



## Legislative Fiscal Bureau

One East Main, Suite 301 • Madison, WI 53703 • (608) 266-3847 • Fax: (608) 267-6873

March 16, 2010

TO: Members  
Joint Committee on Finance

FROM: Bob Lang, Director

SUBJECT: Health Services: Governor's Section 13.10 Requests for the Use of Federal Stimulus Funding for Chronic Disease Self-Management -- Agenda Item I

The Governor requests that the Joint Committee on Finance approve the allocation and expenditure of \$186,000 in 2009-10 and \$929,800 in 2010-11, from moneys received under the federal American Recovery and Reinvestment Act of 2009 (ARRA), to support activities in the Department of Health Services (DHS) related to the chronic disease self-management program targeted at older adults.

### **BACKGROUND**

The DHS Division of Long-Term Care administers the state programs related to aging (in the Bureau of Aging and Disability Resources), and the Division of Public Health conducts additional activities related to chronic disease management. Beginning in 2004, DHS has provided funding to local aging, public health, or other community-based agencies to implement and conduct the chronic disease self-management program (CDSMP). This program was originally developed by the Stanford University School of Medicine, through a study of community-based chronic disease management strategies.

The CDSMP offers workshops to older adults, providing education on techniques and strategies to manage chronic health conditions. The weekly 2.5 hour workshops are offered over six weeks in community settings such as senior centers, churches, and libraries. These training sessions cover a variety of topics, including ways to deal with problems such as fatigue or pain, appropriate exercise regimens, appropriate use of medications, effective communication with family and health care professionals, proper nutrition, and evaluation of new treatments. Each participant has the option of purchasing a book and audio tape on chronic disease management at the conclusion of the course.

The program is conducted by individuals trained at one of three levels: (a) lay leaders, who can lead CDSMP workshops; (b) master trainers, who can train lay leaders and lead CDSMP workshops; and (c) T-trainers, who can train master trainers or lay leaders, and lead CDSMP workshops. Some leaders may also conduct a Spanish-language version of the CDSMP in Milwaukee and Brown Counties, called *Tomando Control De Su Salud* ("Taking Control of Your Health"), also known as *Tomando*. At least one of the trained individuals conducting a workshop must be a non health-care provider who has a chronic condition.

Currently, 51 counties have a lay leader or trainer. In these counties, there are a total of 241 lay leaders, 42 master trainers, 13 Spanish language leaders, and two T-trainers. Since 2006, 2,200 individuals have participated in CDSMP workshops. In fiscal year 2009-10, the program is supported with the following funding sources: (a) \$62,500 GPR, from statewide aging and disability resource center prevention grants which were discontinued in December, 2009; (b) \$5,250 in registration fees collected from participants in a statewide conference on evidence-based prevention program; and (c) a \$200,000 federal grant from the U.S. Department of Health and Human Services, Administration on Aging (AoA). DHS uses this funding to hold CDSMP workshops and leader trainings, conduct analysis of programs operations, and ensure fidelity to program standards set by Stanford University.

## **ANALYSIS**

The ARRA included \$650 million for the Communities Putting Prevention to Work (CPPW) initiative. Of this funding, \$27 million will be provided to states for evidence-based chronic disease self management programs for older adults, distributed and overseen by AoA.

DHS submitted the grant application for this opportunity in mid-February, and expects notification of project approval by the end of March, 2010. As the AoA will distribute these grants on a competitive basis based on the submitted state applications, the Committee cannot make modifications to the proposed use of these funds.

The Department projects that 1,600 individuals would participate in CDSMP workshops over the two-year ARRA project period. In its application to the federal government, DHS proposed seven goals that the state would accomplish with the ARRA grant funds:

1. Expand the current CDSMP, focusing on counties with no lay leaders or trainers (currently, 21 of 71 counties do not have a leader or trainer);
2. Expand and sustain *Tomando*, and expand Spanish-language CDSMP programs in Brown and Dane Counties;
3. Expand CDSMP availability in Native American tribes (with the goal of at least five of 11 tribes having a lay leader by the end of the project);
4. Support the start-up of the Wisconsin Institute for Healthy Aging (WIHA);
5. Develop and offer refresher training courses for leaders;
6. Conduct outreach to older adults who participate in the Medicaid program, and to

- Medicaid-certified health care providers; and
7. Increase physician referral to CDSMP workshops.

The administration applied for \$1,115,800 in ARRA funding over a two-year project period. This funding would be used for state personnel costs, sub-contracts (to be allocated to University of Wisconsin-Madison, the Greater Wisconsin Agency on Aging Resources, the Milwaukee County Department on Aging, and the Dane County Agency on Aging), travel costs, and administrative and other costs.

*State-level Funding (DHS and the University of Wisconsin).* This request would provide a total of \$141,673 to DHS for salary, fringe benefits, travel costs, supplies, and administrative and other costs. ARRA funds would support 0.65 full-time equivalent (FTE) positions in DHS over the project period, to implement and oversee the CDSMP in the counties. The University of Wisconsin-Madison would also receive \$127,482 over the two-year period to support 0.75 FTE position, which would conduct analysis of program data and reports.

*The Greater Wisconsin Agency on Aging Resources (GWAAR).* GWAAR would receive a grant from DHS of \$647,172 over two years, to support 0.80 FTE positions at GWAAR, and to distribute four sub-grants. First, a sub-grant of \$101,629 would be provided to expand *Tomando*, through CORE/El Centro of Milwaukee. This would allow for more Spanish-language CDSMP sessions in Milwaukee, and expand these Spanish-language workshops to areas outside of Milwaukee (beginning in Brown and Dane Counties).

Second, the Onieda Nation would receive a sub-grant of \$30,257 for lay leader training and coordination of inter-tribal CDSMP training. This would allow for expansion of the CDSMP among the federally recognized Native American tribes of Wisconsin, through increased activities conducted by master trainers currently working in the Oneida Nation. The application sets a goal of providing leader training in at least five of the 11 tribes.

Third, GWAAR would distribute mini-grants of \$5,000 to up to 20 local agencies. These mini-grants would be used to implement pilot programs to recruit volunteers who have participated in CDSMP to increase awareness of the program among older adults, encourage participation, and conduct other activities related to CDSMP operations.

Finally, GWAAR would provide a grant of \$303,750 to the Wisconsin Institute on Healthy Aging (WIHA). The WIHA was established as a non-profit institute using other federal grant funds, with the goal of promoting, coordinating and monitoring existing evidence-based aging programs. The WIHA will begin operation in the spring of 2010, and the ARRA grant funding would be used to support 2.20 FTE positions for the two-year project period (including funding 100% of the salary and fringe benefits for a chief operating officer and administrative assistant).

*The Milwaukee County and Dane County Area Agencies on Aging.* The Milwaukee County and Dane County AAAs would receive \$155,954 and \$43,563, respectively. This funding would be

used for staffing costs (1.20 FTE positions in Milwaukee County, and 0.30 FTE position in Dane County), to conduct additional leader training and outreach, schedule classes, and monitor program fidelity with CDSMP requirements.

## **ALTERNATIVES**

1. Approve the expenditure of \$186,000 in 2009-10 and \$929,800 in 2010-11, from moneys received under the federal American Recovery and Reinvestment Act of 2009 (ARRA), to support expansion of chronic disease self-management programs targeted at older adults.
2. Deny the request.