

The National Association of Chronic Disease Directors (NACDD), with support from the Centers for Disease Control and Prevention (CDC) recently funded nine state health departments, Alaska, Illinois, Indiana, Iowa, Kentucky, Maryland, Massachusetts, Mississippi, and New York, to improve the quality of life for people with arthritis through state-level public health action. Funded projects of about \$50,000 each, draw upon the respective strengths, expertise, and resources of existing state-based chronic disease and/or health promotion programs, and help promote increased access and use of evidence-based interventions.

Through these projects, NACDD seeks to integrate arthritis intervention expansion activities into other chronic disease and/or health promotion programs. By using a systems approach and system partners to embed arthritis interventions into existing and sustainable program delivery systems affiliated with other chronic disease and/or health promotion programs (e.g., Diabetes Outreach Network, congregate meal sites, health promotion coordinator network), access to and use of these interventions is expected to expand exponentially.

Over the 3-year project period, grantees will participate in a centralized evaluation of dissemination models including participating in both qualitative and quantitative data collection efforts. By the end of this project period, NACDD and CDC expect to identify model dissemination efforts that can be replicated in other state agencies, as well as models for working with partners at the state, regional, and national level.

Following is a brief description of each of the funded projects:

Alaska - The goal of this proposal is to expand *Living Well Alaska*, Alaska's chronic disease self-management program, through the Alaska Diabetes Prevention and Control Program (AKDPCP). The AKDPCP will assist three systems partners, the University of Alaska Cooperative Extension Service, the Alaska Native Tribal Health Consortium and the Parish Nurse Program, in expanding their delivery of *Living Well Alaska* throughout the state by increasing their *Chronic Disease Self Management Program (CDSMP)* master trainers. During the first year Stanford University Patient Education Center will travel to Anchorage to train at least 20 *CDSMP* master trainers from these partners. As our partners improve their capacity to train their own leaders, they will exponentially expand access to and use of the *Living Well Alaska* program to reach Alaskans with arthritis.

Contact: Kathy Allely, Kathy.allely@alaska.gov

Illinois - The Illinois Department of Public Health, Healthy Aging Program, will partner with two aging network rural systems—East Central Illinois Area Agency on Aging (ECIAAA) and Southwest Illinois Programs and Services for Older Persons (SWIC/PSOP) to implement the Chronic Disease Self-Management Program and the

Arthritis Foundation Exercise Program. ECIAA will expand CDSMP, and begin to offer the Arthritis Foundation Exercise Program, in four rural counties. SWIC will expand the Arthritis Foundation Exercise Program in four rural locations. The Center for Healthy Aging, University of Illinois at Chicago will provide in-kind evaluation support to this project. Reach data will be collected and reports will be generated by IDPH according to NACDD reporting format.

Contact: Rhonda Clancy, Rhonda.clancy@illinois.gov

Indiana - The Indiana State Department of Health Diabetes Prevention and Control Program(DPCP) proposes to integrate Enhance Fitness, an evidence-based exercise program, safe for people with arthritis, into its statewide expansion of the Chronic Disease Self- Management Program in Area Agencies on Aging (AAAs). DPCP will work with AAAs and the Indiana Association of Area Agencies on Aging Education Institute to train Enhance Fitness instructors in 5 AAA's in year 1, 5 in year 2, and 4 in year 3 of the NACDD integration project. Three classes will be initiated in each AAA for a total of 15 the first year, enrolling 400 participants. Program reach, recruitment effectiveness and fitness improvements will be tracked by DPCP staff and reported to NACDD.

Contact: Laura Heinrich, ltheinri@isdh.in.gov

Iowa - The Iowa Diabetes Prevention and Control Program (IDPCP) supports planned care for uninsured and underinsured Iowans. Planned care is dependent upon community partners to further the availability of services that improve outcomes for populations with chronic diseases. The Iowa/Nebraska Primary Care Association will partner with the IDPCP to provide clients access to two arthritis interventions. The Chronic Disease Self Management Program will be expanded from two pilot locations to all 13 health centers and the Arthritis Foundation Exercise Program will be established. Participation in the interventions will be supported through referrals from medical staff of the Iowa Community Health Centers. Data compiled from both programs will help determine the efficacy of these selected interventions in this targeted population.

Contact: Laurene Hendricks, lhendric@idph.state.ia.us

Kentucky - The Kentucky Chronic Disease Initiative (KCDI) will integrate the Stanford Chronic Disease Self Management Program within the Chronic Disease Prevention Branch (CDPB) programs by expanding reach through partners within the Department of Aging and Independent Living (DAIL) utilizing the Area Agencies on Aging and Independent Living (AAA's) and through the local health departments located

throughout the 120 counties in Kentucky. The KCDI, along with the CDPB program staff, will provide leadership in implementing strategies to impact priority areas with emphasis on embedding self-management in existing systems; to expand access of these interventions; conduct surveillance and data analysis to inform decision makers; and develop state-level intervention, policy, and communication focused partnerships that further program goals.

Contact: Eileen M. Deren, Eileen.deren@ky.gov

Maryland - The Maryland Department of Health and Mental Hygiene (DHMH) will expand the Chronic Disease Self-Management Program (CDSMP) to employee worksites, and implement the EnhanceFitness program through one self-selected local health department. Working with the Maryland Department of Aging, the DHMH will implement the CDSMP for Maryland state employees at their worksites. Johns Hopkins Health Care will implement the CDSMP for employees at university sites in the first grant year, the community physician groups in the second year, and expand CDSMP to their Medicaid partner in the third year. The project will also fund one self-selected one local health department to implement the EnhanceFitness program.

Contact: Jade Leung, leungj@dhmh.state.md.us

Massachusetts – The Massachusetts Department of Public Health (MDPH) seeks to integrate the Chronic Disease Self Management Program and the Arthritis Foundation Exercise Program into Massachusetts Councils on Aging. The Arthritis Program will collaborate with the Massachusetts Division of Health Promotion and Disease Prevention, Massachusetts Councils on Aging Association, the Massachusetts School of Medicine Area Health Education Center, and the Arthritis Foundation Massachusetts Chapter. The Healthy Aging and Disability Unit of the MDPH Division of Health Promotion and Disease Prevention will oversee the arthritis program and provide technical assistance, collaborate with community partners to adopt evidence-based arthritis interventions, conduct surveillance and data analysis to inform decision-making, and affect state level policy and system changes.

Contact: Anita Albright, anita.albright@state.ma.us

Mississippi -The Mississippi State Department of Health (MSDH) Chronic Disease Bureau (CDB) is proposing an integrated project consisting of each of the categorically funded programs focusing on two primary areas: delivering the Chronic Disease Self-Management Program (CDSMP), systematically and integrating arthritis activities into existing categorically funded programs. The CDB will partner with the Area Agencies on Aging (AOA), Primary Health Centers (PHC), and MSDH nine public health districts to

implement Stanford Chronic Disease Self-Management Program. In addition, CDB will develop and implement an action plan to integrate arthritis activities into existing categorically funded programs (diabetes, cancer, cardiovascular, and asthma). The CDB and its partners will work to build capacity and partnerships to ensure program sustainability after the grant cycle. The project objects are to build and sustain partnerships by integrating arthritis activities into other chronic disease and/or health promotion programs, promote and implement evidence-based interventions, and conduct surveillance and data analysis.

Contact: Tanya Funchess, tfuncness@msdh.state.ms.us

New York - The New York State Department of Health (NYSDOH) Healthy Heart Program will build on the excellent ground work of the former Arthritis Program to embed the Chronic Disease Self Management Program in systems already committed to the program, and that have the potential to reach New Yorkers with arthritis and other chronic diseases. In Year 1, the Healthy Heart Program will work with 1) Independent Health, a managed care organization in Western NY and 2) two regional Diabetes Coalitions. Beginning in Year 2, we will continue to provide limited support to these system partners and will focus on work with a newly selected Medicaid Quality Improvement Organization (QIO). The QIO will implement and evaluate the CDSMP annually in at least six fee-for-service clinics providing health care to Medicaid clients.

Contact: Deborah Spicer, das09@health.state.ny.us