



LOGIC MODEL

Name of Program: *Dining with Diabetes (DWD) – National Program*

Situation: Diabetes adversely impacts the lives of 29.1 million people in the United States who have been diagnosed with this chronic condition.¹ People with diabetes may experience financial struggles due to higher healthcare costs and are at increased risk for developing long-term health problems associated with diabetes.¹ In 2014, diabetes was the seventh leading cause of death in the United States.² In 2012, the total estimated cost of diabetes in the U.S. population was \$245 billion, which includes \$175 billion in direct medical costs and \$69 billion in reduced productivity.³ People with diagnosed diabetes, on average, have medical expenditures 2.3 times higher than those without diabetes.³ By engaging in activities such as healthful eating and consistent physical activity, Type 2 diabetes can be managed effectively and significantly reduce healthcare expenditures.¹

1. <http://www.cdc.gov/diabetes/data/statistics/2014StatisticsReport.html>

2. <http://www.cdc.gov/nchs/fastats/diabetes.htm>

3. <http://care.diabetesjournals.org/content/diacare/36/4/1033.full.pdf>

Assumptions

1. People living with Type 2 diabetes and their caregivers look for and will benefit from research-based resources to prevent or delay diabetes and to better manage diabetes.
2. Knowledge and self-efficacy gain leads to behavior changes which results in healthier adults.

External Factors

1. The DWD program addresses topics and bridges the gap between the primary care setting and the practical implementation of behaviors related to diabetes prevention and control.
2. Socio-ecological factors may negatively impact participant's ability to fully achieve the desired outcomes of the program.
3. Participants who attend the DWD program are willing and able to make lifestyle modifications.

INPUTS
<p>What we invest</p> <p>Extension faculty and staff</p> <p>Undergraduate and graduate students</p> <p>Campus communications</p> <p>Local, regional, and state partners</p> <p>Extension administration</p> <p>Financial Resources:</p> <ul style="list-style-type: none"> Local, state and federal funding Grant funding Participant registration fee <p>Program and Marketing Materials</p> <p>Research-based from reputable sources</p>

OUTPUTS	
Activities	Participation
<p>What we do</p> <p>Extension professionals market the program to the intended audience</p> <p>Extension professionals offer a series of four face-to-face educational sessions and a reunion session</p> <p>Provide an opportunity for participants to share and learn from one another</p> <p>Extension professionals and community partners help promote and deliver the program to the intended audience</p> <p>Extension professionals seek local support in funding the delivery of the program</p> <p>Evaluation efforts and reporting to stakeholders</p>	<p>Who is reached</p> <p>Adults with or at risk of developing pre-diabetes or Type 2 diabetes</p> <p>Family members/ caregivers of people with pre-diabetes or Type 2 diabetes</p> <p>Adults interested in healthful eating practices</p>

OUTCOMES – IMPACT		
Short	Medium	Longer term
<p>What do we think participants will know, feel, or can do after participating in the program?</p> <p>Increased knowledge of clinical tests related to diabetes care, as well as diabetes complications.</p> <p>Increased knowledge of the connection between food choices, biometrics, such as blood glucose levels, and the risk of chronic disease, and/or complications.</p> <p>Increased knowledge of nutrition label reading, food selection and meal planning.</p> <p>Increased knowledge of cooking techniques and healthful ingredients.</p> <p>Increased knowledge of physical activity recommendations as a component of diabetes control.</p> <p>Increased self-efficacy in overall diabetes management and prevention, specifically healthy meal preparation.</p> <p>Increased self-awareness about behaviors affecting diabetes prevention and control.</p>	<p>How do we think the participants will behave or act differently after participating in the program?</p> <p>Improved behaviors related to diabetes prevention and control:</p> <ul style="list-style-type: none"> Food selection and meal planning Physical activity Self-management skills, including stress mgmt., Decision making, Medication and Glucose monitoring 	<p>What kind of health impact will result if the participants behave or act differently after participating in the program?</p> <p>Decreased financial burden of diabetes</p> <p>Improved health through positive lifestyle changes</p> <p>Reduction in the development of pre-diabetes and Type 2 diabetes</p> <p>Reduction in diabetes-related complications</p> <p>Improved biometric markers such as A1C</p>