# Michigan Partners on the PATH

# Implementation Plan

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| ***Please Print or Type*** |
| I. CONTACT INFORMATION |
| **Organization Name:**       | **Date:**       |
| **Program(s) to be implemented: (check all that apply)****[ ]  PATH (Chronic Disease Self-Management Program)** **[ ]  Diabetes PATH (Diabetes Self-Management Program)****[ ]  Chronic Pain PATH** **[ ]  Tomando Control de Su Salud (TCDSS)****[ ]  Cancer: Surviving and Thriving** |
| **Key contact/Organizational liaison** **Name:**      **Position or Title:**      **Email:**      **Phone:**       | **Upper management (has authority to agree to implementation)****Name:**      **Position or Title:**      **Email:**      **Phone:**       |
| **Mailing address:**      **City:**      **State:**     **ZIP code:**       | **Physical address (if different from mailing):**      **City:**      **State:**     **ZIP code:**       |
| **Website:**       | **Phone:**       |

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| **II. OVERVIEW OF PLAN** |
| 1. **Briefly describe how you will implement this /these program(s) (30 words or less)**

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| 1. **List counties where programs will be implemented:**

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| 1. **Will you be using staff, volunteers or both to implement this plan?**

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| III. IMPLEMENTATION pLAN |
| 1. **If you don’t havean Organizational Liaison, when do you plan to have one in place?**

     |
| 1. **Will your program(s) be available to the community/public or will they be closed?**

     |
| **Marketing:** 1. **Who is your target audience? Who do you want to let know that you will be offering this program?**

*E.g. Staff, employees, doctor’s offices, medical centers, hospitals etc.*      1. **How will you let potential participants know what program you will be offering, when it will begin, where it will be held and how to enroll?** *E.g. Email, Posters, Newsletters, Newspaper, mailings, signage etc. ….*

     1. **How far in advance will you begin marketing the class(s)?**

     1. **Will you be having any type of kickoff event/activity? If yes, please describe.**

*E.g. Banner display at entrance, give out water bottles to everyone entering, group walk etc.*      **Leaders:** 1. **Number of leaders to be trained by program and anticipated date(s) for training to be complete**

     1. **Will leaders work between sites or will there be a different leader for each site/program?**

     1. **What additional expenses will need to be covered to ensure the program is implemented?**

*E.g. Registration for online training, Mileage, stipends, approval from direct supervisor etc.*      **Equipment/Supplies:**1. **What equipment/supplies will you need?**E.g. flipcharts, markers, books, etc.

     **Incentives:**1. **Will you be providing incentives? If so, describe what they will be and how they be given to participants?**

     **Additional Information you want to include:**  |

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| **IV. PROPOSED IMPLEMENTATION SITES** |

**1st Date: Program will be implemented from**       to

**Location**

**Program**

**[ ]  PATH (Chronic Disease Self-Management Program)**

**[ ]  Diabetes PATH (Diabetes Self-Management Program)**

**[ ]  Chronic Pain PATH**

**[ ]  Tomando Control de Su Salud (TCDSS)**

**[ ]  Cancer: Surviving and Thriving Number of leaders:**

**Will the program be open to the public (Y/N)?**

**Approximate number of participants expected:**

**Employees**       **Clients/Participants**       **Community Members**

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**2nd Date: Program will be implemented from**       to

**Location**

**Program**

**[ ]  PATH (Chronic Disease Self-Management Program)**

**[ ]  Diabetes PATH (Diabetes Self-Management Program)**

**[ ]  Chronic Pain PATH**

**[ ]  Tomando Control de Su Salud (TCDSS)**

**[ ]  Cancer: Surviving and Thriving Number of leaders:**

**Will the program be open to the public (Y/N)?**

**Approximate number of participants expected:**

**Employees**       **Clients/Participants**       **Community Members**

**3rd Date: Program will be implemented from**       to

**Location**

**Program**

**[ ]  PATH (Chronic Disease Self-Management Program)**

**[ ]  Diabetes PATH (Diabetes Self-Management Program)**

**[ ]  Chronic Pain PATH**

**[ ]  Tomando Control de Su Salud (TCDSS)**

**[ ]  Cancer: Surviving and Thriving**

**Number of leaders:**

**Will the program be open to the public (Y/N)?**

**Approximate number of participants expected:**

**Employees**       **Clients/Participants**       **Community Members**

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**4th Date Program will be implemented from**       to

**Location**

**Program**

**[ ]  PATH (Chronic Disease Self-Management Program)**

**[ ]  Diabetes PATH (Diabetes Self-Management Program)**

**[ ]  Chronic Pain PATH**

**[ ]  Tomando Control de Su Salud (TCDSS)**

**[ ]  Cancer: Surviving and Thriving**

**Number of leaders:**

**Will the program be open to the public (Y/N)?**

**Approximate number of participants expected:**

**Employees**       **Clients/Participants**       **Community Members**