

**Overview of Data Collection Changes from 2021 Diabetes Prevention Recognition Program (DPRP) Standards**

**(OMB No. 0920-0909, exp. 04/30/2024) for 2024 DPRP Standards (revision)**

Type of Change	Rationale	Detailed Description of Change(s)	Affected Form(s)
<p>1. Collect an additional, binomial data element from applicant organizations</p>	<p>a. Allow for fast-tracking to Preliminary CDC recognition for organizations serving populations in areas of the US identified as having high social vulnerability based on the Social Vulnerability Index.</p> <p>b. Permits these organizations to apply for Medicare Diabetes Prevention Program (MDPP) supplier status immediately (if desired) and to bill the Centers for Medicare &amp; Medicaid Services (CMS) for MDPP services offered to Medicare beneficiaries.</p>	<p><b>Drop down question (yes/no)</b> related to organization zip code, which is already collected; asks if an in-person organization is interested in being considered for fast-tracking</p>	<p>DPRP Application Form</p>

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<p>2. Revised dropdown data element for applicant organizations</p>	<p>Standardizing the data will result in usable information and will reduce the burden on organizations that would otherwise have to type in a response.</p>	<p><b>Drop down options revised for title</b> based on DPRP data collected:  Behavioral Health Specialist  Community Health Worker  Coordinator/Manager/Supervisor/  Director  Diabetes Educator  Government Personnel  Health Educator – non-Diabetes  Medical Doctor  Nurse  Nutritionist  Other Healthcare Professional  Pharmacist  Registered Dietitian/ Registered Dietitian Nutritionist  Wellness or Fitness Instructor/  Professional  Other &lt;text box to specify&gt;</p>	<p>DPRP Application Form</p>

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<p>3. Delivery mode change from the previous Combination category to its own category of <b>In-person with a Distance Learning Component</b></p>	<p>Will allow for CDC, along with CMS' MDPP program, to categorize which programs are delivered fully live/in a synchronous manner.</p>	<p><b>Drop down questions</b> inquiring about the organization's approach to curriculum delivery. A yearlong National DPP lifestyle change program delivered in-person by trained Lifestyle Coaches, where participants have the option of attending some of the regular sessions via remote classroom or telehealth (the Lifestyle Coach provides live delivery of session content in one location and participants call-in or video-conference from another location).</p>	<p>DPRP Application Form</p>
<p>4. Collect data on projected start date</p>	<p>Will allow assessment of the need for early technical assistance for organizations that are approved but don't have a start date yet.</p>	<p><b>Drop down question (yes/no)</b> related to start date. If yes, a calendar will pop up.</p>	<p>DPRP Application Form</p>

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<p>5. Add two new options to the variable PAYERSOURCE (not adding a new variable)</p>	<p>The previous category of 'Other' has been deleted and options have been added to better understand which agencies/sources are paying for participant enrollment in the National DPP lifestyle change program.</p>	<p><b>Add options:</b>  10. Government/Military   11. Venture capital</p>	<p>DPRP Evaluation Data</p>

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<p>6. Collect data on participant disabilities using a six-item variable as recommended by the Office of Management and Budget (OMB)</p>	<p>Will allow CDC to analyze participant data from a functional perspective to determine disparities between the 'disabled' and 'nondisabled' population. The question set went through several rounds of cognitive and field testing and has been adopted in many federal data collection systems. OMB has encouraged the use of this question set by federal agencies. Cognitive testing of these questions revealed that the six questions must be used as a set to assure meaningful measure of disability status in order to adapt program delivery strategies appropriately.</p>	<p><b>Add variables:</b></p> <p><b>a. DIFFHEAR</b> indicates if a participant is deaf or has serious difficulty hearing.</p> <p><b>b. DIFFSEE</b> indicates if a participant is blind or has serious difficulty seeing, even when wearing glasses.</p> <p><b>c. DIFFMEM</b> indicates if a participant has serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition.</p> <p><b>d. DIFFWALK</b> indicates if a participant has serious difficulty walking or climbing stairs.</p> <p><b>e. DIFFDRESS</b> indicates if a participant has difficulty dressing or bathing.</p> <p><b>f. DIFFERRAND</b> indicates if a participant has difficulty doing errands alone because of a physical, mental, or emotional condition.</p> <p><b>*All disabilities variables listed above will have a ‘Participant chose not to respond’ option.</b></p>	<p>DPRP Evaluation Data</p>

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5. Collect participant zip code	Will allow CDC to evaluate outcomes by participant zip codes of residence ( <b>analyses at aggregate level</b> ) to understand geographic areas of disparity in order to formulate program materials and provide technical assistance to organizations delivering the program in such areas.	<b>Add variable: PARTICIPZIP</b> (five-digit zip code in which participant resides)	DPRP Evaluation Data
6. Collect two additional race/ethnicity options within an existing variable	Will allow CDC to align with OMB and health equity best practices guidance, which recommends collecting additional race/ethnicity information from participants to create more accurate reports and a better understanding of the populations being served.	<b>Add Options to Race/Ethnicity:</b> Middle Eastern or North African and a write-in option	DPRP Evaluation Data

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NOTE: None of these changes alter the critical elements of the lifestyle change program shown to prevent or delay type 2 diabetes in research studies –participant eligibility requirements, lifestyle program intensity and duration, participant weight loss (at least 5% of body weight), documentation of physical activity minutes (with a goal of 150 minutes per week), lowered HbA1c levels, and documentation of required attendance throughout the entire 12-month intervention.

1. Centers for Disease Control and Prevention. Disability datasets: population surveys that include the standard disability questions [Internet]. Atlanta (GA): CDC; 2019 [cited 2022 Jul 26]. Available from: <https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html>.
2. National Association of Chronic Disease Directors. Content Updated: June 22, 2023. Available from: <https://coveragetoolkit.org/health-equity-and-the-national-dpp/defining-health-equity/>.
3. Office of Management and Budget. (1997a) Recommendation from the Interagency Committee for the Review of the Racial and Ethnic Standards to the Office of Management and Budget Concerning Changes to the Standards for Classification of Federal Data on Race and Ethnicity, Federal Register: 62: 36873-36946, July 9.
4. Office of Minority Health, Explanation of Data Standards for Race, Ethnicity, Sex, Primary Language, and Disability, <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=54>.
5. Shin, Hyon B. and R. Kominski (2010). Language Use in the United States: 2007, American Community Survey Reports, ACS-12. U.S. Census Bureau, Washington, DC.
6. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2030. Available from: <https://health.gov/healthypeople/priority-areas/social-determinants-health>.