

**National Diabetes Prevention Program Bright Spot Initiative
Project Management Work Plan, Progress Report, and Evaluation Template
Month DD, YYYY – Month DD, YYYY**

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|--------------------------------|---|---|---|---|
| State/Organization Name | | | | |
| Reporting Period | Quarter 1: MM/DD/YYYY – MM/DD/YYYY | Quarter 2: MM/DD/YYYY – MM/DD/YYYY | Quarter 3: MM/DD/YYYY – MM/DD/YYYY | Quarter 4: MM/DD/YYYY – MM/DD/YYYY |

FINANCIAL STATUS

| | | | | | |
|---------------------|--|-------------------------|--|----------------|--|
| Budget Total | | Expenses to Date | | Balance | |
|---------------------|--|-------------------------|--|----------------|--|

Instructions: Populate the work plan tables with your objectives, activities, responsible persons, timeframe, and data indicators at the beginning of the project. Update the activity status and summarize progress for each quarter in a different color font (blue for Q1, green for Q2, red for Q3, and purple for Q4). Respond to the evaluation questions to assess project implementation.

PROJECT MANAGEMENT WORK PLAN and PROGRESS REPORT

Objective 1:

| Activity # | Activity Description | Responsible Staff/Partners | Timeframe | Potential Data Indicators | Activity Status Update¹ | Activity Status Summary |
|-------------------|-----------------------------|-----------------------------------|------------------|----------------------------------|---|--------------------------------|
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¹ For each activity, insert the following to indicate status toward completion of this activity and associated outcome:

@ - on target AS - ahead of schedule BS – behind schedule C – completed NR – activity changed and is no longer relevant

The “Diabetes Technical Assistance and Support for State Health Departments” project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$6,600,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

Objective 2:

| Activity # | Activity Description | Responsible Staff/Partners | Timeframe | Potential Data Indicators | Activity Status Update | Activity Status Summary |
|------------|----------------------|----------------------------|-----------|---------------------------|------------------------|-------------------------|
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Objective 3:

| Activity # | Activity Description | Responsible Staff/Partners | Timeframe | Potential Data Indicators | Activity Status Update | Activity Status Summary |
|------------|----------------------|----------------------------|-----------|---------------------------|------------------------|-------------------------|
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EVALUATION

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|---|--|
| <p><u>Systems Changes</u></p> <p>1. Describe any changes in your state to organizational systems for awareness, referral, recruitment, and enrollment, and/or billing and coverage related to the National DPP lifestyle change program and the Medicare Diabetes Prevention Program over the past reporting period.</p> | |
| <p><u>Challenges Encountered and Solutions</u></p> <p>2. Describe any challenges in your state to increasing enrollment of adults at high risk for developing type 2 diabetes into the National DPP lifestyle change program and Medicare beneficiaries into the Medicare Diabetes Prevention Program and the methods used to address and resolve those challenges over the past reporting period.</p> | |
| <p><u>Resources</u></p> <p>3. What resources did you use? What resources are needed?</p> | |
| <p><u>Technical Assistance and Support</u></p> <p>4. Describe how the technical assistance and support from any subject matter experts has contributed to your progress/success toward the goals and objectives in your work plan.</p> | |
| <p><u>Questions/Issues to Resolve</u></p> <p>5. What questions or issues need to be addressed to make progress?</p> | |
| <p><u>Enrollment</u></p> <p>6. Comment on progress with enrollment toward your goal.</p> <p>In the rows below, enter the number of newly enrolled participants, members, and/or Medicare beneficiaries in the National DPP lifestyle change program and/or</p> | |

| | | | | | | |
|---|---|---|---|--------------|-------------|--------------------------------|
| Medicare Diabetes Prevention Program during this reporting period. 'Enrolled' is defined as a new unique participant/member/beneficiary having attended the first billable session of the program (i.e., not counting the zero session). This includes enrollment in virtual options. | | | | | | |
| Quarter 1: MM/DD/YYYY – MM/DD/YYYY | Quarter 2: MM/DD/YYYY – MM/DD/YYYY | Quarter 3: MM/DD/YYYY – MM/DD/YYYY | Quarter 4: MM/DD/YYYY – MM/DD/YYYY | Total | Goal | Total/ Goal (%) |
| | | | | | | |

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