

Sanford Health

Chronic Disease Self-Management Education Program Grantee Profile, Fiscal Year 2020

Goals

This 3-year grant aims to:

- Strengthen integrated state or regional networks that address the many factors that impact the health of older adults and adults with disabilities.
- Significantly increase the number of older adults and adults with disabilities who participate in chronic disease self-management education (CDSME) and self-management support programs.

Activities

The grantee and its partners will:

- Develop a sustainable CDSME programming delivery network.
- Focus on remodeling care delivery to facilitate by developing community linkages.
- Support a state-wide centralized web-based platform, the North Dakota Community Clinical Collaborative.

Interventions

- Chronic Disease Self-Management Program (CDSMP)
- Diabetes Self-Management Program (DSMP)
- Chronic Pain Self-Management Program (CPSMP)

Partners

To achieve the goals of this project, the grantee will collaborate with these key partners:

- Community-based organizations in target counties (i.e., Food access, education, health care, and housing)
- Innovations for Aging
- Local community advisory councils
- North Dakota Department of Health
- Quality Health Associates of North Dakota/Great Plains Quality Innovation Network

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- Sanford Health Plan

Outcomes

The grantee anticipates the following results from this project.

- Engage 985 participants in CDSME programs with 655 completers.
- Increase participant referrals from community-based and health care organizations, as well as insurance systems, to evidence-based programs.
- Develop a business plan and strategies to sustain ongoing CDSME programming.

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Chronic Disease Self-Management Education Program Grant Impact Summary Fiscal Year 2020

Most Significant Accomplishments

- Over this grant period, 961 participants and 622 completers were engaged.
- Delivered programs statewide in 27 counties in North Dakota, including rural, suburban, and urban areas.
- Trained 25 new CDSME program leaders.
- Partnered with Sanford clinical teams, ND Department of Health and Human Services, North Dakota State University Extension (NDSU), and ND Community Clinical Collaborative (NDC3).
- Implemented new Community Health Worker (CHW) roles and successfully integrated them within primary care, resulting in increased referrals and connections to community resources.
- Transitioned the NDC3 platform to REDCap software, ensuring long-term sustainability without licensing fees.
- Established a statewide work group and marketing plan to support the NDC3 platform.
- Engaged in legislative efforts to secure Medicaid reimbursement for CHW services, resulting in the passage of House Bill 1028.

Lessons Learned

- The ability to quickly transition to virtual programming was crucial in maintaining service delivery.
- The Tool Kits for Active Living with Chronic Condition, Diabetes, and Chronic Pain were effective for high-need populations, particularly in rural areas.
- Effective communication, trust, and collaboration among partners were vital for the successful transition and sustainability of the NDC3 platform.

What's Next

Sanford Health remains dedicated to advancing the foundational work established through the

SUSTAIN-CDSME project by advancing key initiatives that ensure long-term sustainability, expand access, and deepen community impact by continuing to offer CDSME programming as part of its community benefit with a focus on virtual workshops to meet referral trends.

CHW positions will be maintained within Sanford's operational budget with ongoing support for Medicaid reimbursement to expand the CHW role statewide.

Collaboration initiatives continue to grow with NDHHS, Quality Health Association, NDSU Extension, and other partners to promote and develop additional functionalities for the NDC3 platform.

Sanford Health will continue to strengthen partnerships with local community organizations by expanding CDSME offerings and engaging community-based organizations under Sanford's license.

Grantee Contact

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