Goals, Strategies, and Activities

The overall purposes of this 3-year grant are to:

- **Goal 1**: Through robust partnerships, develop a result-based, comprehensive strategy for addressing behavioral health and/or chronic pain among older adults and adults with disabilities living in your community.

- **Goal 2**: Significantly increase the number of older adults and adults with disabilities who participate in evidence-based self-management education (CDSME) and/or self-management support programs to empower them to better manage these chronic condition(s), while concurrently pursuing the sustainability of these programs beyond the end of the grant period.

The Presbyterian Healthcare Services and its partners will:

- Extend use of call-center referral system, the Wellness Referral Center (WRC), to new counties and incorporate chronic pain as a diagnosed disability;
- Support program capacity, service quality, and fidelity through site visits, marketing, and training;
- Through culturally and linguistically appropriate programming, deliver four chronic disease self-management education models (eight language variants) through virtual and phone implementation; and
- Increase and expand outreach and marketing to organizations serving those 60+, especially in Sandoval and Valencia counties.

Proposed Interventions

- Chronic Disease Self-Management Program
- Diabetes Self-Management Program
- Chronic Pain Self-Management Program
- Cancer – Thriving & Surviving
- Tomando Control de su Salud
- Programa de Manejo Personal de la Diabetes

Partnerships

To achieve the goals of the grant, Presbyterian Healthcare Services will collaborate with the following key partners:

- Adelante
- Area agencies on aging
- Bernalillo County Community Health Council

Prevention and Public Health Fund 2020, effective August 1, 2020
• Comagine
• First Choice
• New Mexico Chronic Disease Prevention Council
• State Unit on Aging

Anticipated Results

The Presbyterian Healthcare Services and its partners propose to achieve the following results:

• Older adults will have greater access to programs to self-manage chronic pain and disease;
• Communities will increase the number and integration of services addressing negative social determinants of health; and
• Health care professionals will demonstrably increase referrals connecting older adults with services.

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