

Developing Community-Based Programs for People with Diabetes

An Introduction for Community Based Organizations





Using this training

- This is a printable version of the “Developing Community Based Programs for People with Diabetes” training.
- It has all of the information included in the online version.
- Words and phrases that are underlined will be defined on the following page.
- Communities in Action Stories and the Tools and Resources Handout are provided in a separate file.
- You can:
 - Print out a copy to take notes while you take the online version of the training.
 - Save a copy to use as a reference later.



Learning Objectives

By the end of this training you will be able to:

- 1) Describe the role of community-based organizations in providing support to people with diabetes.
- 2) Describe the steps involved in planning community-based diabetes activities.
- 3) Identify resources to support planning, implementing, and evaluating community-based diabetes activities.



What do you think your organization can do to help people with diabetes?

- 1. I don't know. I didn't think there was anything we could do to help.**
 - Part 1 of this training will provide an introduction to the kinds of education and support people with diabetes need. You will learn about the important roles organizations like yours can play.

- 2. I think we can do something. But where do we start?**
 - Part 2 of this training will review strategies used by community-based organizations to support people with diabetes along with key steps in planning diabetes programs. You will learn about how to get started.

- 3. We know we can help. We need effective resources that will help us make a difference.**
 - Part 3 of this training will direct you to tools designed to help community-based organizations plan and do diabetes activities.



Community-based organizations play an important role in the lives of people with diabetes.

This training will introduce you to the important role that community-based organizations play in helping people with diabetes lead healthier lives.

You will learn about strategies that have been shown to help improve the health and quality of life of people with diabetes, and you will be introduced to tools and resources to help you get started.



Main Menu

You can go through all three sections, or pick the section that will meet your needs right now. Complete all 3 sections to earn continuing education credit.

1) Part 1: Education and Support for People with Diabetes

- An overview of the kinds of education and support needed by people with diabetes.

2) Part 2: Planning Community-Based Activities

- An introduction to the strategies used by community-based organizations to support people with diabetes.

3) Part 3: Tools and Resources

- Tools designed to help community-based organizations implement diabetes activities and programs

Part 1: Education and Support for People with Diabetes



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National Institutes
of Health





My name is Susan.

- I have diabetes.
- I am one of the estimated 29 million Americans who live with diabetes.
- What do you think is on my to-do list for today?





My to-do list probably looks a lot like yours. But, on top of everything else, I have to take steps each day to manage my diabetes.

To-Do

- Pay bills
- Get laundry
- Pick up kids.
- Check blood sugar (glucose).
- Check feet.
- Walk for 30 minutes.
- Take my medicine.
- Go to eye doctor.
- Go to Diabetes self-management class.





My list includes things I have to do every day, like checking my blood sugar, taking medicine, eating healthy foods, and getting physical activity along with managing my blood pressure and cholesterol.

I have to learn to solve problems, find healthy ways to cope with my diabetes, and take steps to reduce my risk for complications from diabetes.

I must also be sure to receive regular preventive care for my teeth, eyes, feet, and kidneys.

To-Do

- Pay bills**
- Get laundry**
- Pick up kids.**
- Check blood sugar (glucose).**
- Check feet.**
- Walk for 30 minutes.**
- Take my medicine.**
- Go to eye doctor.**
- Go to diabetes self-management class.**



Diabetes is serious.

- While heart disease is the leading cause of death for people with diabetes, it can affect every part of my body.
- Diabetes can lead to complications like:
 - eye disease
 - kidney disease
 - nerve damage
 - foot sores and amputations
- People with diabetes are also more likely to suffer from depression than people without diabetes.





Diabetes is also expensive.

- My medical costs are more than twice as high as a person without diabetes.
- It is estimated that the total cost of diabetes in the U.S. in 2012 was \$245 billion dollars.





Managing diabetes is not easy, but with the right care and support I can do it!

Like everyone with diabetes, I must:

- Learn about diabetes.
- Learn how to take care of my diabetes.
- Learn to cope with living with diabetes.
- Get routine medical care.

With the right support and care I can manage my diabetes and lower my chances for complications.



Managing diabetes is a team effort

Managing diabetes is a team effort that involves health care providers, diabetes self-management education, family and friends and community support.

You have already learned about what I must do to take care of my health. In this section you will learn about more about each team member's role in supporting me.

In this section, you will learn about the roles of:

1. Health Care Providers
2. Diabetes Self Management Education
3. Communities
4. Family and friends





I am Susan's primary health care provider. I am responsible for managing her medical care.

I diagnosed her diabetes. I also prescribe her treatments and set goals for her health.

These goals include helping her manage her A1C, blood pressure and cholesterol.

During Susan's regular visits, I will monitor her health to help reduce her chances of getting complications. If she does develop complications I will provide treatment or send her to a specialist.

To learn more about recommendations for diabetes management download Tips to Help You Stay Healthy with Diabetes from <http://www.cdc.gov/diabetes/ndep/pdfs/tips-to-help-you-stay-healthy.pdf>.





- **A1C** The A1C is a blood test that measures a person's average blood sugar level over the past three months. You need to know your blood sugar levels over time because you don't want those numbers to get too high. High levels of blood sugar can harm your heart, blood vessels, kidneys, feet, and eyes.
- **Blood pressure** is the force of your blood against the wall of your blood vessels. If your blood pressure gets too high, it makes your heart work too hard. It can cause a heart attack, stroke, and damage your kidneys and eyes.
- **Cholesterol** is a waxy, fat-like substance that your body needs. There are two kinds of cholesterol in your blood: LDL and HDL. LDL or "bad" cholesterol can build up and clog your blood vessels. It can cause a heart attack or stroke. HDL or "good" cholesterol helps remove the "bad" cholesterol from your blood vessels.





Health Care Providers

There are many different health care providers who support people with diabetes.

- Doctors, nurses/nurse practitioners and physician's assistants help manage the general care for people with diabetes.
- Diabetes educators and community health workers help people with diabetes and their families learn about how to manage diabetes and how to find resources in the community. You will learn more about both in the diabetes education section.
- Pharmacists help manage medications and provide advice. Some pharmacists teach Diabetes Self Management Education.
- Eye doctors, dentists and foot doctors check for diabetes related complications related to the eyes, teeth and feet.



Health Care Providers

There are many different health care providers who support people with diabetes.

- Some people with diabetes may also need to see specialists like a kidney doctor or diabetes specialist. They help prevent and manage diabetes-related complications
- Dietitians help people with diabetes learn to manage their diabetes through healthy eating.
- Social workers help people with diabetes and their families coordinate medical care and may help with other issues like insurance.
- Mental health professionals may help people with diabetes learn to cope with the emotional side of living with diabetes.



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Working with health care providers

Susan needs to keep track of her medical appointments and the treatments her health care providers recommend.

She keeps detailed records of how she is managing her diabetes to share with her providers.

Diabetes self-management education is where she learned many of these steps to manage her diabetes.

To learn more about the health care team, click here to download, "I Can Control My Diabetes By Working With My Health Care Team!" from <http://www.cdc.gov/diabetes/ndep/pdfs/patient-care-sheet-and-patient-care-checklist-en.pdf>.





I am Susan's Diabetes Educator.

Diabetes self-management education or DSME is where Susan learns to manage her diabetes. This includes learning how to:

- Make plans for healthy eating and being more active;
- Check her blood sugar and take her medications;
- Solve problems that may come up in managing her diabetes;
- Cope with the stress of diabetes; and
- Reduce her risks for diabetes complications.

I am guided by Susan's needs, goals and experiences to be sure she learns the skills she needs to manage her diabetes. In general, people who go to diabetes self-management education programs do a better job of managing their diabetes than people who don't.





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People with diabetes are usually referred to DSME by a doctor.

DSME is conducted as a group class or one-on-one and can take place in a doctor's office, a hospital or clinic, or in a community setting.

The classes may also include family members.

They are led by a health care professional or community health worker who has training in diabetes education. Some people who lead DSME are known as Certified Diabetes Educators.





What is a community health worker (CHW)?

Community health workers are people who are trusted members of the communities they serve. They work with people to increase their health knowledge and ability to use health services. They do this through activities such as outreach, community education, informal counseling, social support, and advocacy. Community health workers serve as a link between people in the community and local health services to improve the quality and effectiveness of those services. A community health worker may also be called a community health advisor, outreach worker, community health representative, promotora/promotora de salud (health promoter/promoters), patient navigator, navigator promotoras (navegadores para pacientes), peer counselor, lay health advisor, peer health advisor, or peer leader.

What is a Certified Diabetes Educator (CDE)?

A CDE is a health care professional like a registered nurse, pharmacist or registered dietician who has training and experience in prediabetes, diabetes, and diabetes management. A person who wants to be a CDE must have training in diabetes and teaching people how to change their behavior. He or she must also have at least 2 years of experience in their profession and 1000 hours teaching diabetes self-management. Once the person has met the education and experience requirements, he or she can take a test that is given by the National Certification Board for Diabetes Educators. CDEs must continue to teach and take classes in order to keep their certification. To learn more about CDEs visit the National Certification Board for Diabetes Educators at (<http://www.ncbde.org/living-with-diabetes/consumerfaqs/>)





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Is diabetes education only for people who have just been diagnosed with diabetes?

No. People with diabetes will find their needs change over time.

They may have new medications, new tools to use, or new issues they need to learn to manage.

I am a resource whenever they need help learning to manage their diabetes.





What is an accredited or recognized self-management program?

- A DSME program that has been:
 - Accredited by the American Association of Diabetes Educators, or
 - Recognized by the American Diabetes Association
- Recognition or accreditation shows that the program is based on research in managing diabetes and behavior change
- Recognized programs use a curriculum that meets the National Standards for Diabetes Education.



About the National Standards for Diabetes Education

- The National Standards for Diabetes Education define what should go into a quality DSME program including:
 - how the program should be organized and coordinated,
 - who should lead the courses
 - what the courses should teach
 - how the program should manage patient follow-up
 - quality control.
- There are ten standards a program must meet in order to be accredited or recognized.
- To learn more about DSME and DSME curricula, visit the Diabetes Self Management Education Resource at <http://www.chronicdisease.org/?page=DiabetesDSMEresource>



Why go to an accredited or recognized program?

- They are shown to improve health and lower costs.
- They meet the National Standards for Diabetes Self Management Education
- Medicare and many private insurers require AADE accreditation or ADA recognition for payment.
 - Medicaid may pay for accredited/recognized DSME in some states



- **Medicare** is a health insurance program for people age 65 or older, people under the age of 65 with certain disabilities, and people of all ages who have permanent kidney failure that requires dialysis or a kidney transplant.
- **Medicaid** is a health insurance program for low-income, non-elderly parents or caretakers, pregnant women, and other non-disabled adults.



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I work at a community-based organization in Susan's neighborhood.

We want to be part of the team that supports Susan and her family because we are a trusted source of information, and we understand their values and customs.

Since we understand our community members, we are able to provide support that is meaningful and familiar.





Community-Based Organizations

My organization provides Susan and her family with educational activities, support groups and resources in a place they already go on a regular basis.

We also link them to local resources like places to be active, get healthy foods, or get needed health care.

Some community organizations support accredited or recognized DSME programs by:

- Promoting DSME to their members
- Offering space for DSME
- Providing community health workers or peer counselors to teach classes
- Becoming a provider of accredited or recognized programs





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Community-Based Organizations

Sometimes people want to make a healthy choice like drink water instead of a sugary drink or go for a walk after dinner.

But if the place where they live, work, worship or play does not have these options, it can be hard for them to make the healthy choice.

My organization takes action to create an environment where our members have access to healthy foods, drinks and places to be physically active.

Learn more about strategies for community-based organizations and worksites in part 2 of this training.





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Community-Based Organizations

What we do does not replace education and care from health care professionals.

We reinforce what Susan is learning from health care professionals, support her in making healthier choices, and link her to needed resources.





Family and Friends

Social support from my family and friends is very important.

Think about the changes I have to make to manage my diabetes.

Family and friends who are supportive and helpful can make it easier for me to make these changes.

For some people, loved ones may have to help take care their diabetes.

It is also important for anyone who supports a family member or friend with diabetes to learn about the disease and to work with their loved one to find ways to support them.





Family and Friends

There are many ways family and friends support loved ones with diabetes.

1. Provide encouragement

- Susan's loved ones can let her know they are proud of the steps she's taking to manage her diabetes, be a shoulder to cry on when she gets frustrated and support her goals by being active with her and making healthy food choices.

2. Provide practical support

- Practical support is help with everyday responsibilities like giving Susan a ride to the doctor, or watching her daughter so she can go to her DSME class.



Family and Friends

There are many ways family and friends support loved ones with diabetes. Click the link or type the number to learn more.

3. Learn what to do in an emergency

- It is important for the people closest to Susan to learn about diabetes because they may be the first to notice if she is having a problem like low or high blood sugar. If they learn the warning signs and what to do in an emergency, they can help keep her safe.

4. Attend DSME or support groups

- Family members may be able to attend diabetes self management education classes with their loved one to learn more about managing diabetes. Some support groups also include family members

For more tips, download, “How to Help a Loved One Cope with Diabetes” from <http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=45>.



Where should Susan go?

Susan is having some issues. Where can she go for help? Match the issue with the person Susan should ask about it.

1. Susan's eyesight is blurry.
 2. Susan is not sure how to use her new glucometer to check her blood sugar.
 3. Susan and her husband want to join a walking group for people with diabetes.
- A. Diabetes Educator
 - B. Health care provider
 - C. Community-based program



Where should Susan go? Answers

1 = B The changes in Susan's eyesight could be due to her diabetes. She should see her eye doctor (a health care provider).

2 = A Susan's Diabetes Educator can help her learn to use her new glucometer.

3 = C Susan and her family can learn about practical ways to manage her diabetes from a community based program. Promoting local places that are safe for getting physical activity or holding walking groups are the kinds of activities a community based organization can do.



Summary

- **Health care providers, diabetes educators, and community-based organizations can work together to help improve the health of people with diabetes.**
- **Your organization can be an important part of this team for your members with diabetes.**

Part 2: Planning Community-Based Activities



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Planning community-based activities

In this section you will learn about:

1. The kinds of activities community-based organizations do to help people with diabetes.
2. Important areas to pay attention to when developing diabetes activities.



There are many important ways community-based organizations help people with diabetes.

These include:

1. Promoting healthy living
2. Providing links to recognized or accredited diabetes self management education
3. Creating healthy environments



Promoting healthy living

Activities that promote healthy living increase the knowledge and skills of community members to make healthy choices.

There are many ways to promote healthy living including:

1. Awareness raising activities
2. Educational programs
3. Support groups



Promoting healthy living, continued

1. Awareness raising activities

Activities that raise awareness include promoting messages about healthy living during events and in other resources like newsletters, giving people health information, and promoting the benefits of making healthy choices.

Activities that raise awareness are an important first step in getting community members to think about their health and ways they can improve it.

These kinds of activities also make people aware of resources and programs that can help them change their behavior.



Promoting healthy living, continued

2. Educational programs

Educational programs go a step further than awareness raising activities by teaching people skills that can help them make healthier choices.

Educational programs include workshops, cooking demonstrations, and physical activity classes. Any program where people can learn a skill, practice it, and get feedback about how they are doing can be an educational program.

Educational programs can be one-time sessions or a series of classes that meet over time. For teaching skills that help people with diabetes manage their illness, having classes that meet over time is usually more effective than one-time classes.



Promoting healthy living, continued

3. Support groups

Support groups are like educational programs in that they can help people learn and practice new skills. However, in a support group, there is a bigger emphasis on members learning from each other than from the group leader.

Support groups may also focus on skills such as managing stress or talking with health care providers and family members.

Examples of support groups include diabetes support groups, caretaker support groups and walking clubs or other groups that help people become more active through social support.

To learn about how communities are taking action to promote healthy living read the Healthy Living Action Story.



Providing Links to Recognized or Accredited DSME Programs

Community-based organizations serve as an important link to DSME for people with diabetes and their families. Organizations support DSME, including:

1. Raising awareness
2. Offering space for programs
3. Supporting community health worker programs
4. Offering programs



Providing Links to Recognized or Accredited DSME Programs

1. Raising awareness

Community groups may promote local DSME classes, and help their members understand Medicare or other health insurance coverage for DSME.



Providing Links to Recognized or Accredited DSME Programs, continued

2. Offering space for programs

Community-based organizations might offer their space for DSME programs. Check with health care or community-based organizations that may be looking to expand the reach of their existing diabetes programs by offering them in your community.

You can partner with health or community-based programs that have existing programs or are in the process of developing programs to help make them more accessible to your community. These groups may benefit from your guidance and expertise on ways to reach members of your community and engage them in diabetes management programs.



Providing Links to Recognized or Accredited DSME Programs, continued

3. Supporting community health worker programs

A growing number of DSME programs see the value of having community health workers (CHWs) as a part of their programs. Community health workers help promote DSME, enroll participants and help teach classes. These kinds of DSME programs may be interested in partnering with your organization.

You can support community health worker programs by identifying members of your organization who would make good CHWs, and encouraging them to become part of the program.



Providing Links to Recognized or Accredited DSME Programs, continued

4. Offering programs

Some community-based organizations may take an active role in offering DSME programs by becoming providers of recognized or accredited programs. These organizations must have staff with the training and skills to meet the requirements for certification or accreditation. The organization must also be able to recruit and track participants as required by the programs.

The first part of this training reviews the requirements for accredited or recognized diabetes self-management programs.

To learn about how communities are taking action to link to recognized DSME programs read the DSME Action Story.



Creating Healthy Environments

Community-based organizations play an important role in helping to create environments where making healthy choices is easier including:

1. Increasing access to healthy foods and drinks
2. Increasing access to physical activity and outreach



Creating Healthy Environments, continued

1. Increasing access to healthy foods and drinks

Organizations can increase access to healthy foods and drinks by taking a look at the foods served at activities or special events, food service and vending machines to be sure there are healthy options.

Organizations can adopt policies and guidelines that help them improve the foods and drinks served to their members.



Creating Healthy Environments, continued

2. Increasing access to physical activity and outreach

Another step organizations are taking is looking for ways to get people to be more physically active. This means looking for ways to get people to be more physically active.

There are a number of activities organizations can do that have been shown to help people be more active.

- **Organizations can put up signs** in community buildings that remind people to take the stairs instead of the elevator or escalator. For this to work, organizations must be sure their stairwells are clean, safe, and easy-to-use.
- **Organizations can plan activities or programs that increase social support for being more physically active.** Programs that involve buddy groups, walking clubs and other social support groups help people make a commitment to being more active and stick to it.
- **Organizations can develop joint or shared use agreements** that open up physical activity resources to community members. The idea behind a joint use agreement is that community organizations develop a formal agreement that allows community members to use spaces they might not be able to use without the agreement. For example, a church can agree to let community members use some of the church land for a community garden, or a school can allow community members to use the school's track for walking before and after school hours. These kinds of agreements can make it easier and safer for people to be more active. For joint use agreements to work, businesses, faith communities, schools, and other community organizations must work together.

There is more information about these kinds of programs in the resources section of this training.

To learn about how communities are taking action to create healthy environments read the Healthy Environment Action Story.



Summary

There are many ways community based organizations can support people with diabetes and their families. These include:

Promoting healthy living

- Raise awareness of healthy behaviors and offer education programs and support groups.

Linking to recognized or accredited diabetes self-management education programs

- Raise awareness of local recognized or accredited diabetes self-management education programs.
- Offer space for recognized or accredited programs

Creating healthy environments

- Increase access to healthy food choices.
- Increase access to places to be physically active.

In the next section, you will learn about how to identify which activities would be a good fit for your organization, and some important steps in planning.

Planning Community-Based Activities

In this section you will take a look at planning activities for people with diabetes and their families.

There are many different ways to approach planning. Your organization may already have a planning process in place. We will not go into a lot of detail about how to do strategic planning.

Instead, we will review these 4 important planning areas:

1. Assessing Needs and Resources
2. Engaging Partners
3. Setting Goals and Objectives
4. Planning for Evaluation and Tracking



1. Assessing Needs and Resources

Assessing needs and resources helps you figure out what issues need to be addressed in your community and what resources you have available for programs.

It is an important step in making good decisions about the best role your organization can play.

A good needs assessment can help you make the best use of limited time and resources.



Assessing needs and resources

During this step you will:

- Describe and understand your community
- Understand your organization's strengths and limitations
- Identify resources that already exist
- Identify gaps that need to be filled



Assessing needs and resources

There are many ways an organization can do a needs assessment. The best approaches provide a logical way of looking at, listening to and understanding your community.

- Looking
 - In the looking phase you collect information about what is going on in your community. This can include existing data about the health of your community members, employment rates, levels of education, and housing. This can give you valuable details about the lives of the people in your community, and the kinds of things that both support and get in the way of them making healthy choices. Many organizations also involve community members in collecting data about their community.

Assessing needs and resources, continued

- Looking
- Listening
 - Listening activities help you understand what people think about what is going on in their community and what they think is important. For example, you might have data that says your members do not get enough physical activity. Is it because they don't know they need to be active, they don't like being active, or because there are not enough safe places for them to be active? Maybe they have physical disabilities that keep them from being active. These are different problems that require different solutions and you won't be able to understand the root of the issues until you ask community members about them. Community forums are one way for people to talk about what they think is happening and possible solutions. You might also interview people with diabetes, caregivers for people with diabetes, and health care professionals.

Assessing needs and resources, continued

- Looking
- Listening
- Understanding
 - In a needs assessment, you will take what you find out from looking and listening and work to understand what it means for your program. Understanding activities usually involve meeting with community members, experts and members of your organization to go over the information you have collected and make recommendations about the important issues and some possible solutions. This is a step toward setting goals and objectives for your program.



Assessing needs and resources

Needs assessment also means taking an honest look at what your organization can do.

You will probably find lots of ways to help people with diabetes in your community but you can't do everything – especially if you are just getting started.

By assessing your internal needs and resources, you will have a better idea of what you can do, which will be important for setting priorities and making decisions.

Some key internal resources to look at are:

- Do you have people who can help plan, organize and possibly lead diabetes activities?
- Do you have access to materials for diabetes activities and experts who can help you plan and implement programs?
- What kind of space do you have available for activities?



2. Engaging Partners

It is important to have the right people at the table as you go through the planning process, and throughout the implementation of your program.

Partners within your organization and outside of your organization can help you assess needs and resources, provide advice on the content of your program, identify new resources, and provide community links that might be helpful to your members.



Engaging Partners

- Your partners should include:
 - People with diabetes and their loved ones.
 - People who can lead activities.
 - People who can help promote your program.
 - People who are knowledgeable about diabetes.
 - People from a health care setting or diabetes organization.
 - People who are knowledgeable about community resources like someone from a local diabetes coalition.
- You may find that some people can fill more than one role. For example, you might find a diabetes educator who is on the local diabetes coalition and can advise you on the content of the program as well as local resources.



Engaging Partners

- How much involvement your partners have will depend on the size and scope of your program and how much expertise you already have inside your organization.
- You may need to meet regularly with your partners for a large program that reaches out to a lot of people in the community. For a smaller program that only reaches the members inside your organization, you may only need to touch base with your partners from time-to-time.
- What is important is to get your partners on board early in the planning process, and keep them up-to-date on your progress.

To learn about a community partnership to address diabetes read the Partnership Action Story.



3. Setting Goals & objectives

Your partners can help you set goals and objectives for your program.

Your goals and objectives will help you develop strategies to make your program work.

Goals and objectives also help you set milestones that let you know that your program is working the way you planned for it to work.

3. Setting Goals & objectives

- **Goal – What you want to achieve with your program.**
 - Example: “Improve the quality of life of people with diabetes and their families in our community through improved social support.”
- **Objectives – What you need to do to reach your goals**
 - Examples: “Get at least 25% of our members with diabetes and their family members enrolled in support groups.
- **Strategies– What you need to do to make your program work.**
 - Example: Train group leaders, promote the groups, schedule sessions, etc.



Your objectives should be S-M-A-R-T.

1. **Specific**

- Specific objectives say exactly what you are going to do.

2. **Measurable**

- Measurable means you have some way of collecting data to tell you if you met the objectives.

3. **Achievable**

- An achievable objective is one that you can meet with the resources you have available. Setting achievable objectives requires you to think realistically about what you can get done with the time, money, people and space you have.

4. **Relevant**

- A relevant objective is one that is tied to the goals and purpose of your program. Remember, objectives describe what you need to do to make progress towards your goals. If the goal of your support groups is to reduce the stress of people with diabetes, you would not set objectives about everyone in your community getting screened for diabetes because this is not related to your support group program.

5. **Time-limited**

- Smart objectives are time-limited. They give you milestones for when things are supposed to happen. This helps you with planning activities and tracking progress towards your goals.



Let's review what makes an objective SMART.

1. Specific
2. Measurable
3. Achievable
4. Relevant
5. Time-limited

- By January, 40 people with diabetes will register for the support groups.
- At least half of the groups' participants will attend at least 6 sessions by the end of 12 weeks.
- At least 80% of participants will report they are satisfied or very satisfied with the groups at the end of 12 weeks.



Let's review what makes an objective SMART.

Specific

The objectives are specific about who (40 people with diabetes), will do what (register for groups), by when (January).

Can you identify who will do what by when in the other objectives?

- By January, 40 people with diabetes will register for the support groups.
- At least half of the groups' participants will attend at least 6 sessions by the end of 12 weeks.
- At least 80% of participants will report they are satisfied or very satisfied with the groups at the end of 12 weeks.



Let's review what makes an objective SMART.

Measurable

The objectives state a change that can be measured with a survey, through observation or some other way of collecting data.

- By January, 40 people with diabetes will register for the support groups.
- At least half of the groups' participants will attend at least 6 sessions by the end of 12 weeks.
- At least 80% of participants will report they are satisfied or very satisfied with the groups at the end of 12 weeks.



Let's review what makes an objective SMART.

Achievable

The objectives state something that your program can do with the resources it has available. They also focus on things your organization can control.

Take a look at the second objective. You wouldn't set an objective for 100% of participants attending 100% of the sessions because you can't control factors like a participant getting sick, his car breaking down on the day of the support group, or other things that might get in the way of attendance. You can do your best to be sure the groups are offered at a time and in a place that works for the most people, that it offers content that is helpful, and that you follow-up with people who miss sessions. Your objectives should be based on what you can expect if you give your best effort.

- By January, 40 people with diabetes will register for the support groups.
- At least half of the groups' participants will attend at least 6 sessions by the end of 12 weeks.
- At least 80% of participants will report they are satisfied or very satisfied with the groups at the end of 12 weeks.



Let's review what makes an objective SMART.

Relevant

The objectives are focused on milestones that will tell you if your program is working the way you planned.

Registration, attendance, and member satisfaction all provide important information about how your program is working.

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Let's review what makes an objective SMART.

Time-limited

The objectives state by when you expect to see results.

This does not mean you will only measure your progress on the date set in the objective.

Take a look at the second and third objectives. You would not wait until the end of 12 weeks to measure your progress. By then it might be too late to fix a problem that could have been solved earlier. Instead, you would take a look at your progress around the second or third week. If it looks like you won't meet your objectives, you can take steps to identify and fix any problems that could keep you from meeting your objectives and reaching your goals.

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True or False – Once you set objectives they should never change.

- 1. True
- 2. False



True or False – Once you set objectives they should never change.

- 1. True The answer is “false”.
- 2. False Your objectives can, and should change over time. As you meet objectives, as your organization gets better at doing diabetes programs, and as the people in your community start to change, your objectives will change. Your organization may set new goals which will mean new objectives. Your goals and objectives are meant to help guide you in planning your activities, keeping track of how things are going, and ensuring that your program is making a difference in your community.



Planning for Evaluation & Tracking

Tracking and evaluation are very important parts of your program. They let you know if your activities are working the way you wanted them to work, if you are making progress toward your goals, and if there are any improvements you can make.

Planning for tracking and evaluation begins when you begin identifying your goals, objectives and strategies. Don't wait until the end of your program to think about evaluation.



Planning for Evaluation and Tracking

- Getting ready for tracking and evaluation starts at the beginning of your planning process. What and how you will track and evaluate will be based on your goals and objectives. After all, if you aren't measuring your objectives, how will you know if you are making progress towards them?
- Focusing on your goals and objectives will also help ensure that you are collecting data that will help you improve your program.
- Make evaluation easy for everyone by keeping it simple, and keeping it focused on the important questions about your program.



Planning for evaluation and tracking

Essential questions that you will need to answer include:

- Are we reaching the right people?
- Are they attending the activities?
- Do they find the activities helpful?

- You can get this kind of information from registration forms, headcounts at sessions, and participant satisfaction surveys.
- There are lots of resources to help you set goals and objectives, and plan evaluation activities. You will find links to some of these resources in the third part of this training.



Planning Community-Based Activities - Summary

To get started planning your activities:

- Assess your needs and resources to identify activities that may help the people in your community and that you can support with the resources in your organization.
- Engage partners to help you identify needs, plan activities, and promote and implement programs.
- Set SMART goals and objectives.
- Plan how you will evaluate your activities so your program can stay on track.

These 4 planning areas will help guide you through your planning process and into implementation.

Remember that each area can influence the other areas. For example, your partners can help assess resources and your evaluation can help revise your objectives.

With careful planning and the right partners, you can implement a program that will make a difference in the lives of people with diabetes.



Part 3: Tools and Resources

- To help you get started, we have developed a handout with links and resources to help you take the next steps in developing activities.
- The handout has links to the resources for people with diabetes included in the first section of this training.
- It also has links to tools and resources to help support the strategies outlined in the second section.



NDEP National Diabetes Education Program

A program of the National Institutes of Health and the Centers for Disease Control and Prevention

For more information call 1-800-CDC-INFO
(800-232-4636)

TTY 1-(888) 232-6348 or visit www.cdc.gov/info.

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