**Spreadsheet for National DPP Grantees**

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**Instructions for Form Completion:**

<u>Worksheet Definitions:</u>

The "Grantee-level Data" tab is used for each grantee receiving funding under the DP17-1705 coo

<u>Please note:</u>

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

**<span style="color:red">PLEASE E-MAIL US AT NationalDPPEval@cdc.gov IF YOU HAVE ANY QUESTIONS. THANKS!</span>**

operative agreement in each year of the project period.


response per question.
are two separate boxes that are next to each other.
lation Reporting Portal in the Data Reporting for Evaluation and Monitoring of DP17-1705 (1705 DREM) syst

tem with your assigned username and password.

| Question | Variable Code | Response | | |
|---|---|---|---|---|
| | | **National Grantee Information** | | |
| 1. Recipient Name | GRANTEE | | | |
| 2. Recipient Year | GRANTYR | | | |
| 3. Fiscal Year | FISYR | | | |
| | | **Strategy 1: Increase the availability of CDC-recognized organizations in underserved areas** | | |
| | | **Activity 1: Identify new affiliate sites in underserved areas with the capacity to offer the lifestyle change program** | | |
| 4. What strategies did you use to recruit new affiliate sites to offer the lifestyle change program in underserved areas in the current funding year? For each site recruitment strategy used, please provide all the selected sites' DPRP orgcodes and the total number of sites reached to offer the lifestyle change program in the current funding year. Please select ALL that apply. | ORECMETHSITE | | **Site recruitment strategies (ORECMETHSITE)** | **Please select all sites' DPRP ORGCODES per each recruitment strategy selected (ORGCODEREC)** |
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| | | If you answered "Other" or "Select based on other criteria", please specify. | | |
| 5. Did you use the CDC's Organizational Capacity Assessment (included in the 2018 DPRP Standards) to select/recruit new sites? | ORGCAPASSESS | | | |
| | | **Activity 2: Provide affiliate sites the financial and technical assistance required to become a CDC-recognized organization** | | |
| 6. What types of technical assistance (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. | GRANTEEINITA | | **Type of Initial TA provided by grantee (GRANTEEINITA)** | **Please select all New sites' DPRP ORGCODES per type of TA provided (ORGCODEINITA)** |
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| Question | Variable Code | Response | | | |
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| | | If you answered "Other", please specify. | | | |
| 7. What types of technical assistance (TA) does your organization provide to your EXISTING sites to implement the CDC-recognized lifestyle change program in underserved areas? Please select ALL that apply. | GRANTEEONGTA | | **Type of ongoing TA provided by grantee (GRANTEEONGTA)** | | **Please select all Existing sites' DPRP ORGCODES per type of TA provided (ORGCODEONGTA)** |
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| | | If you answered "Other", please specify. | | | |
| 8. Did you provide technical assistance to sites on working with specific priority populations? If yes, which priority populations? For each priority population, what type(s) of technical assistance did you provide? | TAPRIPOP | | **Did you provide TA to sites on working with specific priority populations? (TAPRIPOPYN)** | | **Priority populations (OPRIPOP)** |
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| | | If you answered "Other", please specify. | | | |
| **Facilitators, Barriers, and Strategies to Program Start-up and Implementation** | | | | | |
| 9. What were the top 5 facilitators to recruiting NEW sites to offer the lifestyle change program in underserved areas? Please provide a detailed explanation of why the factors reported were perceived as facilitators for site recruitment, and list key partners/stakeholders who facilitated site recruitment across all facilitators provided. | ORGFAC | | **Top 5 facilitators to recruiting NEW sites to offer the lifestyle change program in underserved areas (ORGFAC)** | | **Why the factors reported were perceived as facilitators for site recruitment? (ORGFACWHY)** |
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| | | If you answered "Other", please specify. | | | |
| 10. What were the top 5 barriers to recruiting NEW sites to offer the lifestyle change program in underserved areas in the current funding year? For each all barriers selected | ORGBAR | | **Top 5 barriers to NEW site start-up (if applicable) and implementation (ORGBAR)** | | **Strategies to address barriers and implementa** |

| Question | Variable Code | Response | | | |
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the current funding year . For each all barriers selected, please list the strategies used to address the barriers. Please select up to 5 barriers that apply.

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| | | If you answered "Other", please specify. | | | |

**Strategy 2:  Increase clinician screening, detection, and referral of adults with prediabetes or at high risk for type 2 diabetes to CDC-recognized organizat**

**Activity 1: Provide technical assistance to CDC-recognized organizations on how to help health systems implement policy and practice changes to identify priority populatior and refer them to the lifestyle change program**

| Question | Variable Code | Response | | | |
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| 11. At the grantee level, did you engage in any activities, beyond those conducted by your affiliate sites (for example, working with medical societies, academic institutions, providing marketing materials), to reach health care providers (HCPs) or health care systems to increase prediabetes screening and testing, and referral of eligible priority participants to your affiliate delivery sites? If no, skip to question 12. | HCPSTR | Did you engage in activities to increase prediabetes screening, testing, and referral? (HCPSTRYN) | Brief description of strategies used to market prediabetes screening, testing, and referral to health care providers or systems (HCPSTR) | | Number of HCPs/systems reached (HCPNUMREACH) |
| 12. At the grantee level, did you engage in any activities to reach health care providers (HCPs) or health care systems to implement bi-directional screening and referral beyond any activities conducted by your affiliate sites? If yes, please provide a brief description of strategies used to work with HCPs/systems to implement bi-directional screening and referrals, and the number of HCPs/systems reached and number of HCPs/systems implemented bi-directional screening and referrals. If no, skip to question 13. | HCPBDR | Did you engage in activities to implement bi-directional screening and referral? (HCPBDRYN) | Brief description of strategies used to work with HCPs/systems to implement bi-directional screening and referral (HCPBDR) | | Number of HCPs/systems reached (BDRNUMREACH) |
| 13. What technical assistance (TA), training, and resources did you provide to affiliate delivery sites to engage health systems and health care providers to identify priority populations with prediabetes or at risk for type 2 diabetes and refer them to the lifestyle change program? If you provided additional resources beyond those listed below, please note that under "other" and describe. | HCPTA | Did you provide TA, training, and resources to sites to engage HCPs/systems? (HCPTAYN) | Types of TA, training, and resources provided to affiliate sites to engage HCPs/Health Systems to screen, test, and refer participants (HCPTA) | | Number of times provided (HCPTAFREQ) |

| Question | Variable Code | | Response | |
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| | If you answered "Other", please specify. | | | |
| **Facilitators, Barriers & Strategies to Securing Agreements with Health Care Providers/Systems to Screen, Test, and Refer Priority Populations** | | | | |
| 14. What were the top 5 facilitators to securing agreements with health care providers/systems to screen, test, and refer priority populations among all affiliate delivery sites in the current funding year. Please provide detailed explanations of why the factors reported were perceived as facilitators to securing agreements with health care providers/systems. For all facilitators selected, please provide the priority populations of focus. Please select ALL that apply. If you responded "other", please describe. | HCPFAC | | **Top 5 facilitators to securing agreements with health care providers/systems to screen, test, and refer priority populations (HCPFAC)** | **Why were the factors reported perceived as facilitators? (HCPFACWHY)** |
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| | | If you answered "Other", please specify. | | |
| 15. What were the top 5 barriers to securing agreements with health care providers/systems to screen, test, and refer priority populations of focus selected in Q14 among all your affiliate delivery sites in the current funding year. For all barriers selected, please provide the strategies used to address the barriers. Please select ALL that apply. If you responded "other", please describe. | HCPBAR | | **Tope 5 barriers to securing agreements with health care providers/systems to screen, test, and refer priority populations (HCPBAR)** | **Strategies to address all barriers reported (HCPSRAT)** |
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| Question | Variable Code | Response | | |
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| | | If you answered "Other", please specify. | | |
| **Strategy 3: Increase priority population awareness of prediabetes and enrollment in the lifestyle change program** | | | | |
| **Activity 1: Use the CDC National DPP Marketing Portfolio and other materials as appropriate to recruit, engage, and enroll priority populations in the lifestyle chang** | | | | |
| 16. At the grantee level, did you engage in any marketing activities to recruit and enroll priority populations beyond any activities conducted by your affiliate delivery sites? If no, skip to question 17. | COMMCHAN | **Engaged in any marketing activities to recruit and enroll priority populations? (GMARKYN)** | **Brief description of marketing activities conducted. (GMARKACT) How often were the marketing activities conducted? (GMARKFREQ) Other sectors involved? (GMARKSEC)** | **What communication channels were used to recruit and enroll priority populations? Please select ALL that apply. (COMMCHAN)** |
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| | If you answered "Other", please specify. | | | |
| 17. What types of marketing strategies did you use to reach priority populations of focus selected in Q14, and how many people did you reach with each strategy? Please select any that apply from the lists, and write in any additional strategies that were not included under "other." | ORECACTPAR | | **What types of marketing strategies did you use to reach priority populations of focus selected in Question 14? Please select ALL that apply. (ORECACTPAR)** | **For each marketing strategy, what is number of people reached (ORECACTNUMPP)/ impressions (ORECACTNUMIMP)?** |
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| | | If you answered "Other", please specify. | | |
| 18. What type of payment methods did you use to reimburse existing in-person or online CDC-recognized organizations using 1705 funds? Please provide existing DPRP orgcode(s) and the number of participants from priority populations enrolled that are covered by the payment method. | | | **Type of payment method used (PAYMETH)** | **Existing sites' DPRP ORGCODES (ORGCODEPAY)** |
| | PAYMETH | | | |

| Question | Variable Code | Response | | |
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| | If you answered "Other", please specify. | | | |

<table>
<tr><td colspan="5" align="center"><strong>Strategy 4: Ensure high rates of retention for priority population participants in the lifestyle change program</strong></td></tr>
<tr><td colspan="5"><strong>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 pop</strong></td></tr>
</table>

| Question | Variable Code | Response | | |
|---|---|---|---|---|
| 19. At the grantee level, did you provide advanced skill training beyond the curriculum-based training for your affiliate delivery sites? What types of advanced skill training were provided? Which training entity provided advanced skills training for lifestyle coaches? How many lifestyle coaches and program coordinators were trained? Please select any that apply from the lists, and write in any additional advanced skills training that was not included under "other". | GADDTRAIN | **Did you provide advanced skill training beyond the curriculum-based training? (GADDTRAINYN)** | **What types of advanced skill training were provided? Please select ALL that apply? (GADDTRAIN)** | **Which training entity(ies) provided advanced skills training for lifestyle coaches? (WHOADDTRAIN)** |
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| | If you answered "Other", please specify. | | | |
| 20. At the grantee level, did you provide master trainer training for lifestyle coaches/program coordinators? Which entity(ies) provided master trainer training? Which curriculum did they use? How many  lifestyle coaches/program coordinators were trained as master trainers? Please select any that apply from the lists, and write in any additional training entities or curricula that were not included under "other". | WHOTRAINMLC | **Did you provide master trainer training for lifestyle coaches/program coordinators? (TRAINMLCYN)** | **Which training entity(ies) provided master trainer training for lifestyle coaches/program coordinators? (WHOTRAINMLC)** | **Which curriculum was used to train the master trainers?  (CURTRAINMLC)** |
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| | If you answered "Other". please specify. | | | |

| Question | Variable Code | Response | | |
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| 21. At the grantee level, did you use any strategies to help your affiliate sites retain priority populations of focus 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. | ORETAINSTR | **Did you use any strategies to help your affiliate sites retain participants? (ORETAINSTRYN)** | **Strategies used to retain priority populations (ORETAINSTR)** | **Sites' DPRP ORGCODES (ORGCODERETAIN)** |
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| | If you answered "Other", please specify. | | | |

## Strategy 5: Ensure that participation in the lifestyle change program is included as a covered benefit for priority populations

### Activity 1: Work with employers and public and private payers to promote the lifestyle change program as a covered benefit for priority populations

| Question | Variable Code | Response | | |
|---|---|---|---|---|
| 22. 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 specify the number of payers/employers reached (if able to report). Please list all activities conducted to promote the lifestyle change program as a covered benefit and why you pitch these activities for all types of payers/employers selected. Please select ALL that apply. | COVSTR | **What types of payers/employers did your organization reach to promote the lifestyle change program as a covered benefit? (COVPAYER)** | **At the grantee level, what activities did your organization use to promote the lifestyle change program as a covered benefit? Please select ALL that apply. (COVSTR)** | **Why did you pick these activities to promote the lifestyle change program as a covered benefit? (COVSTRWHY)** |
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| | If you answered "Other", please specify. | | | |
| 23. At the grantee level, what tools did your organization use to promote the lifestyle change program as a covered benefit among payers selected in Q22? For each type of tool used, please provide a brief description of why and how the tool was used. Please select ALL that apply. | COVTOOL | | **Tools used to promote the lifestyle change program as a covered benefit (COVTOOL)** | **For each type of tool used, please provide a brief description of why and how the tool was used (COVTOOLWHY)** |
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| Question | Variable Code | | Response | |
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| | If you answered "Other", please specify. | | | |

## Activity 2 . Provide technical assistance to CDC-recognized organizations serving priority populations on how to implement administrative systems required to bill and rece[...] payers

| Question | Variable Code | | Response | |
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| 24. At the grantee level, what types of technical assistance (TA) did your organization provide 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. | GBILLTA | | **At the grantee level, what types of technical assistance (TA) did your organization provide to your delivery sites on how to implement administrative systems required to bill and receive payment from payers? Please select ALL that apply. (GBILLTA)** | **Sites' DPRP ORGCODES (ORGCODEBILL)** |
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| | | If you answered "Other", please specify. | | |

## Facilitators, Barriers, and Strategies to Getting the Lifestyle Change Program Included as a Covered Benefit for Priority Population Participants

| Question | Variable Code | | Response | |
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| 25. What were the top 5 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? For all facilitators selected, please provide a brief description of why these factors were preceived as facilitators. Please select up to 5 facilitators that apply. | PAYFAC | | **Top 5 facilitators to getting the National DPP lifestyle change program included as a covered benefit (PAYFAC)** | **For all facilitators selecte[...] description of why these [...] facilitators (P[...]** |
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| | | If you answered "Other", please specify. | | |
| 26. What were the top 5 barriers to getting the National DPP lifestyle change program included as a covered benefit and reimbursed among all your delivery sites in current grant year? For all barriers selected, please list all strategies used to address the barriers. Please select up to 5 barriers that apply. | PAYBAR | | **Top 5 barriers to getting the National DPP lifestyle change program included as a covered benefit and reimbursed for priority population participants (PAYBAR)** | **Strategies to address barri[...] DPP lifestyle change progr[...] benefit and reimbursed [...] participant[...]** |

| Question | Variable Code | Response | | |
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| | | If you answered "Other", please specify. | | |

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| **Number of organizations reached (NUMORGREACH)** |
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| **Types of TA (TAPRIPOP)** |
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| **Please list key partners/stakeholders who facilitated site recruitment (ORGFACPART)** |
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| riers to NEW site start-up ation (ORGSTR) |

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s with prediabetes

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| **Number of HCPs/systems implementing prediabetes screening, testing, and referral (HCPNUMSTR)** |
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| **Number of HCPs/systems implementing bi-directional screening and referral (BDRNUMSTR)** |
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| **Topics covered (HCPTATOPIC)** |
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| Priority populations targeted (HCPFACPOP) |
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**e program**

**Did you use any CDC-developed marketing resources? (CDCMARKRSYN)    Please list CDC resources you used and/or adapted (CDCMARKRS)**

**Number of participants from priority populations enrolled that are covered by the payment method (PAYNUMPART)**

pulation participants

**Number of trainees (ADDTRAINNUM)**

**For each type of curriculum, how many lifestyle coaches/program coordinators were trained as master trainers? (TRAINMLCNUM)**

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| **Please provide a brief description of what you did and with whom (ORETAINSTRDEC)** |
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| **For each type of payer/employer selected, please specify the number of payers/employers reached (if able to report) (COVPAYERNUM)** |
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| **ive payment from** |
| **Types of payers/employers (GBILLPAYER)** |
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| **ed, please provide a brief factors were preceived as PAYFACWHY)** |
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| **ers of getting the National ram included as a covered for priority population s (PAYSTR)** |

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| GRANTEE | GRANTYR | FISYR | ORECMETHSITE | ORECMETHSITEOTH | ORGCODEREC |
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| 1. AADE | 1. Year 1 | 1. 2018 | 1. Recruit via grantee organization's website | Open field for text | Up to 25 alphanumeric characters; provided by DPRP |
| 2. AAPCHO | 2. Year 2 | 2. 2019 | 2. Recruit via Email blast to partners | | |
| 3. ADA | 3. Year 3 | 3. 2020 | 3. Recruit via leveraging pre-existing relationships | | |

4. APhA

| 4. Year 4 | 4. 2021 |
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4. Recruit via phone outreach to potential partners

5. Balm in Gilead

| 5. Year 5 | 5. 2022 |
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5. Recruit via press release

6. BWHI

6. Recruit via collaborating with other 1705 grantees

7.
HealthInsight

8. NACDD

7. Select based on demographics of participants targeted

8. Partner with existing CDC-recognized organization(s) in target areas

9. NAHH

9. Use a third-party network to identify sites to deliver the National DPP lifestyle change program

10. Trinity Health

10. Other selection criteria

11. N/A

| NUMORGREACH | ORGCAPASSESS | GRANTEEINITA | GRANTEEINITAOTH | ORGCODEINITA |
|---|---|---|---|---|
| Numeric number of sites reached to offer the lifestyle change program in the current funding year | 1. Yes | 1. Did not provide any TA to sites regarding becoming a CDC-recognized organization | Open field for text | Up to 25 alphanumeric characters; provided by DPRP |
| | 2. No | 2. TA on how to apply for CDC recognition | | |
| | 3. N/A | 3. TA on how to collect and submit the required DPRP data elements using a comma separated value (CSV) format to the CDC | | |

4. TA on how to select a CDC-approved lifestyle change program curriculum

5. TA on how to implement a CDC-recognized lifestyle change program to meet the DPRP Standards

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

7. Other

8. N/A

| GRANTEEONGTA | GRANTEEONGTAOTH | ORGCODEONGTA | TAPRIPOPYN | OPRIPOP |
|---|---|---|---|---|
| | | | | 1. Not targeting specific priority populations |
| 1. Did not provide any TA to sites regarding implementation of the CDC-recognized lifestyle change program | Open field for text | Up to 25 alphanumeric characters; provided by DPRP | 1. Yes | 2. Hispanics |
| 2. TA on how to collect and submit the required DPRP data elements to the CDC | | | 2. No | 3. African-Americans |
| 3. TA on how to collect and submit the 1705 performance measurement data to the CDC | | | 3. N/A | |

4. Asian-Americans

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

5. American Indians

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

6. Alaska Natives

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

7. Pacific Islanders

7. TA on how to retain targeted priority populations in the year-long lifestyle change program

8. People with visual impairments or physical disabilities

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

9. Other

9. Men

10. N/A

10. Geography:  rural or frontier

11. Medicare
Beneficiaries

12. Other

13. N/A

| OPRIPOPOTH | TAPRIPOP | TAPRIPOPOTH | ORGFAC |
|---|---|---|---|
| | | | 1. Existing relationship with partners/key stakeholders to offer the CDC-recognized lifestyle change program in underserved areas. Please list key partners/stakeholders. |
| Open field for text | 1. TA on how to recruit specific priority populations | Open field for text | 2. Existing resources from delivery sites: space for delivery of in-person programs |
| | 2. TA on how to enroll specific priority populations | | 3. Existing resources from delivery sites: staff with capacity to deliver the lifestyle change program |
| | 3. TA on how to recruit bilingual coaches to deliver the lifestyle change program to non-English speaking participants | | |

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| 4. TA on how to incorporate cultural themes, images, or sayings to address specific needs of priority populations | 4. Marketing campaigns to the community to increase awareness of the National DPP lifestyle change program |
| 5. TA on how to use a culturally adapted curriculum or supplemental materials to address specific needs of priority populations | 5. Financial assistance to help sites pay for participants enrolled in the National DPP lifestyle change program |
| 6. TA on how to incorporate cultural dietary restrictions or preferences to address specific needs of priority populations | 6. Existing relationship with health care providers/systems to screen, test, and refer their patients to CDC-recognized program delivery sites |

7. Buy-in from leadership and management at the site level

7. Other

8. Incorporate tailored marketing plan for program delivery sites to increase enrollment of priority populations

9. Incorporate culturally and linguistically appropriate tools and materials to address specific needs of priority populations

10. Other

11. N/A

| ORGFACOTH | ORGFACWHY | ORGFACPART | ORGBAR | ORGBAROTH |
|---|---|---|---|---|
| | | | 1. Delayed process to procure funding | |
| Open field for text | Open field for text | Open field for text | | Open field for text |
| | | | 2. Lack of reimbursement from third-party payers | |
| | | | 3. Lack of staff support | |

4. Lack of clear program guidance

5. Lack of buy-in/engagement from partners or key stakeholders

6. Delayed in procuring space to deliver in-person programs

7. Health care providers'/systems' resistance to refer patients with prediabetes to a the National DPP lifestyle change program

8. Low enrollment of targeted priority populations

9. High participant drop-out

10. Length of lifestyle change program

11. Delay in lifestyle coach training

12. Delivery organization structural change

13. Conflicts with class schedule timing

14. Lack of motivation from participants

15. Slow hiring process at organizational level

16. Public/private insurers' delayed process on membership outreach

17. Delay in development of marketing materials

18. Staff turn-over

19. Sub-awardee non-compliance

20. Other

21. N/A

| ORGSTR | ORGSTROTH | HCPSTRYN | HCPSTR | HCPNUMREACH |
|---|---|---|---|---|
| 1. Improving communication/engagement with partners/key stakeholders | | | | |
| 2. Offering additional classes and options for make-up sessions | Open field for text | 1. Yes | Open field for text | Numberic number of HCPs/systems approached |
| 3. Adjusting class schedule/time | | 2. No | | |
| | | 3. N/A | | |

4. Seeking in-kind staff hours at delivery sites

5. Expanding marketing efforts in the community to increase participant enrollment

6. Restructuring incentive strategies to retain participants in the year-long lifestyle change program

7. Seeking in-kind classroom space

8. Continued engagement with partners/key stakeholders

9. Organization developed own marketing materials

10. Implementation/work plan revisions to address challenges and mid-course correct

11. Educating target audience on the National DPP lifestyle change program

12. Recruiting alternative program providers/delivery sites

13. Finding provider champions

14. Organization developed own culturally and linguistically appropriate tools and materials

15. Offering additional training to lifestyle coaches/program coordinators on data collection and interpretation to monitor progress and make mid-course correction

16. Piloting a bi-directional referral system with health care providers/systems

17. Providing additional benefits to participants to access other programs at delivery sites' facilities

18. Other

19. N/A

| HCPNUMSTR | HCPBDRYN | HCPBDR | BDRNUMREACH | BDRNUMSTR |
|---|---|---|---|---|
| Numeric number of HCPs/systems implementing prediabetes screening, testing, and referral | 1. Yes | Open field for text | Numeric number of HCPs/systems approached to implement bi-directional screening and referrals | Numeric number of HCPs/systems approached that went on to implement bi-directional screening and referrals |
| | 2. No | | | |
| | 3. N/A | | | |

| HCPTAYN | HCPTA | HCPTAOTH | HCPTAFREQ | HCPTATOPIC |
|---|---|---|---|---|
| | 1. Technical assistance calls | | | |
| 1. Yes | 2. Site visits | Open field for text | Open field for text | Open field for text |
| 2. No | 3. Trainings | | | |
| 3. N/A | | | | |

4. Meetings

5. Conferences

6. Other

7. N/A

| HCPFAC | HCPFACOTH | HCPFACWHY | HCPFACPOP | HCPFACPOPOTH |
|---|---|---|---|---|
| 1. Existing relationship with key health care providers/systems in underserved areas | | | 1. Not targeting specific priority populations | |
| 2. Existing relationship with local medical societies in underserved areas | Open field for text | Open field for text | 2. Hispanics | Open field for text |
| 3. Existing resources available at health care providers' practices/systems: electronic health record | | | 3. African-Americans | |

4. Marketing campaigns to targeted health care providers to increase awareness of the benefits of and evidence base supporting the CDC-recognized lifestyle change program

4. Asian-Americans

5. Incentives to health care providers/systems to screen, test, and refer their patients to a CDC-recognized program delivery site

5. American Indians

6. Existing relationship with third-party payers (employers/insurers) to incentivize health care providers/systems to screen, test, and refer their patients to CDC-recognized program delivery sites

6. Alaska Natives

7. Buy-in from leadership and management of health care providers or systems

7. Pacific Islanders

8. Health care provider champions

8. People with visual impairments or physical disabilities

9. Feedback reports/dashboards that allow health care providers to monitor their patients' outcomes after attending the National DPP lifestyle change program

9. Men

10. Other

10. Geography: rural or frontier

11. N/A

11. Medicare Beneficiaries

12. Other

13. N/A

| HCPBAR | HCPBAROTH | HCPSRAT | HCPSRATOTH | HCPBARPOP |
|---|---|---|---|---|
| 1. Lack of awareness among health care providers that prediabetes is a health condition | | 1. Expand marketing campaign that uses multiple channels targeting health care providers to raise awareness of prediabetes | | 1. Not targeting specific priority populations |
| 2. Lack of awareness among health care providers that type 2 diabetes can be prevented or delayed through participation in a CDC-recognized lifestyle change program | Open field for text | 2. Expand marketing campaign that uses multiple channels targeting health care providers to raise awareness of the benefits of the CDC-recognized lifestyle change program | Open field for text | 2. Hispanics |
| 3. Lack of belief among health care providers that the National DPP lifestyle change program will improve health outcomes in patients with prediabetes | | 3. Use participants' testimonials or success stories to show how the lifestyle change program has improved participants' health outcomes | | 3. African-Americans |

4. Lack of claims adjudication processes or lack of payment for screening, testing, and referring patients with prediabetes to CDC-recognized lifestyle change programs

4. Engage with third-party administrators or payers to enable claims adjudication processes for health care providers who screen, test, and refer patients with prediabetes

4. Asian-Americans

5. Lack of interconnectivity of health care providers/systems' Electronic Health Records with grantee's data system to enable electronic referrals

5. Engage with an EHR vendor to explore options for integration with health care providers'/systems' EHRs

5. American Indians

6. Lack of incentives in health care providers' practices to screen, test, and refer patients with prediabetes to CDC-recognized lifestyle change programs

6. Engage with leadership or management of health care providers' practices/systems to promote screening, testing, and referral

6. Alaska Natives

7. Lack of clinical-community linkages with CDC-recognized program delivery sites for the purpose of identifying and referring patients with prediabetes

7. Build clinical-community linkages with targeted health care providers/systems

7. Pacific Islanders

8. Lack of feedback loop from CDC-recognized program delivery sites to allow health care providers to monitor their patients' outcomes after attending the National DPP lifestyle change program

8. Provide a feedback loop to health care providers regarding their referred patients' outcomes after attending the National DPP lifestyle change program

8. People with visual impairments or physical disabilities

9. Other

9. Other

9. Men

10. N/A

10. N/A

10. Geography: rural or frontier

11. Medicare
Beneficiaries

12. Other

13. N/A

| HCPBARPOPOTH | GMARKYN | GMARKACT | GMARKFREQ | GMARKSEC | COMMCHAN |
|---|---|---|---|---|---|
| Open field for text | 1. Yes | Open field for text | Open field for text | Open field for text | 1. In-person meetings |
| | | | | | 2. Radio or TV ads |
| | 2. No | | | | 3. Social media posting (eg. Facebook, Twitter) |
| | 3. N/A | | | | |

4. Website
(please provide
URL)

5. Other

6. N/A

| COMMCHANOTH | CDCMARKRSYN | CDCMARKRS | ORECACTPAR | ORECACTPAROTH |
|---|---|---|---|---|
| | | | 1. Advertising (paid media or unpaid) | |
| Open field for text | 1. Yes | Open field for text | 2. News media | Open field for text |
| | 2. No | | 3. Social media | |
| | 3. N/A | | | |

| COMMCHANOTH | CDCMARKRSYN | CDCMARKRS | ORECACTPAR | ORECACTPAROTH |
|---|---|---|---|---|
| | | | 1. Advertising (paid media or unpaid) | |

4. Group meetings
and events

5. Print campaigns
or dissemination

6. Partner activities

7. One-on-one
contact

8. Direct mail

9. Monetary (<$25)
incentives offered

10. Non-monetary
incentives offered

11. Other

12. N/A

| ORECACTPOP | ORECACTPOPOTH | ORECACTNUMPP | ORECACTNUMIMP | PAYMETH |
|---|---|---|---|---|
| 1. Not targeting specific priority populations | | | | |
| 2. Hispanics | Open field for text | Total number of people reached with each activity | Total number of impressions with each activity | 1. Fee-for-service per each participant enrolled |
| 3. African-Americans | | | | 2. Pay-for-outcome model based on aggregated participant outcomes |
| | | | | 3. Pay-for-outcome model based on individual participants' outcomes |

4. Asian-Americans

4. Provide lump sum incentive payment to CDC-recognized organizations each year

5. American Indians

5. Use Medicare's value-based-payment model

6. Alaska Natives

6. Other

7. Pacific Islanders

7. N/A

8. People with
visual impairments
or physical
disabilities

9. Men

10. Geography:
rural or frontier

11. Medicare
Beneficiaries

12. Other

13. N/A

| PAYMETHOTH | ORGCODEPAY | PAYNUMPART | GADDTRAINYN | GADDTRAIN | GADDTRAINOTH |
|---|---|---|---|---|---|
| Open field for text | Up to 25 alphanumeric characters; provided by DPRP | Numeric number of participants from priority populations enrolled per each payment method | 1. Yes | 1. Grantee data system: data collection and reporting | Open field for text |
| | | | 2. No | 2. How to use data for program improvement | |
| | | | 3. N/A | 3. Training to comply with federal Health Insurance Portability and Accountability Act (HIPAA) | |

4. Motivational Interviewing Training

5. Additional refresher training or training to develop new skills needed to effectively manage and deliver the year-long lifestyle change program

6. Lifestyle coach mentoring or community of practice within the grantee's National DPP network

7. Training on specific technology platform to be used to deliver the lifestyle change program online and engage participants

8. Other (please specify)

9. N/A

| WHOADDTRAIN | ADDTRAINNUM | TRAINMLCYN | WHOTRAINMLC | WHOTRAINMLCOTH |
|---|---|---|---|---|
| Open field for text | Numeric total number of trainees received advanced skill training beyond the curriculum-based training | 1. Yes | 1. Diabetes Training and Technical Assistance Center (DTTAC) at Emory University | Open field for text |
| | | | 2. Quality and Technical Assistance Center (QTAC) | |
| | | 2. No | 3. American Association of Diabetes Educators (AADE) | |
| | | 3. N/A | | |

4. Black Women's Health Imperative (BWHI)

5. Magnolia Medical Foundations

6. Solera Health Inc

7. State of Wellness

8. Innovative
Wellness Solutions

9. Virginia Center
for Diabetes
Prevention &
Education
10. University of
Pittsburg

11. University of Indiana

12. Omada Health

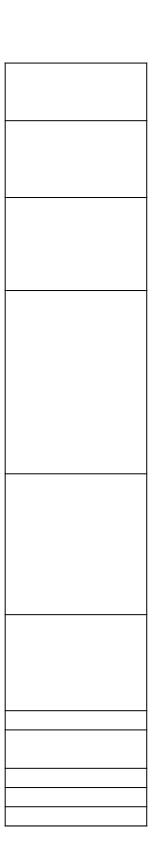13. A private organization with a national network of program sites

14. A CDC-recognized virtual organization with national reach

15. A master trainer trained by one of the training entities that have an MOU with CDC and are listed on the CDC website

16. Other

17. N/A

| CURTRAINMLC | CURTRAINMLCOTH | TRAINMLCNUM | ORETAINSTRYN | ORETAINSTR |
|---|---|---|---|---|
| 1. CDC's Prevent T2 curriculum - English | | | | 1. Provided information on best practices to affiliate sites |
| 2. CDC's Prevent T2 curriculum - Spanish | Open field for text | Numeric total number of trainees who were trained as master trainers | 1. Yes | 2. Developed or adapted culturally-appropriate tools and materials for use in the lifestyle change program |
| | | | 2. No | |
| 3. 2012 CDC National DPP curriculum-English | | | | 3. Developed or adapted linguistically-appropriate tools and materials for use in the lifestyle change program |
| | | | 3. N/A | |

| | |
|---|---|
| 4. 2012 CDC National DPP curriculum-Spanish | 4. Promoted/provided guidance to affiliate sites on use of the National DPP Retention Tool |
| 5. Y-DPP curriculum (Plan Forward) | 5. Provided guidance to affiliate sites on identifying opportunities to connect participants with other resources |
| 6. Group Lifestyle Balance curriculum (U Pitt) | 6. Provided guidance to affiliate sites on identifying opportunities for participant leadership |

| | |
|---|---|
| 7. Native Lifestyle Balance - Preventing Diabetes in American Indian Communities curriculum | 7. Identified and developed tailored trainings to address the specific challenges of affiliate sites |
| 8. Help Prevent Diabetes curriculum (Wake Forest) | 8. Other |
| 9. Other | 9. N/A |
| 10. N/A | |

| ORETAINSTROTH | ORGCODERETAIN | ORETAINPOP | ORETAINPOPOTH | COVPAYER |
|---|---|---|---|---|
| | | 1. Not targeting specific priority populations | | 1. Private or commercial health plans |
| Open field for text | Up to 25 alphanumeric characters; provided by DPRP | 2. Hispanics | Open field for text | 2. Fully-insured employers |
| | | 3. African-Americans | | 3. Self-insured employers |
| | | 1. Not targeting specific priority populations | | 1. Private or commercial health plans |

4. Asian-Americans

4. Medicaid agencies

5. American Indians

5. Medicaid managed care organizations (MCOs)

6. Alaska Natives

6. Other public payer: TriCare (Veteran Affairs)

7. Pacific Islanders

7. Other

8. People with visual impairments or physical disabilities

8. N/A

9. Men

10. Geography: rural or frontier

11. Medicare
Beneficiaries

12. Other

13. N/A

| COVPAYEROTH | COVSTR | COVSTROTH | COVSTRWHY | COVPAYERNUM |
|---|---|---|---|---|
| Open field for text | 1. Conducted presentations about benefits and cost-savings of the evidence-based lifestyle change program to employers and/or insurers<br><br>2. Placed media (TV, radio) ads targeting employers/insurers in delivery sites' markets to encourage including the National DPP lifestyle change program as a covered benefit<br><br>3. Conducted promotional activities at employer council events targeting large employers or self-insured employers to provide coverage and/or implement the National DPP lifestyle change program | Open field for text | Open field for text | Numeric total number of payers/employers reached per each type of payer/employer |

4. Conducted promotional activities at health care purchasing coalitions or insurance broker events/conferences targeting insurers or other third-party payers to cover and/or implement the National DPP lifestyle change program

5. Used social media to conduct marketing campaigns targeting employers/insurers to cover and/or implement the National DPP lifestyle change program

6. Contracted with existing third-party administrators (TPAs) that provide billing and payment services for employers/insurers

7. Collaborated with state health departments, State Medicaid agencies, Medicaid managed care organizations, or other key stakeholders to make the case for Medicaid coverage or state employee coverage

8. Other

9. N/A

| COVTOOLPAYER | COVTOOLPAYEROTH | COVTOOL | COVTOOLOTH |
|---|---|---|---|
| 1. Private or commercial health plans | | 1. Used CDC's Diabetes Prevention Impact Toolkit to show benefits and cost-savings to employers and/or insurers of including the lifestyle change program as a covered benefit for their employees and/or members | |
| 2. Fully-insured employers | Open field for text | 2. Used grantee's developed ROI analysis to show benefits and cost-savings to employers and/or insurers of including the National DPP lifestyle change program as a covered benefit for their employees and/or members | Open field for text |
| 3. Self-insured employers | | 3. Used CDC's National Diabetes Prevention Program Coverage Toolkit to provide a step-by-step guide for employers/insurers on how to provide coverage and/or implement the National DPP lifestyle change program | |

4. Medicaid agencies

4. Used AMA Diabetes Prevention Cost Savings Calculator to estimate potential medical costs savings from providing the National DPP lifestyle change program as a covered benefit

5. Medicaid managed care organizations (MCOs)

5. Other

6. Other public payer: TriCare (Veteran Affairs)

6. N/A

7. Other

8. N/A

| COVTOOLWHY | COVTOOLPAYERNUM | GBILLTA | GBILLTAOTH | ORGCODEBILL |
|---|---|---|---|---|
| | | 1. Did not provide any TA to sites on how to implement administrative systems required to bill and receive payment from payers | | |
| Open field for text | Numeric  total number of payers/employers reached per each type of payer/employer | | Open field for text | Up to 25 alphanumeric characters; provided by DPRP |
| | | 2. TA on how to apply for MDPP Supplier's National Provider Identifier (NPI) | | |
| | | 3. TA on how to identify and establish contracts with third-party administrators (TPA) | | |

4. TA on how to establish an invoicing method for billing payers

5. TA on how to establish a billing process  (using a combination of ICD-10 and CPT codes) to submit claims directly to payers

6. TA on how to establish a pay-for-performance model or value-based payment model with payers or TPA

7. Other

8. N/A

| GBILLPAYER | GBILLPAYEROTH | PAYFAC | PAYFACOTH | PAYFACWHY |
|---|---|---|---|---|
| 1. Private or commercial health plans | | 1. Leveraged existing relationship with employers/payers in underserved areas | | |
| 2. Fully-insured employers | Open field for text | 2. Leveraged existing relationship with third-party administrators (TPAs) with a large network and reach to employers/payers | Open field for text | Open field for text |
| 3. Self-insured employers | | 3. Leveraged existing resources such as CDC's Diabetes Prevention Impact Toolkit and National DPP Coverage Toolkit to make the case for coverage and establish billing methods for payers | | |

| | |
|---|---|
| 4. Medicaid agencies | 4. Expanded marketing campaigns to targeted employers/insurers to increase awareness of the benefits of, evidence supporting, and potenial cost-savings associated with the National DPP lifestyle change program |
| 5. Medicaid managed care organizations (MCOs) | 5. Buy-in from executives, leadership, and management of employers/insurers |
| 6. Other public payer: TriCare (Veteran Affairs) | 6. Program champions (participants and/or payers) |

7. Medicare

7. Feedback reports/dashboards that allow employers/payers to review their employees/membe rs' progress after attending the National DPP lifestyle change program

8. Other

8. Other

9. N/A

9. N/A

| PAYBAR | PAYBAROTH | PAYSTR | PAYSTROTH |
|---|---|---|---|
| 1. Lack of awareness among employers/payers that prediabetes is a health condition | | 1. Expanded marketing campaign that uses multiple channels targeting employers/payers to raise awareness of prediabetes | |
| 2. Lack of awareness among employers/payers that type 2 diabetes can be prevented or delayed through participation in the CDC-recognized lifestyle change program | Open field for text | 2. Expanded marketing campaign that uses multiple channels targeting employers/payers to raise awareness of benefits and cost-savings of the CDC-recognized lifestyle change program | Open field for text |
| 3. Lack of belief among employers/payers that the National DPP lifestyle change program will improve health outcomes in their employees/members with prediabetes | | 3. Used participants' testimonials or success stories to show how the lifestyle change program has improved participants' health outcomes | |

4. Lack of claims or payment methods for participation of employees/members in CDC-recognized lifestyle change programs

4. Contracted with third-party administrators to support billing and payment processes for employers/payers

5. Lack of a feedback loop from CDC-recognized program delivery sites to allow employers/insurers to monitor their employees'/members' outcomes after attending the lifestyle change program

5. Provided feedback reports/dashboards that allow employers/payers to review their employees'/members' progress after attending the lifestyle change program

6. Other

6. Other

7. N/A