REQUEST FOR APPLICATIONS

PURPOSE
The National Association of County and City Health Officials (NACCHO), with support from the Centers for Disease Control and Prevention’s Division of Diabetes Translation (CDC/DDT), Division of Population Health and the Office of State, Tribal, Local and Territorial Support (CDC/OSTLTS), is pleased to offer this opportunity for local health departments (LHDs) to develop the capacity to deliver effective chronic disease self-management programs (Stanford Chronic Disease Self-Management Program (CDSMP)). In expanding the availability of the CDSMP to additional local jurisdictions we seek to expand the use of evidenced-based programs while enhancing the well-being and self-efficacy of persons with a chronic illness.

BACKGROUND

Proven Chronic Disease Self –Management Programs That Can Make a Difference
The CDSMP is a 6 week educational workshop for people with chronic conditions (e.g. arthritis, diabetes, lung and heart disease). Evidenced-based, self-management education programs have been proven to significantly help people with chronic diseases.

Coupled with clinical care, this program teaches participants how to exercise and eat properly, use medications appropriately, solve everyday problems relative to their medical conditions and to communicate effectively with family, friends and health care providers. The CDSMP workshops are provided in community settings such as senior centers, churches, libraries and hospitals. Each workshop is led by a pair of trained leaders; it is recommended that at least one of the leaders is a person with chronic disease.

To learn more about CDSMP, please visit http://patienteducation.stanford.edu/programs/cdsmp.html. To learn more about the evidence on the effectiveness of CDSMP, please visit: http://www.cdc.gov/arthritis/docs/ASMP-executive-summary.pdf.
The NACCHO LHD-CDSMP Program

This opportunity will provide funding support to LHD’s to develop their capacity to deliver CDSMP workshops within their communities. LHDs may choose to offer CDSMP themselves, or partner with a community organization who will offer the workshops. The program requirements are as follows:

- Funds must be used to support the identification of a Master CDSMP trainer, licensed by Stanford University’s CDSMP. Leader training and Master trainer information is available from the Stanford Patient Education Research Center. Please visit: (http://patienteducation.stanford.edu/training). A list of Master trainers is available by each state.
- LHDs may choose to have staff, community partners, or lay volunteers trained as CDSMP leaders. CDSMP Leader training requires four and a half days, which may be sequential or spread over two weeks;
- LHDs that successfully complete the trainings and program requirements will receive a license from NACCHO as Stanford University CDSMP trained leaders;
- LHD must develop a clinical linkage system with local clinical providers to recruit and retain persons diagnosed with a chronic condition to participate in the workshops; this system must include formal referrals to the workshops, and provider feedback.
- LHD must identify appropriate locations for CDSMP workshops, recruit leaders to be trained recruit workshop participants, coordinate registrations, data collection, and other logistics;
- Newly trained CDSMP leaders must conduct at least two-three CDSMP workshops within the community, prior to August 30, 2013. Each workshop has a time requirement of: two and a half hours, once a week, for six weeks); and
- NACCHO will require one site visit during the project period to each of the funded LHDs to observe one workshop.

This project will be measuring:

- Effectiveness of LHDs in serving as the CDSMP program provider (recruiting participants, attendance and participant engagement);
- Satisfaction of workshop participants with the quality of the workshops conducted;
- Collaboration between community partners and LHDs to implement the workshops;
- Creation of clinical provider linkage system to recruit; monitor and retain participants;
- Activities conducted to recruit participants and conduct the workshops within the community;
- Number of participants who successfully complete the workshops;
- Number of local health department and community leaders who successfully complete the leader trainings;
- Number of physicians providing referrals to community workshops;
- Provider feedback provided on workshop participants referred;
The chart below gives a detailed summary of the CDSMP leader training, workshop requirements:

<table>
<thead>
<tr>
<th><strong>Chronic Disease Self-Management Program (CDSMP)</strong></th>
<th><strong>Self-Management Education Intervention</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Description</strong></td>
<td>The Chronic Disease Self-Management Program (CDSMP) is an interactive workshop for people with one or more chronic health conditions (e.g., arthritis, diabetes, heart disease, depression or lung disease) that focuses on chronic disease management skills including decision making, problem-solving and action-planning.</td>
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<tr>
<td><strong>Program Outcomes</strong></td>
<td>Designed to increase self-confidence, physical, and psychosocial well-being and motivation to manage chronic disease challenges.</td>
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<tr>
<td><strong>Target Audience</strong></td>
<td>People with one or more chronic health conditions including those with arthritis; appropriate for older adults.</td>
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<tr>
<td><strong>Key Activities</strong></td>
<td>Interactive education includes discussion, brain storming, and practice of action-planning and feedback, behavior modeling, problem-solving techniques and decision making. Symptom management includes exercise, relaxation, communication, healthy eating, medication management and managing fatigue.</td>
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<tr>
<td><strong>Setting</strong></td>
<td>Community</td>
</tr>
<tr>
<td><strong>Mode of Delivery and Class Size</strong></td>
<td>Interactive small group with a recommended workshop size: 10–16 participants.</td>
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<tr>
<td><strong>Duration and Number of Sessions</strong></td>
<td>2–2½-hour workshops offered once per week for 6 weeks.</td>
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<tr>
<td><strong>Program Requirements</strong></td>
<td></td>
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<tr>
<td><strong>Capacity</strong></td>
<td>Workshops are interactive and conducted within a community setting to assist in building the skills necessary to manage their chronic condition.</td>
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<tr>
<td><strong>Leader Qualifications</strong></td>
<td>Each workshop requires a pair of trained leaders. Leaders may include either two lay (peer) leaders or one health professional and one peer leader. One of the peer leaders should have a chronic condition.</td>
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<tr>
<td><strong>Training and Training Source</strong></td>
<td>Leader training is 4½ days. Training may be provided at Stanford University or locally by Stanford-certified master trainers (widely available in the United States).</td>
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<tr>
<td><strong>License(s) and</strong></td>
<td>* License must be purchased from Stanford University before the start of the program.</td>
</tr>
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</table>
# Chronic Disease Self-Management Program (CDSMP)

## Self-Management Education Intervention

<table>
<thead>
<tr>
<th>License Source</th>
<th>(* NACCHO will secure licenses for each site covering the 1st 3 years only). Licenses must be renewed every 3 years. License can be purchased specifically to offer CDSMP as a single program license, or CDSMP can be licensed through a multiple program license along with ASMP and other Stanford Patient Education Research Center Programs. Information about current Stanford license fees is available at <a href="http://patienteducation.stanford.edu/licensing/">http://patienteducation.stanford.edu/licensing/</a>.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Space</td>
<td>Community room that is Americans with Disabilities (ADA) accessible with enough space for leaders, participants, flip charts, white board, and comfortable chairs.</td>
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<tr>
<td>Equipment</td>
<td>Flip charts, markers, and a CD player.</td>
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<tr>
<td>Implementation Costs</td>
<td></td>
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<tr>
<td></td>
<td>Licensing: Single Program License: $500 for offering 10 or less workshops per year; Available at <a href="http://patienteducation.stanford.edu/licensing/">http://patienteducation.stanford.edu/licensing/</a>. NACCHO will secure the first 3 year license for each awarded LHD.</td>
</tr>
</tbody>
</table>
|   | Training: CDSMP training options include:  
|   | o Send leaders to training held locally and hosted by another organization (costs vary).  
|   | o Host a leader-training by using local master trainers (costs vary)  
|   | Leader Materials: Leader manuals are provided with license (may be reproduced). CDSMP books: Living a Healthy Life with a Chronic Condition: $10-$15 each plus CDs $12 each. Program materials are available from Bull Publishing Company. |
|   | Equipment: Flipchart, flipchart stand, and other training-related equipment. |
|   | Participant Materials: CDSMP book Living a Healthy Life with a Chronic Condition: $19.00 plus CD: $12 each. |
| Quality Assurance | Site visits are recommended to assure fidelity to CDSMP. A Fidelity Manual is available. |
| Monitoring | Every licensed organization must submit a yearly report to Stanford that includes the number of workshops offered, dates of each workshop and the number of participants. If applicable, the number of leader trainings or master trainer trainings conducted is identified. |
| Data Reporting | Optional |
| Outcome Evaluation | Evidence Base (Selected References) |
|   | The study was a 6-month randomized, controlled trial at community-based sites comparing treatment subjects with wait-list control subjects. Participants were 952 patients aged 40 years or older with a physician-confirmed diagnosis of heart disease, lung disease, stroke, or arthritis. Health behaviors, health status, and health service use as |
Chronic Disease Self-Management Program (CDSMP)

Self-Management Education Intervention

Determined by mailed, self-administered questionnaires, were measured. Treatment subjects, when compared with control subjects, demonstrated improvements at 6 months in weekly minutes of exercise, frequency of cognitive symptom management, communication with physicians, self-reported health, health distress, fatigue, disability, and social/role activities limitations. They also had fewer hospitalizations and days in the hospital. No differences were found in pain/physical discomfort, shortness of breath, or psychological well-being. An intervention designed specifically to meet the needs of a heterogeneous group of chronic disease patients, including those with comorbid conditions, was feasible and beneficial beyond usual care in terms of improved health behaviors and health status. It also resulted in fewer hospitalizations and days of hospitalization.


Both the Arthritis Self-Management Program (ASMP) and the generic Chronic Disease Self-Management Program (CDSMP) have been shown to be successful in improving conditions in patients with arthritis. This study compared the relative effectiveness of the two programs for individuals with arthritis. Patients whose primary disease was arthritis were randomized to the ASMP (n = 239) or to the CDSMP (n = 116). The disease-specific ASMP appeared to have advantages over the more generic CDSMP for patients with arthritis at 4 months. These advantages had lessened slightly by 1 year. The disease-specific ASMP should be considered first where there are sufficient resources and participants. However, both programs had positive effects, and the CDSMP should be considered a viable alternative.


A quantitative synthesis of patterns across empirical studies to determine the effectiveness of ASMP and CDSMP interventions on health status, health behaviors, and health care use in both short-term and long-term follow-up. These meta-analyses used data from 24 studies of ASMP and 23 studies of CDSMP. The findings suggested that ASMP and CDSMP contribute to improvements in psychological health status, self-efficacy, and select health behaviors and that many of those improvements are maintained over 12 months. While the effects are modest, they have great public health significance when the cumulative impact of small changes across a large population is considered. Furthermore, if sustained, these shifts may have a substantial effect on health-related quality of life and the physical, psychological, and psychosocial impact of chronic health conditions.
TYPE OF SUPPORT and DESCRIPTION OF EXPECTATIONS

NACCHO will provide financial support to selected LHDs in the amount of $11,000. In return, the selected LHD will:

- Ensure the attendance of the team (two individuals) at the workshop leader training
- Implement two-three six-week CDSMP workshops for 10-15 participants (in a community setting) before August 30, 2013, and
- Participate in the evaluation of the workshop leader training, coordination/implementation of the workshops, and qualitative/quantitative evaluation of workshops completed,
- Participate in NACCHO’s data collection and reporting in their jurisdiction (including persons reached by workshops, locations of workshops, effectiveness, and quantitative and qualitative evaluation of workshops). and
- Work with health care providers within the community to encourage participation/retention in community workshops.

Funding from NACCHO will be disseminated based upon completion of deliverables. Award recipients will be expected to complete all required activities. Award recipients will be classified as consultants and expected to complete activities/submit deliverables and reports within the specified timeline. Specific use of funds will be tracked to ensure monies are spent on activities related to provision of CDSMP workshops.

ELIGIBILITY CRITERIA

- CATEGORY A: Opportunity available to 5 LHDs who have participated in any NACCHO funded demonstration project or action planning process.
- CATEGORY B: Opportunity available to 5 LHDs who have not participated in any NACCHO funded demonstration project or action planning process.
- Available documentation (including community health assessment or action plan) indicating relevance of CDSMP to community needs.
- A clear demonstration of the applicant organization’s dedication to the delivery of CDSMP and community need for CDSMP within the prescribed timeframe, and whose plans include the continuation of workshops for the community after end of project period.
- Capacity to implement CDSMP and report data.
- Capacity to complete 2-3 CDSMP workshops.
- Capacity to track workshop data and activities.
- Capacity to develop and implement clinical provider linkage, tracking and follow-up.
- Capacity to work with the clinical provider community to encourage patient participation in the CDSMP workshops.
KEY DATES AND DEADLINES

- January 9, 2013 – Request for Application (RFA) becomes available online.
- January 28, 2013 – Applications due by 11:59 P.M. EDT.
- February 8, 2013 – Applicants notified.
- February 13, 2013 – Contracts developed and submitted to LHDs with acceptance letters.
- February 15, 2013 – August 30, 2013, 2-3 CDSMP workshops delivered by trained CDSMP leaders.
  **NOTE – these workshops are six weeks in duration. All workshops must be initiated prior to March 1st which will allow enough time to complete the workshop before the end of the project period.**
- February – August 2013* – Progress reports and the evaluation of leaders/workshops and trainings due to NACCHO. (* A detailed schedule and reporting formats will be provided)
- February – August 2013 – Reporting of data on community CDSMP implementation.
- August 30, 2013 – Deadline for workshop(s) implemented.
- September 1-10, 2013 Evaluation activity, program requirement wrap-up
- September 10, 2013- Project period ends
APPLICATION GUIDELINES

Please note – Applications should be no longer than 5-10 single spaced pages. Only 2 attachments are allowed. Any additional material submitted will not be reviewed.

HEALTH DEPARTMENT CHARACTERISTICS and CAPACITY

Contact Information
Person completing application (primary contact at health department)
Health Department
Title
Counties/Towns Served
City, State
Daytime Phone
Email
Fax Number
Name of Health Director

Preferred method of communication:

What is the name of the fiscal agent for contracts and invoices with the health department?

1. Local Health Department (LHD) Type: (select one answer)
   - City
   - County
   - City-County
   - Multi-county, city, township district or region
   - Other (please specify):

2. Approximate Population Served by Applicant LHD (number):
   __________________________

3. Current number of LHD staff who work in chronic disease programs (expressed in full-time equivalents or FTEs): _________________

4. Primary type of Population Served (description): (check all that apply)
   - Urban
   - Rural
   - Suburban
   - Frontier
   - Other (please describe): _________________

5. Governance Structure
   - Centralized (local health department reports to state health department)
   - Decentralized (locally-governed local health department(s))

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□ Other (please specify):

SELECTED CHRONIC DISEASE CONCERN AND TARGET AUDIENCE

1. Indicate the public health concern relative to chronic disease in your jurisdiction, and describe the populations impacted by chronic disease. Include a description of any community health assessment data you have collected related to your project, including disease rates, the demographics of your target audience, the risk factors/behaviors that affect their health status, and the cognitive, attitudinal, and cultural factors that affect their health status.

2. Describe existing chronic disease management or prevention programs in place. Include key activities and outcomes resulting from your work.

3. Please respond to your selected eligibility criteria, by indicating how you have met the criteria:
   • CATEGORY A: LHDs who have participated in any NACCHO funded demonstration project or action planning process.
   • CATEGORY B: LHDs who has not participated in any NACCHO funded demonstration project or action planning process.

PLANNING EFFORTS

4. If you are planning to implement a CDSMP in your local jurisdiction, with support from this opportunity, please describe the need and how the program will address that need.

5. Describe your priorities for the future direction of your chronic disease program. Indicate how you would like to expand your activities to enhance your efforts to sustain CDSMP after this project ends.

6. Please share your proposed staffing plan for the project.

7. Please describe how you plan to recruit and train the Master-Licensed trainer to conduct your CDSMP.

8. Describe any barriers or challenges (programmatic, environmental, etc.) that you anticipate for this project and indicate how you will handle these issues if they arise.

PARTNERSHIPS AND LINKAGES:

1. Please describe in detail how you will develop and implement a clinical provider linkage system required to recruit and retain workshop participants for the CDSMP? (Though all
of the workshop participants do not need to be recruited through community providers, each site should aim to recruit at least 50% of participants through clinical provider linkages and networks).

2. Please describe the community partnerships and/or community coalition that you currently have that would be valuable to this program or that you wish to establish through the program in an effort to conduct and promote the CDSMP workshops within the community.

**BUDGET and RESOURCES:**

1. Please provide a summary of how the funds will be used to support the project. Please include the following line items (do not hesitate to add others if necessary):
   a. Personnel
   b. Benefits
   c. Travel
   d. Equipment
   e. Supplies
   f. Printing and Postage
   g. Materials
   h. Other (please explain)

**APPLICATION SUBMISSION**

All applications must be received by **11:59 EST, January 28, 2013**. Please submit applications electronically to:

Truemenda Green  
Director, Chronic Disease Prevention and Healthy Communities  
National Association of County and City Health Officials  
tgreen@naccho.org

**SELECTION PROCESS**

Each application will be reviewed and rated by a panel. 8-10 local health departments will be selected. Applications will be rated on the following evaluation criteria:

- Application completeness and clarity;
- Demonstration of need;
- Establishment of provider linkages for participant recruitment;
- Perceived ability to implement CDSMP workshops; and
- Evidence of and perceived ability to collect and report on requested data.

LHDs will be notified on approximately, **February 8, 2013**.

Any questions should be directed to Truemenda Green at tgreen@naccho.org (202-507-4213).