Assessing the Impact of Chronic Disease Self-Management Education Programs on Social Connection

2026 Community of Practice (COP) Application

1. Please provide your contact information:
    a. Applicant Name (First Last):
    b. Applicant Position Title:
    c. Applicant Email:
    d. Applicant Phone Number:
    e. Organization Name:
    f. Organization City, State:

2. Which structure best identifies your organization? Select one.
    a. City or township government
    b. County government
    c. U.S. territory
    d. Indian/Native American tribal government or tribally designated organization
    e. Nonprofit organization
    f. Special district government
    g. Regional organization
    h. State government
    i. Other, please describe.

3. Which descriptor best identifies your organization? Select one.
    a. Aging and Disability Resource Center
    b. Area Agency on Aging
    c. Center for Independent Living
    d. Community Care Hub
    e. Faith-based organization
    f. Foundation or philanthropic organization
    g. Higher education entity (vocational school, college, university, etc.)
    h. No wrong door system
    i. Public health agency
    j. State association of area agencies on aging
    k. State councils on development disabilities
    l. State Unit on Aging
    m. Title VI Native American Aging program

n. University Center for Excellence in Developmental Disabilities Education, Research, and Service
o. Village model in the Village-to-Village Network
p. Other aging services provider
q. Other disability services provider
r. Other network/association of organization
s. Other nonprofit organization
t. Other, please describe

4. Which of these categories best describes your organization's coverage area? Select all that apply.
    a. Urban
    b. Suburban
    c. Rural
    d. Frontier

5. Which CDSME program(s) do you plan to evaluate through participation in this community of practice? Select all that apply.
    a. Cancer: Thriving & Surviving (In-Person or Online)
    b. Chronic Disease Self-Management Program (In-Person or Online)
    c. Chronic Pain (In-Person or Online)
    d. Diabetes Self-Management (In-Person or Online)
    e. Positive Self-Management (In-Person or Online)
    f. Workplace CDSMP (In-Person or Online)

6. Please share your potential sample size for evaluation. If your application includes a program with multiple sites, please provide total numbers across sites.
    a. How many participants do you anticipate beginning and completing a CDSME workshop between April and September 2026? (text box)
    b. How often do you typically implement CDSME workshops (1x a year in the fall; 1x a quarter)? (text box)
    c. How many CDSME participants participated in workshops through your organization in the last 6 months? (text box)

7. How is/are your CDSME workshops offered? Select all that apply. If you plan to evaluate more than one CDSME program, please select all that apply across all programs.
    a. In-person
    b. Virtual
    c. Hybrid

8. To understand the impact of CDSME programs, it is important to know the level of each client's engagement.
    a. Are you able to identify and report the exact number of workshop sessions that each client attended (e.g., 2 or 6 sessions, 4 of 6 sessions, 6 of 6 sessions)? Please describe.
    b. Are you able to document the CDSME workshop start date? Please

describe.

9. With training and support through this COP, can your organization implement a matched pre-test and post-test for CDSME participants? The pre-test is approximately 20 items (including demographics) and the post-test is approximately 30 items. Sites are expected to collect pre-test data immediately before CDSME workshops (e.g., at Session 0 or before Session 1) and collect post-test data immediately following the workshop (i.e., after Session 6, with attempts to collect data from participants who missed Session 6).
   a. Yes
   b. No

10. Describe your organization's experience and comfort tracking the progress of individual participants by collecting matched pre-tests and post-tests? (Open-ended up to 150 words).

11. COP meeting participation is required. These meetings will be held virtually on Zoom and organized via poll. As needed, participants may send a representative on their behalf. Are you able to attend at least five COP meetings between March and September 2026?
   a. Yes
   b. No.
   c. Please describe any scheduling concerns.

12. Is your organization's leadership supportive of your participation in this opportunity?
   a. Yes
   b. No