| FOA Danistinad | FOA De mined | | DP17-1705 Evaluation Plan | | Annual National Evaluation Forms | | |
|---|-----------------------------------|---|--|---|--|---|--------------------|
| FOA Required Strategy | FOA Required Activity | Evaluation Questions | DDT Strategic Plan | Analytic Approach | From Existing DP12-1212 Instruments | Revised DP17-1705 Instruments | Respondent |
| | | What are strategies used to recruit new sites? Which site recruitment strategies are associated with an increased number of new sites offering the lifestyle change program in underserved areas? | Goal I: Prevent type 2 diabetes; Priority D: National Diabetes Prevention Program; Objective 3: By December 2021, increase | Descriptive, Multivariate regression | (if applicable) recruit and/or select sites to offer the lifestyle program | What strategies did you use to recruit new sites to offer the lifestyle change program in underserved areas in the current funding year? For each site recruitment strategy used, please provide selected sites' DPRP orgcodes and the total number of sites the grantees reached to offer the lifestyle change program in the current funding year. Please select ALL that apply. | Grantees |
| | with the capacity to offer the | For grantees that used the CDC's Organizational Capacity Assessment to select/recruit new sites, is there any association between sites with high vs. low capacity and site-level outcomes in meeting DPRP requirements for attendance and weight loss? | availability of the National DPP by partnering with federal/CDC worksites, pharmacies, and other stakeholders to improve the supply of quality programs | | | Did you use the CDC's Organizational Capacity Assessment (included in the 2018 DPRP Standards) to select/recruit new sites? Did your site complete the CDC's Organizational Capacity Assessment before applying for CDC recognition? | Grantees and Sites |
| | lifestyle change program | How many class locations and types of class settings are offering the CDC-recognized lifestyle change program? | | | In the current funding year, please list the number and types of locations where classes are offered and zip codes for all class locations. Please select ALL that apply. | How did your site recruit and/or select locations (if applicable) to offer the lifestyle change program in underserved areas in the current funding year? Please select ALL that apply. | Sites |
| | | Is there any association between environmental factors at the participant zip code level with participant retention and weight loss? | | Multilevel regression | | For sites offering the lifestyle change program to non- funded participants, please provide de-identified participant IDS (PARTICIP) for all participants attending the CDC- recognized lifestyle change program at this site as a result of the DP17-1705 cooperative agreement funding in the current funding year. Please provide one unique participant ID per row. | |
| | | What types of TA did the grantees provide to their selected sites to become CDC-recognized lifestyle change programs in underserved areas? | | Descriptive | | What types of TA does your organization provide to NEW sites to become CDC-recognized organizations delivering the lifestyle change program in underserved areas? Please select ALL that apply. | Grantees |
| | | What types of ongoing TA did the grantees provide to their sites to effectively implement the CDC-recognized lifestyle change program in underserved areas? | | Descriptive & Multivariate to assess types of TA provided by the grantees and sites' CDC recognition status change in later years | | What types of TA does your organization provide to your EXISTING sites to implement the National DPP lifestyle change program in underserved areas? Please select ALL that apply. | Grantees |
| 1.Increase the availability of CDC-recognized organizations | | What types of ongoing TA did the grantees provide to their sites to effectively work with priority populations? | | Descriptive & Multivariate to assess types of TA provided by the grantees on working with priority populations | | Did you provide TA to sites on working with specific priority populations? If yes, which priority populations? For each priority population, what type(s) of TA did you provide to sites on working with specific priority populations? | Grantees |

| in underserved areas | 2. Provide affiliate sites the financial and technical assitance (TA) required to become a CDC- | | | Please select from the list of primary resources necessary for program start-up and implementation in the current -funding year. | What TA did you receive during program start-up and/or for program implementation? For each type of TA received, please indicate who provided the TA and whether the TA received was helpful for program implementation. Please also provide a brief description of additional TA needed but not received in the current funding year. Please select ALL that apply. | Sites |
|-------------------------|--|---|-------------|--|--|----------|
| | | What is the average direct cost per site associated with new program start-up and ongoing costs for program implementation? | Descriptive | | What resources did your site use for program implementation? For each resource used, please provide sources of funding. Please select ALL that apply. | Sites |
| | | | Descriptive | 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? | In the current funding year, did you use 1705 funds to enroll new participants? If able to report, what is the average annual enrollment cost for a participant enrolled in the lifestyle change program with 1705 funds? | Sites |
| | | What are variations of the average fee charged per participant among different types of organizations? | Descriptive | Do you charge participants for the program (i.e. for self-pay participants)? If so, and if you are able to report this data, how much do you charge on average per participant per year? | In the current funding year, did your organization charge participants to attend the lifestyle change program (i.e. for self-pay participants)? If able to report, what is the average annual enrollment cost for a participant who self-pays to enroll in the lifestyle change program? | Sites |
| | | What financing or reimbursement policies are established at the site level? | Descriptive | Is there any policy in place that establishes a financing/reimbursement mechanism? If so, what entities have implemented the financing/reimbursement mechanism policy? What was the policy that was established? | For any policy in place that establishes a financing/reimbursement mechanism, please select the options that best describe the arrangements and types of coverage. Please select ALL that apply. | Sites |
| | | Which of the strategies used to address barriers to new site start-up at the grantee-level are associated with an increase in the number of new sites offering the lifestyle change program in underserved areas? | Descriptive | barrier selected, please provide | What were barriers to recruiting NEW sites to offer the lifestyle change program in underserved areas in the current funding year? For each barrier selected, please provide the strategies used to address the barrier. Please select ALL that apply. | Grantees |
| | | What are the facilitators associated with starting new CDC-recognized organizations in underserved areas? | Descriptive | what. | What were facilitators to recruiting NEW sites to offer the lifestyle change program in underserved areas? Please provide a detailed explanation of why the factors reported | Grantees |

| | | | Descriptive | | At the grantee level, did you engage in any activities to reach health care providers (HCPs) or health care systems and motivate them to increase prediabetes screening, detection, and referral beyond any activities conducted by your affliate sites (for example, working with medical societies, academic institutions, providing marketing materials)? If no, skip to Question 12. | Grantees |
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| | | Which types of marketing strategies are associated with an increased number of health care systems/health care providers implementing bidirectional screening and referral systems for priority populations and an increased number of participants eligible based on blood tests? | Multivariate/ Multilevel regression | | At the grantee level, did you engage in any activities to reach health care providers (HCPs) or health care systems to implement bi-directional referral beyond any activities conducted by your affiliate sites? If no, skip to Question 13. | Grantees |
| | 1. Provide TA to CDC-recognized | | Descriptive | | What TA, training, and resources did you provide to affiliate sites to engage health systems and health care providers to identify priority populations with prediabetes and refer them to the lifestyle change program? If you provided additional resources beyond those listed below, please note this under "Other" and describe. | Grantees |
| | organizations on how to help health systems implement policy and practice changes to identify priority populations with | | Descriptive | | What marketing strategies did you use to reach and | Sites |
| | prediabetes and refer them to the lifestyle change program | | Descriptive | | motivate health care providers or health care systems to identify and refer priority populations to your organization's lifestyle change program? Please select ALL that apply, and note additional strategies under "Other." | Sites |
| 2. Increase | | How many sites worked with health care systems/health care providers on different modes of referral for priority populations? | Descriptive | | What tools/resources did you use to reach and motivate health care providers or health care systems to identify and refer priority populations to your organization's lifestyle change program? If you provided additional resources beyond those in the list provided, please note this under "other" and describe. | Sites |
| screening, detection, and referral of adults with prediabetes or at high risk for type 2 diabetes to CDC recognized organizations | | Is there any association between being referred by a health care | pessi ipure | Please select from the list of other referral sources (other than from health care providers/systems reported in Q12) to the lifestyle change program by mode of referral. If able to report, please provide the number of potential | Please select from the list of other referral sources (in | |
| | | peing referred by a neatin care provider and retention in the program? Are there any differences among different priority population groups? | Multivariate/ Multilevel regression | participants referred and number of participants enrolled by source of referral. Please select ALL that | addition to health care providers/systems) to the lifestyle change program by mode of referral. If able to report, please provide the number of participants referred and the number of participants enrolled by source of referral. Please select ALL that apply. | Sites |

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| la | Which recruitment places are associated with increased enrollment of different priority populations? | | were recruited to enroll in the | Have you recruited participants from any other places listed? For each place selected, please provide the number of participants reached and enrolled by recruitment method. Please select ALL that apply. | Sites |
| | | | | What were facilitators to securing agreements with health care providers/systems to screen, test, and refer priority populations among all delivery sites in the current funding year. Please provide a detailed explanation of why the factors reported were perceived as facilitators to securing agreements with health care providers/systems. For each facilitator selected, please provide the priority populations targeted. Please select ALL that apply. Note any additional | |
| | | Descriptive | | facilitators under "other" and describe. | Grantees |
| | | Descriptive | | Please describe any factors that facilitated marketing to health systems and health care providers. | Sites |
| | Which strategies used to address barriers to securing agreements with health care systems to screen and refer priority populations are associated with an increase in the number of referrals? Which stategies are associated with increased enrollment and blood test eligibility for different priority populations? | regression | among all your delivery sites in the current funding year. For each barrier selected, please provide the strategies used to address the barrier. Please select ALL that | What were barriers to securing agreements with health care providers/systems to screen, test, and refer priority populations among all your delivery sites in the current funding year. For each barrier selected, please provide the priority populations targeted and strategies used to address the barrier. Please select ALL that apply. Note any additional barriers under "other" and describe. | Grantees |
| | | | | Please describe any barriers you experienced in marketing to health systems and health care providers and strategies you used to address the barriers. | Sites |
| | | | site level? If so, what populations are targeted? Please select ALL that apply. Were there any NEW places from which participants were recruited? Please select ALL | What priority populations did you target during this funding year? For each priority population you targeted, what types of marketing strategies did you use to recruit this priority population? How many people did you reach with each strategy. Please describe under "Other" any additional strategies used that don't fit into the categories provided. Please select ALL that apply. | Sites |

| 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 | | Goal I: Prevent type 2 diabetes; Priority D: National Diabetes Prevention Program; Objective 7: By December 2020, increase awareness of and facilitate enrollment in virtual program offerings to increase access for underserved populations Goal I: Prevent type 2 diabetes; Priority B: Applied Research and Translation; Objective 6: By June 2019, identify the most effective approaches used by funded partners to scale and sustain the National DPP | Descriptive | participants? Please select ALL that apply. At the grantee-level, if you engaged in any activities to recruit and enroll priority populations through marketing strategies, please provide the number of targeted priority populations reached per each type of marketing strategy used/distributed (if applicable). Is there any policy in place that establishes a financing/reimbursement mechanism? If so, what entities have implemented the | At the grantee level, did you engage in any marketing activities to recruit and enroll priority populations beyond any activities conducted by your affiliate sites? If no, skip to question 17. What types of marketing strategies did you use, what priority populations were you targeting, and how many people did you reach with each activity? Please select any that apply from the list, and write in any additional strategies that were not included under "Other." What types of payment methods did you use to pay for existing in-person or online CDC-recognized organizations (using 1705 funds)? Please provide the DPRP orgcodes of these organizations and the number of priority populations enrolled. | Sites Grantees Grantees |
|--|---|---|--|---|---|---------------------------|
| | using a pay for outcome or other value-based method to cover participant enrollment costs and | Applied Research and Translation; Objective 6: By June 2019, identify the most effective approaches used by funded partners to scale | | establishes a financing/reimbursement mechanism? If so, what entities have implemented the financing/reimbursement | (PFO) or other value-based method to cover enrollment costs for priority populations supported by 1705 funds? Please select the type of payment, and provide details of the payment/ reimbursement arrangement. Please select | Sites |
| | Is there any association between implementing a session zero and enrollment in the lifestyle change program for different priority populations or in the likelihood of meeting the DPRP requirements? | Goal I: Prevent type 2 diabetes; Priority B: Applied Research and Translation; Objective 4: Continuously improve the quality and effectiveness of CDC-recognized organizations by translating best practices | Multivariate/ Multilevel regression | | For each participant enrolled in the lifestyle change program as a result of 1705 funding, please indicate whether he/she attended a Session Zero or Introductory Session before starting the lifestyle change program. | Sites |

| | | | | | Multivariate/ Multilevel | How have you adapted the lifestyle change program to address the specific needs of one or more of your targeted priority populations? | 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 that apply. | Sites |
|--|--|--|---|--|--------------------------|--|--|----------|
| | | | | Multivariate/ Multilevel regression | | Which additional strategies or best practices (other than those reported in questions 22 & 23) has your site adopted in order to retain specific priority populations in the varlong lifestyle change program in the current funding year? For each type of strategy or best practice adopted, please provide a brief description of how and when it has been used to engage/retain specific priority populations. Please select ALL that apply. | Sites | |
| | 4. Ensure high rates of retention for priority population participants in the lifestyle change program | adapt tools. | trainings were implemented to support retention of priority populations in the lifestyle change program? | Goal I: Prevent type 2 diabetes; Priority B: Applied Research and Translation; Objective 4: Continuously improve the quality and effectiveness of CDC-recognized organizations by translating best practices | Descriptive | | At the grantee level, did you provide advanced skill training beyond the curriculum-based training for lifestyle coaches at your affiliate sites? What types of advanced skill training was provided? Which training entity provided advanced skills training for these lifestyle coaches? How many lifestyle coaches and program coordinators were trained? Please select any that apply from the list, and write in additional advanced skills trainings that were not included under "Other." | Grantees |
| | | practices, and advanced skills training for coaches to help CDC-recognized organizations support and retain priority population participants | | | | many master trainers were trained by which training entities to deliver the specific curriculum | At the grantee level, did you provide training for master trainers? Which entity provided this training? Which curriculum did they use? How many master trainers did they train? Please select any that apply from the list, and write in additional training entities or curricula that were not included under "Other." | Grantees |
| | | | | | Descriptive | | At the grantee level, did you use any strategies to help your affiliate sites retain people in their lifestyle change programs? What strategies did you use? Please note any additional strategies you used in the "Other" category. Please provide a brief description of what you did and with whom. | Grantees |
| | | | | Goal I: Prevent type 2 diabetes; Priority B: Applied Research and Translation; Objective 6: By June 2019, identify the most effective approaches used by funded partners to scale and sustain the National DPP | | At the site-level, are there any participation or completion incentives offered to participants? If so, what are the incentive items? | At the site-level, what incentives are provided to participants to encourage program participation or completion? What are the funding sources for the incentives provided? Please select ALL that apply. Please also indicate which of these incentives were added to address the needs of the targeted priority populations enrolled. Please provide a brief description of how and when incentives were provided. | Sites |
| | | | | | | participants? If so, what are the | If your site used 1705 funding to pay for incentives to enroll or retain priority population participants, please provide the average annual cost per participant for each type of incentive provided (if able to report). Please select ALL that apply. | Sites |

| | 2. Provide TA to CDC-recognized organizations serving priority populations serving priority populations on how to implement administrative systems to bill and receive payment from payers | | | Descriptive | 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. | Which types of payers reimbursed for the costs of priority populations enrolled in your lifestyle change program? Please specify the name of the insurer(s) and/or employer(s), payers' markets, and number of participants who received reimbursement from these payers (if able to report). Please select ALL that apply. | Sites |
|--|--|-------------------|--|-------------------------|--|--|----------|
| | | | | Descriptive | | At the grantee level, what activities did your organization use to promote the lifestyle change program as a covered benefit? For each type of payer/employer, please select all activities used, and specify the number of payers/employers reached (if able to report). Please select ALL that apply. | Grantees |
| E English that | | | | Descriptive | | At the grantee level, what tools did your organization use to promote the lifestyle change program a covered benefit? For each type of payer/employer, please select all tools used, and specify the number of payers/employers reached (if able to report). Please select ALL that apply. | Grantees |
| 5. Ensure that participation in the lifestyle change program is included as a covered benefit for priority populations | | d / n nt | | Multivariate regression | | If your site received reimbursement from payers in the current funding year, please select from the list the types of billing and coding systems used, or indicate which entities your site contracted with to submit claims. If able to report, please also provide the name(s) of the third-party administrator used and the date the claims were initiated. Please select ALL that apply. | Sites |
| | | | | | | At the grantee level, what types of TA your organization provided to your delivery sites on how to implement administrative systems required to bill and receive payment from payers? For each type of TA provided, please provide the sites' DPRP orgcodes and types of payers. Please select ALL that apply. | Grantees |
| | | | | | | What were facilitators to getting the National DPP lifestyle change program included as a covered benefit and reimbursed among all your delivery sites in the current funding year? Please select ALL that apply. | Grantees |
| | | | | | barrier selected, please provide | What were barriers to getting the National DPP lifestyle change program included as a covered benefit and reimbursed among all your delivery sites in the current funding year? For each barrier selected, please provide the strategies used to address the barrier. Please select ALL that apply. | Grantees |