

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

Spreadsheet for National DPP Intervention Sites

Public reporting burden of this collection of information is estimated to vary between 30 and 60 minutes, with an average of 45 minutes per response, including the 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 control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

Instruction for Form Completion:

Worksheet Definitions:

The "Year 1 or 2 Site Data" tab is used for Site Level Data from all previous sites recruited in Year

The "New Site Data" tab is used for NEW sites that were given new DPRP codes and started in Year

Please note:

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

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

PLEASE E-MAIL THEA NHIM AT xmh8@cdc.gov IF YOU HAVE ANY QUESTIONS. THANKS!

1 or 2 of the grant.

or 3 of the grant cycle if applicable. It needs to be completed for each NEW site in Year 3.

response per question.

are two separate boxes that are next to each other.

Question	Code		Response
Demographic			
1. Site Name (MUST be the Org code that is provided by the DPRP)	SITE_CODE		
2. Please select from the list the type of organization that best describes your site.	SITE_DESC		
		If you answer "Other," please specify.	
3. Please list the full address of your site.	SITE_LOC		
4. Was this site still active in Year 3? If yes, continue to question 6. If no, answer question 5 and stop.	SITE_ACTIVE		
5. If the site was not active in Year 3, please provide reasons.	CLOSE_WHY		
6. Grant Year	GRANT_YR		
7. Fiscal Year	FIS_YR		
Intervention Description			
9. For the current grant year, did your site change the DPP curriculum from the previous year? If no, skip to question 12.	CURRICUL_Y2		
10. If Yes to question 9, which DPP curriculum are you currently using at this site?	CURRICUL_Y3		
11. If Yes to question 9, why did the program change the DPP curriculum from the previous year?	CUR_CHANGE		
12. For the current grant year, did the program recruit NEW participants? If no, skip to question 14.	PAR_NEW		
13. If yes to question 13, please select from the list demographic characteristics of NEW PARTICIPANTS. Please select ALL that apply.	PAR_CHAR		
If you answer "Other," please specify.			
14. Is there purposeful targeting of NEW disparate or vulnerable populations during recruitment for program participation at the site level? If so, what populations are targeted? Please select ALL that apply.	SVULPOP		

Question	Code	Response	
			If you answer "Other," please specify.
15. Were there any NEW places from which National DPP participants were recruited? Please select ALL that apply.	RECRUTPL		
			If you answer "Other," please specify.
16. Did you use any NEW recruitment methods (i.e., materials or campaigns, from healthcare/insurance company patient rosters, etc.) to identify and recruit new	SRECMETH		

Question	Code		Response
<p>company, patient posters, etc.) to identify and recruit new participants? Please select ALL that apply.</p>			
<p>17. Were there any NEW referral sources (i.e., clinics, employers/worksites, state health departments, physicians, health centers, private organizations, non-profits, insurers, etc.). Please select ALL that apply.</p>	OREFLSOR		
		If you answer "Other," please specify.	
<p>18. How have you adapted the lifestyle change program to address the specific cultural needs or preferences of one or more of your targeted populations? Please select ALL</p>	SITE_ADAPT		

Question	Code	Response						
<p>or more of your targeted populations. Please select ALL that apply.</p>		<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>						
<p>19. Was there any change in policy resulting in a new financing/reimbursement mechanism? If so, what entities have implemented the change in policy resulting in a new financing/reimbursement mechanism? Please select ALL that apply.</p>	SCOVPOL_Y2			<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>				
<p>20. What was the policy that was changed? Please select ALL that apply.</p>	SCOVPOL_Y3					<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>		
<p>21. Do you charge participants for the program? If so, and if you are able to report this data, how much do you charge on average per participant?</p>	PAR_PROGCOST			<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			
<p>22. Is any participation or completion incentive offered to participants? If so, what are the incentive items? Please select ALL that apply.</p>	SITE_INCENT	<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>	<table border="1" style="width: 100%; height: 100%;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>					

Question	Code	Response			
			If you answer "Other," please specify.		
Resources					
23. Please indicate from the list of primary resources necessary for program start-up and implementation (e.g., partnerships/coalition, in-kind contributions, etc.). Please select ALL that apply.	SITE_RES				
			If you answer "Other," please specify.		
24. In the current grant year, please list the number of and types of locations where classes are offered, and zip codes for all class locations (e.g., employer worksite, community health centers, clinic/practice, community centers, YMCAs, gyms, church, other non-profit, etc.)? Please select ALL that apply.	PROGPLAC		Location Type	Number of Classes offered at this Location	Location Zip Code

Question	Code	Response		
			If you answer "Other," please specify.	
25. For the current grant year, was there any change from the previous grant year regarding how lifestyle coaches were paid?	COACHMET_Y2			
26. Please indicate how many of your lifestyle coaches are volunteers, hourly contractors, or salaried employees. If none, write "0".	COACHMET_Y3			
			If you answer "Other," please specify.	
27. For current grant year, was there any change from previous grant year regarding the funding source in place for lifestyle coach salary? If no, skip to question 30.	TYPLCREM_Y2			
28. What is the funding source for lifestyle coaches? Please select ALL that apply.	TYPLCREM_Y3			

Question	Code	Response	
		If you answer "Other," please specify.	
29. What is the average salary of a lifestyle coach, if you are able to report this data?	LIFESAL		
30. What is the funding source for program coordinators? Please select ALL that apply.	TYPLCOORD_Y3	If you answer "Other," please specify.	
31. What is the average salary of a program coordinator, if you are able to report this data?	COORDSAL		
32. What are the credentials of the lifestyle coaches? Please indicate the number of coaches with each of the listed credential using the categories provided. If none, write "0."	COHCRED	If you answer "Other," please specify.	
Implementation Strategies			
33. Please select from the list of barriers to program maintenance/sustainability in current grant year. Please select ALL that apply.	SITE_BAR		

Question	Code	Response	
Select ALL that apply.			
		If you answer "Other," please specify.	
34. Please select from the list strategies to address barriers listed above at site level. Please select ALL that apply.	SITESTRAT		

Question	Code	Response	
		If you answer "Other," please specify.	

Question	Code	Response
Demographic		
1. Site Name (MUST be the Org code that is provided by the DPRP)	SITE_CODE	
2. Please select from the list the term that best describes your organization.	SITE_DESC	
		If you answer "Other," please specify.
3. Please list the full address of your site.	SITE_LOC	
4. Grant Year	GRANT_YR	
5. Fiscal Year	FIS_YR	
6. Year lifestyle change program initiated (i.e., first class conducted)	CLASSDAT	
Intervention Description		
7. Please select from the list demographic characteristics of PARTICIPANTS . Please select ALL that apply.	PAR_CHAR	
		If you answer "Other," please specify.
8. Which DPP curriculum are you using at this site?	CURRICUL	
9. Is there purposeful targeting of disparate or vulnerable populations during recruitment for program participation at the site level? If so, what populations are targeted? Please select ALL that apply.	SVULPOP	

Question	Code	Response	
		If you answer "Other," please specify.	
10. Please select from the list the places from which National DPP participants were recruited. Please select ALL that apply.	RECRUTPL		
11. What recruitment methods (i.e., materials or campaigns, from healthcare/insurance company patient rosters, etc.) did you use to identify and recruit new participants? Please select ALL that apply.	SRECMETH		

Question	Code	Response	
<p>12. Please select from the list of referral sources to the lifestyle change programs (i.e., clinics, employers/worksites, state health departments, physicians, health centers, private organizations, non-profits, insurers, etc.). Please select ALL that apply.</p>	OREFLSOR		
<p>13. Is there any policy in place that establishes a financing/reimbursement mechanism? If so, what entities have implemented the financing/reimbursement mechanism policy? Please select ALL that apply.</p>	SCOVPOL		
<p>14. What was the policy that was established? Please select ALL that apply.</p>	SCOVPOL_Y3		

If you answer "Other," please specify.

If you answer "Other," please specify.

Question	Code		Response
		If you answer "Other," please specify.	
15. Do you charge participants for the program? If so, and if you are able to report this data, how much do you charge on average per participant?	PAR_PROGCOST		
16. Are there any participation or completion incentives offered to participants? If so, what are the incentive items? Please select ALL that apply.	SITE_INCENT		
Resources			
17. Please indicate from the list of primary resources necessary for program start-up and implementation (e.g., partnerships/coalition, in-kind contributions, etc.). Please select ALL that apply.	SITE_RES		

Question	Code	Response			
		If you answer "Other," please specify.			
<p>18. In the current grant year, please list the number of and types of locations where classes are offered, and zip codes for all class locations(e.g., employer worksite, community health centers, clinic/practice, community centers, YMCAs, gyms, church, other non-profit, etc.)? Please select ALL that apply.</p>	PROGPLAC		Location Type	Number of Classes Offered at this Location	Location Zip Code
<p>19. Please indicate how many of your lifestyle coaches are volunteers, hourly contractors, or salaried employees. If none, write "0".</p>	COACHMET_Y3				
<p>20. What is the funding source for lifestyle coaches? Please select ALL that apply.</p>	TYPLCREM_Y3				

Question	Code		Response	
21. What is the average salary of a lifestyle coach, if you are able to report this data?	LIFESAL			
22. What is the funding source for program coordinators? Please select ALL that apply.	TYPLCOORD_Y3			
23. What is the average salary of a program coordinator, if you are able to report this data?	COORDSAL			
24. What are the credentials of the lifestyle coaches? Please indicate the number of coaches with each of the listed credential using the categories provided. If none, write "0."	COCHCRED			

Question	Code	Response	
		If you answer "Other," please specify.	
Implementation Strategies			
25. Please select from the list the barriers to program start-up and implementation. Please select ALL that apply.	SITE_BAR		
26. Please select from the list strategies to address barriers listed above at site level. Please select ALL that apply.	SITESTRAT		

Question	Code	Response	
			If you answer "Other," please specify.

SITE_DESC	SITE_LOC	SITE_FOCY2	SITE_FOCY3	CURRICUL_Y2	CURRICUL_Y3
YMCA	AL	Yes, all	Employer worksite	Yes	CDC's National DPP
Universities/schools	AK	No, none	Faith-based org	No	Y-DPP (Plan Forward)
Local health departments	AZ	Some	Community center	N/A	Group Lifestyle Balance (U Pitt)
Hospitals/healthcare systems/medical groups/physician practices	AR	N/A	Government building		Native Lifestyle Balance
Community-based orgs/community health centers/FQHCs	CA		Physician office		New Prevent T2 Curriculum
Pharmacy sites	CO		Healthcare center/practice		Help Prevent Diabetes (Wake Forest)
Indian Health Services/Native American/Tribal Health Systems	CT		Y-facilities		N/A
Business coalition/coop-extension sites	DE		Health plan retail centers		

Worksite/employee wellness programs	FL		Cooperative Extensions		
Senior/aging/elderly centers	GA		Federally qualified health centers		
Faith-based orgs	HI		Gyms/Recreation centers		
Health plans/insurers/managed care org	ID		Other		
Other	IL		N/A		
	IN				
	IA				
	KS				
	KY				
	LA				
	ME				
	MD				
	MA				
	MI				
	MN				
	MS				
	MO				
	MT				
	NE				
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	NC				
	ND				
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	OK				
	OR				
	PA				
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	SC				
	SD				
	TN				
	TX				
	UT				
	VT				
	VA				
	WA				
	WV				
	WI				

PAR_NEW	PAR_CHAR	SVULPOP	SITE_ADAPT
Yes	Rural	No targeting of NEW disparate or vulnerable populations	Have not adapted the lifestyle change program
No	Urban	Low SES	Delivery bilingual or using non-English language
N/A	Low-income	Under or uninsured	Use of cultural themes, images, or sayings
	Under or Uninsured	Race/ethnicity: African-American	Addressing traditionally male or female roles
	Other	Race/ethnicity: Hispanic/Latino	Incorporating cultural dietary restrictions or preferences
	N/A	Race/ethnicity: Native American	Other
		Race/ethnicity: Asian/Pacific Islander	
		Race/ethnicity: other (describe)	

RECRUTPL	SRECMETH	SCOVPOL_Y2
Did not recruit from any NEW places	Did not engage in any participant recruitment	No change in policy
Hospitals or healthcare systems (including hospital owned practices)	Distributing or displaying paper marketing materials (i.e. flyers, pamphlets, brochures, and/or posters)	Insurance
Physician practices not affiliated with a healthcare system	Direct recruitment by program staff (i.e. approaching participants one-on-one in their physician office or other setting)	Employer
Federally Qualified Health Center (FQHC)	Conducting or participating in health fairs and/or other community outreach activities (including blood glucose screening events at worksites)	National
Native American clinic/IHS clinic	Recruiting providers to make referrals during patient visit or to send letters/postcards to patients	Other
Employers/worksites (incl. employer wellness programs)	Recruiting other organizational partners to make direct referrals or recruit via contact lists	
State or local health departments	Advertising and press release in newsletters, local newspapers, radio, or television stations	
Other government entity	Social media postings (i.e., FB, Twitter, Instagram)	

Community center (i.e., library, Ruritan/Lions club, Centers on Aging, etc.)	Presentations/information sessions to community/employees
YMCA	Volunteer recruiters from previous lifestyle change classes (through word-of-mouth, phone, or email)
Fitness centers/gyms	Posting on Organization website, or email blast to members
Other	
N/A	

SCOVPOL_Y3	SITE_INCENT	SITE_RES	PROGPLAC
	No incentives for participation or completion were offered		
Employee coverage benefit		Grant funding	Employer worksite
	Pedometers		
Insurance coverage benefit		Partnerships/ coalitions	Faith-based org
	Digital physical activity trackers		
Pay for performance		In-kind contributions	Community center
	Gym memberships		
Participant fee waiver or scholarship paid by grant		Volunteer staff,	Government building (non-community center)
	Physical activity videos or CDs		
New in kind support		Access to organization member base	Small business worksite where participants not employed (i.e., car dealership, grocery store, etc.)
	Athletic gear or clothing		
Employer sponsored delivery		Providers/ participants incentives	Healthcare or medical center/practice/clinic (non-hospital)
	Calorie King or other type of diet trac		
Other		Office space, equipment, supplies	Hospital or bldg. on hospital campus
N/A	MyPlates or other food measuring de	Human resource capital	University hospital bldg.

Cookbooks	Educational sessions to potential key stakeholders	YMCA
Discount coupons	Scale for weight measurement, privacy screen	Fitness centers/gyms
Gift cards	Location to hold classes	University center/classroom
Program access incentives such as bus pass or parking pass	Travel budget to site location	Tribal clinic/center
Free or reduced child care	Relationship with business groups (Chamber of Commerce, Brokers, Business Coalitions on health)	Cooperative Extension
Healthful food snacks or samples	Marketing materials	Other
Certificates or plaque/trophy	Other	N/A
Cash prizes	N/A	
Commitment contracts		
Other		

OREFLSOR

COACHMET_Y3

TYPLCREM_Y3

TYPLCOORD_Y3

No NEW referral sources	Volunteer	No additional funding needed: volunteer	No additional funding needed: volunteer
Hospitals or healthcare systems Healthcare clinics/centers/groups (including affiliated physician practices)	Hourly Contractor	No additional funding needed: site-level staff responsibility added without pay increase	No additional funding needed: site-level staff responsibility added without pay increase
Physician practices not affiliated with a healthcare system	Salaried	Insurance reimbursement	Insurance reimbursement
Federally Qualified Health Centers (FQHC)	Other	Grant funding (CDC)	Grant funding (CDC)
Employers/worksites		Grant funding (other governmental)	Grant funding (other governmental)
State or local health departments		Grant funding (other nongovernmental)	Grant funding (other nongovernmental)
Other government entity		Participant fees (pay part of lifestyle coaching salary)	Participant fees (pay part of lifestyle coaching salary)
Faith-based orgs		In-Kind from partner organization	In-kind from partner organization

Other non-profit org

Other

Other

Self-referral via org
website/online participant
portal

N/A

N/A

Other

N/A

COCHCRED	SITE_BAR	SITESTRAT	PAR_PROGCOST
Certified Diabetes Educator (may also be counted in a category below)		Improve communication/engagement with partners/key stakeholders	No, do not charge for participant fee
Licensed nutritionist or dietician	Site's organizational capacity to implement National DPP	Offering additional classes	Yes, and able to report
Pharmacist	Procuring funding and/or program reimbursement	Expanding marketing efforts to community to increase participant enrollment	Yes, but not able to report
Registered nurse	Staff support	Offer financial assistance to help participants pay for the program through grant/3rd party payers	N/A
Physician	Staff turnover	Seeking in-kind classroom space	
Health educator	Lack of clear program guidance	Pilot an e-referral system from healthcare providers	
Exercise specialist	Buy-in/communication with partners	Provide additional benefits to participants to access other programs at their facilities	
Community Health Worker	Space for program delivery Healthcare providers or physician resistance to refer to program	Other	

Other

N/A

N/A

Low enrollment/recruitment

Participant drop-out

Class schedule timing

Fee charged to participants

Competing priorities with organization's other diabetes control program for referral

Competing program with other partners that also offer lifestyle change program at their facilities

Lack of alignment of the program with site mission and values

Perceived difficulty of implementing the program

Other

N/A

COORDSAL

They are volunteers with no salary incurred from our organization
They are salaried staff and we are able to report their salary; please report
They are salaried staff, but we are not able to report their salary
N/A

SVULPOP	RECRUTPL	SRECMETH
No targeting of disparate or vulnerable populations	Hospitals or healthcare systems (including hospital owned practices)	Did not engage in any participant recruitment
Low SES	Physician practices not affiliated with a healthcare system	Distributing or displaying paper marketing materials (i.e. flyers, pamphlets, brochures, and/or posters)
Under or uninsured	Federally Qualified Health Center (FQHC)	Direct recruitment by program staff (i.e. approaching participants one-on-one in their physician office or other setting)
Race/ethnicity: African-American	Native American clinic/IHS clinic	Conducting or participating in health fairs and/or other community outreach activities (including blood glucose screening events at worksites)
Race/ethnicity: Hispanic/Latino	Employers/worksites (incl. employer wellness programs)	Recruiting providers to make referrals during patient visit or to send letters/postcards to patients
Race/ethnicity: Native American	State or local health departments	Recruiting other organizational partners to make direct referrals or recruit via contact lists
Race/ethnicity: Asian/Pacific Islander	Other government entity	Advertising and press release in newsletters, local newspapers, radio, or television stations
Race/ethnicity: Other (describe)	Community center (i.e., library, Ruritan/Lions club, Centers on Aging, etc.)	Social media postings (i.e., FB, Twitter, Instagram)
Geography: Rural or frontier	YMCA	Presentations/information sessions to community/employees
Geography: Urban	Fitness centers/gyms	Volunteer recruiters from previous lifestyle change classes (through word-of-mouth, phone, or email)
Elderly	Other	Posting on Organization website, or email blast to members
Disabled	N/A	
Other (describe)		
N/A		

SCOVPOL	SCOVPOL_Y3	OFELSOR
N/A	Employee coverage benefit	Hospitals or healthcare systems Healthcare clinics/centers/groups (including affiliated physician practices)
Insurance	Insurance coverage benefit	Physician practices not affiliated with a healthcare system
Employer	Pay for performance	Federally Qualified Health Centers (FQHC)
National	Participant fee waiver or scholarship paid by grant	Employers/worksites
Other	In kind support	State or local health departments
	Employer sponsored delivery	Other government entity
	Other	Faith-based orgs
	N/A	Other non-profit org Self-referral via org website/online participant portal
		Other
		N/A