

Request for Partners

My Life, My Health Chronic Disease Self-Management Program (CDSMP) An Evidence-Based Health Promotion Program

for Councils on Aging

State Lead Agencies:

Massachusetts Department of Public Health (MDPH)
The Massachusetts Association of Councils on Aging and Senior Centers (MCOA)

Important Dates:

November 8, 2010	Issuance of the Request
November 18, 2010	Letters of Intent Due
	Linn Morrill Massachusetts Department of Public Health Healthy Aging and Disability Unit 250 Washington Street, 4/F Boston, MA 02108 linn.morrill@state.ma.us
Wednesday, December 8, 2010	Applications Due by 4 p.m. (same as above)
Wednesday December 22, 2010	Notification of Award
December 31, 2010 to June 29, 2011	Award Period

Overview

The Massachusetts Department of Public Health (MDPH), in partnership with the Massachusetts Association of Councils on Aging (MCOA), was awarded a three-year Arthritis Intervention Dissemination Grant from the National Association of Chronic Disease Directors (NACDD). The purpose of this grant is to support councils on aging (COA) to partner with community based organizations to implement the *My Life, My Health*, the Stanford University Chronic Disease Self-Management Program (CDSMP), an evidence-based arthritis intervention.

CDSMP was developed at Stanford University Patient Education Research Center and is centered on evidence-based outcomes and teaches older adults the skills needed in the day-to-day management of chronic conditions. Research supports program results of improved health status, decreased health care utilization, and improved health management behaviors of participants who learn how to identify and act on problems, how to generate action plans, and problem solving skills related to chronic conditions in general.

The Massachusetts Behavioral Risk Factor Surveillance System (BRFSS) 2009 indicates 25 % of community dwelling adults in Massachusetts, estimated at 1,164,000 have doctor diagnosed arthritis and 44% of those estimated at 502,000 adults, reported arthritis-attributable activity limitations. The prevalence of doctor diagnosed arthritis and arthritis-attributable activity limitation is higher in Massachusetts compared to national prevalence of 21.6% and 8.8%.

Nationally and statewide, evidence-based programs are being used more and more to improve health outcomes. Evidence based health promotion programs are the result of a process of planning, implementing, and evaluating programs adapted from models that help individuals gain skills and adopt beneficial health behaviors.

While we know these programs are effective they also take resources, commitment, champions, and strategies to benefit the individuals in our communities. Communities have the potential to pool resources to offer a wide array of integrated and supportive health promotion approaches and activities. Thus, community-based aging services can enhance their somewhat limited and short-term impact on individual-level health behaviors by collaborating with health care, public health entities, and community leaders in order to pursue broader long-term health goals for the older adult population.

The growing activities in health promotion of the aging population are encouraging heretofore untapped partnerships. By increasing teamwork across the network of services for the aging, the health sector, public and private organizations, and academe, there is great opportunity to identify new and better ways to enhance the health and well-being of all older Americans through the communities in which they reside (Beattie, Whitelaw, Mettler & Turner, 2003, p. 203).

For the second year of the grant, MDPH and MCOA are seeking to provide start up funds to selected councils on aging (COA) in the Worcester and Franklin Counties of the Commonwealth to partner with other community agencies to implement *My Life, My Health*.

The Arthritis Integrated Dissemination Grant (AID)

The National Association of Chronic Disease Directors (NACDD), with support from the Centers for Disease Control and Prevention (CDC) is providing Massachusetts these funds to integrate arthritis intervention activities into other chronic disease and/or health promotion programs. MDPH and MCOA seek to embed arthritis interventions into existing and sustainable program delivery systems affiliated with other chronic disease and/or health promotion programs (elder nutrition sites, councils on aging, health centers, hospitals, YMCAs, etc.).

The Massachusetts Department of Public Health (MDPH) was awarded this 3-year AID grant from the National Association of Chronic disease Directors (NACDD) to implement *My Life, My Health*, Chronic Disease Self-Management Program (CDSMP) through Massachusetts councils on aging. The Healthy Aging and Disability Unit (HADU) of the MDPH Division of Promotion and Wellness is partnering with MCOA to award grants to COAs. HADU will oversee the AID Grant Program and provide technical assistance to the COAs and community partners to adopt an evidence-based arthritis intervention program, conduct surveillance and data analysis to inform decision making, and affect state-level policy and system changes.

As part of the grant, we invite your COA to become a partner to implement, *My Life, My Health* (CDSMP) program and to work with MDPH and MCOA to build long-term capacity throughout the state. We are seeking COAs that are willing and ready to participate in partnerships to disseminate the intervention to empower older adults in the state to lead healthier lives. The intention of the grants is to support COAs to partner with MDPH and other community organizations to implement, *My Life, My Health*.

This Request for Partner Application is focused on *My Life, My Health*, Chronic Disease Self-Management Program (CDSMP). Successful partners will be granted start-up funding to build capacity to implement and deliver the CDSMP program.

My Life, My Health-Chronic Disease Self-Management Program (CDSMP)

Program Description

The Chronic Disease Self-Management Program (CDSMP), or *My Life, My Health*, as we refer to it in Massachusetts, is a lay-led participant education program developed by Stanford University Center for Patient Education. *My Life, My Health* is offered to adults with chronic conditions, their family members, friends and caregivers. This evidence-based program promotes the empowerment of people with chronic conditions and their loved ones, to take control of their health and to improve the quality of their lives. The program is a series of workshop given for two and a half hours, once a week, for six weeks in community settings. Workshops are facilitated by two trained leaders, one or both of whom are lay people with a chronic disease themselves. Subjects covered include:

- 1) Techniques to deal with problems such as frustration, fatigue, pain and isolation;
- 2) Appropriate exercise for maintaining and improving strength, flexibility, and endurance;
- 3) Appropriate use of medications;
- 4) Communicating effectively with family, friends, and health professionals,
- 5) Nutrition; and
- 6) Ways to evaluate new treatments.

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There is also great emphasis on three process skills:

- 1) Action planning,
- 2) Chronic disease related problem solving, and
- 3) Decision making.

The curriculum includes mini-lectures, group discussions, mutual problem solving, role-play activities, assertiveness, and home assignments. The size of the workshop is usually between 14 to 18 participants who have at least one chronic condition. Classes are highly participative. Mutual support and success build the participants' confidence in their ability to manage their health and maintain active fulfilling lives.

Program Evaluation

As, *My Life, My Health* is an evidence-based program, program evaluation is critical to ensure the program quality and fidelity. Core elements of the evaluation include tracking the reach of the program, how effectively the program is implemented, how successful a participating organization implements the program, and how the program is maintained. The evaluation is accomplished through a data collection on demographics and a survey at the first class and at the end of the last class. The data and surveys will be submitted to MDPH. Training will be made available to assist COAs with data collection procedures.

Program Requirements and Costs

The purpose of the grants is to provide start-up funds to enable COAs to partner with other community organizations to support program implementation. The Executive Office of Elder Affairs and MDPH are working at the state level to develop systems and an infrastructure to maintain programs for the long-term. In the meantime, we will work with agencies to access additional resources through building partnerships with other agencies and provide assistance writing proposals for other funds to supplement, *My Life, My Health*. In addition, the CDSMP program must fit with the mission of the organization.

While the *My Life, My Health* CDSM programs are relatively low cost, they are not cost free. Generally, organizations offering the program must obtain a license for Stanford. Typically, a three-year license to run up to 30 workshops each year costs \$1000. For the purpose of this grant, the funded COAs will be able to deliver programs under a master license to be held by the Massachusetts Councils on Aging Association.

All of the following are needed for program implementation. It is **NOT** expected that the councils on aging will provide all these resources but will work collaboratively with partners and MDPH to organize the delivery of programs.

- Program coordinator (person who coordinates with partners to implement programs)
- Master trainers (can train leaders and conduct workshops, MA has 75 statewide)
- Trained leaders (can conduct workshops)
- Participant recruiting efforts (a collaborative effort, templates exist for marketing)
- Professional backup (technical assistance to be provided by MDPH or Stanford)
- Community sites (best if are frequented by and easily accessible for older adults)
- Program materials (available at bulk rates)
- Program license (maintained by MCOA)
- Quality assurance/fidelity strategies (See Evaluation section)

Eligibility and Grant Funding

For the third phase of the program, up to nine (9) councils on aging located in Franklin, Worcester Counties of Massachusetts and two (2) in southeast Massachusetts will receive funding for six months, December 31, 2010-June 29, 2011, for a maximum amount of \$4,000 each with a total of \$44,000 for the 11 COAs **not** previously receiving AID funding. A core grant of \$2,000 will be awarded to support partnership building and upon completion of a minimum of two (2) *My Life, My Health* programs grantees may access the remaining \$2,000. Funds may be used for though not limited to:

- Stipends for volunteer leader training and associated costs for completing a 4-day training)
- Stipend for leaders conducting workshop sessions (entire workshop - six 2.5 hr. sessions)
- Travel for volunteer leaders
- Travel for participants (to be negotiated)
- Materials (costs vary)
- Other purposes may be proposed

The invoice for the second half of the funding may be submitted once 2 workshop series are conducted before June 29, 2011 and the data / evaluation forms have been submitted to MDPH.

Please understand that the amount of funding in this grant is supplemental to help COAs implement *My Life, My Health* an evidence-based program. It is expected that the use of other resources will be necessary.

Request for Partners

MDPH, Healthy Aging and Disability Unit (HADU) is seeking partners in Franklin and Worcester Counties in Massachusetts to become *My Life, My Health* partners for the dissemination of the program to older adults and those with disabilities. All eligible councils on aging are encouraged to apply. People under the age of 60 may participate.

MCOA in partnership with HADU will award mini-grants to successful applicants as partner agencies to support capacity building and some programs costs. In particular, the cost of the CDSMP licensing is covered for the awarded COAs and assistance with procuring program materials is available.

In addition, HADU will:

- Provide technical assistance and support for lay leaders;
- Assist with the identification of lay leaders to deliver workshops and when necessary coordinate leader training;
- Assist in developing regional CDSMP coalitions;
- Provide necessary support in ordering training materials for CDSMP workshops;
- Coordinate data collection, evaluation and fidelity process, and provide related training;
- Provide sample forms, marketing materials and other supporting materials;
- Assist with collaboration, connection, and integration for participating agencies; and

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Selected partners will be able to implement CDSMP under a license held by MCOA with Stanford University. MDPH can facilitate CDSMP leader training at no cost to the COAs; a minimum of 10 potential leaders are required to hold a leader training.

Partner Applications

Please provide a brief **letter of intent** to express your interest in becoming a *My Life, My Health* partner with MDPH by Thursday, November 18, 2010 to the address or email below.

Letters of Intent and Applications should be submitted via postal mail or email to:

Linn Morrill
Massachusetts Department of Public Health
Healthy Aging and Disability Unit
250 Washington Street, 4th Floor
Boston, MA 02108
Linn.Morrill@state.ma.us

no later than 4:00 pm on Wednesday December 8, 2010. If you have questions regarding the application, please contact Linn Morrill at 617-624-5965, or email: Linn.Morrill@state.ma.us

Narrative

Briefly describe your organization's commitment to healthy aging activities; experience with delivering evidence-based programs (if any); and experience partnering with other community agencies, including healthcare providers, to promote healthy aging in your community.

Successful applications will be determined by how willing and ready the organization is to implement *My Life, My Health*, an evidence-based health promotion program. Please describe how your organization will meet the following criteria in no more than 6 (six) double spaced pages (12 point font). Please address the numbered items in the order they listed:

- 1) **Interest and Ability:** Describe your agency's interest and ability to integrate CDSMP with your current programs and any experience delivering evidence based programs.
- 2) **Collaboration:** What other agencies or organizations will you collaborate with to help your organization build capacity to implement CDSMP, recruit participants, and sustain the program after the grant? What will those agencies contribute to your organizations efforts?
- 3) **Personnel:** Identify the staff and/or volunteers who will have responsibility for the program functions including program coordination, participant recruitment, and data collection.
- 4) **Leaders:** Describe your plan to access trained leaders to deliver at least two workshops. A master list of leaders is available by contacting Rachel Tanenhaus at MDPH, 617 624-5957 or by e-mail Rachel.Tanenhaus@state.ma.us
- 5) **Activities and Timeline:** Use the attached project template to outline your project's work plan.

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- 6) **Marketing:** How do you intend to market *My Life, My Health* to local community members, key community leaders, and health care providers to enhance participant recruitment and community partnerships?
- 7) **Sustainability:** Describe how you intend to continue implementing CDSMP after the grant.

All organizations are required to provide accommodations for people with disabilities when necessary.

Attachments:

1. Chronic Disease Self-Management Program (CDSMP) guidelines
2. Work Plan template (Pg. 8)
3. Organizational Readiness Assessment

Councils on Aging funded so far:

2009

- Western Alliance: Holyoke COA in partnership with Ware COA, Palmer COA, Wilbraham COA, Springfield COA, and Holyoke Health Center
- Halifax COA
- Westport COA
- Harwich COA

2010

- Duxbury COA
- Middleborough COA
- New Bedford COA

Better Choices, Better Health WORK PLAN

Project Name		Measures of Success: The standard the program sets to measure (either a numeric value or observable behavior) progress in achieving program goals.		
Goal: statement of outcomes a program intends to accomplish to fulfill its mission.				
Objectives (SMART) Specific - can identify who, what, & where Measurable - how many by when Achievable - can be attained Realistic - within given time and resources Time Framed - can identify when	Activities/Steps What the program does or the specific tasks to meet goals and objectives.	Data/Evaluation How will you document your progress?	Time Frame	Team Members Responsible Indicate team leader