# Goal Writing Guidance and Template: Aging Plans for 2025–2027

## Goal Writing Guidance

**Goal statement should explain:** What improvements do we envision for our program or services? It may help to consider these questions in framing goal statements and strategies:

1. Why are we choosing this thing to focus our efforts on?
2. Why do we believe this particular effort will make things better?
3. How do we think this leads to people being better off?
4. How will we know that when we’re done with this effort?
5. How will we know whether anyone is better off because of this effort?

**Plan or strategy should explain:**

1. Do we intend to increase the amount of effort, improve the quality of efforts, or make some other changes that improve the program?
2. How do we think these improvements will benefit our community and/or program participants?
3. What will we do to move forward this improvement?

**Preliminary ideas about how we will document our efforts and accomplishments:**

1. Tools that will tell us **how much** we have done.
2. Tools that will tell us whether we have **done things well**.
3. Tools that will tell us if anyone is **better off** because of the changes we made.

## Goal Writing Template

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| **Older Americans Act program area** (Select a program area if applicable.)  Title III-B Supportive Services  Title III-C1 and/or III-C2 Nutrition Program  Title III-D Evidence-Based Health Promotion  Title III-E Caregiver Supports |
| **Aging Network value** (Select a value if applicable.)  Person centeredness  Equity  Advocacy |
| **Goal statement:**  **Expand the nutrition program’s support for older adults with diabetes.** |
| **Plan or strategy:**   * **Make diabetic-friendly meal options available for congregate meal participants by December 31, 2026.** * **Make diabetic-friendly meal options available for home-delivered meal participants by December 31, 2027.** * **Provide nutrition education focused on management of diabetes at least annually beginning in 2025.** * **Assist the program’s dietitian in enrolling as a medical nutrition therapy provider so that nutrition counseling can be provided for Medicare patients with diabetes and reimbursed by Medicare by December 31, 2027.** * **Increase coordination with Healthy Living with Diabetes program.** |
| **Documenting efforts and tools:**  Documenting **how much** has been done:  Meals and nutrition education provided, enrollment as MNT provider completed and diabetes action plans developed during counseling sessions, and increased participation in Healthy Living with Diabetes program.  Documenting **how well** it has been done:  Participants are selecting diabetic meal options.  Attendance at diabetes-related nutrition education sessions is as high or higher than other nutrition education options offered.  Improvement in diabetes management is illustrated in nutrition counseling sessions.  % increase in participation in Healthy Living with Diabetes program.  Assessing whether anyone is **better off**:  Participant surveys will include questions about satisfaction with diabetic meal options and nutrition education provided.  Improvement in diabetes management is illustrated in nutrition counseling sessions. |
| ***OPTIONAL*: Notes on considerations for framing goals**   1. Why are we choosing this thing to focus our efforts on?   Per [Wisconsin’s Diabetes Action Plan:](https://www.dhs.wisconsin.gov/publications/p03154-2022.pdf)   * An estimated 525,808 adults in Wisconsin have diagnosed or undiagnosed diabetes. * An estimated one in three adults, or 1.5 million Wisconsin residents, have prediabetes. Prediabetes a serious condition that can lead to type 2 diabetes. * About 100,000 people experience diabetes-related hospitalizations in Wisconsin each year. * Diabetes-related hospitalizations account for 16- 17% of all hospitalizations annually. * Diabetes is the seventh leading cause of death in Wisconsin. * Diabetes deaths increased 19% from 2008-2018.   [Disparities in diabetes](https://publichealthmdc.com/documents/2019_11_19_Disparities_Dane%20Co%20Immunization%20Coalition_FINAL.pdf): African- and Native- Americans have the most significant disparities in prevalence. Hispanic/Latino individuals have the highest disparities in blood sugar control.   1. Why do we believe this particular effort will make things better?   Nutrition programs will provide options that could better meet the needs of over 1/3 of the population we serve as they age.   1. How do we think this leads to people being better off?   Helping older adults better manage their diabetes can help reduce unnecessary hospitalizations and deaths associated with diabetes in the communities we serve, allowing them to live longer (and better) in the community.   1. How will we know that when we’re done with this effort? 2. How will we know whether anyone is better off because of this effort? |