOTH	LANGUSE	LANGUSEOTH	CLASSLOC	CLASSLOCOTH

**de-identified class**

<b>What was the mode of delivery for this class?</b>	<b>If applicable, what is the address for this class?</b>
<b>CLASSMODE</b>	<b>CLASSADD</b>

For all participants attending the CDC-recognized lifestyle change program at this site, please provide the de-identified participant information for the Prevention Recognition Program (DPRP) in the row below. Please provide one unique

GRANTEE	ORGCODE	PARTICIP	VPDIS
		Please provide de-identified participant IDs who were enrolled as a result of 1705 funds.	Does the participant have a visual impairment and/or physical disability? Please select only ONE.

te, as a result of the DP17-1705 cooperative  
oant IDs (PARTICIP) submitted to the Diabetes  
ue participant ID per row.

<b>Did the participant attend a Session Zero or Introductory Session before starting the lifestyle change program? Please select only ONE.</b>	<b>If able to report, what is the participants' ZIP code of residence?</b>
<b>SESS0</b>	<b>PARTICIPZIP</b>

GRANTEE	ORGCODE	GRANTYR	FISYR	SITECAPASSESS	SITERECSTR	
1. AADE	Up to 25 alphanumeric characters; provided by DPRP	1. Year 1	1. 2018	1. Yes	1. Recruit via site organization's website	
2. AAPCHO		2. Year 2	2. 2019	2. No		
3. ADA		3. Year 3	3. 2020	3. Don't know/Not sure		2. Recruit via email blast to partners
4. APhA		4. Year 4	4. 2021			3. Recruit via leveraging pre-existing relationships with community-based organizations
5. Balm in Gilead		5. Year 5	5. 2022			4. Recruit via phone outreach to potential partners
					5. Recruit via press release	

6. BWHI

6. Recruit via collaborating with other 1705 grantees and/or affiliate sites

7. HealthInsight

7. Select based on demographics of participants targeted

8. NACDD

8. Partner with employers to offer the program on-site

9. NAHH

9. Partner with third-party network to identify locations to deliver CDC-recognized lifestyle change program

10. Trinity Health

10. Other selection criteria





SITERECSTROTH	SITERECLOC	SITERECLOCOTH	SITELOCWHY	SITELOCNUM	SITETA
Open field for text	1. Local or community YMCAs	Open field for text	Open field for text	Number of locations selected per types of locations	1. Did not receive any TA for program start-up and/or for program implementation
	2. Community-Based Organizations				2. TA on how to apply for CDC recognition
	3. Universities/Schools				3. TA on how to collect and submit the required DPRP data elements to the CDC
	4. State/Local Health Departments				4. TA on how to select a CDC-approved lifestyle change program curriculum
	5. Hospitals/Health Care Systems/Medical Groups/Physician Practices				5. TA on how to implement the CDC-recognized lifestyle change program to meet the DPRP Standards requirements

6. Community Health Centers

6. TA on how to interpret participants' data to monitor program progress and address challenges in meeting the DPRP Standards

7. Federally Qualified Health Centers

7. TA on how to collect and submit the 1705 performance measurement data to CDC

8. Pharmacies/Drug Stores/Compounding Pharmacies

8. TA on how to collect and submit the 1705 national evaluation data elements to CDC

9. Indian Health Service/Tribal/Urban Indian Health Systems

9. TA on how to tailor implementation of the lifestyle change program to meet the needs of specific priority populations

10. Business Coalitions on Health/Cooperative Extension Sites

10. TA on how to recruit and enroll targeted priority populations

11.  
Worksites/Employee Wellness Programs

11. TA on how to retain targeted priority populations in the yearlong lifestyle change program

12.  
Senior/Aging/Elder Centers

12. TA on how to interpret the 1705 performance measures and evaluation data to address challenges in meeting the 1705 goals/objectives

13. Health Plans/Insurers  
14. Faith-Based Organizations/Churches  
15. For-profit Private Businesses

13. TA related to the MDPP (e.g., how to become an MDPP supplier, submitting claims, etc.)  
14. Other

15. N/A

16. Telehealth

17. Other  
(please specify)

18. N/A

SITETAOTH	TAPROVIDER	TAPROVIDEROTH	TAHELPYN	SITETANEED	SITERES
	1. Your National Organization grantee		1. Yes		
Open field for text		Open field for text		Open field for text	1. Office space, location to hold classes, materials, equipment, supplies 2. Labor/Personnel: lifestyle coaches and program coordinators and funding for staff training to deliver the lifestyle change program 3. Incentives from other sources (not from 1705 funds) to health care providers/systems for participant referrals 4. Funding to offer an information session/session zero to potential participants
	2. CDC		2. No		
	3. Your national organization grantee's contractors		3. N/A		
	4. Partners				
	5. Other 1705 grantees				5. Travel budget for site visit

6. Other 1705  
affiliate sites

6. Marketing  
materials; resources  
for marketing  
campaigns

7. Other

7. Other

8. N/A

8. N/A

SITERESOTH

SITERESFUND

SITERESFUNDOTH

SITERESUSE

PARTENRLCOSTYN

Open field for text

1. 1705 funding

Open field for text

Open field for text

1. No, did NOT use 1705 funding for participant enrollment

2. Employer/ Insurer reimbursement

2. Yes, used 1705 funding for participant enrollment and able to report (please report)

3. Other governmental funding

3. Yes, used 1705 funding for participant enrollment but NOT able to report

4. Other non-governmental funding

5. Participant fees (for self-pay participants)

6. In-kind from  
partner  
organization

7. Other

8. N/A

PARTENRLCOST

PARCHARGYN

(PARCHARGCOST

SCOVPOL

SCOVPOLOTH

Open field for text

1. No, do not charge a participant fee
2. Yes, and able to report
3. Yes, but not able to report
4. N/A

Open field for text

1. No policy in place for financing/reimbursement for the lifestyle change program

Open field for text

2. Employer

3. Private Insurer

4. Public Insurer

5. Grant Funds

5.  
Organizational:  
in-kind support  
via participant  
fee waiver

6. Don't  
know/Not sure

7. Other

9. N/A

SCOVPOLTYPE	SCOVPOLTYPEOTH	SCOVPOLDES	SITEMARKHCPSYN	SITEMARKHCP
			1. Yes	1. Conduct presentations about the National DPP lifestyle change program for health care providers at their practice sites or at health care organizations
1. Covered benefit	Open field for text	Open field for text		2. Distribute Prevent Diabetes STAT (Screen, Test, Act Today) toolkit's print materials at health care providers' practice facilities
2. Wellness program/benefit			2. No	3. Distribute grantee's developed print materials at health care providers' practice facilities
3. Enrollment fee waiver			3. N/A	4. Place media (TV, radio) or video ads targeting health care providers in delivery sites' markets or at their practices or systems
4. Pay for outcomes				5. Conduct promotional activities at professional conferences targeting health care providers
5. Don't know/Not sure				

6. Collaborate with local medical societies to conduct promotional activities targeting health care providers

6. Other

7. Use social media to conduct marketing campaigns targeting health care providers

7. N/A

8. Use health care provider champions to conduct promotional activities among their peers

9. Provide incentives (from other sources, not from 1705 funds) to health care providers to screen, test, and refer their patients to grantee's delivery sites

10. Direct contact via phone, email or face-to-face interaction

11. Other

12. N/A

SITEMARKHCPOTH	SITEMARKHCPNUM	SITEMARKHS	SITEMARKHSOTH
Open field for text	Number of HCPs exposed to each marketing strategy used	<p>1. Conduct presentations about the National DPP lifestyle change program for health care providers at their practice sites or at health care organizations</p> <p>2. Distribute Prevent Diabetes STAT (Screen, Test, Act Today) toolkit's print materials at health care providers' practice facilities</p> <p>3. Distribute grantee's developed print materials at health care providers' practice facilities</p> <p>4. Place media (TV, radio) or video ads targeting health care providers in delivery sites' markets or at their practices or systems</p> <p>5. Conduct promotional activities at professional conferences targeting health care providers</p>	Open field for text

6. Collaborate with local medical societies to conduct promotional activities targeting health care providers

7. Use social media to conduct marketing campaigns targeting health care providers

8. Use health care provider champions to conduct promotional activities among their peers

9. Provide incentives (from other sources, not from 1705 funds) to health care providers to screen, test, and refer their patients to grantee's delivery sites

10. Direct contact via phone, email or face-to-face interaction

11. Other

12. N/A

SITEMARKHSNUM	HCPTOOL	HCPTOOLOTH	HCPTOOLNUM	HSTOOL	HSTOOLOTH
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Number of health care systems exposed to each marketing strategy used	1. AMA/CDC STAT (Screen, Test, Act, Today) toolkit	Open field for text	Number of HCPs exposed to each tool or resource	1. AMA/CDC STAT (Screen, Test, Act, Today) toolkit	Open field for text
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2. Community Clinical Linkages Guide

2. Community Clinical Linkages Guide

3. CDC PreventT2 marketing resources for health care providers

3. CDC PreventT2 marketing resources for health care providers

4. Handouts/materials developed by the grantee

4. Handouts/materials developed by the grantee

5. Other

5. Other

6. N/A

6. N/A

HSTOOLNUM	OREFLSOR	OREFLSOROTH	HCPREFMODE	HCPREFMODEOTH
Number of health care systems exposed to each tool or resource	<p>1. Health care providers/systems</p> <p>2. Employers or employer's wellness programs</p> <p>3. Insurers or <b>Third-party administrators (TPAs)</b></p> <p>4. State or local health departments or other government entity</p> <p>5. Faith-based organizations or other non-profit/ community-based organizations</p>	Open field for text	<p>1. Use CDC-developed bi-directional electronic-referral model/guidance via EHRs</p> <p>2. Use CDC-developed bi-directional referral model/guidance via fax, phone, or paper</p> <p>3. Use national organization grantee-developed bi-directional electronic-referral system via EHRs</p> <p>4. Use national organization grantee-developed bi-directional referral system via fax, phone, or paper</p> <p>5. Use one-way referral systems via EHRs</p>	Open field for text

6. Self-referral or referral via org website/online participant portal or from family/friends

6. Use one-way referral systems via fax, phone, or paper

7. Community Health Workers

7. Receive a contact list of potential participants with prediabetes/at risk

8. Pharmacists or pharmacies

8. Other

9. Other

9. N/A

10. N/A or No referral sources

HCPREFNUM

HCPREFENRNUM

Number of potential participants referred per each source of referrals

Number of participants enrolled (out of those referred) per each source of referrals

RECRUTPL	RECRUTPLOTH	RECRUMET
1. Did not conduct active recruitment from any places	Open field for text	1. Approaching participants one-on-one in their health care providers' offices
2. Hospitals or health care systems (including hospital owned practices)		2. Call potential participants from contact list provided
3. Physician practices not affiliated with a health care system		3. Mail promotional materials to potential participants from contact list provided
4. Federally Qualified Health Center (FQHC)		4. Conduct or participate in health fairs and/or other community outreach activities (including blood glucose screening events at worksites)
5. Indian Health Service (IHS) or tribal health systems		5. Conduct presentations about evidence-based lifestyle change program to promote recruitment and enrollment activities at employer worksites

<p>6. Employers/worksites (including employer wellness programs)</p>		<p>6. Use alumni champion from previous lifestyle change classes (through word-of-mouth, phone, or email)</p>
<p>7. State or local health departments</p>		<p>7. Distribute grantee's developed print marketing materials at recruitment places</p>
<p>8. Other government entity</p>		<p>8. Other</p>
<p>9. Community center (i.e., library, Rotary Club, Lions Club, senior center, etc.)</p>		<p>9. N/A</p>
<p>10. YMCA facilities</p>		





RECRUMETOTH	RECRUTPARTNUM	RECRUTPARTENR	HCPSMARKFAC	HCPSMARKBAR
Open field for text	Number of potential participants reached per each recruitment method	Number of participants enrolled per each recruitment method	Open field for text	Open field for text

HCPSMARKSTR

SMARKSTRPOP

SMARKSTRPOPOTH

SMARKSTR	SMARKSTROTH
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1. Not targeting specific priority populations

1. Advertising/  
media campaign

Open field for text

Open field for text

Open field for text

2. Hispanics

2. Print campaign or dissemination

3. African-Americans

3. Public relations

4. Asian-Americans

4. Digital marketing

5. American Indians

5. Interpersonal approaches (talking with people individually or in groups)

6. Alaska Natives

6. Using champions

7. Pacific Islanders

7. Working through  
healthcare providers

8. People with visual  
impairments or  
physical disabilities

8. Working through  
employers or  
insurers

9. Men

9. Offering  
monetary incentives

10. Geography: rural  
or frontier

10. Offering non-  
monetary incentives





SMARKSTRREACH	COMCHANNEL	COMCHANNELOTH	COMCHANNELFREQ	COMCHANNELREACH
Number of priority population participants reached with each marketing strategy	1. Broadcast media (radio, TV) – measure of frequency = number of spots or broadcast stories	Open field for text	Open field for text	Number of priority population participants reached with each channel
	2. Newspapers/newsletters – measure of frequency = number of stories published			
	3. Web (web pages, banner ads, videos, pdfs) – measure of frequency = number of materials posted			
	4. Social media (Facebook, Twitter) – measure of frequency = number of posts made			
	5. Print materials – measure of frequency = number of different materials produced and number actually disseminated			

6. Billboards, bus or bus shelter ads - measure of frequency = number of billboards or ads displayed

7. Events (health fairs, health screenings, group meetings) - measure of frequency = number of health fairs, health screenings, etc. held

8. Presentations (e.g., at community centers) - measure of frequency = number of presentations given

9. Community members (e.g., CHWs, pastors) - measure of frequency = number of times CHW contacted people, number of sermons given

10. Other

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11. N/A

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PFOMODELYN	PFOMODEL	PFOMODELOTH	PFOMODELDES	SITEADAPTPOP
1. Yes, we used a pay for outcome (PFO) method	1. Pay-for-outcome model based on aggregated participant outcomes	Open field for text	Open field for text	1. Not targeting specific priority populations 2. Hispanics
2. Yes, we used a value-based method	2. Pay-for-outcome model based on individual participant outcomes			3. African-Americans
3. No, we used another method to cover enrollment costs for priority populations	3. Use Medicare's value-based-payment model 4. Other			4. Asian-Americans
4. No, we didn't use any PFO or value-based method to cover enrollment costs for priority populations	5. N/A			5. American Indians

6. Alaska Natives

7. Pacific Islanders

8. People with  
visual impairments  
or physical  
disabilities

9. Men

10. Geography:  
rural or frontier

11. Medicare  
Beneficiaries

12. Other

13. N/A

SITEADAPTPOPOTH

SITEADAPT

SITEADAPTOTH

SITEINCENT

SITEINCENTOTH

Open field for text

1. Have not adapted the lifestyle change program

Open field for text

1. No incentives for participation or completion were offered

Open field for text

2. Used bilingual coaches to deliver the lifestyle change program to non-English speaking participants

2. Pedometers

3. Used cultural themes, images, or sayings

3. Digital physical activity trackers or wearables (e.g. FitBit)

4. Used a culturally adapted curriculum or supplemental materials to address specific needs of priority populations

4. Gym memberships

5. Incorporated cultural dietary restrictions or preferences

5. Physical activity videos or CDs

6. Provided incentives to retain participants
7. Other

6. Athletic gear or clothing

7. Calorie King or other types of diet tracking books

8. MyPlates; food scale or measuring devices

9. Cookbooks or kitchen tools

10. Vouchers for farmers markets or grocery stores





**SITEINCENTFUND**

**SITEINCENTFUNDOTH**

**SITEINCENTPOP**

**SITEINCENTPOPOTH**

1. Not targeting specific  
priority populations

1. 1705 funding

Open field for text

2. Hispanics

Open field for text

2. Employer/ Insurer  
reimbursement

3. African-Americans

3. Other CDC  
coopertive  
agreement funding

4. Asian-Americans

4. Grant/cooperative  
agreement funding  
(other governmental)

5. American Indians

5. Grant funding  
(other  
nongovernmental)

6. Alaska Natives

6. Participant fees  
(for self-pay  
participants)

7. Pacific Islanders

7. In-kind from  
partner organization

8. People with visual  
impairments or physical  
disabilities

8. Other

9. Men

9. N/A

10. Geography: rural or  
frontier

11. Medicare  
Beneficiaries

12. Other

13. N/A

**SITEINCENTDES**

**SRETAINSTR**

**SRETAINSTROTH**

**SRETAINSTRPOP**

1. Monitor participants' data to identify potential drop-outs

1. Not targeting specific priority populations

Open field for text

Open field for text

2. Use participants' data to intervene with people at risk to prevent them from dropping out before the end of the yearlong program

2. Hispanics

3. Send emails or text message reminders about upcoming scheduled sessions

3. African-Americans

4. Offer flexible schedules for make-up sessions

4. Asian-Americans

5. Offer additional modes of delivery for make-up sessions such as video conference, phone, online interaction with lifestyle coaches

5. American Indians

6. Engage participants outside of class settings such as field trips to grocery stores, cooking demo, group physical activities

6. Alaska Natives

7. Use social media platforms such as Facebook or Twitter for participants to share tips and challenges in meeting their lifestyle change goals

7. Pacific Islanders

8. Use CDC retention tool application to engage participants in the yearlong lifestyle change program

8. People with visual impairments or physical disabilities

9. Use other applications (please describe in text field) to engage participants in the yearlong lifestyle change program

9. Men

10. Conduct group celebrations (with/without family and friends) at certain milestones of the program (i.e. at 3, 6, and 9 months) to celebrate participants' successes

10. Geography: rural or frontier

11. Provide non-monetary tokens such as trophies or plaques to individual participants who meet milestones/achieve progress in the program

12. Other

13. N/A

11. Medicare Beneficiaries

12. Other

13. N/A

SRETAINSTRPOPOTH	SRETAINSTRDES	SPAYTYPE	SPAYTYPEOTH	SPAYNAM
Open field for text	Open field for text	1. Private or commercial health plans	Open field for text	Open field for text
		2. Fully-insured employers		
		3. Self-insured employers		
		4. Medicaid agencies		
		5. Medicaid managed care organizations (MCOs)		

6. Medicare via  
MDPP

7. Other public  
payer: TriCare  
(Veteran Affairs)

8. Other

9. N/A

SPAYMARK	SPAYPARTNUM	SBILLPAYTYPE	SBILLPAYTYPEOTH	SMDPPBILL
Open field for text	Open field for text	1. Private or commercial health plans	Open field for text	1. Did not use any billing and coding systems to submit claims to payers
		2. Fully-insured employers		2. Used grantee's developed billing and coding systems to submit claims to payers
		3. Self-insured employers		3. Contracted with a third-party administrator (TPA) to provide billing and payment services
		4. Medicaid agencies		4. Established own invoicing method for billing directly to payers
		5. Medicaid managed care organizations (MCOs)		5. Established a claims billing method (using a combination of ICD-10 and CPT codes) to submit claims directly to payers

6. Medicare via  
MDPP

6. National grantee  
organization  
submitted claims  
on behalf of sites  
to payers

7. Other public  
payer: TriCare  
(Veteran Affairs)

7. Other

8. Other

8. N/A

9. N/A

SMDPPBILLOTH

SBILLTPA

SBILLCLAIM

Open field for text   Open field for text   Open field for text

CURUSE	LANGUSE
1. CDC's Prevent T2 curriculum - English	1. English only
2. CDC's Prevent T2 curriculum - Spanish	2. Spanish only
3. 2012 CDC's National DPP curriculum- English	3. English but supplemented with Spanish materials
4. 2012 CDC's National DPP curriculum- Spanish	4. Chinese only
5. Y-DPP (Plan Forward) curriculum	5. English but supplemented with Chinese materials

6. Group Lifestyle Balance (U Pitt) curriculum	6. Native Hawaiian or Other Pacific Islander language or dialect only
7. Native Lifestyle Balance - Preventing Diabetes in American Indian Communities curriculum	7. American Indian or Alaska Native language only
8. Help Prevent Diabetes (Wake Forest) curriculum	8. English but supplemented with Native Hawaiian or Other Pacific Islander language or dialect materials
	9. English but supplemented with American Indian or Alaska Native language materials

9. Other (please specify)

10. Other (please specify)





CLASSLOC	CLASSMODE	VPDIS	SESSO	COACHROLES
1. Employer worksite	1. In-person only	1. Has visual impairment	1. Yes, attended a Session Zero or Introductory Session before starting the lifestyle change program	1. Deliver the National DPP lifestyle change program only
2. Faith-based location	2. Online only	2. Has physical disability	2. No, did not attend any Session Zero or Introductory Session	2. Serve as Program Coordinator or help with administration related to the National DPP lifestyle change program
3. Community center	3. Distance learning	3. Has visual impairment and physical disability	3. Don't know/Not applicable	3. Help with data collection and monitoring related to the National DPP lifestyle change program
4. Government building (non-community center)	4. Combination	4. Does not have visual impairment and/or physical disability		4. Help with participant recruitment and engagement related to the National DPP lifestyle change program
5. Small business worksite where participants are not employed (i.e., car dealership, grocery store, etc.)				5. Other role related to National DPP lifestyle change program

6. Health care or medical center/practice/clinic (non-hospital)

6. Other role within the organization not related to National DPP lifestyle change program

7. Hospital or building on hospital campus, not affiliated with university

8. University hospital building

9. YMCA facilities

10. Other fitness centers/gyms, not YMCA

11. Pharmacies/  
drug stores/  
compounding  
pharmacies

12. Indian Health  
Service/tribal/  
urban Indian  
health systems

13. University  
Cooperative  
Extension  
Program

14. Other (please  
specify)

15. Not  
Applicable

COACHCURTRAIN	COACHADDTRAIN	COACHQUAL	COACHFUND
1. CDC's Prevent T2 curriculum - English	1. CDC's DPRP webinar: Welcome to the DPRP	1. Certified Diabetes Educator	1. No additional funding needed: volunteer
2. CDC's Prevent T2 curriculum - Spanish	2. CDC's DPRP webinar: Submit for Success (data collection and monitoring)	2. Licensed Nutritionist or Dietitian	2. No additional funding needed: site-level staff responsibility added without pay increase
3. 2012 CDC's National DPP curriculum-English	3. CDC's 1705 data system: Data Reporting for Evaluation And Monitoring	3. Pharmacist	3. Insurance reimbursement
4. 2012 CDC's National DPP curriculum-Spanish	4. Training to comply with federal Health Insurance Portability and Accountability Act (HIPAA)	4. Registered Nurse	4. Cooperative agreement funding (CDC)
5. Y-DPP (Plan Forward) curriculum	5. Motivational interviewing training	5. Physician/Physician Assistant	5. Grant/cooperative agreement funding (other governmental)

6. Group Lifestyle Balance (U Pitt) curriculum	6. Additional refresher training or training to develop new skills needed to effectively manage and deliver the yearlong lifestyle change program	6. Health Educator	6. Grant funding (other nongovernmental)
7. Native Lifestyle Balance - Preventing Diabetes in American Indian Communities curriculum	7. Participate in lifestyle coach mentoring or a community of practice within the grantee's National DPP network	7. Exercise Specialist	7. Participant fees pay part of lifestyle coach salary
7. Help Prevent Diabetes (Wake Forest) curriculum	8. Training on a specific technology platform to be used to deliver the online lifestyle change program and engage participants	8. Community Health Worker	8. In-kind from partner organization
9. Other (please specify)	9. Other (please specify)	9. Other lay coaches without any academic credentials	9. Other
10. N/A	10. N/A	10. Prior experience working with priority populations served	10. N/A

11. N/A