

## 8. [Statistics and Graphs | Division of Cancer Control and Population Sciences \(DCCPS\)](#)

### **SIP25-004 Lifestyle Change Implementation Research Network**

#### **Project Description**

Increasing physical activity and improving nutrition are well-established risk-reduction strategies for the prevention and management of multiple chronic conditions including obesity, diabetes, heart disease, hypertension, and cancer. There are many evidence-based and evidence-informed lifestyle change interventions (LCIs) that help individuals and families create healthier habits around nutrition and physical activity (i.e., [National Diabetes Prevention Program \(National DPP\)](#), [The Smart Moves Program](#), [Diabetes Self-Management Education and Support \(DSMES\)](#), [YMCA's Blood Pressure Self Measurement \(BPSM\) Program](#), [YMCA's Livestrong Program](#), etc.). However, social, structural, political, economic, programmatic, and psychological barriers may disproportionately affect the ability of some populations of focus to enroll and complete an LCI (1-33). Additionally, organizations that serve populations of focus often face significant issues with making their intervention sustainable because their revenues (outside of grants) are insufficient to cover the full cost of the intervention (2, 12,14, 27, 34, 35).

In response to these implementation challenges, the Lifestyle Change Implementation Research Network (LCIRN) was formed in 2023 with support from the Centers for Disease Control and Prevention's (CDC's) Division of Diabetes Translation (DDT), Division for Nutrition, Physical Activity, and Obesity (DNPAO), and Division for Heart Disease and Stroke Prevention (DHDSP). LCIRN was formed to convene a diverse network of experts in lifestyle change programs to share lessons learned and provide insight into how to best serve populations of focus.

In 2024, the LCIRN held a hybrid in-person/virtual workshop to review a synthesis of research findings (including a literature review, environmental scan, focus group discussions, and previous information gathering efforts with LCIRN) related to barriers, facilitators, strategies, and adaptations for LCIs. LCIRN members discussed remaining gaps and opportunities and identified priorities for an open implementation science agenda. LCIRN agendas are not platforms to give consensus advice to CDC, but instead a way to share information and maximize resources towards scaling LCIs with a health equity lens. The LCIRN agenda informs (but does not direct) the work of LCIRN and the research that CDC funds through this SIP. LCIRN identified two goals with 8 specific aims for an open LCIRN Open Implementation Science Agenda to Scale LCIs using a Health Equity and Sustainability Lens.

#### **Goal 1. Improve Enrollment and Retention of Participants from Populations of Focus in LCIs.**

**Aim 1.1** Improve actual and perceived feasibility of LCI timing, duration, and frequency by various populations of focus

**Aim 1.2** Improve motivation and self-efficacy to enroll and complete LCIs for various populations of focus

**Aim 1.3** Increase awareness of LCIs by various populations of focus

**Aim 1.4** Increase health care provider referrals and improve clinical-community linkages to LCIs for various populations of focus

**Aim 1.5** Decrease out-of-pocket costs for participation in LCIs for various populations of focus

**Goal 2. Increase adoption and improve sustainability of LCIs for implementers that serve populations of focus.**

**Aim 2.1** Improve financial sustainability for organizations that implement LCIs and serve populations of focus

**Aim 2.2** Improve the knowledge, skills, and cultural sensitivity of LCI staff to implement LCIs as intended for populations of focus.

**Aim 2.3** Improve alignment between the mission and vision of LCIs and implementing organizations that serve populations of focus. CDC’s Division of Diabetes Translation seeks to continue to support and grow the work of LCIRN with this special interest project (SIP) thematic network. The LCIRN will consist of multiple collaborating centers recipients and one coordinating center recipient. Multiple collaborating centers may work together on research and translation activities. The Coordinating Center recipient will facilitate and support collaborative research activities among all LCIRN recipients, their partners, and affiliates; and help support the translation and dissemination of findings. LCIRN Collaborating Centers will complete activities listed in Component A below. The LCIRN Coordinating Center will complete activities included for both Component A and B listed below.

**Project Objectives and Outcomes**

**Component A: LCIRN Collaborating Centers (Required)**

**Projects**

To address the eight aims, we will fund four projects (some of which include multiple activities). Applicants may apply for only one project and we will fund only one applicant for each project.

**Project 1**

*Activity 1.1.* Conduct new retrospective analyses or update systematic reviews and meta-analyses on the dose response relationship between length of LCI exposure (meaning the length an individual stays in a program or number of sessions they attend) and...

- a. long-term behavior changes related to “risk reduction” activities, such as engaging in more physical activity or eating more fruits and vegetables and/or
- b. long-term key cardiometabolic indicators (i.e., weight loss, A1C, blood pressure, etc.)
- c. long-term chronic disease prevention for multiple chronic conditions

*Activity 1.2.* Conduct comprehensive studies of LCI implementation costs (including marketing, staff support, staff training, data reporting, insurance billing, etc.) and how these costs differ by factors such as delivery mode, type of organization (including clinical- and community-based), location of the program, etc.

*Activity 1.3.* Conduct new economic evaluations or update reviews on the cost effectiveness of LCIs for prevention of multiple chronic conditions rather than a single condition.

**Project 2**

*Activity 2.1.* Develop or identify novel approaches for marketing the frequency/length/duration of LCIs in a way that improves perception of the feasibility of LCIs for individuals and families who have competing demands on their time (e.g., rather than marketing as a 12-month program, market as a 3- or 6-month program with bonus support for a full year). Evaluate these approaches in diverse markets across the U.S. to identify those that are effective for moving an individual or family from awareness to enrollment.

*Activity 2.2.* Develop or identify customized marketing approaches for individuals and families with varying motivations for joining LCIs (e.g., prediabetes/chronic disease prevention or weight loss or overall wellness for themselves and their families or self-affirmation language that promotes feelings of self-efficacy). Evaluate these approaches in diverse markets across the U.S. to identify those that are effective for moving an individual or family from awareness to enrollment.

*Activity 2.3.* Conduct landscape analysis to identify innovative LCI approaches (could include non-traditional coaching models, 1:1 coaching, or asynchronous models, etc.) where content is client-centered and hyper-customized to the individual preferences of what they want to learn, the health outcomes they want to achieve, and the skills they want to achieve. Evaluate these approaches in diverse markets across the U.S. to identify those that are effective for improving enrollment and/or retention.

### ***Project 3***

*Activity 3.1.* Conduct formative research in diverse settings across the U.S. to understand the factors that influence healthcare provider decision-making related to whether (and when) to refer patients to an LCI when they prescribe medications used to treat obesity, diabetes and cardiovascular disease (e.g., GLP-1 agonists and GLP-1/GIP dual agonists). Evaluate whether these factors vary across different populations of focus.

*Activity 3.2.* Conduct formative research in diverse settings across the U.S. to understand the factors that influence patient self-efficacy, motivation, and decision-making related to enrolling in LCIs when their physician prescribes them medications used to treat obesity, diabetes and cardiovascular disease (e.g., GLP-1 agonists and GLP-1/GIP dual agonists). Evaluate whether these factors vary across different populations of focus.

### ***Project 4***

*Activity 4.1.* Study the effects of participation in various LCIs (i.e., behavior change programs that help individuals and families create healthier habits around nutrition and physical activity) among those taking medications used to treat obesity, diabetes, and cardiovascular disease (e.g., GLP-1 agonists and GLP-1/GIP dual agonists)

- i. Potential outcomes of interest related to motivation and self-efficacy include (but are not limited to)
  - a. Self-efficacy related to healthy eating approaches and physical activity

- b. Motivation to make improvements to nutrition and physical activity
- ii. Potential behavior change outcomes of interest include (but are not limited to)
  - a. Intake of fruits and vegetables
  - b. Protein intake
  - c. Resistance training
  - d. Physical activity minutes and/or walking time
  - e. Regular eating patterns, meal timing
- iii. Potential implementation and effectiveness outcomes of interest related to LCI participation include (but are not limited to)
  - a. Retention in LCI
  - b. % change in lean body mass
  - c. Risk of developing type 2 diabetes or other metabolic diseases

### **Project Outcomes**

*Outcome 1.a* Strengthened science underlying the core components of evidence-based and evidence-informed LCIs to help implementers better understand the bounds of adaptations that can be made to tailor the timing, frequency, and duration of LCIs for populations of focus while still maintaining program fidelity

*Outcome 1.b* Improved knowledge base that underpins reimbursement and reimbursement models for implementers and ultimately contributes to sustainable and equitable implementation of LCIs

*Outcome 2.* Improved understanding of effective strategies to market LCIs and customize programmatic approaches for populations of focus

*Outcome 3.* Improved knowledge base that underpins how to tailor healthcare provider referral strategies in the future for individuals who are prescribed medications used to treat obesity, diabetes and cardiovascular disease (e.g., GLP-1 agonists and GLP-1/GIP dual agonists)

*Outcome 4.* Improved knowledge base that underpins how to tailor LCIs in the future for individuals who are prescribed medications used to treat obesity, diabetes and cardiovascular disease (e.g., GLP-1 agonists and GLP-1/GIP dual agonists)

### **Component B: Coordinating Center - Optional**

In addition to project objectives from component A, the Coordinating Center will facilitate and support collaboration, communication, translation, and dissemination of research activities among collaborating centers, communities of practice, a LCIRN Leadership Council, CDC, and other affiliates of these partners that aim to advance implementation research of LCIs. The coordinating center will work to advance all 8 aims of the LCIRN open agenda through the development of communities of practice.

### **Project Activities**

*Activity 1.* Support and maintain communication and collaboration across all of LCIRN, including collaborating centers, communities of practice, a LCIRN Leadership Council, CDC, and other affiliates of these partners that aim to advance implementation science of LCIs.

*Activity 2.* Develop, support, and maintain the network’s communities of practice and a LCIRN Leadership Council (comprised of co-chairs from each community of practice). The purpose of the communities of practice is to provide a space where members can connect, share information, and organize efforts across organizations and disciplines to advance the larger list of the aims within the open agenda. The first communities of practices will be organized around the eight aims in the LCIRN open agenda, and they may develop sub-groups within these communities. Each community of practice can develop their own mission, goals, and agenda for how they would like to operate and what they would like to achieve.

*Activity 3.* Facilitate and coordinate translation and dissemination of research activities among collaborating centers, communities of practice, CDC, and other affiliates to advance implementation research of LCIs.

*Activity 4.* Facilitate opportunities for mentorship, technical assistance, and capacity building of implementers of LCIs.

*Activity 5.* Identify insurance reimbursement models that incentivize organizations to enroll and retain populations of focus (as opposed to outcome-based reimbursement which may disincentivize organizations from enrolling populations that historically do not achieve those outcomes as quickly or consistently) and create a synthesis of key elements.

*Activity 6.* Facilitate connections among network members and non-members such as national, state, and local partners, insurers, and federal agencies (i.e., HRSA, CMS, etc.) to advance efforts aligned with LCIRN’s mission.

*Activity 7.* Conduct an evaluation of LCIRN activities and collaborations.

*Activity 8.* Facilitate the update of the open research agenda in 2029.

## **Project Outcomes**

Strengthened supporting structures of implementation research and translation in the [knowledge to action \(K2A\) framework](#) through:

*Outcome 1.* Enhanced communication, coordination, and collaboration between LCIRN collaborating centers, members of LCIRN communities of practices, CDC, and other LCI stakeholders who are working to scale LCIs

*Outcome 2.* Coordinated translation and dissemination of LCI implementation research findings

*Outcome 3.* Coordination of evaluation of network activities and impact

**Note:** All applicants of this SIP are **REQUIRED** to apply for Component A (LCIRN Collaborating Centers).

Applicants **MAY** apply for Component B (LCIRN Coordinating Center).

Only 1 applicant will be funded for **BOTH** components A and B. Other applicants applying for both components will remain in consideration for funding for only Component A.

## **Healthy People 2030 Objectives**

This SIP aligns with the topics of Nutrition and Healthy Eating; Physical Activity; Diabetes; Heart Disease and Stroke; Overweight and Obesity.

Select objectives that align with this project include-

- D-01: Increase the proportion of eligible people completing CDC-recognized type 2 diabetes prevention programs
- D-02: Reduce the proportion of adults who don't know they have prediabetes
- NWS-04: Reduce the proportion of children and adolescents with obesity
- NWS-03: Reduce the proportion of adults with obesity
- NWS-06: Increase fruit consumption by people aged 2 years and over
- NWS-07: Increase vegetable consumption by people aged 2 years and older
- NWS-10: Reduce consumption of added sugars by people aged 2 years and over
- NWS-12: Reduce consumption of sodium by people aged 2 years and over
- PA-01: Reduce the proportion of adults who do no physical activity in their free time
- PA-08: Increase the proportion of adolescents who do enough aerobic and muscle-strengthening activity
- PA-09: Increase the proportion of children who do enough aerobic physical activity
- HDS-01: Increase overall cardiovascular health in adults
- HDS-04: Reduce the proportion of adults with high blood pressure
- HDS-06: Reduce cholesterol in adults

### **Project Activities and Submission Requirements**

Applications submitted in response to this SIP should present a **Research Plan** that addresses the following requirements for both components listed below:

#### **Component A: LCIRN Collaborating Centers (Required)**

- Describe previous experiences that support the proposed activities to address within the project that the applicant is applying for. Depending on the project the applicant applies for, this may include (but is not limited to):
  - Previous experience designing, conducting, and analyzing meta-analyses.
  - Previous related experience developing models/ simulations.
  - Previous experience designing, conducting, and analyzing representative national surveys, including experience designing surveys that measure self-reported behavior change.
  - Previous experience designing, conducting, and analyzing economic evaluations.
  - Previous experience designing, conducting, and analyzing qualitative studies around marketing messages/approaches.
  - Previous experience designing, conducting, and analyzing mixed methods research studies.
  - Previous experience designing, conducting, and analyzing observational research studies.
  - Previous experience designing, conducting, and analyzing quasi-experimental research studies.

- Previous experience deploying engagement strategies to engage difficult-to-reach populations of focus.
- Previous experience deploying buy-in and engagement strategies with stakeholders like insurance companies and healthcare providers.
- Describe the staffing plan for carrying out the research project.
  - For each person, describe their demonstrated knowledge, experience, and ability in planning and conducting research that is like the types proposed here in complexity, scope and focus. If a position is yet to be filled, provide a position description in the appendix. Include the percentage of time each person will devote to project activities.
  - Of the named staff, provide evidence of the interdisciplinary nature of the key center leadership and experiences in successfully conducting and being funded for the types of research activities the applicant is applying for.
- Discuss the potential for collaborations of your PRC with relevant stakeholders such as public health departments, community-based organizations, health systems, other federal agencies, insurance companies, etc.
- Recipients are expected to actively participate in the LCIRN network, including one or more LCIRN communities of practice. Funded collaborating centers will be expected to actively participate in cross-center research or translation projects developed and conducted in collaboration with other funded centers. One of the purposes of the network is to foster multi-center collaborations, by leveraging the expertise, partnerships, and resources of participating centers. It is expected that a minimum of 25% of resources, which could include funded staff time, budget, etc., will be used to support cross-center LCIRN projects.

**Component B: LCIRN Coordinating Center - Optional**

Applicants of component B should submit a plan to coordinate, facilitate, support, and disseminate activities of LCIRN with the following requirements:

1. Describe leadership strategies, resources, and processes that the applicant will use to support and maintain communication and collaboration across the entire LCIRN and detail a plan for each of the following activities:
  - a. Identify priorities and support collaborative research or translation opportunities among network members, their partners, and affiliates
  - b. Facilitate monthly LCIRN leadership council meetings
  - c. Support innovative and creative translation efforts of network members through writing assistance and or technical assistance on the development of specific resources that go beyond traditional implementation toolkits
  - d. Coordinate and facilitate quarterly virtual meetings with the entire network
  - e. Develop quarterly newsletters

f. Enhance, update, and manage LCIRN’s web presence, including a LCIRN website for easy access and sharing of products for LCIRN members (including each community of practice) and practitioners

2. Describe leadership strategies, resources and processes that the applicant will use to support and maintain the LCIRN communities of practice and detail a plan for each of the following activities:

- a. Recruit new members and co-chairs
- b. Organize and host an in-person annual strategic planning workshop for co-chairs at the beginning of each year
- c. Provide ongoing mentorship and structured strategic planning support to co-chairs
- d. Provide a platform (for example, Zoom), and IT logistics for communities of practice meetings

3. Describe leadership strategies, resources, and processes that the applicant will use to build the capacity of implementers and detail a plan for each of the following activities:

- a. Host regular opportunities (i.e., webinars, recorded videos, trainings, etc.) for sharing of promising practices in the field or dissemination of tools and resources that may help improve enrollment and retention of populations of focus (i.e., “How to partner with a faith-based institution”) or sustainability of implementers (i.e., “How to become a Medicaid supplier”)
- b. Host hybrid implementation workshops or learning expos for LCI implementers
- c. Develop Technical Assistance (TA) or mentorship programs for implementers and coaches based on tailored needs and expertise
- d. Disseminate network products and other tools and resources that may be useful for implementers

4. Describe leadership strategies, resources and processes that the applicant will use to facilitate connections among network members and non-members such as national, state, and local partners, insurers, federal agencies (i.e., HRSA and CMS, etc.) to advance efforts aligned with LCIRN’s mission.

5. Describe the staffing plan for leading and coordinating LCIRN.

6. Provide relevant experience, a description of roles, and the proportion of time each person will spend on activities. Examples of these personnel may include an administrator, project manager, data manager, Webmaster and others.

7. Describe an evaluation plan of network activities and impact.

8. The 2024 LCIRN open agenda is based on comprehensive information gathering for 37 topic areas, including an environmental scan, literature review, and multiple information gathering activities with LCIRN members. Describe leadership strategies, resources, and processes that the applicant will use to update this knowledge base and facilitate the update of the LCIRN open agenda in 2029.



\*Note that the CDC comprehensive reports for each of these topic areas are internal documents but can be provided to the applicants so that they better understand the comprehensive nature of this update. CDC can also share the report from the 2024 workshop where the 2024 open research agenda was prioritized.

### **Study design and methods**

In addition to the requirements above, the applicant should include information on study design and methods in their plan for each objective for which they are applying that describes potential research question(s) and how applicants will use scientifically rigorous methods to address them. Applicants are strongly encouraged to think creatively and critically about design and methods they are proposing to ensure they are both feasible (the design and methods must be compatible with a 4-year period of performance) and appropriate for the research questions of interest. For relevant project objectives, the applicant shall include appropriate implementation outcome measures with established psychometrics (when available) and propose appropriate implementation science theories, models, and frameworks.

### **Population of Focus**

#### **Component A: LCIRN Collaborating Centers (Required)**

DDT defines populations of focus based on Healthy People 2030 definition of health disparity: Those who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

Applicants should identify study populations based on health disparities data and/or LCI data on disparities in enrollment and retention that fit the DDT definition for populations of focus.

#### **Component B: LCIRN Coordinating Center - Optional**

Component B applicants are encouraged to share plans for how they will grow the LCIRN network beyond its current membership (described in the next section) and disseminate findings, specifically with LCI stakeholders who serve populations of focus. Populations of focus that LCI stakeholders work with should include American Indians, Alaskan Natives, Black/African Americans, Children, Hispanic/Latinos, Individuals with disabilities, Men, Native Hawaiian/Pacific Islanders, Older adults (age 65+), women, men, LGBTQIA+. LCIs tend to be more successful when they are tailored to specific populations, so many of our current LCIRN members work specifically with one population of focus, which adds to their expertise for how improve LCIs for a particular population. The applicant should discuss plans to identify this type of LCI stakeholder and engage them in the work.

### **Collaboration/Partnerships**

#### **Component A: LCIRN Collaborating Centers (Required)**

All funded PRCs for this SIP will collaborate with a variety of external partners and organizations including members of the study population or organizations representing this population, that can help them achieve the goals of LCIRN.

### **Component B: LCIRN Coordinating Center - Optional (if funding more than 1 PRC)**

The Coordinating Center is expected to foster existing relationships and grow the existing membership of LCIRN. The coordinating center is also expected to enhance and expand dissemination and translation efforts as appropriate to increase reach, impact, and speed of research into practice.

LCIRN members have significant experience working with populations of focus with a variety of different LCIs, and they also work for a variety of different organization types, including:

- Community based organizations
- For profit organizations
- Federally qualified health centers or community health centers
- Business coalitions
- Cooperative extension sites
- Health plans and insurers
- Hospitals/ healthcare systems, medical groups, physician practices
- Indian Health Service/Tribal/Urban Indian Health Systems
- Local or community YMCAs
- Pharmacies/Drug Stores/Compounding Pharmacies
- State/Local Health Departments
- Virtual-only programs
- Synchronous and asynchronous programs
- Programs supported by Community Health Workers (CHWs)
- Universities/Schools
- Worksites/Employee Wellness Programs

The founding members of the network include 47 individuals from across the U.S. with over 465 years of collective experience in one or more of the following:

- Implementing lifestyle change interventions that are geared, at a minimum, toward improving both nutrition and physical activity
- Supporting these implementing organizations that are working with populations of focus (e.g., provide support or training related to LCIs)
- Studying implementation improvement strategies for populations of focus
- Adapting lifestyle change interventions for populations of focus for national or multi-state/site organizations

### **Recruitment Plan**

The applicant should describe plans to recruit and work with populations of focus or with implementers who serve populations of focus, where applicable. The applicant may include (but should not limit their plan to) coordination with founding LCIRN members as a part of their recruitment plan.

### **Annual Action Plan**

Provide a 12-month action plan using SMART goals and objectives to include a progressive timeline for completion of activities.

### **Evaluation Plan/Performance measurement**

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described. The evaluation plan must meet SMART goals and be consistent with the CDC evaluation framework (<https://www.cdc.gov/evaluation/>). A plan to evaluate data gathered as part of the research plan should be included.

### **Data Management Plan**

If the applicant is collecting public health data, a standalone data management plan that addresses the 5 elements of AR-25 must be submitted in the Other Plan(s) section of the application.

<https://www.cdc.gov/grants/additional-requirements/ar-25.html>

### **Dissemination & Translation Plan**

#### **Component A: LCIRN Collaborating Centers (Required)**

The applicant should propose specific dissemination and translation products or strategies for each research activity within the project the applicant is applying for. Products and strategies may include but are not limited to:

1. National marketing campaigns
2. Implementation toolkits
3. ‘Promising practices’ or ‘Best practices’ guides
4. Policy or practitioner briefs
5. Manuscripts
6. Webinars
7. Presentations

#### **Component B: LCIRN Coordinating Center - Optional (if funding more than 1 PRC)**

In addition to the dissemination and translation that is described as a part of the section “Project Activities and Submission Requirements for component B”, applicants should also describe

- A process for collecting and distributing products and resources developed by LCIRN members
- Plans to support translation efforts across collaborating centers, including but not limited to development of toolkits or publication of peer-reviewed articles.
- Plans to develop and distribute the evaluation report of the network activities and collaborations
- Plans to develop and disseminate the 2029 open LCIRN agenda

### **Public Health Impact**

Improved adoption and sustainability of LCIs that serve populations of focus

Increased enrollment and retention of populations of focus in LCIs

Increased engagement in risk reduction strategies for populations of focus (e.g., increased

physical activity and improved nutrition)  
Increased health equity in chronic disease prevention and management

### **Special Eligibility and Responsiveness**

None.

### **Additional Review Criteria**

In addition to the standard review criteria (Significance, Approach, Innovation, Investigators, and Environment) used to evaluate the scientific and technical merit of research applications, the following additional review criteria specific to this SIP will be considered in the determination of scientific merit and the priority score:

### **Component A: LCIRN Collaborating Centers (Required)**

#### ***Study Methods and Design***

- Does the applicant propose a rigorous study design and identify appropriate potential data sources to accomplish the required objectives?
- (Where applicable) Does the proposed plan include adequate sample size to achieve the study outcomes? Does the applicant describe an approach to optimize data collection, validation, and quality control?

#### **Study Populations**

- Does the applicant demonstrate evidence of successful experience with recruitment and retention of hard-to-reach populations and/or LCI stakeholders such as insurance companies?

#### **Project Team**

- Does the research team include staff with the skills and expertise needed to develop the dissemination and translation products proposed?
- (Where applicable) Does the applicant demonstrate experience with (or demonstrate a commitment from a subcontractor who has experience with) marketing of prevention programs to different populations of focus with varying motivations?

#### **Collaborations/Partnerships**

- Does the applicant demonstrate successful experience working with federal, state, or local public health and other social service agencies?
- Does the applicant demonstrate experience working with LCIs and LCI stakeholders?

#### **Dissemination and Translation**

- Does the applicant describe experience creating translation and dissemination products targeting public health practitioners, stakeholders of LCIs, decision makers?
- Does the applicant describe how the results from the research findings will be translated, disseminated, and ultimately scaled?

### **Component B: LCIRN Coordinating Center -**

In addition to the review criteria in component A above, the following additional review criteria for Component B applications specific to this SIP will be considered in the determination of scientific merit and the priority score:

### **Collaborations/Partnerships**

- Does the applicant provide evidence of successful experience fostering growth and development of networks or large-scale collaborations?
- Does the applicant include staff in their plan that have significant experience leading large networks or collaborations?
- Does the applicant provide evidence of working with multiple stakeholders to develop research priorities or research agendas?

### **Evaluation**

- Does the applicant demonstrate experience successfully evaluating networks and collaborations?
- Does the applicant propose a sufficient evaluation plan for the network?

### **Funding Preferences**

Selection to ensure that only one applicant is funded for each of the four projects of the Collaborating Centers of Component A.

### **Research Plan Length and Supporting Material**

The Research Strategy Section of the Research Plan is limited to a maximum of 12 pages. Supporting material included as appendices may not exceed 10 PDF (maximum of 30 pages) attachments. The appendices should include materials that show evidence of the applicant's ability to successfully conduct the proposed project and other evidence deemed necessary to support the contents of the SIP.

### **Availability of Funds**

It is anticipated that approximately **\$10,000,000** is available to fund up to **4** Prevention Research Center(s) for a 4-year period of performance. Funding may vary and is subject to change. Funding available includes direct and indirect costs.

### **Component A: LCIRN Collaborating Centers**

Period of Performance: 4-year period of performance. 09/30/2025-09/29/2029

Estimated total funding (direct and indirect costs) per year: \$1,500,000

Estimating total funding (direct and indirect) per recipient per year: \$500,000.

### **Year-1 ceiling: \$500,000**

Estimated number of awards: 3

### **Component A and B: LCIRN Collaborating and Coordinating Center**

Period of Performance: 4-year period of performance. 09/30/2025-09/29/2029.

Estimated total funding (direct and indirect costs) per recipient per year: \$1,000,000

Estimated funding (direct and indirect costs) per year: \$1,000,000  
Year-1 ceiling: \$1,000,000  
Estimated number of awards: 1

### **Research Status**

This project will not involve human subjects research; therefore, it will not require local or CDC IRB approval.

### **OMB/PRA**

OMB/PRA is not expected to apply

### **Award Administration**

CDC staff will serve as consultants on this project, and will provide technical assistance, as requested, on project activities such as evaluation design, data collection and analysis, and data interpretation and dissemination of results. CDC staff may be co-authors on manuscripts. However, CDC staff will not have contact with human subjects or data collected from human subjects.

### **References**

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**SIP25-005 Understanding the potential of early childcare and education (ECE) centers in promoting childhood vaccines and RSV prevention products**

**Project Description**

ECE centers (i.e., daycare facilities) for infants, toddlers, and preschool aged children can serve as trusted sources of information for parents and guardians of young children. Although ECE centers play a clear role in ensuring young children receive vaccines mandated by law, there is potential for them to play an additional role in promoting other ACIP-recommended vaccines for young children, such as influenza and COVID-19 vaccines, as well as nirsevimab for infants and maternal respiratory syncytial virus (RSV) vaccine for pregnant parents. While many young