



Prevention and Public Health Fund Chronic Disease Self-Management Education Program

DECEMBER 2014 STATUS REPORT ON GRANTEE PROGRESS
(COVERING 9-1-13 TO 12-1-14)

For more information

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Background

- The “*Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education (CDSME) Programs*” grants are financed through the Patient Protection and Affordable Care Act Prevention and Public Health Fund (PPHF).
- Through its Administration on Aging (AoA), the Administration for Community Living (ACL) awarded cooperative agreements to:
 - 22 states for a three-year project period from 9/1/12 to 8/31/15;¹ and
 - The National Council on Aging (NCOA) as the National Resource Center for CDSME from 9/1/13 to 8/31/16 (subject to available funding).
- Either a State Public Health Department or State Unit on Aging could apply for the award, but both agencies are expected to collaborate on grant activities.
 - The State Unit on Aging is the lead agency in 16 states.
 - Five grants have State Public Health Departments as the lead agency.
 - One grant was awarded to an agency that includes both public health and aging.
- The PPHF CDSME cooperative agreements are designed to achieve two major goals:
 - 1) Significantly increase the number of older adults and/or adults with disabilities who complete evidence-based CDSME programs to maintain or improve their health status; and
 - 2) Strengthen and expand integrated, sustainable service systems within states to provide evidence-based CDSME programs.
- All 22 grantees are providing one or more CDSME programs developed at Stanford University. “CDSME” is an umbrella term that refers to any of the following programs:
 - Chronic Disease Self-Management Program (CDSMP) — 22 grantees
 - Diabetes Self-Management Program (DSMP) — 21 grantees
 - Tomando Control de su Salud (Spanish version of CDSMP) — 18 grantees
 - Programa de Manejo Personal de la Diabetes (Spanish version of DSMP) — 13 grantees
 - Chronic Pain Self-Management Program (CPSMP) — 12 grantees
 - Better Choices, Better Health® (Online CDSMP) — 6 grantees
 - Positive Self-Management Program for HIV (PSMP) — 5 grantees
 - Arthritis Self-Management Program (ASMP) — 2 grantees
 - Better Choices, Better Health®– Diabetes (Online DSMP) — 2 grantees
 - Better Choices, Better Health®– Arthritis (Online ASMP) — 2 grantees
- In addition, Massachusetts, Maryland, and Virginia have begun implementing the new Stanford University *Cancer Thriving and Surviving Self-Management* program² and three counties in California are collaborating with Stanford on a study of a community workshop version of the online *Building Better Caregivers* program.³

Performance Summary

Most of the grantees met their two-year completer target benchmarks, are successfully reaching the intended populations, and have extended their geographic reach.

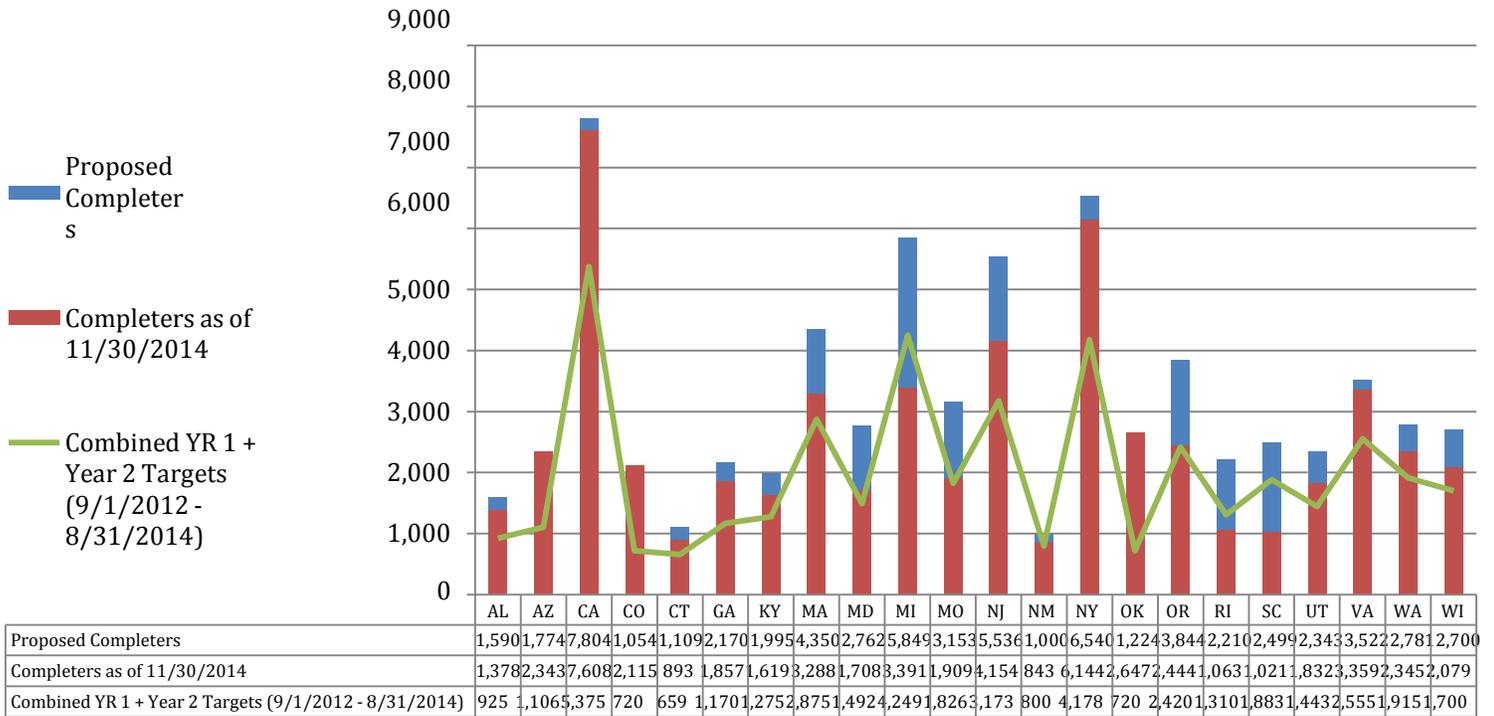
- At the end of their second year (on 8/31/14), 15 states had exceeded their two-year completer target. (“Completers” are participants who attended at least four of the six scheduled sessions). States reaching the highest percentages are: Connecticut (110%), Utah (110%), Virginia (112%), California (116%), Alabama (126%), Georgia (134%), Arizona (181%), Colorado (239%) and Oklahoma (329%).

²For more information on the program, go to: <http://patienteducation.stanford.edu/programs/cts.htm>

³ For a brief description of this research go to: <http://patienteducation.stanford.edu/currentprojects/>

¹ See Appendix A for a list of the states and their funding amounts.

CDSME Grant - Completer Reach vs. Goal



- As of 12/1/14 (27 months, or 75% of the 36-month grant period), grantees had served 75,571 participants, including 56,040 completers with a retention rate of 74.1%. This accounts for 83% of their combined three-year completer target of 67,809. The graph above shows the grantees' current progress towards their three-year completer goals.
- To date, California has reached the highest number of completers (7,608), followed by New York (6,144), New Jersey (4,154), Michigan (3,391) and Virginia (3,359).
- States reporting data into the CDSME National Database⁴ captured the following participant demographic data:
 - Average age: 66 years
 - Sex: 25.3% male and 74.7% female
 - Live alone: 43.2%
 - Multiple chronic conditions: 57.0%
 - Most common conditions: hypertension (39.7%), arthritis (34.8%), and diabetes (32.5%)
 - Disability status: 46.2%
 - Race and ethnicity:
 - 69.1% White
 - 22.1% African American
 - 17.3% Hispanic
 - 3.8% Asian
 - 2.4% Native American
 - 0.7% Pacific Islander
- Since March 31, 2010 (when the Recovery Act CDSMP grant program started),⁵ the grantees have reached 213,948 participants and a cumulative total of 244,969 since 2006.

⁴ In addition to the current 22 grantee states, another 12 states (former Recovery Act grantees) are utilizing the National CDSME Database: Delaware, Florida, Illinois, Indiana, Iowa, Kansas, Louisiana, Minnesota, Nebraska, North Carolina, Ohio, and Puerto Rico.

⁵ Through the *Communities Putting Prevention to Work: Chronic Disease Self-Management Program*, funded by the American Recovery and Reinvestment Act of 2009, AoA awarded grants to 45 states, Puerto Rico and the District of Columbia for a two-year period. The current PPHF CDSME grantees are all former Recovery Act grantees.

The states have also greatly expanded the geographic reach and numbers of workshop sites:

- Workshops have been offered in 1,648 counties (about 52% of U.S. counties) compared to 418 counties at the start of the Recovery Act grants, which is an increase of 294%.
- The states have held 19,117 workshops at 10,376 unique implementation sites (6,784 workshops specifically within the current PPHF grantee states).

Successes/Innovations

This section highlights some of the grantees' successful activities and innovations, particularly in the areas of sustainability strategies; effective partnerships; building and retaining a strong workforce to deliver the programs; coordinated or centralized marketing, referral, and other logistical processes; and quality assurance activities. The content is primarily drawn from the grantees' semi-annual progress reports received in March and September 2014 and the results of the *2014 CDSME Integrated Services Delivery System Assessment Tool*.

This summary is not intended to be an exhaustive listing of all of the grantees' activities.

Sustainability Strategies

Leveraging Public Health Partnerships

One of the expectations of the CDSME grants is a strong state level partnership between the State Unit on Aging and State Public Health Department. Strong state level partnerships have allowed the grantees to more effectively leverage funding from the Centers for Disease Control and Prevention (CDC) and other public health resources to complement the ACL funding and strengthen local public health and aging network collaborations, engage a wider variety of

community partners, and reach more underserved areas and populations.

- Nine ACL grantees are also funded by the CDC Arthritis Program⁶ (California, Kentucky, Michigan, Missouri, New York, Oregon, Rhode Island, South Carolina, and Utah) to embed evidence-based self-management education and physical activity programs in existing systems. ACL participates in regular calls with CDC to coordinate our support for these grantees.
- In addition to the CDC Arthritis Program grants, 14 grantees⁷ have support for CDSME activities through CDC diabetes, heart, asthma, WiseWoman, SHAPE/1305 grants (*State Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health*), 1422, Preventive Health and Health Services (PHHS) Block grants and/or other CDC funding. For example, Connecticut's SHAPE grant is funding its DSMP and Spanish DSMP programs over the next four years.
- Utah and Wisconsin reported working with newly re-organized public health departments (coordinating the efforts of former diabetes, heart disease, arthritis, physical activity, and obesity programs). Utah's new department is providing additional funding to five partners to expand their CDSME reach and create sustainability plans.
- Grantees reported that strategies to support CDSME or other evidence-based programs are included in 19 of their state unit on aging plans and 16 state health department plans (a 45% increase since 2013).
- Arizona is partnering with Maricopa County Department of Health Services on the Million

⁶ The CDC Arthritis Program awarded grants to 12 states for five years, beginning in July 2012. The grants also support surveillance, public awareness campaigns, and policy and environmental activities. http://www.cdc.gov/arthritis/state_programs.htm

⁷ Alabama, Arizona, Colorado, Connecticut, Maryland, New Jersey, New Mexico, New York, Oregon, Rhode Island, South Carolina, Utah, Washington, Wisconsin

Hearts® campaign⁸, resulting in greater awareness of and number of CDSME workshops in the county. Similarly, the Wisconsin Division of Public Health, Wisconsin Institute for Healthy Aging and MetaStar, the Quality Improvement Organization, partnered to produce a video to promote CDSME as part of the state's Million Hearts® campaign. The video features a local program coordinator and a volunteer lay leader.

- California is one of ten partnerships around the country selected to participate in a study focused on *Models of Collaboration Involving Hospitals, Public Health Departments, and Others: Improving Community Health through Successful Partnerships*. This University of Kentucky College of Public Health study seeks to identify exceptional models of collaboration involving community hospitals, public health departments, and other stakeholders who share a commitment to improving community health.
- Connecticut's Department of Public Health is allowing its health districts to use its PHS Block Grant funds to support CDSMP and DSMP.
- Maryland is one of nine grantees⁹ working with their Tobacco Quitline to refer individuals who report a chronic disease during screening to CDSMP.
- Massachusetts:
 - Is embedding CDSMP in nine public health networks through a Prevention and Wellness Trust Fund (PWTF) established by the state legislature. The Healthy Living Center of Excellence is being funded by the Massachusetts Department of Public Health (MDPH) to provide technical assistance and training for the PWTF sites; and

- Participates in the MDPH Community and Health Care Linkages Community of Practice task force which has designated CDSMP as a best practice for community-clinical linkages.
- The New Jersey Department of Health's Division of Family Health has CDC funding to create regional Diabetes Resource Centers that would promote DSMP education and may help support master training, and the purchase of online Better Choices, Better Health®– Diabetes slots.

Integration with the Aging Network

- Grantees are continuing to expand their work with Aging and Disability Resource Centers (ADRCs). The ADRCs primarily serve as CDSME referral sites and/or host sites. Several states have integrated CDSME into their Community-based Care Transitions Programs and/or Options Counseling protocols.¹⁰
- Three states reported receiving some funding for CDSMP through their Care Transitions Programs (Massachusetts, Michigan, and Missouri).
- All of the grantees reported using some Older Americans Act (OAA) Title IIID funding to help support CDSME activities. Six grantees¹¹ are also using Title IIIB, C, or E funding. For example, about half of Alabama's Title IIIE programs are delivering CDSMP workshops to caregivers. In addition, Alabama is planning to use its ACL Lifespan Respite Grant to help train staff and volunteers as leaders to provide workshops to caregivers. Connecticut and Oklahoma are also working on integrating CDSME into their Family Caregiver programs.
- Some of Georgia's Area Agencies on Aging are working on enrolling appropriate Money

⁸ Million Hearts® is a national initiative launched by the Department of Health and Human Services to prevent 1 million heart attacks and strokes by 2017. <http://millionhearts.hhs.gov/index.html>

⁹ Alabama, Arizona, Colorado, Maryland, Missouri, New Mexico, Oregon, Utah, Virginia

¹⁰ Alabama, California, Colorado, Georgia, Massachusetts, Rhode Island, Washington, Wisconsin

¹¹ Colorado, Georgia, Maryland, Michigan, Rhode Island, Washington

Follows the Person participants into CDSMP workshops to improve self-management skills of persons re-entering the community as well as provide a possible funding mechanism to sustain CDSMP delivery.

Various Efforts with State Medicaid Offices and Medicaid Managed Care

- In Alabama, one of the four state Medicaid Patient Care Networks is providing workshops and staff at another network are being trained as leaders. These activities align with their work with primary medical providers to help coordinate care and teach self-management skills.
- In Colorado, some of the Medicaid-based Regional Care Collaborative Organizations (RCCOs) devoted staff time to learning about CDSMP, made referrals to classes, located low-cost facilities to host workshops, and have provided taxi vouchers or other incentives to encourage CDSMP attendance. Additionally, some RCCOs conducted focus groups to determine barriers for attending these classes through a Medicaid Quality Measures grant.
- Connecticut is working on the submission of a revised 1915c Medicaid waiver to CMS which will include CDSME programs as a covered service.
- Massachusetts is finalizing a contract with a Senior Care Options plan for dual eligibles to provide reimbursement for evidence-based programs (CDSME and falls).
- Michigan is continuing to work with its Medicaid waiver program to pay for clients in CDSME programs. A pilot project in 3 Area Agencies on Aging is underway.
- New Jersey has provided training, materials and email reminders/referral prompts to care managers, medical directors, and government representatives with its Medicaid Managed Care Organizations to encourage referrals to the online Better Choices, Better Health® program.
- New York:
 - Has continued efforts to integrate CDSME within the New York Prevention Agenda, a Medicaid waiver, and its Balancing Incentive Program (a Medicaid redesign project) which provided an innovation grant to deliver DSMP to 800 Medicaid recipients and study the impact of DSMP in reducing hospital days and preventing nursing home placement. Self-reported health, self-reported health utilization, and nursing home placement data are being captured; and
 - Is in discussion to include CDSME in the plans of two potential Performing Provider Systems identified by the state under its Delivery System Reform Incentive Payment Program.
- Oklahoma continues to work with the state Medicaid agency in pursuing Medicaid reimbursements for providers for offering CDSME programs.
- Oregon hired a Health Systems Coordinator to help integrate CDSME into their Medicaid Coordinated Care Organizations and the state's Patient-Centered Primary Care Home initiative.
- Utah's Medicaid office is referring beneficiaries into CDSME workshops.
- Virginia met with the three health plans participating in the state's dual eligibles demonstration project (Commonwealth Coordinated Care) and is now exploring a collaboration with Humana.
- In Washington:
 - The Community Options Program Entry System (COPES) waiver was revised to include the CPSMP and DSMP programs. Multiple waiver contracts are in place with CDSME providers, including one that allows COPES clients who are senior housing residents to access workshops where they live.
 - The Medicaid Managed Care Office Chief added language to encourage referral and funding of CDSME in managed care contracts.

- The Department of Health (DOH) included a recommendation regarding Medicaid and Public Employees Benefits Board coverage of CDSME in a Diabetes Report to be submitted to the state legislature. DOH has also been defining and tracking the work of community health workers in the state to look at a reimbursement structure for their activities, including provision of evidence-based programs as part of their defined role.

Inclusion of CDSME into Federally Qualified Health/Community Health Centers, Patient Centered Medical Homes, and Health Homes

- In Colorado, the Consortium for Older Adult Wellness (COAW) has reached out to 22 medical practices with the goal of identifying Federally Qualified Health Centers (FQHCs) and Patient-Centered Medical Homes (PCMHs) that are interested in providing CDSMP to their patients. Of those, 10 have committed to embedding the program in their clinics.
- Massachusetts has developed new partnerships with 10 community health centers involved in their state-funded Prevention and Wellness Trust Fund Partnerships that will be actively referring patients to CDSMP and Falls programs.
- Missouri has contracted with its Primary Care Association, which subcontracts with 22 FQHCs. The contract language includes referral of clients to CDSMP. Fourteen FQHCs are actively offering the CDSMP program within their facilities.
- New Mexico has embedded CDSMP into the PCMH at the Taos Physician-Hospital Organization (which purchased its own license from Stanford).
- Oregon is collaborating with its Primary Care Association to support implementation of CDSME referral systems in primary care clinics

through the state's Patient Centered Primary Care Home Initiative.

- Rhode Island included contractual requirements for its Chronic Care Collaborative community health centers to make at least five referrals to the Community Health Network (a centralized system for healthcare providers and community agencies to connect their clients to evidence-based programs).
- In South Carolina, four FCHQs offer CDSMP and are working toward embedding programs in their organizational operations as a regular offering for patients.
- In Washington:
 - The Department of Health (DOH) developed the Washington Healthcare Improvement Network to support PCMHs at primary care practices. DOH conducted a webinar for the Network to promote the Chronic Pain Self-Management Program.
 - CHAS Health, a group of FQHCs, sponsored a leader training with a diverse group of participants. A Referral Specialist is coordinating workshop registration, reminder and follow-up calls, sending invitation letters with a coupon, and after workshop completion, entering information into the CHAS medical records. CHAS promotes CDSMP through its closed circuit television in all of its clinics and on its website and is also partnering to offer CDSMP workshops with the YMCA, Behavioral Health, HUD housing, and libraries.
- Other states reporting activity with FQHCs include Alabama, Arizona, California, Kentucky, Maryland, Michigan, New Jersey, New York, Utah, Virginia, and Wisconsin.

Pursuit of Diabetes Self-Management Training Accreditation and Medicare Reimbursement

Sites in three grantee states (California, Massachusetts, and Michigan) have achieved

American Association of Diabetes Educators (AADE) accreditation for their Diabetes Self-Management Training (DSMT) program and are able to receive Medicare reimbursement.

Grantees are also pursuing other strategies for supporting DSMP:

- California:
 - Partners in Care received a grant from the Green Foundation to obtain AADE accreditation for their DSMT program.
 - Dignity Health is working with an external consultant to achieve DSMT accreditation in several service areas across their health system.
- Three states reported working with their Quality Innovation Network (QIN) /Quality Improvement Organization (QIO) under a new Centers for Medicare & Medicaid Services (CMS) funded program called Everyone with Diabetes Counts:
 - Connecticut will be collaborating with Qualidigm to work with 20 physician offices to get referrals and to reach 350 DSMP participants in five years.
 - New Jersey is partnering with HSQI to reach 2,000 Medicare beneficiaries with DSMP.
 - Oregon has partnered with Acumentra which will support infrastructure development for DSMP in areas of the state experiencing significant diabetes-related disparities. The partnership is laying the groundwork for future engagement of Medicare Advantage plans as CDSME program purchasers.
- In Maryland, the Prince George’s County AAA has contracted with a health care partner and is in the process of applying for AADE accreditation. In addition, a referral mechanism has been established at the Diabetes Education Center at Union Hospital to DSMP workshops provided by the local AAA and health department.
- Massachusetts is working on expanding its potential pool of DSMT participants through a new contract with the Beth Israel Deaconess ACO which is providing a diabetes patient registry.

- A New Jersey T-Trainer is helping to advance a bill in the state legislature to support Medicaid reimbursement for DSMT.
- New York (NY):
 - Was awarded a CMS grant to demonstrate the value of and to pilot reimbursement mechanisms for CDSMP, DSMP, and the Diabetes Prevention Program. NY will capture self-report and nursing home data.
 - The Quality and Technical Assistance Center at the University at Albany has an agreement with Kononia (a medical practice in the process of becoming a PCMH) to work toward accreditation of DSMP as the curriculum for DSMT.

Support and Funding from Other Health Entities

Most of the grantees are successfully working with hospitals, health systems, health plans, their QIO, and other health entities. These partners provide a wide range of support, including staff to become master trainers and leaders, marketing, referrals, on-site workshops, incentives, other in-kind support, and sometimes funding. Below are examples:

- Most of the grantees reported working with health plans including six that are receiving some type of financial support (Arizona, California, Michigan, Missouri, New Mexico, and Oregon).
- Three grantees are receiving some type of financial support from Accountable Care Organizations (Massachusetts, Maryland, and Missouri).
- Ten grantees¹² are working with their QIO. In addition to providing support for DSMP (as described in the previous section), the QIOs are also helping to promote CDSMP. For example:

¹² Alabama, Arizona, Georgia, Maryland, New York, Oklahoma, Rhode Island, Virginia, Washington, and Wisconsin

- The Virginia Health Quality Council hosted a statewide webinar for health care providers to promote the integration of CDSME into Care Transitions programs.
- In Washington, Qualis Health helped engage a large medical system, which now has trained staff and is offering CDSMP in a previously unserved area of the state. The state is also in discussions with Qualis about possible workshop support beyond the grant period.
- Wisconsin partnered with MetaStar on a CDSME promotional video.
- In Arizona, St. Joseph's Hospital, a Dignity Health facility, funded a split staff program coordinator between the hospital and the Arizona Living Well Institute.
- In California (CA):
 - Kaiser Permanente continues to be a strong partner, hosting CDSMP and Tomando trainings and workshops and donating program materials to non-profit agencies.
 - Dignity Health is now offering CDSME in 16 of their facilities, partnering with other agencies to provide a broad reach, e.g., with a FQHC, an Indian Health and Wellness Center, and other rural county clinics. Through its employee giving campaign, it has raised more than \$60K to support CDSME programming in its hospitals.
 - Partners in Care included CDSME programs in a new contract with Blue Shield of CA for their high risk population to be piloted in 3 counties with the plan to go statewide.
- In Maryland:
 - The CDSME program coordinator serves as a member of the Anne Arundel Medical Center ACO Communication Board. Through her networking efforts, the local AAA now has access to the hospital's electronic referral system, leading to implementation of a CDSME referral system throughout the ACO.
- Another AAA is partnering with Meritus Health Care, which is in process of becoming an ACO, to provide CDSME workshops on site. Meritus provides discounted printing of workshop materials, on-site office space, and a dedicated phone line for a CDSME coordinator.
- One county has an agreement with Tri-State Insurance resulting in waiving the copayments for office visits, including foot care, endocrine, etc. for members with diabetes who take DSMP.
- DSMP is embedded as a regular program within Holy Cross Hospital's community benefits department and staff are also working to embed CDSME as part of their discharge planning process.
- Massachusetts (MA), through its Healthy Living Center of Excellence:
 - Is pursuing Medicare reimbursement for CDSMP under Medicare Advantage Plan guidelines via supervision of a licensed social worker;
 - Is building on its success in building CDSMP into a care transitions contract, is negotiating per completer reimbursement contracts with ACOs, Senior Care Options dual eligible plans, and health care insurers;
 - Secured statewide referral relationships with Tufts Health Plan and Blue Cross Blue Shield of MA to embed self-management education into medical practices that serve Medicare Advantage patients; and
 - Is working with the Beth Israel Deaconess Hospital ACO to implement a contract to increase members who participate in DSMP classes.
- In Michigan, the Blue Cross Blue Shield Health Endowment Fund awarded a two-year grant for \$5 million, which will be available to all 16 Area Agencies on Aging (AAAs) to carry out the DSMP and Matter of Balance programs. The funding will support master trainer and leader training and will also help the AAAs complete the pilot programs

needed as part of their DSMT accreditation process. An outside evaluator will conduct a robust evaluation of the program.

- Missouri is partnering with three ACOs (Heartland Health, Barnes-Jewish/Christian and Mercy Health) to deliver and/or refer clients to CDSMP workshops.
- In New Mexico (NM):
 - Molina Health Care of New Mexico (MHNM) allocated \$20,000 to support training and marketing events to promote the CDSMP/Tomando Programs among MHNM employed discharge planners, case managers, health educators, community health workers, other staff, and contracted providers.
 - Presbyterian Healthcare Foundation provided \$50,000 to purchase participant books and relaxation CDs in English and Spanish.
 - Blue Cross Blue Shield of NM's Business Communications and Community Outreach Department awarded \$5,335 to support three CDSMP workshops.
- Virginia (VA):
 - Receives \$25 reimbursement/per participant for books from Bon Secours Health System, as part of a pilot program targeting cancer survivors and patients, laying the foundation for negotiations on fees to cover actual workshop costs;
 - Was awarded a grant from the Augusta Health Foundation to support a DSMP leader training and 10 workshops (Diabetes was one of the priority areas identified in a recent Community Health Needs Assessment);
 - Has a collaborative grant with Sentara Rockingham Memorial Hospital, James Madison University, Virginia Mennonite Retirement Community and Valley Program for Aging Services to support health assessments and targeted interventions, including CDSME; and
 - Has a Fee-for-Service Key Advisory Group to develop and refine strategies for reimbursement and piloted a fee-for-

service arrangement with healthcare providers.

Also see the section on [Collaborating with the Veterans Administration](#).

Other Funding Streams

- In California, with funding from SCAN Health Plan, the Ventura County Evidence-Based Health Promotion Coalition will be pursuing partnerships with the Brain Injury Center of Ventura County and Centers for Independent Living.
- Local health departments in California, New Jersey, Virginia, and Wisconsin were awarded a National Association of County and City Health Officials (NACCHO) grant to develop the capacity to deliver CDSMP in English or Spanish.
- In Connecticut (CT):
 - The University of CT School of Pharmacy received a grant to partner with Arrow Pharmacy and train pharmacists to provide Medication Therapy Management to medically underserved clients with diabetes and hypertension. As part of this project, DSMP and CDSMP workshops will be offered through the pharmacy to the target group and general consumers.
 - Stop and Shop, a large grocery chain, became a program sponsor and provided gift cards to be given to leaders at the completion of a workshop series.
- Massachusetts's Prevention and Wellness Trust Fund Partnerships will be implementing CDSMP and Falls Prevention Programs in partnership with clinical partners, among them many community health centers (CHCs). At least 10 CHCs involved in the partnerships will be actively referring patients to community programs. These referrals will be bi-directional so providers will be able to know when their patients participate in classes (and thus eventually

able to track clinical outcomes for workshop completers).

- Rhode Island is collaborating with Miriam Hospital on a study funded by the Patient Centered Outcomes Research Initiative to develop a text-messaging intervention to increase the engagement and confidence of people with chronic pain and to help support the Chronic Pain program as an alternative to opioid therapies.
- In Wisconsin:
 - The Wisconsin Institute for Healthy Aging (WIHA) received grants from Novo Nordisk, the Wisconsin Division of Public Health and a Health Innovations grant from the University of Wisconsin Madison to support DSMP.
 - WIHA was also the recipient of a University of WI Retirement Research Foundation grant to work with community health workers in two FQHC (one rural and one urban) to increase referrals into CDSME and other evidence based programs.
 - A grant from the University of WI Partnership program will support CDSME workshops in rural areas using the NIATx (Network for the Improvement of Addiction Treatment) process improvement model.
- Washington:
 - Was awarded \$353,096 from the Office of the Attorney General Consumer Protection Division Pfizer settlement which is funding five AAAs to implement and sustain the Chronic Pain Self-Management Program; and
 - Partnered with Group Health Institute to obtain additional funding to expand English and Spanish DSMP.

Business and Sustainability Plan Efforts

- Missouri developed a Health System Business Plan to help support health systems in the planning and preparation of adopting and offering CDSME. The Business Plan

documents are customizable templates for each partner to be able to edit and add their own information as appropriate.

- Oregon:
 - Is working with business development consultants (Coraggio Group) to revise the originally proposed centralized Hub billing model to include a regional focus that would involve Oregon's Medicaid Coordinated Care Organizations (CCOs); and
 - Convened a Network Business Meeting with 40 stakeholders who participated in small group breakouts to provide feedback on revised sustainability initiative plans, including the revised Hub model and proposal for regional partnership grants to convene the CCOs, local public health authorities, and community program organizations to establish business relationships for referral and billing.
- Washington contracted with Nonprofit Impact to develop a business plan for sustainability.

Partnership-Building

Collaborating with the Veterans Administration (VA)

- Alabama's Department of Public Health is partnering with the Central Alabama Department of Veteran's Affairs to offer ongoing CDSMP workshops. Workshops are also being delivered at Maxwell Air Force Base.
- In California:
 - Partners in Care has expanded its *Strength to Serve: Peer Service for Veteran Family Health* AmeriCorps program, providing CDSME programs to veterans, their family members, and their caregivers through VA medical systems in California, Arkansas, Minnesota, Ohio, Pennsylvania, Texas, and Vermont.
 - In collaboration with the Resident Services Coordinator at a Veteran's

Home, CA is helping to recruit leaders and provide leader training with the intent of ensuring that the workshops will be self-sustaining in the future.

- Missouri is partnering with the Kansas City VA Diabetes Education Program to increase referrals. Fifteen CDSMP leaders are helping to provide workshops to more men with chronic health conditions.
- The Providence, Rhode Island VA has hosted three Chronic Pain workshops.
- Other states reporting VA collaborations are Arizona, Colorado, Connecticut, Massachusetts, Michigan, New Mexico, Oklahoma, Oregon, South Carolina, Utah, Virginia, and Washington.

Serving People with Disabilities

All of the grantees are working with Centers for Independent Living (CILs) or other agencies serving people with disabilities. To date, 46.2% of participants (14,730 individuals) responded “yes” to the Participant Information Survey question, “*Are you limited in any way in any activities because of physical, mental, or emotional problems?*” Of those who reported having a disability, 44% are under the age of 65 (4,146 adults). The following are examples of how the grantees are reaching adults with disabilities:

- In California, Los Angeles County hosted a successful CDSMP workshop at the Honeybee Regional Home for group home workers that serve individuals with developmental disabilities and their families. Participation in the workshop met the continuing education training requirement for their positions.
- Connecticut promoted CDSMP via a Center for Disability Rights newsletter article.
- Michigan is continuing workshops with adults who are deaf and hearing impaired and adults with developmental disabilities. Their work on a state level with the Michigan Disability Rights Coalition (MDRC) has been very successful with starting to engage all the disability groups in the state.
- In New Jersey, three grantees targeted people with disabilities for their workshops. Two utilized connections with supported housing for individuals with mental disabilities and the other went through disease-specific support groups for participants.
- New York:
 - Is partnering with its Department of Health, Health and Disability Program and Independent Living Centers (ILCs) statewide;
 - Received funding under the Balancing Incentives Program to work with eight ILCs, resulting in an additional 400 Medicaid-eligible persons with physical disabilities being reached; and
 - Is continuing to work under a research license from Stanford University on modifications to CDSMEs that will permit greater participation by people with developmental disabilities while maintaining fidelity to core elements of the interventions. Work has begun with four agencies serving people with developmental disabilities who have agreed to help recruit people with developmental disabilities.
- Oregon:
 - Developed marketing materials to reach people with disabilities;
 - Collaborated with Washington on two webinars for CDSME Master Trainers, Lay Leaders, and host organizations to make self-management programs more welcoming to people with physical and developmental disabilities; and
 - Is offering CDSME workshops in one CIL.
- Utah expanded partnerships with two CILs that are using peer leaders to deliver CDSMP workshops to people with disabilities and recruited an additional CIL as a referral partner.
- Virginia:
 - Piloted a workshop for adults with brain injury in collaboration with Mill House (a clubhouse for adults with brain injury)

- and is also partnering with Crossroad to Brain Injury, a non-profit agency working with individuals with brain injury;
- Received a variance from Stanford permitting the state to allow a smaller group size for this population; and
- Partnered with the Department for the Blind and Vision Impaired, which will purchase the audio version of the participant book for its clients attending workshops.
- Washington:
 - Contracted with People First to engage individuals with disabilities, including training two master trainers from an agency that works with adults with brain injury, and creating a fact sheet for recruiting people with disabilities to CDSME workshops; and
 - Is partnering with its Office of Deaf and Hard of Hearing to offer CDSME workshops.
- In San Diego County, is working with the Southern Indian Health Council and the American Diabetes Association's local chapter which has ties to the local Native American tribes.
- Colorado collaborated with an Area Health Education Center to host CDSMP training and DSMP cross-training for 11 representatives of the Mountain Ute and Southern Ute tribes.
- Connecticut utilized lay leaders from the Mohegan Tribal Nation to hold a workshop at the Mohegan Tribe Retirement Community Home.
- In Massachusetts, the Mashpee Service Unit Indian Health Service has been delivering workshops.
- In Michigan, the Nottawaseppi Huron Band of Potawattomie and other tribal groups are offering CDSMP workshops.
- In New Jersey, the Nanticoke Lenni Lenape Indian Tribe has three trained peer leaders on staff and has had support from their Chief to offer workshops on the tribal grounds along with their Elder Luncheon program. These workshops fill quickly and are well attended. They have actively promoted the workshops during the annual Pow Wow. The tribal members have also successfully offered workshops in surrounding area senior centers.
- New Mexico's participants include 13.9% who report they are Native Americans. New Mexico has been a part of the Four Corners Collaborative (with Arizona, Colorado, and Utah) to increase access to CDSMP among American Indian tribes including the Navajo, Jicarilla Apache, Southern Ute, Ute Mountain Ute, and Hopi tribes.
- In New York, the Saint Regis Mohawk Nation Tribe continues to offer workshops.
- Oklahoma:
 - Contracted with the Indian Nations Council of Governments AAA to implement CDSME workshops in three counties that will target tribal members and Spanish speaking individuals;
 - Has begun offering CDSME classes to the Cherokee Nation tribal members; and

Reaching Native Americans, Rural, and Other Underserved Populations

Native Americans

Fourteen grantees reported working with tribal agencies to offer CDSME workshops:¹³

- Arizona is continuing to nurture its relationship with the Navajo Nation Special Diabetes Project to increase DSMP workshops.
- California:
 - In Los Angeles County, hired a community health worker who is an American Indian to provide DSMP workshops; and
 - Is collaborating with the Southern California Indian Center to reach the Orange County Native American community.

¹³ Arizona, California, Colorado, Connecticut, Massachusetts, Michigan, New Jersey, New Mexico, New York, Oklahoma, South Carolina, Utah, Washington, and Wisconsin

- Met with the Chickasaw Nation to discuss their interest in offering CDSME workshops.
- In South Carolina, the Catawba Indian Nation continues to offer workshops using its own trained leaders.
- Utah Navajo Health System (UNHS) services the part of the Navajo Nation that resides in Utah. UNHS conducted an onsite leader training for its clinical staff and has held three workshops at three of their clinics, reaching 56 individuals.
- Washington is continuing many tribal activities such as:
 - The Northwest Regional Council Tribal Liaison/ Wisdom Warrior program has continued outreach and collaboration with several tribes, resulting in lay leader trainings and workshops.
 - Colville tribe signed a MOU with the tribal AAA to support CDSME and use of their facilities for workshops. Colville has also started using the Healthier Living Alumni website to provide continued support to past course participants. A Colville master trainer co-led a workshop in a rural community that borders two tribal communities.
 - The Nisqually tribe provided \$10,000 to continue CDSME work.
 - The Port Gamble S'Klallam Tribe has completed three CDSMP workshops and has started the Chronic Pain program.
 - The Yakama Nation AAA partnered with Yakama Indian Health Service Healthy Heart Program on workshops and a leader training, resulting in 10 new leaders.
 - Washington is also working with the Lower Elwha Tribal Wellness Clinic, the Sophie Trettevick Indian Health Center, and the Cowlitz, Tulalip, and Muckleshoot Indian Tribes to deliver workshops.
- Wisconsin has been offering CDSMP within several tribes. Now tribal leaders have indicated an interest in participating in DSMP workshops based on data indicating that over 70% of their tribal adults are diagnosed with diabetes.

Rural Populations

Many of the grantees are serving rural populations, in collaboration with various hospitals, FQHCs, community health centers, and agencies such as:

- Alabama— MedNet West (a private care management organization)
- California—Community Action Network
- Connecticut —New Opportunities, a Community Action Agency and a rural regional hospital
- Missouri—University of Missouri Extension through its eight regional offices and the Delta States Rural Development Network Grant Program which is reaching 13 underserved southeast counties
- Oklahoma—Faith to Government Inc.
- Washington—Rural Resources Community Action and Community Health Association of Spokane are providing workshops, advertising and education throughout their rural service area.

Other Special Target Populations

Many of the grantees are working with faith-based and other community organizations to reach African-American and Spanish-speaking populations. Some examples of new collaborations and efforts to reach these and other special target populations include:

- In California:
 - Orange County offered a Vietnamese workshop, and translated the flip charts and surveys.
 - San Diego County offers CDSME workshops in Tagalog, Spanish, Arabic, Somali and Vietnamese.
 - San Francisco County has trained Russian speaking leaders and has translated the manual into Russian.
- In Maryland, Catholic Charities is offering workshops in both Chinese and Korean.
- In Massachusetts, a Community Health Center received a grant from Lowell General Hospital to increase capacity to deliver CDSME in the Cambodian community.
- Missouri partnered with the Black Health

- Care Coalition to train six CPSMP leaders.
- New Jersey partnered with its Office of Minority & Multicultural Health to fund four agencies for CDSMP workshops in Korean, Chinese, Spanish and English.
- Rhode Island's Special Populations Partners group hosted nine Spanish workshops in a variety of locations accessible to the Spanish community, including subsidized housing facilities, churches, free clinics, and educational sites. The Partners group includes the Open Table of Christ, a church serving the Spanish-speaking community which provided three workshops with 42 completers and has also become the host site for the Spanish Leader Coalition meetings.
- Over 60% of South Carolina's participants report they are African American. They have been reached through parish nurses, churches, and other community agencies.
- As a result of a successful partnership with the National Tongan American Society, Utah's participants include 15.9% who report they are Pacific Islanders.
- Virginia is reaching homeless populations and the Islamic Community.
- Washington has continued its focus on health disparity, resulting in successful workshops within the Chinese, African American, and Russian communities.
- Wisconsin works with community health worker lay leaders to deliver CDSME programs to Communities of Color in Southeast Wisconsin.
- Several states are also delivering CDSME in correctional facilities (Georgia, Kentucky Oklahoma, Oregon, Rhode Island, Virginia, and Washington).
- unemployment, non-violent re-entering offenders, etc.).
- Arizona has integrated CDSMP into behavioral health agencies throughout the state.
- Massachusetts has partnered with Steppingstone (a community based mental health provider) to provide 15 CDSMP workshops with 140 adults completing the program. The majority of workshop participants are under the age of 60 (96%), and are suffering from depression (70%).
- Michigan has been working with Community Mental Health (CMH) to provide CDSMP to those with mental health concerns. Persons who have completed CMH sponsored workshops are able to go to a weekly aftercare support group led by peer support specialists who are trained and receive a salary. Graduates of the CMH programs are trained as CDSMP leaders and lead the support groups. The CMH workshop population is younger than other Michigan workshops and the participants report depression and mental illness more often.
- Utah established a referral partnership that holds potential for future implementation with the State Behavioral Health and Substance Abuse Agency, and three of their local partners.
- Virginia:
 - Partnered with Gartlan Mental Health Center, now a Behavioral Medical Home under the Commonwealth Coordinated Care program for dual eligibles, to offer workshops at the center; and
 - Is connecting with new partners through Rappahannock Rapidan Community Services to extend its reach to behavioral health clients. The Rappahannock Area CDSME will be integrated with a Care Transitions program.
- Washington is collaborating with its state Behavioral Health and Service Integration Administration and is providing CDSME workshops through Regional Support Network/Health Home peer counselors.
- Other grantees reporting behavioral health

Behavioral Health Efforts

- Alabama has partnered with Mental Health Authorities to train peer mentors as leaders, and with the Dannon Project, an organization that provides supportive services to people in transition (addiction recovery,

collaborations are California, Connecticut, Kentucky, Maryland, Michigan, Oklahoma, Oregon, Rhode Island, Utah, and Wisconsin.

Senior Community Service Employment Program, Career Development, and Rehabilitation Program Activities

- Alabama is offering CDSMP at Work Release Center locations.
- Massachusetts:
 - Has integrated CDSME into their Senior Community Service Employment Program (SCSEP) workforce development efforts for mature workers. In addition to providing 60 hours of home care aid classroom instruction, 23 SCSEP participants completed a CDSMP workshop; and
 - Is conducting workshops at One-Stop Career Centers.
- In Michigan, the AAAs that participate in the SCSEP program continue to provide CDSMP workshops for the SCSEP participants as well as help them find community classes.
- In Virginia, the Woodrow Wilson Rehabilitation Center is offering ongoing CDSME workshops which are being integrated into their Life Skills Program.
- Other states reporting some level of collaboration with SCSEP are Arizona, California, Colorado, Georgia, Oklahoma, Virginia, and Wisconsin.

YMCA Partnerships

Almost all of the grantees reported working with YMCAs. Some examples are:

- In California, Los Angeles County is working with the YMCA to establish a cross-referral mechanism between the National Diabetes Prevention Program and DSMP.
- In Georgia, the YMCA of Metro Atlanta has acquired its own licensing to offer DSMP and is collaborating with NCOA, OASIS, and WellPoint on a project funded by Bristol-

Myers Squibb to evaluate patient outcomes and demonstrate cost savings.

- In Missouri, an AAA is partnering with a local YMCA that is located in a predominately African-American neighborhood.
- The YMCA of Greater Providence, Rhode Island has successfully embedded CDSMP. Its Director of Healthy Aging attends the monthly partner meetings and participates in quality improvement, workforce development, and marketing activities. Staff are trained as master trainers or leaders, provide leader trainings, and offer workshops on a regular basis. The YMCA has developed a tracking sheet and protocol for referrals to the YMCA to track disbursement of free YMCA trial memberships. Planning has begun for a potential joint marketing campaign.

Collaborations with Employers, Unions, and Retiree Organizations

- In Connecticut, Yale Union Health is providing CDSMP workshop for Union members.
- Massachusetts' Department of Revenue is now offering CDSMP as a sanctioned on-the job training for employees. A poster highlighting the project was exhibited at the State House.
- In Missouri, Truman Medical Center utilized their employee wellness program to successfully advertise and fill the Better Choices, Better Health® program seats. Interested employees who did not receive a seat were then cross-referred into onsite CDSMP workshops.
- Two New Jersey grantees had success getting employers to sponsor workshops for their staff during work hours. Employees got paid for the time they were participating.
- New Mexico (NM):
 - Developed an implementation plan for delivering CDSME and the National Diabetes Prevention Program as covered benefits for state employees through the State of NM's Benefits Bureau; and

- Collaborated with Presbyterian Health Services on a letter to Retiree Health Care Authority members, resulting in 15 participants enrolling in a DSMP workshop.
- Oregon (OR) is continuing to provide technical assistance to the OR Public Employees Benefit Board and OR Educators Benefit Board (PEBB/OEBB) regarding administration of a new self-management program benefit. Although Stanford programs are on hold pending establishment of a centralized billing “Hub,” OEBB will pilot reimbursements for the National Diabetes Prevention Program in two regions served by the YMCA and other organizations with billing capacity. The OEBB also contracted with NCOA to make Better Choices, Better Health® available to approximately 170,000 beneficiaries beginning October 1, 2014.
- Washington is working with its Health Care Authority to help cement CDSME as a benefit for state employees and their dependents and wrote an article about CDSME for an online newsletter targeted to retired state employees.

State University medical school to provide CDSMP leader training to medical students.

- In New Jersey, the Rutgers School of Nursing is utilizing its recently established network of Community Health Workers (CHWs) to ensure the sustainability of the program in the communities they serve. The CHWs are current and/or past residents of the housing developments in which they are implementing the program. The CHWs’ on-site position makes them an accessible referral point for questions/support even after the workshops.
- Washington is collaborating with the Pacific Lutheran University School of Nursing, Mountain View Community Center and Healthy Communities Foundation to offer workshops on an ongoing basis.
- Arizona:
 - Is continuing to create an online Leader Refresher Training curriculum in partnership with Stanford and four other grantees (California, Colorado, Oregon, and New York). The training will be available to all CDSMP leaders/trainers; and
 - Began work with the Community Health Outreach Workers (CHW) coalition to continue legislative efforts to get CHWs recognized and credentialed for reimbursement purposes.
- In California, leader support activities included an annual Healthier Living networking event in San Francisco, Orange County Lunch and Learn, a Dignity Health/California Arthritis Partnership Program Peer Action Toward Health (PATH) professional development session, and PEDAL (Peer Educator Development and Leadership) meetings in Napa/Solano County, Los Angeles, and San Diego.
- Maryland conducted their annual Evidence-Based Academy which focused on outreach to minority participants, cultural

Workforce Development

Grantees are continuing to find new sources and ways to retain their delivery workforce of leaders and trainers. Following are some examples:

- Some grantees reported partnering with academic institutions to train students to deliver workshops:
 - Maryland (MD) works closely with the nursing program at Coppin State University to train students and has also partnered with the University of MD School of Nursing to provide CDSMP in the communities where they do outreach. In addition, Salisbury University is offering a Peer Leader course as part of their health curriculum.
 - Michigan (MI) collaborated with the MI

competency, Continuous Quality Improvement, and healthcare-community integration to build sustainability.

- Massachusetts held an annual Sharpening Your Skills Conference for program leaders and coordinators.
- New Jersey provided training for 10 Public School Community School Coordinators (CSCs). These school employees are required to provide ongoing workshops and trainings for parents, grandparents and caregivers of youth enrolled in their schools. CDSMP has proven to be successful at these sites.
- In New York, the Quality and Technical Assistance Center at the University at Albany provided a series of technical assistance webinars on various topics related to implementing and sustaining CDSME, e.g., “An Overview of CQI and Workforce Development, and “Developing a Value Proposition for Your Programs. “ The webinars are posted on their website at <http://www.ceacw.org/qtac/q-webinars>
- Rhode Island organized a Learning Collaborative event as a workforce development effort. The event was designed to increase awareness among the individual evidence-based programs that they are a part of a larger system of community programs, and to allow the different members of each program workforce to network with each other, learn about the different programs, and improve cross referral. The event also helped to identify the training and development needs of the workforce.
- Virginia has recruited Rite Aid Pharmacy Wellness Ambassadors to train as leaders.
- Washington approved the Healthy Communities Foundation to offer continuing education credits to Home Health Workers for CDSME workshop participation. The goal is to link to more community providers and generate program sustainability.

Marketing, Referral and Logistical Processes

- Arizona is in the final stages of building a Community-Based Referral Network which will coordinate referrals throughout Arizona and provided data management and access for all partners.
- In Colorado, the Consortium for Older Adult Wellness, continues to maintain a Web-based, HIPAA-compliant CDSMP registration and referral site for use statewide: <http://selfmanagementcolorado.org/Partner.aspx>).
- Massachusetts’ Healthy Living Center of Excellence (HLCE) unveiled its new website (www.healthyliving4me.org), increasing its capacity to centralize marketing activities and registration processes for CDSME and other Healthy Aging programs. The HLCE has state-wide referral relationships with health care providers and insurers and is developing uniform marketing materials for use by all regional coordinators.
- Missouri:
 - Utilized Geographic Information System (GIS) reports, the NCOA database and its own database to plan for increasing CDSME reach and capacity;
 - Conducted a statewide communication campaign for marketing CDSME programs, including social media (Facebook, Twitter) and promotion of their central website and online registration (www.moarthrititis.org); and
 - Developed a tag attached to a flash drive which contained marketing materials and information on the online registration process for new leaders.
- New York:
 - Has used some unique approaches to marketing such as partnering with supermarket chains Shoprite and Price Chopper to advertise and provide locations for workshops; and
 - Provides a statewide project management and data portal and centralized website for finding and

- enrolling in workshops (<https://www.ceacw.org/find-a-workshop>).
- Rhode Island:
 - Promoted its Centralized Referral System (CRS) through 11 academic detailing visits to health centers, hospitals, primary care practices, substance abuse agencies, and community agencies. From the academic detailing visits, improvements were made to the referral form and tools used by practice staff to educate their colleagues. A total of 31 sites have referred people to the CRS.
 - Conducted a print and radio campaign as part of Arthritis Awareness Month in May 2014. The campaign materials directed viewers with a call to action to contact the centralized Community Health Network to enroll in a CDSME workshop.
 - South Carolina:
 - Is implementing the CDC Ambassador Outreach Project,¹⁴ using former CDSMP workshop participants to promote the program; and
 - Collects information regarding how workshop participants found out about workshops being scheduled in their area by asking them to fill out a “How Did You Hear” tracking form.
 - Utah:
 - Created a new website section to enhance online access to CDSME program information and schedules including leader training information and registration and leader forms; workshop data forms; and coordinator and new partner information (www.health.utah.gov/arthritis/partner_resources);
 - Established a centralized online workshop calendar that is updated bi-weekly and includes an interactive linked map; and
 - Implemented a data incentive policy for partners implementing CDSMEs to encourage ongoing data submission. For every three sets of workshop data submitted with 75% completion rate, the organization or agency receives 10 books for future workshops.
 - Washington:
 - Completed GIS maps to document location of leaders for all CDSME program types and chronic condition prevalence by county; and
 - Enhanced the ability of Washington Information Network 2-1-1, its statewide referral service for health and human services, to refer to CDSME. The primary audience is low-income adults.

Quality Assurance

- In California:
 - Partners in Care, Inc. developed a quality assurance process to be used by counties to assess their reach, effectiveness, adoption, implementation, and program maintenance. Best practices and fidelity issues are presented during monthly technical assistance calls.
 - The Los Angeles County Coordinator identified and tested several performance indicators used during their fidelity checks to create a fidelity worksheet customized for the Los Angeles community.
- Georgia developed and piloted a revised, more efficient fidelity monitoring/ “Mentoring” practice.
- Maryland has implemented its Continuous Quality Improvement process using the RE-AIM model. Using data from the NCOA and state databases, and from semi-annual self-assessment reports submitted by grantees, an intern creates PowerPoint summaries displaying how each grantee, and the state as

¹⁴ For additional information, go to: <http://www.cdc.gov/arthritis/interventions/marketing-support/ambassador-outreach/index.html>

a whole, meets each indicator. The most recent report is shared via Dropbox.

- New York revised and operationalized their Quality Assurance/Quality Improvement Plan and fidelity management tools.
- In Rhode Island, a Brown University Master of Public Health student conducted key informant interviews with program staff and providers. This study and other quality improvement initiatives resulted in the development of a year calendar for programs, implementing a place-based approach to provide more consistent programs, increasing academic detailing to providers, and refining the process for provider feedback on referral status.
- South Carolina (SC) contracts with the University of SC to monitor program fidelity; evaluate participant satisfaction; and study program, participant, and system outcomes utilizing the RE-AIM framework.
- Virginia:
 - Collaborated with Riverside Health System on a Health Outcomes and Service Utilization study which demonstrated a decrease in depression and number of medications; and
 - Completed a Rapid Change Cycle Assessment project with Stanford, resulting in a Small Workshop Variance, permitting workshops with six to nine participants under limited, documented conditions.

Challenges

Grantees continue to cite funding and sustainability as major issues. ACL received less PPHF funding for the third year of this grant program compared to previous years, and therefore had to reduce the grantees' third year funding award amounts by about 25%. As a result, 15 grantees reduced their complete target numbers, and the national three-year target was decreased by 17% to 67,809.

- Nine states have submitted carryover requests.¹⁵
- Obtaining DSMT accreditation and reimbursement continues to be a challenge because of:
 - Difficulty getting eligible individuals referred into and enrolled in the program;
 - Decisions by some clinical sites to continue offering their existing diabetes programs, rather than the Stanford model DSMP which is funded through the ACL grant; and
 - Resistance from some diabetes educators who see the DSMP as being in competition with, not complementary to, other diabetes education programs.
- Other issues related to reimbursement and financial support include:
 - Health systems deciding to train their own staff and deliver programs in-house (and therefore deciding not to sign a contract to support the grantee's program delivery network);
 - Difficulty finding the right person or approach into Medicaid, other health plans, and health systems; and
 - Delayed implementation of Medicaid Managed Long-Term Services and Supports systems (key partner for online CDSME programs) impacting the number of referrals received and people served.
- Some grantees cited barriers to working with ethnic and racial minority groups including:
 - A lack of culturally and linguistically appropriate program and marketing resources, including new translations of the updated CDSMP program materials;
 - An inadequate supply of master trainers for Tomando Control de su Salud;
 - Difficulty in receiving information from tribal workshops; and

¹⁵ Alabama, California, Georgia, Maryland, Massachusetts, New Mexico, Oregon, South Carolina, and Virginia

- Difficulty maintaining communication with and expanding partnerships with minority health agencies.
- Partner issues included:
 - Inadequate performance, e.g., some community partners not scheduling an adequate number of workshops or recruiting enough participants to reach agreed upon targets; and
 - Partner retention, i.e., changes in leadership, organizational goals, etc., causing previously engaged partners to stop offering workshops.
- Turnover continues to be an issue among state staff, local coordinators, and partner agency staff.
- Participant recruitment and availability of, or connection to, transportation are problems affecting engagement of rural populations.
- Duplicate data entry was cited as a burden by a few states that are using both their own and the NCOA national database.
- Grantees also reported these challenges:
 - Difficulty getting updated and cross training due to limited Stanford trainings;
 - Developing centralized coordination processes for referrals, training, and fidelity as well as a statewide calendar of workshops;
 - Lower completion rate and poor enrollment numbers in some behavioral health workshops;
 - Participant recruitment and retention
 - High costs of interpreters for workshops for deaf participants;
 - Inclement weather;
 - Recruiting and retaining lay leaders and master trainers, especially men; and
 - Delays or issues in contracting processes.

AoA and the National Resource Center on CDSME at the National Council on Aging (NCOA) are working together to address these challenges.

- In the past year, Center-hosted webinars have focused on needs identified by the grantees and their success stories. Recent topics include: *Leveraging Health Care*

Metrics to Increase Sustainability; Aging and Behavioral Health Partnerships: Strategies for SUCCESS; Engaging Public Employees and Retirees in CDSME Programs: Lessons Learned from Ohio and Oregon; Diabetes and Chronic Disease Self-Management: Moving Towards Sustainability; and An Easy-to-Use Tool to Estimate Health Care Cost Savings for CDSMP.

- NCOA established a Community-Integrated Healthcare Workgroup to inform ongoing health systems transformation efforts for the aging network and help the state grantees link more effectively with health care providers. In addition, the Center launched a new Diabetes Self-Management Training online community.
- NCOA will host a CDSME conference April 28-30, 2014, in conjunction with a Falls Prevention conference. (NCOA is also the grantee for the National Falls Prevention Resource Center.) A needs assessment completed by the grantees in November 2014 will guide the content of the meeting.
- Other highlights in the work plan:
 - Develop resources to address gaps, needs and priorities to guide grantees in the following areas: serving adults with disabilities, working with Native Americans, rural outreach, sustainability, and healthcare integration;
 - Create resources to strengthen relationships with health care systems;
 - Collect and disseminate success stories to demonstrate impact;
 - Collect and share marketing best practices and resources;
 - Develop strategies and national partnerships to serve at-risk populations including adults with disabilities and minorities; and
 - Continue work with ACL and grantees to address barriers to achieving sustainability after grant period and increase business planning capacity.

Appendix A

Prevention and Public Health Fund CDSME State Awardees and Funding Amounts

State	FY 2012 Award Amount	FY 2013 Award Amount	FY 2014 Award Amount
ALABAMA	\$400,000	\$280,000	\$305,000
ARIZONA	\$272,619	\$191,000	\$208,000
CALIFORNIA	\$575,000	\$402,500	\$439,000
COLORADO	\$257,206	\$182,000	\$195,996
CONNECTICUT	\$200,000	\$140,000	\$152,000
GEORGIA	\$397,707	\$280,000	\$304,000
KENTUCKY	\$272,620	\$192,000	\$208,000
MARYLAND	\$313,767	\$245,000	\$267,000
MASSACHUSETTS	\$575,000	\$402,500	\$439,000
MICHIGAN	\$575,000	\$402,500	\$439,000
MISSOURI	\$300,000	\$210,000	\$229,000
NEW JERSEY	\$569,456	\$400,000	\$432,000
NEW MEXICO	\$200,000	\$140,000	\$153,000
NEW YORK	\$575,000	\$402,500	\$439,000
OKLAHOMA	\$253,660	\$182,000	\$195,000
OREGON	\$575,000	\$402,500	\$439,000
RHODE ISLAND	\$200,000	\$140,000	\$153,000
SOUTH CAROLINA	\$398,399	\$280,000	\$303,792
UTAH	\$300,000	\$210,000	\$229,000
VIRGINIA	\$574,953	\$402,500	\$438,897
WASHINGTON	\$399,933	\$280,000	\$305,000
WISCONSIN	\$400,000	\$280,000	\$305,000
TOTAL	\$8,585,320	\$6,043,404	\$6,578,685