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

Spreadsheet for National DPP Grantees

Public reporting burden of this collection of information is estimated to average 12 hours 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-XXXXX)

Instruction for Form Completion:

Worksheet Definitions:

The "Org Data" tab is used for Organizational Level Data of each grantee in Year 3 of the grant cyc

Please note:

There are multiple boxes under each "response" column to allow for selection of more than one I For questions that require both a drop down response and a numeric value to be entered, there a

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

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response per question. are two separate boxes that are next to each other.

Question	Code		Response
Demographic			
1. Grantee/Organization Name	GRANTEE		
2. Grant Year	GRANT_YR		
3. Fiscal Year	FIS_YR		
Intervention Description			
4. Is there purposeful targeting of NFW disparate or	OVULPOP		
4. Is there purposeful targeting of NEW disparate or vulnerable populations at the grantee level? If so, what populations are targeted? Please select ALL that apply.	0.000		
		If	
5. Did you recruit or select NEW sites in the current grant	SITE NEW	If you answer "Other," please specify.	
year? If no, skip to question 9.			
6. Please provide the name and organizational code for all NEW sites recruited or selected in the current grant year.	NEWSITE_CODE		

Question	Code	Response
		·
	NUMA CITE	
7. Among NEW sites that began in the current grant year, how many are currently offering the National DPP lifestyle change classes?	NUM_SITE	
8. How did you or your sub awardee (if applicable) recruit and/or select sites to offer the lifestyle program (i.e., recruitment methods such as materials or campaigns, working with healthcare groups/practices, etc.) in the current grant year? Please select ALL that apply.	OREC_METH_SITE	
and/or select sites to offer the lifestyle program (i.e., recruitment methods such as materials or campaigns		
working with healthcare groups/practices, etc.) in the		
current grant year? Please select ALL that apply.		

Question	Code		Response
		If you answer "Other," or "Select based on other criteria" please specify.	
Where or at what level are you targeting participant recruitment efforts? Please select ALL that apply.	INTLEVL_Y3		
		If you answer "Other," please specify.	
10. Did you engage in any activities to recruit participants directly or connect them to a program site? If so, what activities? Please select ALL that apply.	OREC_ACT_PAR	эрссиу.	
		If you answer "Other," please specify.	
11. What materials, if any, were used to help drive/direct participants to the site lifestyle change programs? Please select ALL that apply.	OREC_METH_PAR		

Question	Code		Response
		If you answer "Other," please specify.	
12. If you engage in any activities to recruit participants through marketing materials, including social media postings; please provide total number per each type of marketing materials or postings used/distributed if available.	NUMMKMAT		
13. What kinds of incentives and/or behavioral techniques, if any, were used to retain program participants? Please select ALL that apply.		If you answer "Other," please specify.	
14. Was there any change in policy resulting in a new financing/reimbursement mechanism? If so, who was the target of the change in policy resulting in a new financing/reimbursement mechanism? Please select ALL that apply.	OCOVPOL_Y2	If you answer "Other," please specify.	

Question	Code		Response	
15. What was the policy that was changed? Please select	OCOVPOL_Y3		·	
ALL that apply.				
		If you answer "Other," please		
		specify.		
16. If yes to policy changes with insurers, how many new	INS_NEW			
insurers and markets are now providing reimbursement or coverage for the lifestyle change program? Please select				
which type of insurer, and for each insurer please specify				
the name of the insurer and specify the market (a geographic level indicating the state or region, or county).				
geographic level indicating the state or region, or county).				
		If you analyse "Other " places		
		If you answer "Other," please specify.		
Resources	•			
17. For the current grant year, how many lifestyle coaches	TOTTRND			
were trained?				
18. For the current grant year, how many master trainer	TOTTRND_MASTER			
lifestyle coaches were trained?				
19. For the current grant year, what was the average number of days of training received for lifestyle coaches?	DAYSTRND			
inumber of days of training received for mestyle coaches:				
20. For the current grant year, what was the average	DAYSTRND_MASTER			
number of days of training received for master trainers?				
21. Please select from the list who trained NEW lifestyle	WHOTRAND			
coaches. Please select ALL that apply.				
		If you answer "Other," please		
		specify.		
22. Did lifestyle coaches receive an additional one day of motivational interview training?	MOT_INTW			
23. Please provide the average monetary cost per new	AVCOSTRN			
lifestyle coach trained.				
Reach	CEEKELINID			
24. For current grant year, at what level is the reimbursement or financing mechanism targeted (e.g.,	SEEKFUND			
etate county other government or non-profit				

Question state, county, other government of non-pront	Code		Response
organization, etc.)? Please select ALL that apply.			
		If you answer "Other," please	
		specify.	
25. Have you communicated with any state health	REIMCOMM		
departments or other 1422 awardees about collaboration			
for diabetes prevention program reimbursement? If so, please describe.			
picase describe.			
	NUMEMPEDEMPLY		
	INDIVIEWIPEDEIVIPLI		
26. For the current grant year, please provide the number			
of employers who were educated about the benefits and			
cost-savings of the evidence-based lifestyle change			
program as a covered health benefit for employees.			
	NUMEMPLY		
27. For the current grant year, please provide the number			
of employers who offer the National DPP program on-site.			
	NUMWELL		
28. For current grant year, please provide the number of			
employers offering the National DPP lifestyle change program as a covered benefit or as a wellness benefit for			
employees.			
29. For the current grant year, please provide the number	NUMEMCON		
of employer council events attended to educate participants about the benefits and cost-savings of the			
evidence-based lifestyle change program.			
erraence sassa mest/re shange programm			
30. For current grant year, please provide the number of	NUMHCPRC		
health care purchasing coalitions educated about the			
benefits and cost-savings of the evidence-based lifestyle			
change program.			
31. For current grant year, please provide the number of	NUMINSBK		
insurance broker events attended to educate participants			
about the benefits and cost-savings of the evidence-based lifestyle change program.			
mestyle change program.			
Implementation Strategies			
32. Please select from the list the barriers to NEW site	ORG_BAR		
start-up (if applicable) and implementation in current	ONO_BAK		
grant year. Please select ALL that apply.			

Question	Code		Response
		If you analyse "Other " places	
		If you answer "Other," please specify.	
33. Have you calculated the average cost per participant amongst your program sites? If you are able to report, what is the numeric value of the cost?	AVCOSTPAR		
what is the numeric value of the cost?			
34. Please select from the list strategies to address barriers listed above at organizational level for Year 3. Please select ALL that apply.			
Please select ALL that apply.			
	ORGSRAT	If you answer "Other," please specify.	
		ppecily.	

Grantee	GRANT_YR	FIS_YR	OVULPOP	SITE_NEW
AADE	Year 1	2013		Yes
АНІР	Year 2	2014	No targeting of NEW disparate or vulnerable populations	No
BWHI	Year 3	2015	Low SES	N/A
NACDD	Year 4	2016	Under or uninsured	
OPTUM	N/A	N/A	Race/ethnicity: African- American	
\(\(\) \(\)			Race/ethnicity: Native American	
YUSA			Race/ethnicity: Hispanic/Latino	
			Race/ethnicity: Asian/Pacific Islander	
			Race/ethnicity: Other (describe)	
			Geography: Rural or frontier	
			Geography: Urban	

Low literacy
Disabled

Not targeting a vulnerable population

Other (describe)

N/A

OREC_METHSITE	INTLEVL_Y3	OREC_ACT_PAR	OREC_METH_PAR
Recruit via Organization's website	State Population County/Local	Did not engage in any participant recruitment	CDC/DTTAC Consumer Brochure
Recruit via Email blast to partners	Population Health care	Direct recruitment by program staff (i.e. approaching participants one-on-one in their physician office or other setting)	CDC/DTTAC Consumer Poster, 8.5x11
Recruit via Leveraging pre- existing relationships	systems/Practices	Conducting or participating in health fairs and/or other community outreach activities (including blood glucose screening events at worksites)	CDC/DTTAC Consumer Poster, 11x17
Recruit via Phone outreach	Non-profit org	Recruiting providers to make referrals during patient visit or to send letters/postcards to patients Recruiting other organizational	CDC/DTTAC HCP Referral Form
Recruit via Press release		partners to make direct referrals or recruit via contact lists	CDC/DTTAC HCP Brochure
Recruit via collaborating with state 1422 grantees Select based on Proximity to	Employers Government entity (state	Advertising and press release in newsletters, local newspapers, radio, or television stations Presentations/Information sessions to	ANY Common Ground resource not listed here marketing materials (comparing)
target demographic Select based on Readiness assessment (org/partners)	Y-membership Other	community/employees Volunteer recruiters from previous lifestyle change classes (through word-of-mouth, phone, or email)	materials/campaigns Materials/campaigns developed by partner organizations
Select based on other criteria	N/A	Posting on Organization website, or email blast to members	N/A
N/A		Other	

ORG_INCENT	OCOVPOL_Y2	OCOVPOL_Y3	INS_NEW	WHOTRAND
Cash prizes	Insurance	Employee coverage benefit	Private Insurer (e.g., Cigna, BCBS, United Healthcare): Please Specify insurers and markets	DTTAC
Motivational inte	eEmployer	Insurance coverage benefit	Government- sponsored: Medicare	University of P
Nonmonetary be	e National	Pay for performance	Government sponsored: Medicaid	University of I
Nonmonetary be	e Other	Participant fee waiver or scholarship paid by grant	Government sponsored Other (e.g., TriCare)	YUSA
Nonmonetary be	enefits: grocery	New in kind ssupport	State Employee sponsored	New trainers tı
Nonmonetary be	enefits: cookboo	Employer sponsored odelivery	Other	Other
Non-monetary b	enefits: healthf	ι Other		N/A
Other				

N/A

MOT_INTW	SEEKFUND	ORG_BAR	ORGSRAT
		Procuring funding	Improve communication with CDC
Yes, all	Public Insurance Plan	Lifestyle change program reimbursement issues	additional
Yes, some	Private Insurers	Staff support	Adjusting class schedule/timeli nes
No, none	Grants	Lack of clear program guidance from CDC	Organizational staff volunteer additional hours
N/A	Other Government Fu		
rained by Master Trainers	Employer Funding	Buy-in/ engagement from partners	Expanding marketing efforts to community to increase
,	Other Funding	Space for program delivery	Restructuring incentive strategies
	N/A	Healthcare providers or physician Low enrollment	Seeking in-kind staff/classroom Continued engagement with
		Participant drop- out	partners/kev Organization developed own marketing materials
		Length of lifestyle change program	Implementation /work plan revision
		Lifestyle coach training delay	Educating target audience on evidence-based lifestyle change programs

Organization structural change

Recruite alternative program providers

Class schedule timing

Finding provider champions

Lack of motivation from developed own participants

Organization Spanish

materials/offere d class in Spanish

Slow hiring process at organizational level

Offer additional training on DPRP data collection

Public/private Other insurers' delayed process on membership outreach

Delay in Spanish N/A curriculum/mark eting materials

Planning and implementation barriers

Sub-grantee non-compliance

Other

N/A

NUMMKMAT

Paper marketing materials (i.e. flyers, pamphlets, brochures, and/or posters)

Social media postings (i.e., FB, Twitter, Instagram)

Organization website visits