

THE PATH TO BETTER QUALITY OF LIFE FOR PEOPLE WITH CHRONIC DISEASE

Michigan partnership broadens the reach of a proven program

Public Health Problem

- State chronic disease programs often work independently due to separate funding streams and reporting requirements.
- The Stanford Chronic Disease Self Management Program is proven to help people with many different chronic diseases, such as arthritis, heart disease or diabetes to improve their quality of life and lower the cost of their treatment.
- Implementing self-management education as a combined effort of several programs and partners increases the reach of this proven intervention, cuts the costs to each program or agency and increases the likelihood that the effort is sustained over time.

Program

- The Michigan Department of Community Health, the Office of Services to the Aging, and Michigan State University Extension partnered to coordinate and expand the reach of the Stanford Chronic Disease Self-Management Program in Michigan through a partnership called *Michigan Partners on the PATH*. PATH or Personal Action Toward Health, is Michigan's name for the Stanford Chronic Disease Self Management Program.
- Integrating health department diabetes, arthritis, and cardiovascular programs into the planning process allowed the partnership to build a sustainable system for implementing the proven PATH program to reach a broader group of those in need.
- Each agency assumed an important role, workgroups on data, evaluation, social marketing, master training were established, and additional partners were recruited, such as the Area Agency on Aging of Western Michigan, the Michigan Arthritis Foundation, the National Kidney Foundation of Michigan and Diabetes Outreach Networks.

Impact

- Expanded the reach of proven self-management education to more of the population with chronic diseases as a result of increased numbers of master trainers, trained leaders and workshops presented.
- Heightened interest and support among partners and potential partners for participation in the self-management education network by hosting regional locations for the web-cast on chronic disease self-management and reached a wider range of chronic disease practitioners including heart disease and stroke, osteoporosis, asthma, and diabetes staff.
- Integrated support activities for the self-management program into work plans for both the asthma and diabetes programs.
- Implementation of the PATH program statewide was a key component of the Office of Services to the Aging successful proposal to the Administration on Aging/National Council on Aging.
- Program practice guidelines, data, forms and registration are now centralized, facilitating sustained program implementation.

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