





## Strategies Cheat Sheet

- 1) Engage and collaborate with stakeholders from targeted populations representing underserved and high diabetes prevalence areas of Passaic County to be part of this workgroup.
  - # of (new) residents/ organizations active in workgroup
  - # of months with an engagement opportunity for stakeholders
  - % of months with an engagement opportunity for stakeholders
  - % of invited stakeholders who join (
  - % of stakeholders satisfied with process (includes newly invited stakeholders and workgroup members)
  - # of new strategies developed by workgroup as a result of stakeholder engagement (will have own performance metrics, once identified)
- 2) Increase use of and participation in diabetes education programs that offer standards of care and evidence based practice to improve management of diabetes and associated complications.
  - # resources/services reviewed or contacted
  - # of workgroup hours spent assessing current systems (if applicable)
  - # of new leverage points identified to improve access/capacity/ systems (previously unknown to workgroup)
  - # of number of resources identified and newly added (resource guide strategies only)
  - #/% of identified leverage points acted upon (may even generate new strategies)
  - #/% number of resources maintained in database (resource guide strategies only)
- 3) Work to develop a referral network of low or no-cost diabetes self-management and prevention programs, as well as organizations that offer diabetics access to affordable supplies/ medications with the goal of expanding access to these services.
  - # individuals referred/exposed to resources
  - of resources/agencies connected in referral pathway
  - % who use resource/service (random sample if needed)
  - % of resources/agencies actively making referrals through new pathways (random sample if needed)
  - #/% reporting service/resource met their need (random sample if needed)
- 4) Look for opportunities to improve the built environment in support of healthy eating/active living in Passaic County neighborhoods, especially those where residents are at high risk for diabetes and cardiovascular disease.
  - # of leverage points identified (0)
  - % of leverage points in target geographies/populations OR % of geography covered by identified leverage points OR % of months in which leverage points are acted upon
  - Average % of organizations participating per leverage point (for education campaigns/advocacy opportunities)
  - # of actions taken in addressing leverage points

## General Meeting Notes:

*What is new since last meeting? Organize in a way that works for you. Write or type below:*

**Note:** Performance measures reported at quarterly County meetings. To edit or add a strategy, e-mail [data@njhealthmatters.org](mailto:data@njhealthmatters.org)

**General Meeting Notes (continued):**

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Action taken since last meeting (description)	Who did this action (can be multiple people)
Example: Surveyed and completed 35 questionnaires on access to care issues at 2 community health fairs	Example: Kelly Kapowski, John Jones

**Next Workgroup Meeting** (Date, Time, Place): \_\_\_\_\_

*Do you need Data, Research or Technical Support from the Data Committee? If yes, please email [data@njhealthmatters.org](mailto:data@njhealthmatters.org).*

*If you have questions or need support with other issues related to your workgroup, please email [Catherine.Connelly@njhealthmatters.org](mailto:Catherine.Connelly@njhealthmatters.org).*