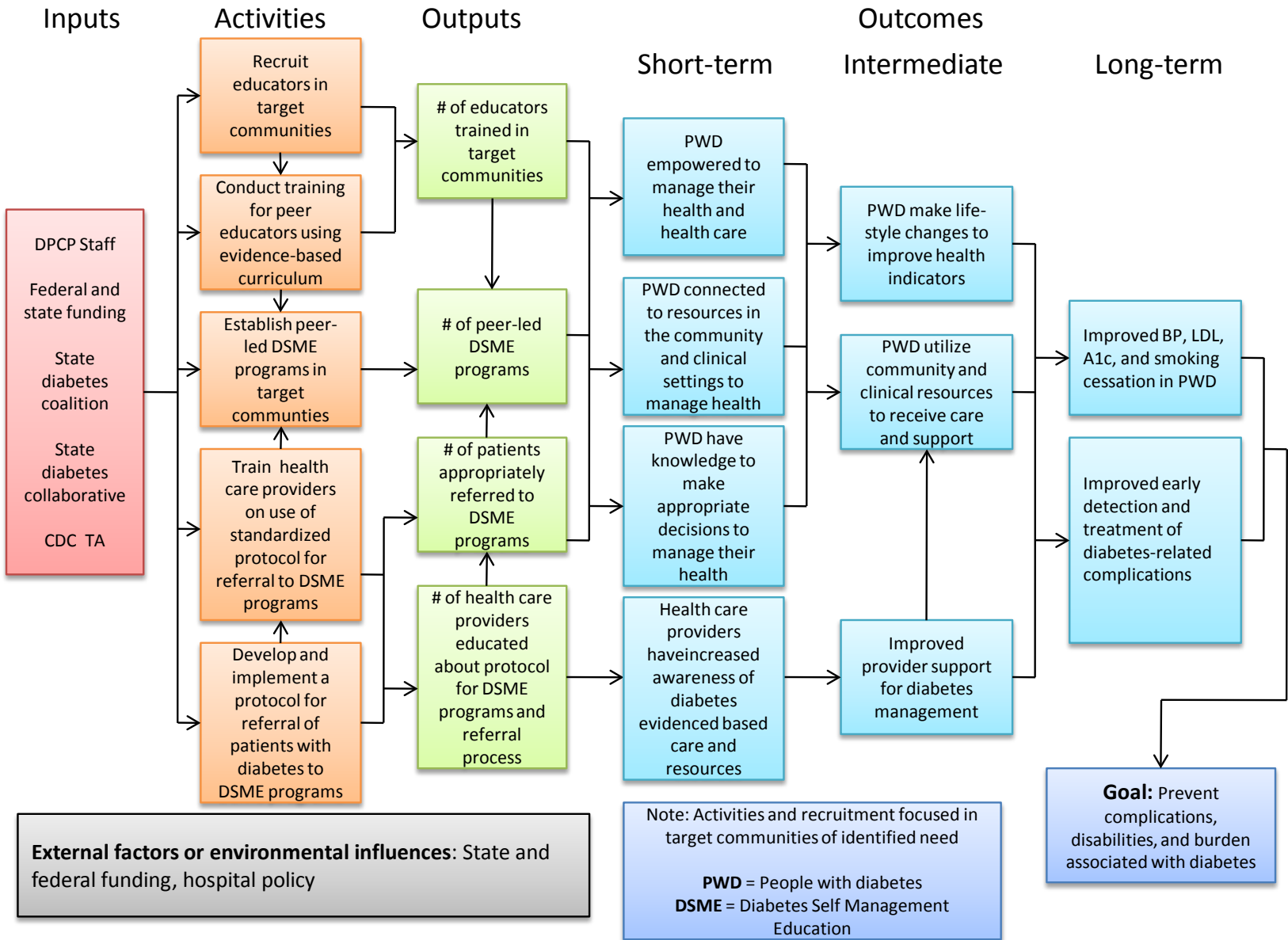


## Example Logic Model

# Project Logic Model: Peer Led Diabetes Self Management Programs in Target Communities



## Example Evaluation Plan

<b>Program Name</b> State DPCP	
<b>1 Describe Your Program</b>	<b>Program Goal</b> Prevent complication, disabilities, and burden associated with diabetes.
	<b>Logic Model</b> <i>(See above)</i>

# 2

## Define Your Evaluation

**Program Activity:**  
Target Community Peer Led Diabetes Self Management Education (DSME) Program

**Stakeholders:**  
DPCP, State HD, CDC, Health care providers, PWD, DSME leaders

**Evaluation Purpose(s) (General)**

**Process** (inputs, activities, and outputs)  
To assess the degree to which the *Target Community Peer Led DSME Education Program* has been established and initiated to meet the needs of PWDs.

**Outcomes** (short term, intermediate, and long term)  
To determine whether the *Target Community Peer Led DSME* has led to an improved ability of PWDs to manage their health and reduce diabetes burden.

**Evaluation Questions**

1. How many educators were trained in target communities?
2. Are educators satisfied with the training program?
3. How many peer-led DSME programs were established in target communities?
4. How many PWDs were referred to and participated in DSME programs in target communities?
5. Are PWDs satisfied with the DSME programs?
6. How many health care providers were trained on referral to DSME programs?
7. Are health providers satisfied with the training and referral process?

- Short-term
1. Do participating PWDs feel empowered to manage their health?
  2. Do participating PWDs fee increased ability to connect to community and clinic resources?
  3. Do participating health care providers report increased awareness of evidence based care and diabetes care resources?
- Intermediate
4. Do participating PWDs report positive life-style changes related to disease management?
  5. Do participating PWDs report increased utilization of clinical and community resources?
- Long-term
6. Are there improvements in BP, LDL, and A1c levels and smoking rates in participants?
  7. Are diabetes-related complications detected earlier in participants?

**Indicators (tracking measure)**

Question 1: # of educators  
Question 2: % indicating satisfaction with the training  
Question 3: # of programs in target communities  
Question 4: # of PWDs referred, # of PWDs participating in DSME

Question 1: % of PWDs reporting feeling empowered after DSME participation  
Question 2: % of PWDs reporting improved ability to connect to resources after DSME participation

		<p>programs Question 5: % indicating satisfaction with the DSME program Question 6: # of providers trained on referral process Question 7: % of providers indicating satisfaction with the training and referral process</p>	<p>Question 3: % of participating providers who report increased awareness of evidence-based care after training participation Question 4: PWD report of positive health behavior modification 6 months after DSME participation Question 5: PWD report of increased utilization of resources 6 months after DSME participation Question 6: Improved BP, LDS, and A1c levels for participants 12 months after DSME participation Question 7: Improved early detection of diabetes-related complications for participants 12 months after DSME participation</p>
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# 3

## Collect Data

	Process		Outcome	
	<p><b>Evaluation Question(s):</b></p> <ol style="list-style-type: none"> <li>How many educators were trained in target communities?</li> <li>Are educators satisfied with the training program?</li> <li>How many peer-led DSME programs were established in target communities?</li> <li>How many PWDs were referred to and participated in DSME programs in target communities?</li> <li>Are PWDs satisfied with the DSME programs?</li> <li>How many health care providers were trained on referral to DSME programs?</li> <li>Are health providers satisfied with the training and referral process?</li> </ol>	<p><b>Data Collection Method(s):</b></p> <p>Questions 1, 3, 4, &amp; 6: Review of enrollment records Questions 2, 5, &amp; 7: Paper pencil survey</p> <hr/> <p><b>Data Collection Tool(s):</b></p> <p>Question 1, 3, 4, &amp; 6:: Training registration database Question 2: Educator training exit survey Question 5: DSME participant exit survey Question 7: Health care provider exit survey</p> <hr/> <p><b>Sample Population:</b></p> <p>Question 1: Educators that were recruited Question 2: Educators that were trained Question 3: DSME program sites Question 4: PWDs in target clinical settings Question 5: PWDs participating in the DSME program Question 6: Health care providers recruited to participate Question 7: Health care providers</p>	<p><b>Evaluation Question(s):</b></p> <p>Short-term</p> <ol style="list-style-type: none"> <li>Do participating PWDs feel empowered to manage their health?</li> <li>Do participating PWDs feel increased ability to connect to community and clinic resources?</li> <li>Do participating health care providers report increased awareness of evidenced based care and diabetes care resources?</li> </ol> <p>Intermediate</p> <ol style="list-style-type: none"> <li>Do participating PWDs report positive life-style changes related to disease management?</li> <li>Do participating PWDs report increased utilization of clinical and community resources?</li> </ol> <p>Long-term</p> <ol style="list-style-type: none"> <li>Are there improvements in BP, LDL, and A1c levels and smoking rates in participants?</li> <li>Are diabetes-related complications detected earlier in participants?</li> </ol>	<p><b>Data Collection Method(s):</b></p> <p>Question 1 – 3: Paper pencil survey Question 2: 6 month follow-up web-based survey Question 3: Clinical record review</p> <hr/> <p><b>Data Collection Tool(s):</b></p> <p>Question 1 -2: DSME participant exit survey Question 3: Health care provider exit survey Question 4-5: PWD 6 month follow-up survey Question 6-7: Participating clinical site charts and chart review tool</p> <hr/> <p><b>Sample Population:</b></p> <p>Question 1,2, 4, 5, 6 &amp; 7 : Participating PWDs Question 3: Participating health care providers</p>

		who participated in the training		
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Analyze and Interpret Data	Process		Outcome	
	<p><b>Evaluation Question(s):</b></p> <ol style="list-style-type: none"> <li>1. How many educators were trained in target communities?</li> <li>2. Are educators satisfied with the training program?</li> <li>3. How many peer-led DSME programs were established in target communities?</li> <li>4. How many PWDs were referred to and participated in DSME programs in target communities?</li> <li>5. Are PWDs satisfied with the DSME programs?</li> <li>6. How many health care providers were trained on referral to DSME programs?</li> <li>7. Are health providers satisfied with the training and referral process?</li> </ol>	<p><b>Analysis Strategy:</b></p> <p>To be added Questions 1-7</p>	<p><b>Evaluation Question(s):</b></p> <p>Short-term</p> <ol style="list-style-type: none"> <li>1. Do participating PWDs feel empowered to manage their health?</li> <li>2. Do participating PWDs fee increased ability to connect to community and clinic resources?</li> <li>3. Do participating health care providers report increased awareness of evidenced based care and diabetes care resources?</li> </ol> <p>Intermediate</p> <ol style="list-style-type: none"> <li>4. Do participating PWDs report positive life-style changes related to disease management?</li> <li>5. Do participating PWDs report increased utilization of clinical and community resources?</li> </ol> <p>Long-term</p> <ol style="list-style-type: none"> <li>6. Are there improvements in BP, LDL, and A1c levels and smoking rates in participants?</li> <li>7. Are diabetes-related complications detected</li> </ol>	<p><b>Analysis Strategy:</b></p> <p>To be added Questions 107</p>

			earlier in participants?	
	<p><b>Indicator(s):</b></p> <p>Question 1: # of educators</p> <p>Question 2: % indicating satisfaction with the training</p> <p>Question 3: # of programs in target communities</p> <p>Question 4: # of PWDs referred, # of PWDs participating in DSME programs</p> <p>Question 5: % indicating satisfaction with the DSME program</p> <p>Question 6: # of providers trained on referral process</p> <p>Question 7: % of providers indicating satisfaction with the training and referral process</p>		<p><b>Indicator(s):</b></p> <p>Question 1: % of PWDs reporting feeling empowered after DSME participation</p> <p>Question 2: % of PWDs reporting improved ability to connect to resources after DSME participation</p> <p>Question 3: % of participating providers who report increased awareness of evidence-based care after training participation</p> <p>Question 4: PWD report of positive health behavior modification 6 months after DSME participation</p> <p>Question 5: PWD report of increased utilization of resources 6 months after DSME participation</p> <p>Question 6: Improved BP, LDS, and A1c levels for participants 12 months after DSME participation</p> <p>Question 7: Improved early detection of diabetes-related complications for participants 12 months after DSME participation</p>	

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**Report Findings**

**Process**

**Outcome**

**Report goal(s):** Provide the funder with information on the delivery of the Target Community Peer Led Diabetes Self Management Programs launch.

**Report goal(s):** Provide the funder with information on the value of the Target Community Peer Led Diabetes Self Management Programs including increasing knowledge and skill related to diabetes self management and improved clinical outcomes.

	<b>Report Audience:</b> Participating clinical sites, funder, state DPCP, and program staff.	<b>Report Audience:</b> Participating clinical sites, funder, state DPCP, and program staff.
	<b>Report Type:</b> Written Report	<b>Report Type:</b> Written Report

### Example Annual Action Plan

<b>Program Goal Area(s) addressed:</b>	<b>Shared Objective (please list all programs involved)</b>	<b>Data Source(s)</b>
1. Prevent complications, disabilities, and burden associated with diabetes	DDT, BRFSS,	
<b>5-Year Long-Term Outcome Objective</b> By March 31, 2014, increase the percentage of people with diagnosed diabetes received health care services in targeted communities who meet targets for average A1c control (<7%) from X% to Y%, BP (indicator level) from X% to Y%, and LDL (indicator level) from X% to Y% and improve early detection and treatment of diabetes-related complications.	DDT, BRFSS	To be added based on final evaluation plan
<b>Intermediate-Term Outcome Objective(s) for the 5-Year Cooperative Agreement</b> 1. By March 2011, X% of the PWDs receiving care in the target communities report positive life-style changes to improve diabetes management. 2. By March 2011, X% of the PWDs receiving care in the target communities report utilization of community and clinical resources to receive support and care for diabetes management. 3. By March 2011, X% of the health care providers in the target communities report increased support provided for patient diabetes management.	DDT  DDT  DDT	To be added based on final evaluation plan



Train health care providers on use of standardized protocol for referral to DSME programs in target communities.	Q1 Q3	Q2 Q4	DDT	To be added based on final evaluation plan
Establish peer led DSME programs in target communities.	Q3	Q2 Q4	DDT	To be added based on final evaluation plan
Recruit and train DSME peer educators in target communities using evidence-based curriculum.	Q1 Q3	Q2 Q4	DDT	A To be added based on final evaluation plan