What We Do

- Function as a backbone organization to support statewide scaling up and sustainability of evidence based programs
- Assist with bulk purchases and printing
- Provide Technical Assistance through webinars, site visits and call center
- Manage reach, quality assurance and fidelity data
- Operate a statewide partner registration and data entry portal
- Provide training for most EBIs we promote
- Work with state agency, community provider, health system and insurer partners
- Assist with sustainability planning
Programs We Promote

- Chronic Disease Self-Management Program
- Diabetes Self-Management Program
- Positive Self-Management Program
- Chronic Pain Self-Management Program
- Walk with Ease (self-directed)
- Active Living Everyday
- Active Choices
- A Matter of Balance
- National Diabetes Prevention Program
Demographic Profile of Target Populations

- Health disparity
- Aging
- Multiple chronic conditions
- Caregivers
- Urban/suburban/rural
Our Partners Include:

- County offices for the Aging
- County Departments of Health
- Aging network agencies
- Health systems and Hospitals
- Physician practices
- Insurers
- Grass roots organizations/faith communities
- Independent Living Centers
- And more...
Partner Portal Overview

- Registration system for self-referral and provider referral
- Project management tool
- Project data tool
- Data reporting/sharing
- Continuous Quality Improvement