

## National DPP Site-Level Rapid Evaluation - Survey Questionnaire

### Introduction

The Centers for Disease Control and Prevention and Deloitte Consulting would like to invite you to participate in a survey to learn more about implementation of the National Diabetes Prevention Program (National DPP) lifestyle change program at the site-level and how the state health department is supporting your efforts.

Your participation in this survey is voluntary, and you may opt out of any question in the survey. Your answers will be kept strictly confidential and will never be associated with your name.

The survey should take no more than 30 minutes to complete, and you have until {survey close date} to submit your response.

Click **NEXT** to begin the survey.

If you have any questions about the survey or experience technical issues accessing or submitting the survey, please email Nicolle Dally, [ndally@deloitte.com](mailto:ndally@deloitte.com).

We really appreciate your time and contribution to this effort.

Thank you,

1815 National Evaluation Team  
Deloitte Consulting, LLP

**Note:** Public reporting burden of this collection of information is estimated to average 30 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 (0920-19BHC)

### Background

1. Please select the option that best reflects your position within the [insert program name] Lifestyle Change Program.

- a. Program Coordinator
- b. Lifestyle Coach
- c. Community Health Worker
- d. Data Preparer
- e. Other, please specify \_\_\_\_\_

2. What is your educational and/or professional background (select all that apply):

- a. Public health
- b. Health education
- c. Nutrition
- d. Physical activity/ exercise
- e. Other, please specify \_\_\_\_\_

3. Are you actively credentialed in any of the following areas (select all that apply)?

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<ul style="list-style-type: none"> <li>a. Registered Nurse</li> <li>b. Registered Dietitian/Registered Dietitian Nutritionist</li> <li>c. Certified Diabetes Educator</li> <li>d. Certified Health Education Specialist</li> <li>e. Community Health Worker Certification</li> <li>f. I am not actively credentialed in the listed areas</li> </ul>
<p>4. Are you actively credentialed in any other areas? <i>[Open ended]</i></p>
<p>5. How long have you been in your current role with <i>[insert program name]</i>?</p> <ul style="list-style-type: none"> <li>a. Less than a year</li> <li>b. 1-2 years</li> <li>c. 2-3 years</li> <li>d. 3-4 years</li> <li>e. 5 or more years</li> </ul>
<p>6. In total, how long have you worked with this program?</p> <ul style="list-style-type: none"> <li>a. Less than a year</li> <li>b. 1-2 years</li> <li>c. 2-3 years</li> <li>d. 3-4 years</li> <li>e. 5 or more years</li> </ul>
<p><b>LCP Program Overview</b></p>
<p>7. Please select the setting or type of organization in which the <i>[insert program name]</i> is located</p> <ul style="list-style-type: none"> <li>a. Health care organization (e.g. FQHC, Rural Health Center)</li> <li>b. Pharmacy</li> <li>c. Community-based organization (e.g. community center, place of worship, etc.)</li> <li>d. Worksite</li> <li>e. YMCA</li> <li>f. Academic institution</li> <li>g. Program is independently operated</li> <li>h. Other setting; please specify _____</li> </ul>
<p>8. Does your lifestyle change program have a strategic focus on reaching specific population groups?</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No <i>[Skip to Q10]</i></li> <li>c. I don't know/ I'm not sure <i>[Skip to Q10]</i></li> </ul>
<p>9. Please indicate the population groups you serve primarily (<i>select all that apply</i>)</p> <ul style="list-style-type: none"> <li>a. Race/Ethnicity             <ul style="list-style-type: none"> <li>a. White</li> <li>b. Black or African-American</li> <li>c. American Indian/Alaska Native</li> <li>d. Asian</li> <li>e. Native Hawaiian or Other Pacific Islander</li> <li>f. Latino/Hispanic</li> <li>g. Other; please specify _____</li> </ul> </li> </ul>

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- b. Gender
  - a. Male
  - b. Female
  - c. Other, please specify \_\_\_\_\_
  
- c. Age Group
  - a. 18-24 years
  - b. 25 to 44 years
  - c. 45 to 64 years
  - d. 65 years and over
  
- d. Geographic focus:
  - i. Urbanized Areas (population greater than 50,000)
  - ii. Urbanized Clusters (population more than 2,500 but less than 50,000)
  - iii. Rural Areas (population less than 2,500)
  - iv. American Indian/Alaskan Native communities
  - v. Other, please specify: \_\_\_\_\_
  
- e. Please specify any other populations of focus in the field below (e.g. low socioeconomic status, people with disabilities)(open-ended)

#### Participant Recruitment

10. What are the most common methods your program uses to market/promote your CDC-recognized lifestyle change program? (*select all that apply*)
- a. Our program does not directly market/promote the program [Skip to Q14]
  - b. Health fairs
  - c. Printed informational materials for people with prediabetes
  - d. Printed informational materials for health care providers
  - e. Mass media campaigns
  - f. Presentations to community groups
  - g. Presentations to health professionals
  - h. Swag items (bags, totes, mugs, kitchen utensils)
  - i. Other, please specify \_\_\_\_\_
  - j. I don't know/ I'm not sure [Skip to Q12]
11. In your opinion, which strategies have been most successful in increasing awareness and interest in your program?
- a. Health fairs
  - b. Printed informational materials for the general public
  - c. Printed informational materials for health professionals
  - d. Mass media campaigns
  - e. Presentations to community groups
  - f. Presentations to health professionals
  - g. Swag items (bags, totes, mugs, kitchen utensils)
  - h. Other, please specify \_\_\_\_\_
  - i. I don't know/ I'm not sure
12. To what extent are these marketing/promotion efforts tailored to meet the language or cultural needs of different target populations?

1=Not at all

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	<p>2=Very few materials/strategies are tailored          3=Some materials/strategies are tailored          4=Most materials/strategies are tailored          5=All materials/strategies are tailored          99=I don't know</p>
13.	<p>How do you rate the state health department's (SHD) assistance with expanding your program's marketing/promotion efforts?</p> <p>0 = The SHD provided no assistance          1 = Not at all useful          2 = Slightly useful          3 = Moderately useful          4 = Very useful          5 = Extremely useful          99= I don't know</p>
14.	<p>How do you rate the SHD's assistance with expanding your program's marketing/promotion efforts to new population groups or geographic areas?</p> <p>0 = The SHD provided no assistance          1 = Not at all useful          2 = Slightly useful          3 = Moderately useful          4 = Very useful          5 = Extremely useful          99 = I don't know</p>
15.	<p>How do you rate the influence of health care organizations in referring people with prediabetes to your program?</p> <p>1 = Not at all influential          2 = Slightly influential          3 = Moderately influential          4 = Very influential          5 = Extremely influential          99 = I don't know</p>
16.	<p>How do you rate local health care providers' support of the National DPP lifestyle change program as a preventive measure for type 2 diabetes?</p> <p>1 = Not at all supportive          2 = Slightly supportive          3 = Moderately supportive          4 = Very supportive          5 = Extremely supportive          99 = I don't know</p>
17.	<p>To what extent, if any, has the COVID-19 pandemic affected participant recruitment and/or marketing efforts?</p>
<b>Enrolment and Retention</b>	
18.	<p>What are the most common methods your CDC-recognized LCP uses to encourage participant enrollment and retention? (<i>select all that apply</i>)</p> <p>a. Our program does not have any special efforts to encourage enrollment and retention [Skip to Q19]          b. Transportation vouchers          c. Child care assistance</p>

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<ul style="list-style-type: none"> <li>d. Meal prep assistance</li> <li>e. Gym memberships</li> <li>f. Digital physical activity trackers</li> <li>g. Other; please specify _____</li> <li>h. I don't know/ I'm not sure</li> </ul>
<p>19. In your opinion, which strategies have been most successful in increasing enrollment and retention in your program? <i>(select all that apply)</i></p> <ul style="list-style-type: none"> <li>a. Our program does not have any special efforts to encourage enrollment and retention</li> <li>b. Transportation vouchers</li> <li>c. Child care assistance</li> <li>d. Meal prep assistance</li> <li>e. Gym memberships</li> <li>f. Digital physical activity trackers</li> <li>g. Other; please specify _____</li> <li>h. I don't know/ I'm not sure</li> </ul>
<p>20. How do you rate the SHD's assistance with expanding your program's enrollment and retention efforts?</p> <p>0 = The SHD provided no assistance          1 = Not at all useful          2 = Slightly useful          3 = Moderately useful          4 = Very useful          5 = Extremely useful          99 = I don't know</p>
<p>21. What would you say are the top 3 major challenges in <u>enrolling</u> people with prediabetes? <i>[Rank your challenges on a scale of 1-3, with 1 being the most challenging factor and 3 the least challenging]1-r]</i></p>
<p>22. What would you say are the top 3 major challenges in <u>retaining</u> participants until program completion? <i>[Rank your challenges on a scale of 1-3, with 1 being the most challenging factor and 3 the least challenging]</i></p>
<p>23. What additional support do you need to assist with expanding your program's enrollment and retention efforts?</p>
<p>24. To what extent, if any, has the COVID-19 pandemic affected participant enrollment and/or retention?</p>
<b>Training</b>
<p>25. Have you completed a CDC-approved Lifestyle Coach training?</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No [Skip to Q25]</li> <li>c. I don't know/ I don't recall [Skip to Q25]</li> </ul>
<p>26. When was the last time you completed follow-up training?</p> <ul style="list-style-type: none"> <li>a. Less than a year ago</li> <li>b. 1-2 years ago</li> <li>c. 3-4 years ago</li> <li>d. 5 or more years</li> <li>e. I have not had any follow-up training</li> </ul>
<p>27. Are you a National DPP Master Trainer?</p>

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<ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. I don't know</li> </ul>
<p>28. Does your organization provide opportunities to attend CDC-sponsored National DPP webinar trainings?</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. I don't know</li> </ul>
<p>29. How confident do you feel in your ability to deliver all components of the National DPP lifestyle change program?</p> <ul style="list-style-type: none"> <li>1 = Not confident at all</li> <li>2 = Slightly confident</li> <li>3 = Somewhat confident</li> <li>4 = Fairly confident</li> <li>5 = Completely confident</li> </ul>
<p>30. 17. To what extent, if any, has the COVID-19 pandemic affected training efforts?</p>
<b>Program Effectiveness</b>
<p>31. How successful is the [insert program name] in helping people with prediabetes lose weight?</p> <ul style="list-style-type: none"> <li>1=Not at all successful</li> <li>2=Slightly successful</li> <li>3=Moderately successful</li> <li>4=Very successful</li> <li>5=Extremely Successful</li> <li>99=I don't know/ I'm not sure</li> </ul>
<p>32. To what extent, if any, has the COVID-19 pandemic affected program effectiveness?</p>
<p>33. Please note any other thoughts you may have to share about the [insert program name] [Open ended]</p>

**Thank you for taking the time to complete this survey!**