

Oregon ARRA CDSMP
Project Narrative

i. Summary/Abstract

The Oregon Department of Human Services (DHS) State Unit on Aging is submitting this ARRA proposal to support the health and independence of the state's aging population by reaching older adults with sustainable, quality chronic disease self-management programs. Between March 31, 2010 and March 30, 2012, DHS proposes that at least 800 older adults age 60 and older will complete Stanford's Chronic Disease Self-Management Program (called Living Well with Chronic Conditions in Oregon) or Tomando Control de su Salud (Tomando) program, and DHS will increase capacity to sustain quality self-management programs through systems of regional coordination and fidelity monitoring, identification of sustainable funding sources, and expanded reimbursement options.

DHS will partner with two regions that have strong partnerships and capacity to provide Living Well/Tomando programs. Lead agencies in both regions are Area Agencies on Aging with histories of collaboration with local health departments and community organizations that serve older adults. Within DHS, the State Unit on Aging and Public Health Division will collaborate to support statewide training and technical assistance to continue to develop statewide capacity to offer programs. DHS will work with the two areas and the Division of Medical Assistance Programs to develop systems for regional sustainability. Project objectives are:

- Between March 31, 2010 and March 30, 2012, 800 older adults will have completed a Living Well or Tomando program.
- By March 30, 2012, ensure that low income, rural, Latino, and Native American older adults have access to Living Well/Tomando programs, and that at least 10% of participants are Latino or Native American older adults.
- By March 30, 2012, develop regional infrastructure in two areas of the state to provide coordinated, quality Living Well/Tomando programs that reach older adults.
- By March 30, 2012, develop systems to support sustainability of Living Well/Tomando programs.

ii. Current Situation and Problem Statement

The Oregon Department of Human Services (DHS) has promoted the Stanford Chronic Disease Self-Management Program (CDSMP) since 2001, beginning with limited Leader training and program delivery support under the auspices of Centers for Disease Control and Prevention (CDC) Division of Diabetes Translation's cooperative agreement with the DHS–Public Health Division, Health Promotion and Disease Prevention Section (HPCDP). These efforts were expanded to a broader statewide approach in 2005 when DHS–Seniors and People with Disabilities Division's State Unit on Aging (SUA) and HPCDP collaborated to bring Stanford trainers to Oregon for a Master Training. Further collaboration between the SUA and HPCDP resulted in funding from the Administration on Aging (AoA) Evidence-Based Disease and Disability Prevention Program (EBDDP), which supported self-management and other evidence-based healthy aging efforts in four areas of the state.

This continued partnership between Oregon's SUA and HPCDP has led to additional funding and staff support from federal grants to provide Leader and Master Training, technical assistance, data collection and reporting, partnership development, and program promotion to expand CDSMP – which Oregon calls Living Well with Chronic Conditions (Living Well) – and Tomando Control de su Salud (Tomando). As a result, Living Well/Tomando have been included in numerous SUA and HPCDP initiatives as cross-cutting, evidence-based programs that meet the needs of older adults and people of all ages living with chronic conditions. Funding from the AoA EBDDP; CDC's Arthritis, Asthma, Diabetes, Heart Disease and Stroke Prevention, and WISEWOMAN programs; and more recently, the National Council on Aging (NCOA) Sustainable Systems grant; have all gone to support the continued expansion and state-level support of these programs.

Since DHS began collecting data on Living Well and Tomando in 2005, 330 Living Well and 10 Tomando workshops have been offered, reaching a total of 3,805 participants, 59% (2,248) of whom were age 60 or older. Oregon has 156 trained Leaders that have led a program within the last 12 months, 36 active Master Trainers, one T-Trainer, and 30 Stanford-licensed organizations – including local public

health, Area Agencies on Aging, aging service providers, clinics, hospitals, faith-based organizations, and social service organizations.

In recent years, Oregon has developed a statewide infrastructure to support local Living Well/Tomando delivery including a Web site (www.healthoregon.org/livingwell) with the latest information on upcoming workshops and Leader training, a toll-free phone number and Living Well email address, as well as a variety of resources including branded marketing materials, fidelity monitoring tools, and a Living Well implementation manual. Since 2005, DHS has collected statewide workshop and participant demographic information to track the reach of Living Well/Tomando. Using these data, DHS produces an annual Living Well Data Report with cumulative data on workshops and participants, and in 2009, developed Living Well County Data Fact Sheets, that provide county-level data which can be used to promote partnerships and support among local organizations. DHS created a dedicated Living Well Coordinator position in October 2008, with additional staff time contributed by the SUA, HPCDP, and the Public Health Division's Office of Family Health.

Since 2005, DHS has held an annual Living Well Forum, a gathering of Leaders, Master Trainers, local program coordinators, and partner organizations to provide training, technical assistance, and networking opportunities specific to Living Well/Tomando. At the 2008 Living Well Forum, a group of statewide partners convened to form the Living Well Network, an advisory group that consists primarily of program coordinators at local organizations implementing Living Well/Tomando across Oregon. The Living Well Network now meets quarterly by conference call and annually in person at the Living Well Forum, with staff support provided by the SUA and HPCDP. Three Living Well Network workgroups – Marketing and Recruitment, Quality Assurance and Fidelity, and Reimbursement – meet bi-monthly by conference call to provide guidance on statewide initiatives, develop resources, and liaison with DHS. The Living Well Network has been instrumental in the development and dissemination of statewide branded marketing materials and quality assurance and fidelity monitoring tools for Leaders and Master Trainers, and has provided guidance to DHS and coordination of local efforts to seek reimbursement and financial sustainability.

DHS helps support Living Well/Tomando through small grants to 12 of Oregon's 34 local public health authorities as a part of the HPCDP Healthy Communities program. A portion of the Healthy Communities grants are used to support staff time to convene partners at the county level to support Living Well/Tomando planning and implementation. This Living Well/Tomando portion of the Healthy Communities grant program complements the overall grant goal of supporting chronic disease prevention and early detection through local policy development and ensuring healthy environments that support active self-management.

Living Well/Tomando was supported through the inclusion of healthy aging in the SUA 2009-2013 State Plan on Aging. Evidence-based self-management programs are also a priority for inclusion in the Oregon Health Authority's Health Improvement Plan, which will be developed in 2010 under the guidance of a 12-member appointed committee, which includes Area Agency on Aging (AAA) director Don Bruland from the Rogue Valley Council of Governments, a lead local organization on this project.

Finally, DHS has spent the last year collaborating regionally with the Washington and Idaho SUAs and state health departments through regular conference calls, with the goal of identifying strategies for infrastructure development and sustainability planning across the Pacific Northwest. As a result, staff have attended one another's conferences, leveraged relationships with the Veterans' Administration, and shared approaches for reimbursement of Living Well/Tomando through the Medicaid Home and Community-Based Services (HCBS) waiver.

Despite DHS's successful efforts to date in building statewide infrastructure for Living Well/Tomando, considerable gaps exist in these systems. One critical challenge is finding ways to systematically reach and retain older adult participants. The AoA EBDDP has enabled four areas to develop partnerships to bring Living Well/Tomando to older adults, but few other areas in the state have focused efforts specifically on older adults. And while DHS has actively promoted Living Well/Tomando, systematic approaches to embed these programs into older adult services offered through AAAs and other aging services providers have yet to be developed. Between 2005 and 2009, 2,284 older adults participated in a Living Well or Tomando workshop – just 0.4% of Oregon's older adult population.

Retention of participants in at least four of the six workshop sessions has also been a significant challenge in Oregon. Based on data from the AoA EBDDP, 66% of participants in the four areas funded by this grant completed the workshop, compared to a 76% completion rate among other funded states. With 80% of the older adult population known to have at least one chronic condition, there is clear need for Oregon to be reaching and retaining older adults more effectively and systematically with these programs.

A second challenge is ensuring that minority and at-risk older adults have adequate access to the benefits offered by participation in Living Well/Tomando. Oregon is comprised primarily of rural areas, and while Leader training has been brought to several rural counties, most small communities have been unable to sustain Living Well/Tomando for more than a few workshops. No systems are currently in place to ensure that low income adults have consistent access to Living Well/Tomando workshops, aside from most being offered free of charge to participants in the state. Although Oregon has a relatively small minority older adult population – approximately 6% of older adults are non-white/non-Latino – given the much higher prevalence of many chronic conditions among minority populations in Oregon, outreach to these communities is critical. Individual licensed organizations have worked with varying degrees of success to reach targeted populations; however no systematic efforts have been developed statewide to reach low income, rural, Latino and Native American older adults. While Oregon is reaching minorities populations to some extent, minority older adults are currently underrepresented in Living Well/Tomando relative to their burden of chronic disease.

	Oregon Population Age 60+*	2005-2009 Living Well/Tomando Participants Age 60+ **
African American	1%	1%
American Indian/Alaska Native	0.8%	2%
Asian/Pacific Islander	2.4%	2%
Latino	2.6%	4%
Non-Latino White	94%	84%

**2006-08 American Community Survey; ** 2009 Living Well Data Report*

A third challenge is the need for stable systems to support programs at the local level, with greater regional collaboration, coordination, and consistency. Oregon has a wide variety of partner

organizations involved in supporting Living Well/Tomando. While there are strengths to the diversity in partners, this also presents a challenge in that there is no standard system for program delivery. Funding, staffing, volunteer management, and partnerships vary across each county and organization actively involved in the implementation of Living Well/Tomando. Organizations struggle to allocate staff time to coordinate of programs, and to maintain stable funding to support programs from year to year. Securing adequate staffing has been challenging, and evidence of this problem is clear, given the state of the economy and the fact that several local organizations have scaled back on staffing and workshop offerings since late 2008. The inconsistency among organizations makes developing systems for future reimbursement a challenge, as statewide health plans and insurers will be less likely to contract with a multitude of small local providers than with a more centralized system.

A final and related challenge is financial sustainability of programs. Nearly all Living Well/Tomando programs are supported by small, time-limited grants that do not provide the ongoing financial backing needed to thoroughly embed programs into communities. DHS and the Living Well Network have taken some initial steps to explore options in seeking reimbursement for programs statewide, and there have been some small initial successes: e.g. one county benefits board and the state high-risk insurance pool reimburse participant fees. However, financial sustainability for self-management programs will likely depend upon a combination of sources – including Medicaid, state and county employee benefits, the HCBS waiver, use of Older Americans Act IID funds, coverage by private insurers, and some level of fees for participants who can afford to pay. While conversations are underway to start pursuing these various mechanisms, more work is needed both at the state and local level to advocate for coverage of these programs, develop systems and agreements with specific programs and providers, and pilot billing systems.

iii. Goals and Objectives

In order address the gaps identified above, and build on the local and statewide successes achieved to date, DHS will partner with two areas that will work regionally to provide Living Well/Tomando workshops and expand recruitment efforts to low income, rural, Latino, and Native

American older adults, while also working with the DHS to identify strategies to promote reimbursement and financial sustainability of Living Well/Tomando programs. In addition, DHS will provide training and technical assistance to other local partners statewide while sharing successes and lessons learned from the two funded areas. The Oregon Project Work Plan, provides more detailed information on proposed activities, and the following provides a brief overview of this project's overall proposed goal, objectives, and key outcomes:

Overall goal: Support the health and independence of older adults by offering sustainable and high quality chronic disease self-management programs.

Objectives:

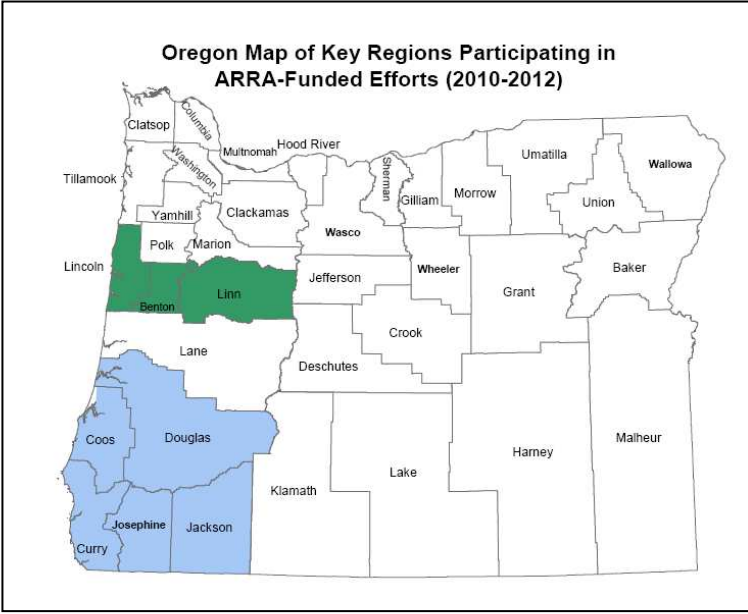
- Between March 31, 2010 and March 30, 2012, 800 older adults will have completed a Living Well or Tomando program.
- By March 30, 2012, ensure that low income, rural, Latino, and Native American older adults have access to Living Well/Tomando programs, and that at least 10% of participants are Latino or Native American older adults.
- By March 30, 2012, develop regional infrastructure in two areas of the state to provide coordinated, quality Living Well/Tomando programs that reach older adults.
- By March 30, 2012, develop systems to support sustainability of Living Well/Tomando programs.

Primary outcomes: At least 800 older adults age 60 and older will have completed a Living Well or Tomando program, and Oregon will have an increased capacity to sustain quality self-management programs through systems of regional coordination and fidelity monitoring, and identification of sustainable funding sources and reimbursement.

iv. Proposed Project

DHS proposes to work with two strong regions and to provide statewide support and training for both the Living Well and Tomando programs. DHS and the two funded regions will each play crucial roles in accomplishing the objectives listed above.

a) Role of targeted regions: The two targeted regions were selected based on their current capacity to offer Living Well/Tomando, existing partnerships between AAAs and local health departments, and willingness to work with DHS in piloting regional approaches to sustainability. Each region will reach at least 250 older adults that complete Living Well/Tomando, tracking program fidelity through use of the Leader and Master Trainer observation checklists



developed by the Living Well Network Quality Assurance and Fidelity workgroup. Each region will also work with regional partners and with DHS to address sustainability, involving key partners in each area.

Rogue Valley Council of Government Senior & Disability Services (RVCOG) shown in blue on the map, is a two-county AAA that will serve as the lead agency for a predominantly rural five-county region in southwestern Oregon with 102,551 adults aged 60 and older (2000 Census). RVCOG serves Jackson and Josephine counties and will partner with Coos County Public Health and Douglas Health and Wellness, a community nonprofit, to coordinate availability of Living Well/Tomando programs in this region. RVCOG will also work closely with the two other AAAs (Douglas County Senior and Disability Services Division and South Coast Business Employment Corporation Area Agency on Aging); the four other local health departments in Jackson, Josephine, Curry, and Douglas counties (Coos and Jackson counties being Healthy Communities counties); Douglas Health and Wellness (a community nonprofit) and numerous community-based and healthcare organizations that serve older adults, to develop a regional infrastructure for Living Well/Tomando. RVCOG has been a leader among the state’s 17 AAAs in promoting the use of evidence-based approaches to support healthy aging. In expanding their involvement with three surrounding counties that have less background working with these programs,

RVCOG will help establish and support Living Well/Tomando regionally. While the attached RVCOG Work Plan provides detailed plans for this region; key strategies and approaches that this region will implement include:

- **Program reach through regional coordination:** RVCOG will provide support for local registration coordinators in three areas of the five-county region, while ensuring overall coordination, promotion of programs, and assurance of fidelity through the role of a .5 FTE regional coordinator. Registration coordinators will coordinate workshops, recruit and retain Leaders, and link programs to existing organizations and referral systems. RVCOG's regional coordinator will develop a regional system to promote programs, train new Leaders, ensure that Leader and Master Trainer fidelity is being monitored on an annual basis, and embed programs into aging and other community systems. The regional coordinator will maintain a regional Web site listing upcoming workshops and information on Living Well/Tomando programs.
- **Targeted outreach:** RVCOG and partners will initiate outreach to the 3 tribes in this region – Cow Creek, Coquille, and Confederated Tribes of Coos, Lower Umpqua and Siuslaw – with a goal of training Leaders and offering programs to reach tribal elders. This region will also expand availability of Tomando programs, with a particular emphasis on reaching older adults.
- **Sustainability:** Strategies to embed and sustain programs in this region will include plans to link programs to the Older Americans Act and Medicaid long-term care services, and to the State Health Insurance Benefits Assistance (SHIBA) program. RVCOG will work with the Title V/Senior Community Service Employment Program (SCSEP) provider in this region to explore options for Title V to be participants and to provide potential coordination assistance. RVCOG is working to develop a link to the Area Health Education Center (AHEC) serving this region to support Leader training and program outreach. The regional coordinator will build on initial work done by RVCOG to involve hospital discharge planners in making referrals to programs, and will work with DHS in exploring mechanisms for reimbursement of programs through local and state-wide insurers.

Oregon Cascades West Council of Governments Area Agency on Aging (OCWCOG) shown in green on the map on page 8, is a three-county AAA that will serve as the second lead agency for an area with 41,190 adults aged 60 and older (*2000 Census*). OCWCOG will partner with the three local health departments in the region and Samaritan Health Services, a regional healthcare organization that has been offering Living Well/Tomando in two of the three counties since 2007. The three local health departments all have been supporting Living Well or Tomando for the last four years, and Benton County is a Healthy Communities county. Samaritan Health Services partnered with Benton, Lincoln and Linn counties to build significant Living Well/Tomando program infrastructure during its participation in the HPCDP 2006-2008 Chronic Care Model Implementation grant project. The attached OCWCOG Work Plan provides detailed activities; however key strategies and approaches that this region will implement include:

- **Program reach through regional coordination:** While Samaritan Health Services supports staff time for Living Well coordination in Benton and Linn counties, Lincoln County has relied on limited volunteer involvement to offer occasional workshops. Samaritan Health Services will expand their support of Living Well coordination to Lincoln County, and together with the resources available through this project, Lincoln County Health Department will be able to support some dedicated staff time to ensure workshops are available throughout the three-county region. Each workshop coordinator will be responsible for monitoring the fidelity of Leaders and Master Trainers on an annual basis.
- **Targeted outreach:** As one of two AAAs that received AoA Aging and Disability Resource Center (ADRC) funding in late 2009, OCWCOG will be shifting its organizational focus to a broader population of older adults and people with disabilities in the region, incorporating referrals and support for self-management programs into the vision and structure of this new approach. OCWCOG will ensure that Options Counselors, Transitions Coaches, and other AAA staff routinely make referrals to Living Well/Tomando. Benton County Health Department and the Community Health Centers of Benton and Linn counties will continue to conduct targeted

outreach to low income, rural, Latino, Native American older adults and mental health consumers through their Healthy Communities and Latino Health Navigator programs. The three health departments will work to expand the coordination of workshops to venues and cities where they have not previously been offered, including rural, coastal, and agricultural communities, as well as the local Siletz tribe.

- **Sustainability:** OCWCOG will hire a part-time coordinator (0.8 FTE) to help support regional program availability and promotion, and to coordinate a regional partnership with local public health, Samaritan, and other interested partners to address sustainability through linking self-management programs to county and regional services. This coordinator will also work with the RSVP older adult volunteer program, State Health Insurance Benefits Assistance (SHIBA) program, the senior companion program, and the Title V/SCSEP program to identify ways to recruit participants, Leaders, and other support from these programs. Like RVCOG, OCWCOG provides both Older Americans Act and Medicaid long-term care services. OCWCOG provides direct support and services to over 10,000 seniors and people with disabilities each year.

OCWCOG will be working to make Living Well/Tomando a more visible and consistent part of the services available to those who seek help through the AAA, and to build referrals to Living Well/Tomando programs into the options counseling provided as part of the new ADRC model.

OCWCOG will also coordinate closely with local public health to convene quarterly meetings of the Healthy Aging Coalition to share information about Living Well/Tomando, coordinate services with other aging and disability service providers, and stay informed of funding, policy, and advocacy opportunities related to healthy aging and chronic disease self-management.

b) DHS role: HPCDP and the SUA staff will work with the two funded regions to provide technical assistance and program monitoring, and will support Leader training and outreach to the rest of the state to ensure that at least 300 additional older adults complete Living Well/Tomando. While the SUA is the lead for this grant, the HPCDP Living Well Coordinator will coordinate statewide technical assistance and training, and staff from both HPCDP and the SUA will work towards obtaining reimbursement for

these programs. Staff from the SUA will lead efforts to support local partners in recruitment of older adults and the development of systems statewide to ensure referral of older adults into Living Well/Tomando. Key roles of DHS include:

- **Program reach through regional coordination:** DHS will collaborate with the two funded regions, through monthly calls and periodic visits, to identify and share successes in regional coordination of programs. DHS will provide Leader training and technical assistance to local partners (AAAs, local public health, Veterans' Administration, federally-qualified health centers, and others) throughout the rest of the state, and promotion of programs through the statewide Web site. DHS will provide technical assistance and in-service training through the annual Forum and other training addressing retention, quality assurance and fidelity, recruitment and retention of participants, partnership development to ensure that low income, rural, Latino, and Native American older adults have access to Living Well/Tomando, and support for new and continuing organizations in addressing challenges in offering programs. Marketing of programs specifically to older adults will be linked with the state's ADRC marketing plan, and ADRC Options Counselors will include Living Well/Tomando in the choices provided to families and older adults.
- **Targeted outreach:** The two funded regions in this project are largely rural, and each have at least one tribe and a significant Latino population. Targeting these regions as well as the broader state, HPCDP will contract with Yakima Valley Farm Workers Clinic (YVFWC), a successful provider of Tomando programs to low income Latinos in both Oregon and Washington, to provide Tomando Leader training and technical assistance to the targeted regions and statewide in expanding and developing culturally competent Tomando programs that reach older Latino adults. The SUA and HPCDP will build on existing partnerships with Oregon's nine federally recognized tribes to offer at least one Leader training specifically for tribes, in order to increase availability of self-management programs to tribal elders. The SUA will work through the existing and ARRA-supported SCSEP to develop stronger participant referral and potential

Leader roles for this low-income older adult population. Living Well/Tomando provide critical skills benefiting low-income older adults seeking employment while living with chronic conditions, and the SUA will work with the two funded areas to develop stronger partnerships with the national SCSEP provider (ExperienceWorks) that serves these two regions. DHS will also leverage the partnership with DHS – Division of Medical Assistance Programs (DMAP) to build referral systems for Oregon Health Plan (OHP) clients and improve reach of Living Well/Tomando to low income populations.

- **Sustainability:** SUA and HPCDP staff will work with DMAP, the Seniors and People with Disabilities Medicaid HCBS Waiver program, employee benefits boards, and other states, including Washington and Idaho, to further discussions about potential reimbursement for self-management programs, develop and pilot strategies for regional billing within the two funded regions, and ensure that project activities can be sustained after the two-year period. HPCDP and SUA see community-based self-management as having an important, complementary role in the reduction of tobacco use and improvement of physical activity and nutrition among Oregonians. HPCDP will ensure that this project links to other ARRA funding that supports the Oregon Tobacco Quit Line and worksite wellness. HPCDP will work with the Oregon Tobacco Quit Line to ensure that callers with chronic conditions are referred to Living Well/Tomando, and that opportunities to promote Living Well/Tomando through the Governor’s Wellness Initiative, the DHS – Tobacco Control Integration Project, and other ARRA – Communities Putting Prevention to Work funding are fully leveraged. The SUA will ensure that referrals to Living Well/Tomando programs are included as part of the ADRC Options Counseling training, and will link marketing of Living Well/Tomando programs to older adults with its new ADRC marketing plan.

DHS anticipates that the first two objectives relating to reach of Living Well/Tomando can be met through the involvement of the two funded regions with their strong partnerships and lead agencies, as well as the statewide support provided by SUA and HPCDP staff. The second two objectives relating to sustainability through regional systems, embedding of programs, and development of reimbursement

opportunities, will also be a combined effort. The two funded regions will develop and pilot approaches that work in each area, DHS will work with state-level partners to address reimbursement, and all will combine efforts to share best practices and advocate for systematic support of Living Well/Tomando.

v. Target Population

This project will strategically position Oregon's Living Well/Tomando programs to reach a significantly larger number of older adults, with particular focus on increasing the statewide capacity to reach low income, rural, Latino, and Native American adults age 60 and older. A significant portion of program participants will be residents of the local areas serving as partners on the proposed project, including older adults in Benton, Coos, Curry, Douglas, Jackson, Josephine, Lincoln and Linn counties in Western Oregon. Based on 2000 Census data, there are 143,741 older adults in these two targeted regions (just over 25% of Oregon's older adult population). DHS will support training and assistance to programs outside the local lead regions, will coordinate Leader training targeted to Oregon tribes to reach tribal elders, and will develop a statewide marketing effort to help ensure that older adults across the state are included in promotion and outreach efforts.

vi. Anticipated Outcomes

DHS proposes to track and measure a number of outcomes as outlined in the table below. DHS will continue to use its current system to collect and report on statewide program and participant information, using an incentive of providing Living Well or Tomando participant books in exchange for each set of complete workshop and participant data submitted. Fidelity monitoring and satisfaction surveys – while already encouraged statewide – will be tracked specifically in the two funded regions. Oregon will use forms already in use to collect most of the key measures outlined above. (Copies of participant and program forms are on the Oregon Living Well Web site at <http://oregon.gov/DHS/ph/livingwell/reportprograminfo.shtml> and fidelity monitoring forms are available at http://oregon.gov/DHS/ph/livingwell/resources.shtml#Quality_Assurance_and_Fidelity).

Establishment of reimbursement protocols and systems approaches to embedding programs will be tracked statewide.

	Anticipated Outcomes	Measurable Indicators <i>(to be collected statewide except where noted)</i>
Systems	<ul style="list-style-type: none"> At least one success in each funded region and statewide to embed programs into existing systems 	<ul style="list-style-type: none"> Protocols/policies developed to routinely refer people to programs – from aging, community services, mental health, clinical systems, Oregon Tobacco Quit Line or other entities, with feedback loops developed as appropriate
	<ul style="list-style-type: none"> Best practices for regional coordination and rural outreach identified and shared with statewide network and AoA 	<ul style="list-style-type: none"> Processes developed to support collaborative workshop coordination, marketing/recruitment, and support for programs across each region (<i>funded regions only</i>)
	<ul style="list-style-type: none"> Defined system developed to refer Medicaid clients to Living Well/Tomando programs to increase low-income reach 	<ul style="list-style-type: none"> Protocol or system to routinely refer Medicaid clients
	<ul style="list-style-type: none"> At least one new public or private system developed to support sustainability and reimbursement for Living Well/Tomando 	<ul style="list-style-type: none"> Reimbursement mechanisms developed to support programs Public or private resources identified to support on-going programs
Program Delivery	<ul style="list-style-type: none"> At least 100 Living Well/Tomando workshops offered 	<ul style="list-style-type: none"> Workshop count, as measured by program summary forms submitted by statewide programs reporting program dates and location
	<ul style="list-style-type: none"> At least 130 new Leaders trained 	<ul style="list-style-type: none"> Number of newly trained Leaders Number of Leader trainings offered
	<ul style="list-style-type: none"> 2 statewide Annual Forums and at least 4 in-service trainings provided to support Leader skills and retention 	<ul style="list-style-type: none"> Number of participants in regional in-service trainings and annual Living Well Forum
	<ul style="list-style-type: none"> System in place in each funded region to assure quality and fidelity of workshops 	<ul style="list-style-type: none"> Data collected from fidelity checklists for observation of Leaders and Master Trainers (<i>funded regions only</i>)
Participant Outcomes	<ul style="list-style-type: none"> At least 10% of older adult participants are Latino or Native American 	<ul style="list-style-type: none"> Participant count, as measured by participant forms submitted by statewide programs showing age, race/ethnicity, chronic health conditions
	<ul style="list-style-type: none"> Completion rate of at least 70% statewide among Living Well/Tomando participants 	<ul style="list-style-type: none"> Program summary forms submitted by statewide programs reporting aggregate number who attend at least one session and number who complete 4 of 6 sessions
	<ul style="list-style-type: none"> Systematic use in each funded region of participant feedback to assess workshop satisfaction and needed improvements. 	<ul style="list-style-type: none"> Participant feedback and leader evaluations to assess participant satisfaction, feedback on Leader quality, and clarity of course materials. (<i>funded regions only</i>)

	<i>* Improved self-reported health outcomes by workshop completers</i>	<i>* DHS will collect this information only if selected by AoA to participate in the national evaluation process. If selected, DHS will work with AoA to collect this information from participants in the two funded regions. (funded regions only)</i>
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vii. Project Management

In order to implement the proposed project and assure its success, staff from the SUA and HPCDP will serve as equal partners. The SUA will serve as the primary contact with AoA, and will manage contracts with local AAAs, lead completion of quarterly progress reports and required ARRA reporting, participate in AoA conference calls and trainings, provide training to local partners on how to engage older adults, coordinate efforts to include chronic disease self-management as a covered service under Medicaid HCBS Waiver, assist with planning and implementation of Living Well Forum, and assist with staffing and coordination of the Living Well Network.

HPCDP will support the SUA with staff time to assist with reporting, training and technical assistance, contract management, and quarterly progress reports; participate in AoA conference calls and training, provide training and technical assistance to local partners on quality assurance and fidelity, marketing and recruitment, cultural competency, and participant retention; coordinate expanded Latino outreach through a contract with YVFWC; collect and analyze required participant and program data; manage sustainability planning efforts, including efforts with Medicaid; lead planning and implementation of Living Well Forum; and lead staffing and coordination of the Living Well Network.

The staffing plan for this project is as follows:

Position - Organization	Role
Living Well Coordinator - HPCDP	Participate in AoA conference calls and training; assist with progress report completion; oversee contract with Tomando training and technical assistance contractor; provide technical assistance and training to local partners; coordinate Living Well Forum; coordinate Living Well Network
Healthy Aging Coordinator – SUA	Oversee overall grant and submit required reports to AoA; oversee contracts with local areas; provide training and technical assistance specific to reaching older adults and coordinate promotion in conjunction with ADRC marketing plan; participate in AoA conference calls and training; assist with Living Well Forum and Living Well Network coordination; coordinate efforts relating to funding, sustainability, and embedding of programs within aging

	services.
Research Analyst – HPCDP	Data analysis and reporting; assist with completion of progress reports
Living Well Administrative Assistant - HPCDP	Data collection and follow up; maintain workshop and training calendars and Living Well statewide Web site
Self-Management Initiative Lead – HPCDP	Lead financial sustainability planning efforts; coordinate with DMAP, Public Employees’ Benefits Board, and other organizations to explore options for reimbursement
Local lead organization - Rogue Valley Council of Governments Senior & Disability Services	Serve as local lead for Jackson, Josephine, Coos, Curry, and Douglas counties; ensure adequate staffing of project; participate in AoA and DHS conference calls and training; ensure partnership with local health department and other community partners that serve older adults; assist with progress report completion
Local lead organization - Oregon Cascades West Council of Governments Senior & Disability Services	Serve as local lead for Linn, Benton, and Lincoln counties; ensure adequate staffing of project; participate in AoA and DHS conference calls and training; ensure partnership with local health department and other community partners that serve older adults; assist with progress report completion
Tomando contractor – Yakima Valley Farm Worker Clinic	Provide Tomando Leader training and technical assistance to Leaders and program coordinators on how to expand workshops and improve reach to older Latino adults

viii. Project Monitoring, Evaluation and Continuous Quality Improvement

DHS and the two funded regions will hold monthly conference calls to track progress, identify and address challenges, and review data collected. These calls will allow for close monitoring of project progress, sharing of ideas and strategies between the two funded regions, and regular review of measurable outcomes data. DHS will also conduct regular site visits with the funded regions to provide technical assistance and monitor program outcomes.

DHS will use its existing database to continue to collect program and participant data statewide and will continue to maintain a statewide database of trained Leaders and Master Trainers. These data are currently sent to DHS by licensed organizations across the state in exchange for participant books. Data collected will continue to be shared statewide through annual reports, via the Living Well listserv and Web site, and as part of the annual Forum.

DHS will work closely with the two funded regions to ensure that fidelity monitoring includes systematic observation of newly trained Leaders, an annual observation of each Leader, and observation

of Master Trainers during Leader training. Fidelity observation checklists developed and piloted in 2009 by the Living Well Network Quality Assurance and Fidelity workgroup, and available on the Oregon Living Well website will be used to conduct monitoring.

DHS will continue to use the annual Living Well Forum as an opportunity to emphasize and share best practices regarding quality of programs, and will provide additional in-service training opportunities for Leaders, Master Trainers, and Living Well/Tomando coordinators on high priority topics, such as quality assurance and fidelity monitoring, recruitment and retention of older adult participants, and partnership building to ensure that low income, rural, Latino, and tribal older adults have access to Living Well/Tomando.

ix. Organizational Capacity

Oregon's SUA, located in DHS-Seniors and People with Disabilities, is the state's agency responsible for Older Americans Act programs, Medicaid long-term care services, and licensing long-term care facilities. The SUA reaches older adults through a network of 17 AAAs and a broad spectrum of providers. The SUA has traditionally worked closely with both the AAAs and licensed facilities – including assisted living and continuing care retirement communities – to promote the use of evidenced-based approaches to healthy aging. The SUA has been the lead and fiscal agent for the AoA EBDDP, and a partner in the state's NCOA Sustainable Systems grant. The SUA has included healthy aging as one of five priorities in its recently completed four-year plan for 2009-2013. As part of the newly developing ADRC system in Oregon, the SUA will be ensuring that Living Well/Tomando is included in Options Counseling training, and are routinely recommended to those seeking support through the ADRC.

Within DHS-Public Health, the **Health Promotion & Chronic Disease Prevention** section (HPCDP) operates on a \$13 million annual budget with eight major CDC disease-specific grants, state tobacco tax revenue funding and the NCOA Sustainable Systems grant. HPCDP is actively engaged in cross-program integration through combined funding from several chronic disease programs that support part of a Living Well Coordinator position, and additional FTE dedicated to data entry, analysis, and administrative support for Living Well/Tomando. HPCDP has a history of effectively implementing and

evaluating programs at the community, regional, and state level, including the Healthy Communities grant program, which will support these efforts at the local public health level in 12 of Oregon's 34 local public health authorities. HPCDP has a coordinated team of research analysts that support its programs, including an evaluation lead.

The State Medicaid Agency, **DHS – Division of Medical Assistance Programs (DMAP)**, administers the OHP, a public/private partnership that ensures universal access to a basic level of health care for Oregonians. The mechanism for determining benefits available to the traditional Medicaid and expanded OHP populations centers on the Prioritized List of Health Services, which emphasizes prevention and patient education. In addition to administering the OHP, DMAP conducts oversight, research and analysis to achieve the best use of healthcare funding, and seeks to lower costs and improve patient outcomes by emphasizing prevention and providing coverage for the most effective care. DMAP will assist in this project by helping to identify opportunities for financial sustainability of Living Well/Tomando as well as ways to improve program reach to OHP clients.

Rogue Valley Council of Governments Senior and Disability Services (RVCOG) operates in Jackson and Josephine counties. This AAA has been part of the previous AoA EBDDP funding supporting work with Living Well/Tomando and Tai Chi, and providing Leader training to surrounding counties. RVCOG has partnered closely with Oregon State University Extension Services to develop and coordinate Living Well/Tomando programs, with one T-Trainer, seven Master Trainers and 25 Leaders currently active in their two counties. RVCOG has involved more than 20 community collaborators in support for Living Well/Tomando programs including all three area hospitals, several clinic systems, and a community mental health agency. RVCOG has provided leadership in promoting the need for evidence-based healthy aging programs to other AAAs and partners in Oregon, and has strong support from the health departments and AAAs that will be part of this expanded regional project. For this project, RVCOG will be providing leadership and assistance to two adjacent AAA regions with less experience and involvement in healthy aging efforts, and which have expressed strong support for this collaborative approach to support efforts across the five-county region.

Oregon Cascades West Council of Governments Senior and Disability Services (OCWCOG)

is the AAA serving Linn, Benton, and Lincoln counties. In this region, Benton County Health Department has provided Tomando programs in their county; Lincoln County Health Department was involved in offering Living Well programs until budget reductions limited their capacity approximately one year ago; and Samaritan Health Services has been a strong provider of Living Well programs in all three counties. There are three active Master Trainers and approximately 24 active Leaders in the tri-county region. OCWCOG has used Older Americans Act funding to partner with these agencies to support the delivery of Living Well/Tomando programs over the past several years, and has recently partnered with Benton County Health Department in the development of a Healthy Aging Coalition, which includes senior service organizations, Parks and Recreation departments, and Oregon State University and Extension faculty. The director of OCWCOG is currently chair of the Oregon Association of Area Agencies on Aging and Disability, and has been a strong champion of the need for AAAs to address healthy aging. OCWCOG is part of a new AoA ADRC grant, and so will be working to incorporate the Living Well/Tomando programs into its ADRC plans.

Yakima Valley Farm Worker Clinic (YVFWC) is a federally-qualified health center corporation that operates 15 clinics, four of which are located in Oregon. YVFWC has implemented Tomando workshops in nearly all of its clinics, and they have been overwhelmingly successful in reaching Latinos with chronic conditions, particularly those that are low income. YVFWC has identified strategies to successfully implement Tomando and reduce barriers to participation, and will be providing leader training and technical assistance to local organizations across Oregon.