

Diabetes Success Stories Template 2017-2018

Alabama Department of Public Health		Submission Date:	
Alabama Diabetes Program		Receipt Date:	
Organization:			
Program Name:			
Submission Contact:			
Contact Email:		Phone:	
Success Story Title: _____			

Overview:

State here an abstract of your project.

Intervention:

State here a brief summary of the intervention (e.g., the actions taken by a clinic to increase DSME referrals or identify patients with high A1C results).

Outcomes/Impact:

State here the outcome of the intervention (e.g., DSME referrals increased, DSME patients lowering their A1C).

Data Summary

State any statistics or patient success stories associated with this program's success story. Please only include information that is approved for public release.

Additional Comments/ Future Steps:

State any additional comments you have or anything else you would like to include in your success story.

Attachments? _____

Permission to include success story and attached information into newsletter? _____

Signature: _____

Date of Signature: _____