Take Control of Your Health

New Jersey’s Model for Delivering the Chronic Disease Self-Management Program
Vision for Sustained Delivery System

Take Control of Your Health available statewide, accessible both geographically and culturally.
Strategy

Methodology: Shared implementation and oversight through state-government led infrastructure. Broad partnerships for local delivery.

Leadership: NJ Department of Health and Senior Services, Division of Aging and Community Services (SUA)
State Government Partners

Office of Chronic Disease Prevention & Control
Office of Local Public Health Infrastructure
HRDI (state employee training)
Office of Minority and Multi-Cultural Health
Dept. of Corrections: University Correctional Healthcare
Dept. of Human Services
Division of Aging And Community Services

Key:
Integration

Health Promotion Subcommittee Advisory Group
# Infrastructure Building Blocks

<table>
<thead>
<tr>
<th>Strategic Partnerships for Reach</th>
<th>Policy</th>
<th>Strategic Partnerships for Implementation</th>
<th>Tools</th>
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<tbody>
<tr>
<td>Community Partner Agencies (100+)</td>
<td>Title III D Policy</td>
<td>AAAs, Health Depts.</td>
<td>Operational Guides (ML and PL)</td>
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<tr>
<td>Minority CBOs (multiple languages)</td>
<td>OAA Title III Taxonomy</td>
<td>RSVP</td>
<td>Agency Orientation</td>
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<tr>
<td>NJ Prevention Network</td>
<td>Public Health Practice Standards</td>
<td>Senior wellness/membership programs</td>
<td>Online Newsletter, Website, Hotline</td>
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<tr>
<td>Medicaid/Horizon BC/BS</td>
<td>DHS: Division of Addiction Services</td>
<td>SCSEP</td>
<td>Fidelity/quality protocol</td>
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</tbody>
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Statewide Distribution of Participants
Through January 2010 (1,580)

County

Frequency

Atlantic 171
Bergen 122
Burlington 181
Camden 170
Cape May 190
Cumberland 13
Essex 14
Gloucester 88
Hunterdon 144
Mercer 171
Middlesex 132
Monmouth 181
Morris 88
Ocean 60
Passaic 12
Somerset 81
Sussex 12
Union 85
Warren 144
Reach to Diverse Populations

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>African American</td>
<td>25%</td>
</tr>
<tr>
<td>American Indian</td>
<td>2%</td>
</tr>
<tr>
<td>Asian</td>
<td>9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>12%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>0%</td>
</tr>
<tr>
<td>White</td>
<td>47%</td>
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<tr>
<td>Other</td>
<td>5%</td>
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</table>

Languages
- English
- Spanish
- Korean
- French Creole
- Chinese (M, C)
- Hindi
Funding

- AoA Evidence-Based Program Grant
- National Council on Aging Sustainable Systems Grant
- Staffing Support through other Federal, State and Local sources
- Chronic Disease: Minority and Multicultural Health, Diabetes, Heart Disease and Stroke, Rural Health, Primary Care
- OAA Title III D
- RWJ Foundation Health Literacy Grant and local Foundations
Under ARRA

Expand capacity?

Build demand/referral?
Expand Capacity

- Competitive grants for regional implementation
- Technical assistance for languages other than English
- Develop Leadership (AAAs, Health Depts.)
- Nurture Peer Leaders/Master Trainers
Sustained Referral Systems

AAA/ADRC
- Integrate into I&A and care management protocols
- Train staff
- Develop model for replication
- NJ Care Transitions Project (NJ QIO)
- Medicaid Waiver

Primary Care
- UMDNJ School of Nursing
- NJ State Nurses Association
- FQHC ï Model for DSMP
Quality

Â Master Trainer Fidelity In-Service ï May 2010

Â Fidelity Protocol
   ï Includes process for monitoring PLs and MTs

Â Multi-Site License
For More Information

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