

## **Instructions for the Qualitative Section of the Chronic Disease Self-Management Education (CDSME) Program Grantee Semi-annual Program Progress Report**

### **Purpose of Qualitative Section:**

Briefly describe major or significant activities related to grantee goals, including key steps towards achieving target numbers of individuals that complete an approved Chronic Disease Self-Management Education Program, and in the development of an integrated, coordinated evidence-based CDSME delivery system.

### **Directions:**

- For each section, complete only those sections that are applicable to the **designated reporting period**. Only include information that pertains to the specified period, not cumulative to date.
- Please be thorough about any major or significant activities, but provide succinct information, using either a bulleted-list format or short sentences to convey your responses.
- See below for bulleted examples of what you may want to consider including under each section.
- If you have any questions, please feel free to contact your AoA Program Officer.
- Send your completed report to your AoA Program Officer and copy the following: Heather Wiley at [heather.wiley@aoa.hhs.gov](mailto:heather.wiley@aoa.hhs.gov); [grants.office@aoa.hhs.gov](mailto:grants.office@aoa.hhs.gov); and NCOA to the attention of Binod Suwal at [binod.suwal@ncoa.org](mailto:binod.suwal@ncoa.org).

### **Examples:**

**Program Management and Partnership Development:** (include information such as partnership building activities between public health, aging, or other state agencies or local partners; new staff and their roles and responsibilities, etc.) For example:

- Established memorandum of understanding with x agency that will be responsible for [key roles, e.g. delivering 10 workshops in Bartow County].
- Hired project manager who will be responsible for [key roles, e.g. state-wide coordination of training and data entry].

**Statewide Infrastructure Development:** (include activities related to workforce development/ recruitment/ training or retention; new host organizations and implementation sites; steering or advisory group or coalition activities, etc.) For example:

- Obtained multi-site license from Stanford for the CDSMP and DSMP.
- Conducted master training in [location] on [dates] using Stanford T-trainers. X individuals completed the training.
- Scheduled a CDSME leader training in [location] on [dates].
- Established statewide Healthy Aging Coalition [or steering committee or other key planning/ advisory group] with x number of agencies. Held kickoff meeting on [date].

**Sustainability Efforts:** (briefly describe any policy changes, planning activities, external funding received or other activities related to helping to sustain your CDSME programs beyond the grant period). For example:

- Convened a Sustainability Task Force with x key stakeholders to develop a sustainability plan.
- X partner completed a business plan for implementing the DSMP with a Medicare provider.
- Received X amount of funding from (name of foundation, corporation, etc.)
- Completed NCOA cost calculator and determined average workshop cost to be X\$.
- Established CDSME as a covered service under the state's Medicaid waiver.

**Quality Assurance Components/Fidelity:** (include activities related to monitoring whether the CDSMEs are being implemented appropriately and grant objectives are being met) For example:

- Contracted with [name of agency] to implement quality assurance activities.
- Conducted webinar on new data collection forms and web-based data entry process on [date] with [number of individuals].
- Developed fidelity monitoring plan including doing [key aspects of plan e.g. workshop site visits, post-workshop leader or participant surveys, etc.].
- Fidelity monitoring/ quality assurance activities completed this quarter included: (e.g. 5 master trainers conducted 10 workshop site visits).

**Coordination and/or integration with existing CDSME and other community-based prevention programs being delivered to older adults and adults with disabilities in the state:** (include activities that show how CDSMEs are being incorporated as a menu of evidence-based programs into ongoing systems, regardless of funding source) For example:

- Established process for clients (from ADRC, Medicaid, Tobacco quit line, SHIP, other agencies) to be referred to CDSMEs.
- In collaboration with CDC-funded state health department arthritis program, established state Healthy Aging website and marketing campaign which includes CDSME and other evidence-based program information and a workshop calendar.

**Challenges Encountered and Solutions** (including but not limited to information provided in other sections) For example:

- Had to cancel one workshop due to insufficient registration. Rescheduled the workshop at a different time and successfully filled the class.
- High rate of non-completers in one workshop. Called drop outs and discovered primary reason for dropouts was health problems.

**Products Produced:** (including any deliverables produced as a result of your grant activities. Please send copies of any products you'd like to share with your AoA Program Officer.) For example:

- Resources
  - Print, e.g. how-to manuals, tip sheets, promotional materials
  - Electronic, e.g. web addresses of new websites; listservs for leaders/trainers
- Agendas/ handouts from key meetings, e.g. leader recognition or professional development, community outreach or advisory group meetings
- Presentations at conferences (e.g. copies of PowerPoints)
- Reports (e.g. summaries of workshop satisfaction or outcome data)