

VIRGINIA CHRONIC DISEASE SELF-MANAGEMENT EDUCATION



Goals, Strategies, and Activities

The overall purpose of this cooperative agreement is to increase access to evidence-based chronic disease self-management programs for older adults and adults with disabilities. The Virginia Department for Aging and Rehabilitative Services proposes to serve 3,522 individuals with the Chronic Disease Self-Management Program and the Diabetes Self-Management Program. The DARS and the Department of Public Health, the co-lead agency, will work together to coordinate all state-level activities including training, licensing, quality assurance, outreach and marketing, reporting, evaluation, and technical assistance for local CDSME coordinators.

Other objectives include:

Expanding partnerships with key delivery system stakeholders and strengthening the partnership with the ADRC by:

- Embedding local CDSME coordinator positions into ADRC staffing;
- Providing technical assistance;
- Adding CDSME programs to the ADRC database; and
- Integrating CDSME with all outreach and education facilitated through ADRC, including Information and Referral, Options Counseling, and Care Transition models.

Partnerships

The Department of Aging and Rehabilitative Services, Department of Health (VDH), and Virginia's Medicaid agency, the Department of Medical Assistance Services (DMAS), are strong, statewide partners. In addition, there are multiple delivery system stakeholders including hospitals, health

Acronyms

ADRC – Aging and Disability Resource Center
CDSME – Chronic Disease Self-Management Education
CDSMP – Chronic Disease Self-Management Program
CIL – Center for Independent Living
DSMP – Diabetes Self-Management Program
DMAS – Department of Medical Assistance Services
DARS – Department for Aging and Rehabilitative Services
VDH – Virginia Department of Public Health

Contact

April Holmes
Virginia Department for Aging and Rehabilitative Services
april.holmes@dars.virginia.gov



systems, veterans medical centers and organizations, faith-based organizations, area health education centers, tribal units, and corrections and community re-entry prison programs.

Four new regions, led by AAA partners, will be established and agreements will be expanded with the existing partners, such as Community Services Board, CILs, disability services, senior centers, and hospitals.

Key Components

Programs to be offered are: CDSMP, DSMP (added in areas that currently offer only CDSMP), Tomando Control de su Salud, and Thriving and Surviving with Cancer Self-Management Program (in the second and third year, after approved for dissemination).

Targeted audiences are: adults with disabilities, low-income, rural, minorities (Latino/Hispanic, Asian, and African American), limited English-speaking populations, veterans, ex-offenders/prisoners, and Native American populations.

Integration with ADRCs will be accomplished by embedding a CDSME coordinator position into ADRC staffing and including CDSME with all outreach and education facilitated through the ADRC, such as Information and Referral, Options Counseling, and Care Transition models.

State level coordinators will work with local coordinators to identify and secure partnership agreements to ensure that outreach, education, recruitment, referral, and facilitation are all embedded into community processes.

Plans for sustainability include the use of Title III D funds from the Older Americans Act and reimbursement through third party payers. Local partners are working within their communities to garner support for the program through fundraising events, donations of materials, space, marketing, and staff, and by contracting with hospitals and employers. Virginia has offered CDSMP to those in the Community Re-entry Prison Program, with a supportive and enthusiastic response and the request for additional workshops. Veteran's hospitals and organizations have also partnered with local programs to deliver CDSME.

Anticipated Results

Anticipated outcomes include:

- Reaching 3,522 completers over the course of three years; and
- Expanding the reach of the program from 52% of the state to 26 additional counties and



cities.

Expected products include a long-range health outcomes survey that will evaluate changes in the participants' knowledge of how to manage chronic diseases, self-efficacy for managing chronic disease; health distress; fatigue; shortness of breath; pain; time spent on aerobic and non-aerobic activity; frequency of use of cognitive symptom management techniques; and frequency of use of mental relaxation techniques.

For more information about ACL

U.S. Department of Health and Human Services
Administration for Community Living
Washington, DC 20201
www.acl.gov

