

Attachment 6: Overview of Changes (0920-0909)*

Type of Change	Rationale	Detailed Description of Change(s)	Affected Form(s)
1. Programmatic changes	The science of the primary prevention of type 2 diabetes has evolved and now the evidence base includes alternative modes and methods of delivery. The standards were revised to reflect this science and be applicable to all recognized lifestyle programs.	a. allow virtual program delivery; b. eliminate requirements for in-person delivery/ interaction with lifestyle coach, exactly one-hour sessions and hard-copy materials; c. increase flexibility in curricula delivery by trained coaches; d. participants will be allowed to self-report objectively measured weight; e. terms “core” and “post-core” changed to 1 st six months/2 nd six months (due to elimination of Session ID, Session Type and increased flexibility) with subtle changes in DPRP data analysis but not to the information collection or burden.	<i>DPRP Standards</i> (Attachment 3) a. virtual [location]; p. 3; b. intervention intensity p. 10; c. curriculum p. 6-10; d. weight p. 10; e. curriculum p. 6-10 and p. 15-18 evaluation data elements [analysis only relative to 1 st /2 nd six months])
2. Collect additional contact information for applicant organizations	Improve CDC’s ability to follow up with an applicant organization in the event of turnover in personnel at the applicant organization or questions related to data submissions	Add fields for Secondary Organizational Contact: Name, Title, Email Address, Phone Number and Fax Number Add fields for Data Preparer: Name, Title, Email Address, Phone Number and Fax Number	DPRP Application Form (Attachment 4A)

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3. Clarify the type of information submitted on the Application Form	Change is not a “type” of application (changes should be reported via email) and the organization code will be assigned by the DPRP once the application is approved.	Delete “Change” as a response option for the field: “Application Type” and delete the field “Organization Code” Added: changes to application form data (i.e., contact information) should be submitted via email	DPRP Application Form (Attachment 4A) DPRP Application Form Web Confirmation Pages (Attachment 4C)
4. Allow entities that offer distance learning (virtual) programs to apply for recognition	Extend the reach of evidence-based interventions and improve CDC’s ability to evaluate modes of delivery and provide technical assistance	Add field: Intended Mode of Delivery: in person, virtual, other.	DPRP Application Form (Attachment 4A)
5. Collect geographic information about program participants	Allow CDC to evaluate the state level performance and impact of programs that are delivered via distance learning by national and regional providers	Add field: Participant State of Residence	DPRP Evaluation Data (Attachment 5A)
6. Change curriculum submission method from email to web attachment	Improve the submission process and eliminate misdirected emails	Added a file (curriculum) upload button	DPRP Application Form (Attachment 4A)
7. Add a security feature (math problem)	Spam verification	Added: please answer this math problem	DPRP Application Form (Attachment 4A)
8. Change application form instructions	Revise the instructions to reflect changes to the application form and/or improve clarity	Text edited to reflect the above changes and improve clarity (e.g., for “Salutation,” added “Enter only if other is selected”)	DPRP Application Form (Attachment 4A)
9. Application confirmation web page	To have a version for both the CDC-preferred curriculum and an alternative curriculum	Changed one confirmation screen into two screens with text dependent on curriculum choice	DPRP Application Form Web Confirmation Pages (Attachment 4C)

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10. Assure uniform reporting from all entities	Eliminate the collection of data not applicable to all modes of delivery	Delete 5 data elements that are only meaningful for in-person programs: Core Group Code, Location Code, Lifestyle Coach ID, Session Type and Session ID	DPRP Evaluation Data (Attachment 5A)
11. Simplify data reporting process	Reduce the numbers of required responses related to participant eligibility	Reduce the number of distinct fields related to participant eligibility to three: Three distinct fields for blood tests, fasting plasma glucose, oral glucose tolerance test and Hemoglobin A1c, became one field (blood test). Other eligibility fields for entry via prediabetes risk test and history of gestational diabetes mellitus (GDM) remain the same	DPRP Evaluation Data (Attachment 5A)
12. Reduce frequency of reporting of Evaluation Data	Reduce reporting burden for organizations seeking DPRP recognition	Reduce the frequency of reporting from twice yearly to once yearly	DPRP Evaluation Data (Attachment 5A)
13. Change the due date for evaluation data	To simplify the reporting requirement by standardizing the date organizations report	Change due date for data submissions to an “effective date” (first day of a month) assigned by DPRP	DPRP Evaluation Data (Attachment 5A)
14. Provide opportunity for “existing” recognized organizations to submit previously approved data	Existing organizations need time to adapt data collection and reporting processes	Added transition plan: existing organizations may submit data elements previously approved by OMB (2011) once between 12/1/14 and 11/30/15	DPRP Evaluation Data (Attachment 5B and Appendix F of the DPRP Standards)
15. Change delivery method for evaluation data file	To provide users with the ability to submit files too large to upload	Added an option to allow the curriculum to be submitted via email if over 10 megabytes	DPRP Evaluation Data Submission Web Page

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16. Increase estimated annualized number of respondents	Currently recognized organizations will continue to submit data and new organizations will apply each year and begin to submit data. Burden estimates must be aligned with anticipated demand for DPRP services and recognition.	Increase burden table estimates to include both existing organizations and organizations joining the program (applying and submitting data) within the next three years	Burden table (Supporting Statement A section A-12)

* None of these changes alter the critical elements of the lifestyle program, shown to prevent or reduce diabetes in research studies – the participant eligibility requirements, lifestyle program intensity and duration, participant weight loss (at least 5% of body weight), documentation of physical activity minutes (with a goal of 150 minutes per week) and documentation of required attendance throughout the entire 12-month intervention.