

Living Well with Chronic Conditions

Data Report

Oregon Department of Human Services

January 2010



Living Well with Chronic Conditions

I. Introduction

Living Well with Chronic Conditions (Living Well) is Oregon's name for the Stanford Chronic Disease Self-Management Program (CDSMP). Living Well encompasses three different evidence-based programs.

- *Living Well* is the English language version of CDSMP. It is a 6-week, peer-led workshop for people with one or more chronic conditions and their support people.
- *Tomando Control de su Salud* (Tomando) is the culturally adapted, Spanish language version of CDSMP. It is also a 6-week, peer-led workshop for people living with one or more chronic conditions and their support people.
- *Positive Self-Management Program* (PSMP) is a 7-week peer-led workshop designed specifically for people living with HIV/AIDS and their support people.



All three programs cover topics such as healthy eating, depression management, communication, managing fatigue, and working with health care professionals. Participants learn about and practice problem solving and action planning techniques.

All three programs have been shown to help people living with chronic conditions better manage their health, resulting in fewer hospital stays, reduced health care expenditures, and improved energy levels and overall health among participants in the program.

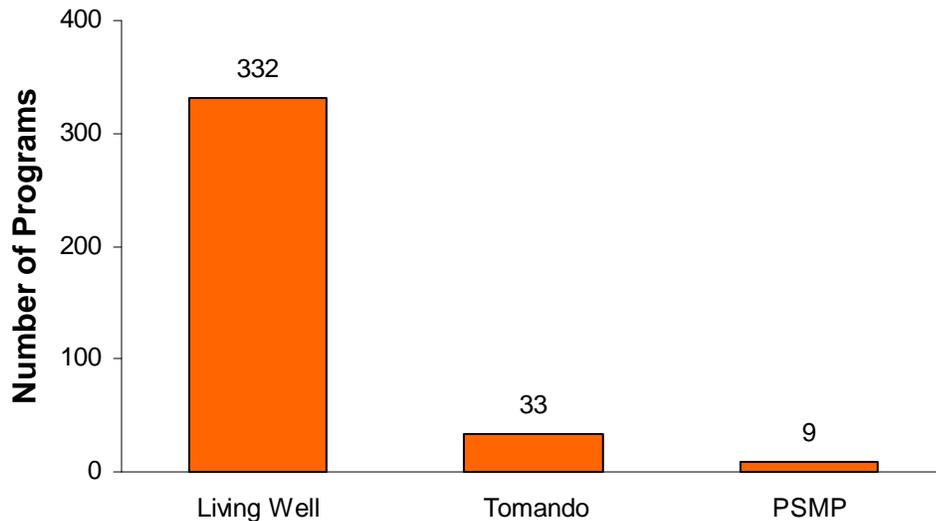
Oregon DHS asks organizations who offer Stanford's chronic disease self-management programs, including Living Well, Tomando, and PSMP, to collect core demographic information on participants in the workshops they offer, and to share this anonymous data with DHS in order to track use and expansion of Living Well in Oregon.

This report includes cumulative data from August 2005, when data collection began, through December 31, 2009. Since 2005, DHS has attempted to collect data from all workshops that were offered, but the numbers reflected in this report are only inclusive of those workshops for which DHS has both workshop and participant data. DHS began to collect data on PSMP workshops in November 2008, so data on this program is not reflected in earlier years. As a result, there may be workshops and participants not represented in this report.

DHS works with counties and regions to provide specific data reports as needed. For more information on the following data, or to make a data request, contact the DHS Living Well program at (888) 576-7414 or living.well@state.or.us.

II. Workshop Data: August 2005 – December 2009

Since August 2005, a total of 374 workshops have been offered through hospital systems, clinics, Area Agencies on Aging, local health departments, community-based organizations, and other organizations across Oregon.

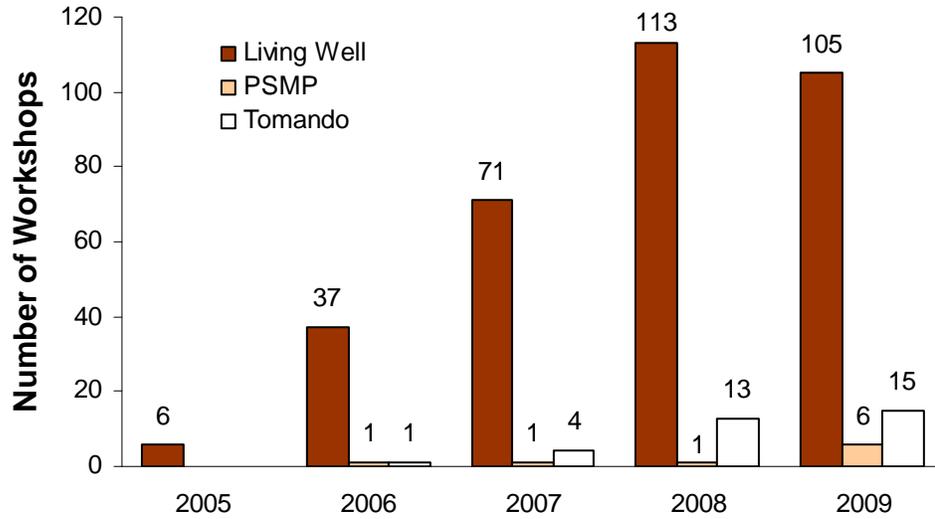


- The **average number of participants who registered for each workshop was 13**, ranging from 1 to 35.
- The **average number of participants who completed at least 4 of the 6 sessions was 8**, ranging from 0 to 34. Research indicates that positive health outcomes are achieved when a participant attends a minimum of four sessions. In 2009, 71% of participants who attended at least one session continued on to attend four or more sessions.
- **18% of workshops reported that they charged a fee** for the workshop. The fee ranged from \$5 to \$120, with a mean of \$27.

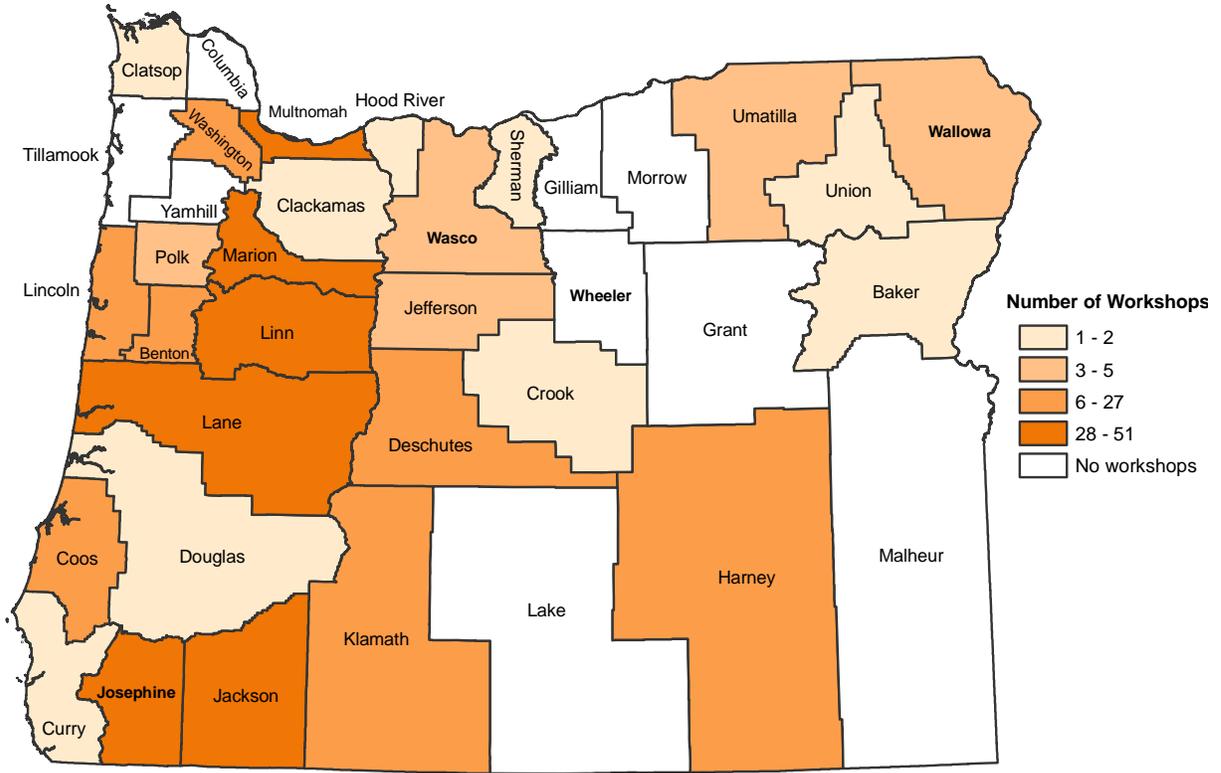


Note: Data are rounded to the nearest whole number.

All Workshops (Living Well, Tomando, PSMP) by Year



Total Workshops by County (2005-2009)



Recruitment Approaches (2005-2009)

Local organizations used various recruitment approaches to encourage participation.

Recruitment Approaches	Programs Using This Approach (n=247)
Fliers / brochures	264 (71%)
Referrals from partner agencies	165 (44%)
Newspaper / radio / TV promotion	161 (43%)
Presentations to community groups	124 (33%)
Other	135 (36%)
Data not reported	40 (11%)

Note: Data are rounded to the nearest whole number.

Other recruitment methods included newsletter and calendar listings, information distributed at health fairs, personal recruitment letters, email distribution lists, and Web sites.

Living Well Workshop

For people with chronic conditions and those that care for them



During this 6-week workshop, you will learn real-life skills for living a full, healthy life with a chronic condition. This course is recommended for people with all different chronic conditions and their family or friends. Chronic conditions include diabetes, asthma, depression, anxiety, heart disease, and other ongoing health concerns.

Classes are fun and interactive. Participants share their successes and build a common source of support. The workshop builds confidence around managing health, staying active, and enjoying life. Participants can anticipate door prizes and fun activities that will encourage motivation and renewed energy.

Class leaders are trained in the evidence-based Chronic Disease Self-Management Program (CDSMP) method developed by Stanford University.

Class size is limited. Please register early. Pre-registration is required for this course. A class fee of \$30 covers 6 sessions and any class materials. Register online or by calling 503-418-4506.

www.OHSUwomenshealth.com/classes

Presented by the:
OHSU Center for Women's Health
A National Center of Excellence in Women's Health

Date: Wednesdays, Oct. 10 - Nov. 14
Time: 6 - 8:30 p.m.

Place: Wilcox Conference Room
in the OHSU Center for Women's Health,
Peter O. Kohler Pavilion, 7th Floor

Fee: \$30

Register: Register online at
OHSUwomenshealth.com/classes
or call 503-418-4506

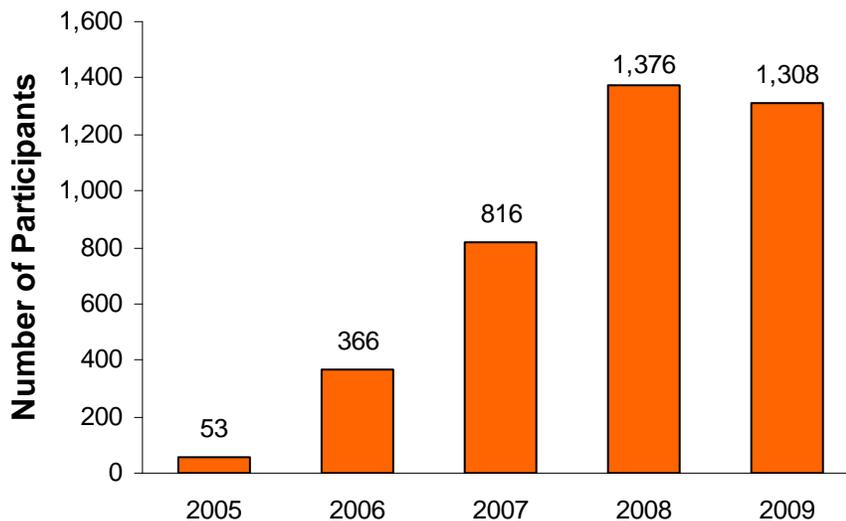


III. Participant Data: August 2005 – December 2009

Since August 2005, when DHS began collecting data, **3,919 participants** have filled out all or part of a short, anonymous demographic form at the initial session of each workshop. Data on chronic conditions and how people heard of workshops are based on a set number of check-off options that each participant completes, plus the option of writing in additional health conditions or information sources.

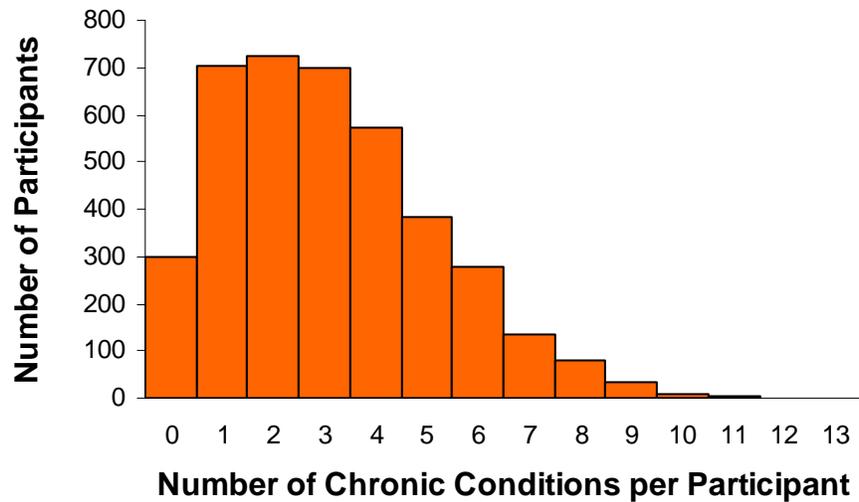
Total Participants by Year

The number of workshop participants increased dramatically each year from 2005 to 2008, and decreased slightly in 2009. Although several counties, including Clackamas, Crook, Curry, Douglas, Polk, and Union, provided workshops for the first time in 2009, this was balanced by fewer workshops in some other areas of the state.



Average Number of Chronic Conditions (2005-2009)

Since August 2005, participants reported an **average of 3.1 chronic conditions** with a range from 0 to 13 (n=3,919).

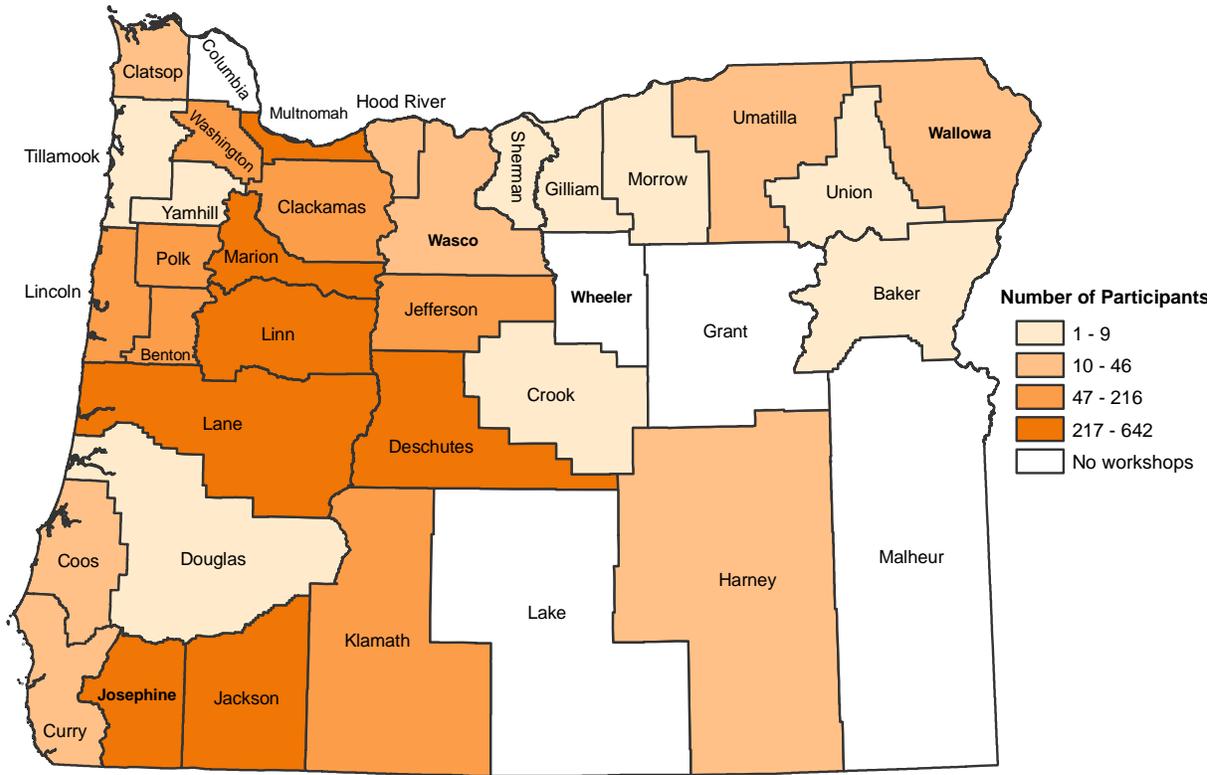


Participants by Condition (2005-2009)

Self-Reported Chronic Condition(s): (check-off options on participant forms)	
	Total (n = 3,919)
Arthritis	44% (1,714)
High blood pressure	37% (1,465)
Chronic pain	35% (1,382)
Depression	31% (1,209)
High cholesterol	29% (1,142)
Diabetes	27% (1,075)
Heart disease	16% (623)
Asthma	15% (579)
Fibromyalgia	14% (549)
COPD	9% (336)
Cancer	8% (316)
Stroke	4% (167)
Multiple sclerosis	2% (69)
None of the above, accompanied family or friends	9% (350)

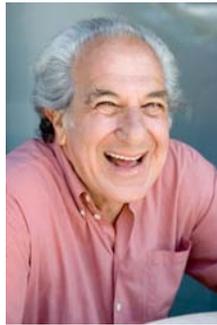
Note: Data are rounded to the nearest whole number.

Participants by County of Residence (2005-2009)



Other Reported Chronic Conditions (2005-2009)

In addition to the check-off options of chronic conditions listed on the short demographic forms that each participant completes (see Appendix B, Data Collection Tools), participants can also write in additional chronic conditions. Other frequently added conditions are listed below. For a complete list of other frequently reported chronic conditions, see Appendix A: Additional Chronic Conditions Reported by Participants.



Other conditions:
Muscle, bone, or joint issues
Digestive system issues
Sleep apnea or sleep disturbances
Anxiety disorder or panic disorder
Osteoporosis
Hearing or vision problems
Headaches or migraines
Chronic fatigue
Endocrine disease
Parkinson's disease
Bipolar disorder
Lupus
Overweight or obesity
Post-traumatic stress disorder
Vertigo, Meniere's disease, or dizziness

Participant Demographics (2005-2009)

	Age < 60 (n = 1,644)	Age ≥ 60 (n = 2,275)	Total (n = 3,919)
Gender			
Male	21%	26%	24% (915)
Female	79%	74%	76% (2,976)
Race/Ethnicity			
African American	1%	1%	1% (50)
American Indian/Alaskan Native	5%	2%	3% (118)
Asian/Pacific Islander	1%	2%	2% (68)
Hispanic/Latino	21%	4%	12% (445)
White	67%	84%	82% (2,981)
Age			
Range	3-59 years old	60-96 years old	3-96 years old
Mean	46 years old	71 years old	61 years old
Have medical insurance	63%	78%	71% (2,790)
Tobacco user*	23%	6%	13%

* Note: Data only for the year 2009.

Note: Data are rounded to the nearest whole number.

How Participants Heard About the Workshops (2009)

In 2009, participants reported hearing about workshops in a variety of ways, including provider referrals, local media, and advertisements at community and faith-based organizations.

	Total* (n = 1,308)
Heard about this workshop:	
Doctor, nurse, or other health care provider's office	20% (256)
Community- or Faith-based Organization/Senior Center	15% (197)
Work	3% (41)
Newspaper/Radio/TV	14% (184)
Friend/Family	21% (274)
Internet	1% (10)
Other	19% (248)

* Note: Data only for the year 2009.

Additional Ways Participants Heard About the Workshops (2009)

In addition to check-off options, additional ways that participants reported hearing about workshops in 2009 included the following:

Catalog, class listing or newsletter
Letter, postcard or other mailing
Internet, email or listserv
Health fair, conference or community event
School, health class or extension services
Senior volunteer program
Radio or TV advertisement
Attended previous workshop

Note: Data are rounded to the nearest whole number.

Appendix A: Additional Chronic Conditions Reported by Participants (2005-2009)

Behavioral/Mental Health

Alcoholism
Attention deficit disorder
Chronic stress disorder
Gulf War syndrome
Hyperactivity disorder
Multiple personality disorder
Obsessive-compulsive disorder
Social phobia
Tourette's syndrome

Cardiovascular

Aneurism
Aortic valve problem
Bleeding disorder
Blood clots
Dissected aorta
Heart palpitations
Mitral valve prolapse
Pacemaker
Peripheral artery disease
Phlebitis
Pulmonary hypertension
Rapid heart rate
Vascular leg surgeries

Skin Conditions

Abcess
Dermatitis
Morgellons disease
Psoriasis
Shingles

Genetic Disorders

Charcot Marie Tooth syndrome
Hemochromatosis
Neurofibromatosis

Immune/Autoimmune

Allergies
Antiphospholipid antibody syndrome
Behcet's disease
Chemical sensitivity
HIV/AIDS
Immune globulin antibody deficiency
Scleroderma
Sjogren's syndrome

Nervous System

Alzheimer's
Brain injury
Carpal tunnel syndrome
Chiari malformation
Chronic Lyme disease
Dementia, Lewy body dementia
Epilepsy
Erythromelalgia
Essential tremor
Fainting spells
Memory loss
Myeloproliferative disease
Neuropathy/peripheral neuropathy
Paresthesia
Pinched nerves
Polycythemia vera
Polymyalgia rheumatica
Post-herpetic neuralgia
Post-polio syndrome
Sciatica
Seizures
Spina bifida
Spinal demyelination
Spinal stenosis
Sympathetic dystrophy syndrome

Internal Conditions

Abdominal adhesions
Bladder nerve weakening
Costochondritis
Enlarged prostate
Gout
Hepatitis C
Hernia
Incontinence
Interstitial cystitis
Kidney condition
Liver condition
Pancreatitis
Ulcer
Urostomy
Sarcoidosis
Tumor

Other Conditions

Anemia
Bronchitis
Chronic cough
Chronic sinusitis
Constant sinus drainage
Cyclic vomiting syndrome
Endometriosis
Fluid buildup in legs
Hot flashes, menopause
Hypoglycemia
Lymphedema
Overeating
Scoliosis
Valley fever

Appendix B: Data Collection Forms

Living Well with Chronic Conditions
Program Summary

*Please send this form and the 'Participant Information' form to 800 NE Oregon Street, Suite 730, Portland OR 97232 or fax to 971-673-0994 **within two weeks** of completing a community program.*

Leader/Trainer Names: _____

Dates of Program: _____ Location of Program: _____

Did you charge for the program? No Yes, if so, how much? _____

Number who signed up to attend: _____

Number who attended at least one session: _____

Number who attended at least 4 of the 6 sessions: _____

How did you recruit participants for this program?

- Fliers/brochures
- Newspaper/radio/TV promotion
- Other _____
- Presentations to community groups
- Referrals from partner agencies

What worked well ? (Recruitment, program, etc ?)

Did you have any challenges or difficulties?

What are the dates of your next program? How can we help?

Check here if you would like someone from DHS to contact you for help or suggestions. If so, please add name and contact phone or email:

To be completed by participants at the end of their first session.

Living Well with Chronic Conditions Participant Information

Thank you for completing this form. We do not need your name!
This information will help us evaluate and expand the Living Well program in Oregon.

1. What COUNTY do you live in? _____

2. Gender ___ Male ___ Female

3. What is your age? _____ years

4. What chronic condition(s) do you have? (*check all that apply*)

- | | | |
|---|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Depression | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Cancer/Survivor | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Chronic Lung Disease/COPD | <input type="checkbox"/> Heart Disease | |
| <input type="checkbox"/> Other – please list _____ | | |
| <input type="checkbox"/> Here to support family or friend | | |

5. What is your race/ethnicity? (*check all that apply*)

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other – please list _____ |

6. Do you have any kind health insurance (including HMOs, Medicare, or Oregon Health Plan)? ___ Yes ___ No

7. Do you now use tobacco (cigars, cigarettes, or smokeless tobacco, etc.)?

___ Every day ___ Some days ___ Not at all

8. How did you hear about this workshop? (*check all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> Doctor, nurse, or other health care provider's office | |
| <input type="checkbox"/> Community- or Faith-based Organization/Senior Center | |
| <input type="checkbox"/> Work | <input type="checkbox"/> Newspaper/Radio/TV |
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Other: _____ | |

Questions? Call us at 1-888-576-7414.