



## SECTION II RESOURCES

**Oregon Living Well with Chronic Conditions  
Chronic Disease Self-Management Programs**

List updated September 2009

Please note: Programs below are all **6-week** English-language *Living Well with Chronic Conditions* programs unless noted as *Tomando Control* (6-week Tomando Control de Su Salud Spanish-language, Self-Management program) or *PSMP* (7-week Positive Self-Management for People with HIV/AIDS Program).

*Unless otherwise indicated, all classes are open to the public and family/support people are welcome.*

**Baker County**

**Baker City:**

- September 17 – October 22, 2009 from 1-3:30 pm at Community Connection, 2810 Cedar Street. Workshop is free and sponsored by Community Connection of Northeast Oregon. For more information or to register, contact Daphne Hall at 541-523-6591 or email: [daphne@ccno.org](mailto:daphne@ccno.org)

**Clackamas County**

**Lake Oswego:**

- September 2 – October 7, 2009 from 1-3:30 pm at the Lake Oswego Senior Center, 505 G Avenue. Workshop is free. For more information or to register, contact Mary Ann Hard at 503-650-5724 or email: [MaryHar@co.clackamas.or.us](mailto:MaryHar@co.clackamas.or.us)
- October 12 – November 17, 2009 from 6-8:30 pm at the Lake Oswego Senior Center, 505 G Avenue. Workshop is free. For more information or to register, contact Mary Ann Hard at 503-650-5724 or email: [MaryHar@co.clackamas.or.us](mailto:MaryHar@co.clackamas.or.us)

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**Coos County**

**Coos Bay:**

- September 24 – October 29, 2009 from 1-3:30 pm at Community Health Education Building, 3950 Sherman Ave. Workshop is free and sponsored by Bay Area Hospital. For more information or to register, contact Linda Hicks at 541-266-7972 or email: [linda.hicks@bayareahospital.org](mailto:linda.hicks@bayareahospital.org)

**Crook County**

**Prineville:**

- December 1, 2009 – January 5, 2010 from 1:30-4 pm at Mid Oregon Credit Union, 305 NE Hickey Farms Rd. For more information or to register contact Sharon Vail at 541-447-6254 ext. 380.

**Deschutes County**

**Bend:**

- September 23 – October 28, 2009 from 5:30-8 pm at Deschutes County Services Center, 1300 NW Wall Street. Workshop is \$10 and sponsored by Living Well Central Oregon. Scholarships are available. For more information or to register contact Brenda Johnson at 541-322-7430 or email: [Brenda\\_johnson@co.deschutes.or.us](mailto:Brenda_johnson@co.deschutes.or.us)
- October 1 – November 5, 2009 from 2-4:30 pm at St. Charles Medical Center, 2500 NE Neff Rd. Workshop is \$10 and sponsored by Living Well Central Oregon. Scholarships are available. For more information or to register contact Karen Davis at 541-706-4981 or email: [kdavis@cascadehealthcare.org](mailto:kdavis@cascadehealthcare.org)
- October 7 – November 11, 2009 from 1:30-4 pm at United 1<sup>st</sup> Methodist Church, 690 NW Bond St. Workshop is \$10 and sponsored by Living Well Central Oregon. Scholarships are available. For more information or to register contact Brenda Johnson at 541-322-7430 or email: [Brenda\\_johnson@co.deschutes.or.us](mailto:Brenda_johnson@co.deschutes.or.us)

## **Oregon Living Well with Chronic Conditions Chronic Disease Self-Management Programs**

List updated September 2009

### **La Pine:**

- October 1 – September 5, 2009 from 10:30 am – 1pm at Newberry Hospice, 51681 Huntington Drive. Workshop is \$10 and sponsored by Living Well Central Oregon. Scholarships are available. For more information or to register contact Brenda Johnson at 541-322-7430 or email: [Brenda\\_johnson@co.deschutes.or.us](mailto:Brenda_johnson@co.deschutes.or.us)

### **Redmond:**

- September 23 – October 28, 2009 from 9:30 am – 12 pm at the Redmond Senior Center, 325 Dogwood Ave. Workshop is \$10 and sponsored by Living Well Central Oregon. Scholarships are available. For more information or to register contact Brenda Johnson at 541-322-7430 or email: [Brenda\\_johnson@co.deschutes.or.us](mailto:Brenda_johnson@co.deschutes.or.us)

## **Jackson County**

### **Ashland:**

- October 12 – November 16, 2009 from 2:30-5 pm at Ashland Community Hospital. Workshop is free. For more information or to register contact Bernadette Maziariski at 541-864-9611 or email: [information@sohealthyoregon.org](mailto:information@sohealthyoregon.org)

### **Central Point:**

- September 11 – October 16, 2009 from 1-3:30 pm at the Rogue Valley Council of Governments. Workshop is free. For more information or to register contact Bernadette Maziariski at 541-864-9611 or email: [information@sohealthyoregon.org](mailto:information@sohealthyoregon.org)

### **Medford:**

- October 7 – November 4, 2009 from 9-11:30 am and November 10 from 12:30-3 pm at the Medford Senior Center. For more information or to register contact Bernadette Maziariski at 541-864-9611 or email: [information@sohealthyoregon.org](mailto:information@sohealthyoregon.org)

## Oregon Living Well with Chronic Conditions Chronic Disease Self-Management Programs

List updated September 2009

- October 27 – December 1, 2009 from 6-8:30 pm at Smullin Health Education Center. Workshop is free. For more information or to register contact Bernadette Maziarski at 541-864-9611 or email: [information@sohealthyoregon.org](mailto:information@sohealthyoregon.org)
- January 7 – February 11, 2010 time TBD at Jackson County Mental Health. Workshop is free. For more information or to register contact Bernadette Maziarski at 541-864-9611 or email: [information@sohealthyoregon.org](mailto:information@sohealthyoregon.org)
- March 3 – April 7, 2010 from 9-11:30 am at the Medford Senior Center. For more information or to register contact Bernadette Maziarski at 541-864-9611 or email: [information@sohealthyoregon.org](mailto:information@sohealthyoregon.org)
- March 4 – April 8, 2010 time TBD at Jackson County Mental Health. Workshop is free. For more information or to register contact Bernadette Maziarski at 541-864-9611 or email: [information@sohealthyoregon.org](mailto:information@sohealthyoregon.org)
- September 22 – October 27, **2010** from 9-11:30 am at the Medford Senior Center. For more information or to register contact Bernadette Maziarski at 541-864-9611 or email: [information@sohealthyoregon.org](mailto:information@sohealthyoregon.org)
- May 6 – June 10, 2010 time TBD at Jackson County Mental Health. Workshop is free. For more information or to register contact Bernadette Maziarski at 541-864-9611 or email: [information@sohealthyoregon.org](mailto:information@sohealthyoregon.org)
- July 1 – August 5, 2010 time TBD at Jackson County Mental Health. Workshop is free. For more information or to register contact Bernadette Maziarski at 541-864-9611 or email: [information@sohealthyoregon.org](mailto:information@sohealthyoregon.org)

### **Josephine County**

#### **Grants Pass:**

- September 11 – October 16, 2009 from 1-3:30 pm at Oregon Health Management Services. Workshop is free. For more information or to register contact Bernadette Maziarski at 541-864-9611 or email: [information@sohealthyoregon.org](mailto:information@sohealthyoregon.org)

**Oregon Living Well with Chronic Conditions  
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**Jefferson County**

**Madras:**

- September 14 – October 19, 2009 from 2:30-5 pm at Mountain View Hospital Boardroom, 470 NE A Street. Workshop is \$10 and sponsored by Living Well Central Oregon. Scholarships are available. For more information or to register contact Brenda Johnson at 541-322-7430 or email: [Brenda\\_johnson@co.deschutes.or.us](mailto:Brenda_johnson@co.deschutes.or.us)
- September 16 – October 21, 2009 from 5:30-8 pm at the Jefferson County Health Department Classroom. Workshop is \$10 and sponsored by Living Well Central Oregon. Scholarships are available. For more information or to register contact Brenda Johnson at 541-322-7430 or email: [Brenda\\_johnson@co.deschutes.or.us](mailto:Brenda_johnson@co.deschutes.or.us)

**Lane County**

**Cottage Grove:**

- October 8 – November 12, 2009 from 1-3:30 pm at Lane Community College, 1275 South River Road. The workshop is free and sponsored by United Way of Lane County/ Gerontology Institute. For more information or to register contact Beverly Cridland at 541-687-6234 or email: [bcriland@peacehealth.org](mailto:bcriland@peacehealth.org)

**Eugene:**

- November 3 – December 15, 2009 from 12:30-3 pm at the OASIS Education Center, Macy's Valley River Center. The workshop is free and sponsored by United Way of Lane County/ Gerontology Institute. For more information or to register contact Beverly Cridland at 541-687-6234 or email: [bcriland@peacehealth.org](mailto:bcriland@peacehealth.org)

**Springfield:**

- September 22 – October 27, 2009 from 5-7:30 pm at Willamalane Adult Activity Center, 215 West C Street. The workshop is free and sponsored by United Way of Lane County/ PeaceHealth Gerontology Institute. For more information or to register contact Beverly Cridland at 541-687-6234 or email: [bcriland@peacehealth.org](mailto:bcriland@peacehealth.org)

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**Lincoln County**

**Lincoln City:**

- October 15 – November 19, 2009 from 12:30-3 pm at North Lincoln Hospital Foundation Office. Workshop is free. For more information or to register, contact Mercedes Iseri at 541-265-6611 x 2456 or email: [miseri@co.lincoln.or.us](mailto:miseri@co.lincoln.or.us)

**Newport:**

- September 25 – October 30, 2009 from 9:30-12 pm at the Newport Senior Center. Workshop is free. For more information or to register, contact Mercedes Iseri at 541-265-6611 x 2456 or email: [miseri@co.lincoln.or.us](mailto:miseri@co.lincoln.or.us)

**Toledo:**

- September 30 – November 4, 2009 from 5:30-8 pm at the Toledo Public Library. Workshop is free. For more information or to register, contact Mercedes Iseri at 541-265-6611 x 2456 or email: [miseri@co.lincoln.or.us](mailto:miseri@co.lincoln.or.us)

**Linn County**

**Albany:**

- October 13 – November 17, 2009 from 1-3:30 pm at Linn Benton Community College. Workshop is free. For more information or to register contact Carole Kment at 541-451-6466 or email: [ckment@samhealth.org](mailto:ckment@samhealth.org)

**Marion County**

**Salem:**

- September 2 – October 7, 2009 from 9-11:30 am at the Salem Hospital Community Health Education Center. Workshop is \$40. For more information or to register please contact the Salem Hospital Community Health Education Center at 503-561-5138.

## Oregon Living Well with Chronic Conditions Chronic Disease Self-Management Programs

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### **Sublimity:**

- September 10 – October 15, 2009 from 1:30-4 pm at Marian Estates – The Bistro. Workshop is free. For more information or to register contact Lavinia Goto at 503-587-5130 or [lavinia@mvipa.org](mailto:lavinia@mvipa.org).

### **Multnomah County**

#### **Portland:**

- September 3 – October 8, 2009 from 1:30-4 pm at Adventist Medical Center, 10123 SE Market St. Workshop is free, however donations are encouraged to cover supplies. For more information or to register, contact Debbie Conklin at 503-320-4663.
- *(PSMP)* September 10 – October 22, 2009 from 5-7:30 pm at the Multnomah County Health Department, 426 SW Stark St. Workshop is free. For more information or to register, contact Dean Bennett at 503-988-4779 or email: [champcontact@gmail.com](mailto:champcontact@gmail.com)
- September 24 – October 25, 2009 from 12:30-3 pm at Neighborhood House, 7780 SW Capitol Hwy. Workshop is free, however donations for supplies are encouraged. For more information or to register, contact Portland Veterans Affairs at 503-402-2922 or [judywick@va.gov](mailto:judywick@va.gov)
- October 7 – November 14, 2009 at the OHSU Center for Women's Health from 5:30-8 pm. For more information or to register contact Portland Veterans Affairs at 503-402-2922 or Lisa Nielson at 503-418-4469, email: [nielsonl@ohsu.edu](mailto:nielsonl@ohsu.edu)

### **Polk County**

#### **Dallas:**

- September 11 – October 16, 2009 from 9-11:30 am at the Dallas Senior Center, 955 SE Jefferson St. Workshop is free. For more information or to register, contact Debra Driscoll at 503-602-2651 or [debra.driscoll@oregonstate.edu](mailto:debra.driscoll@oregonstate.edu)

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**Monmouth:**

- September 14 – October 19, 2008 from 3-5:30 pm at the Monmouth Senior Center. Workshop is free. For more information or to register contact Sue Teal at 503-838-5678.

**West Salem:**

- August 20 – September 24, 2009 from 1:15-3:45 pm at the West Salem Clinic. Workshop is free. For more information or to register contact Lavinia Goto at 503-587-5130 or [lavinia@mvipa.org](mailto:lavinia@mvipa.org).

**Union County**

**La Grande:**

- September 30 – November 4, 2009 at Presbyterian Church, 1308 Washington Ave. The workshop is free and sponsored by NW Parish Nursing. For more information or to register contact Marlene Kilpatrick at 541-963-6434 or Robin Ostermann at 541-963-6978 or email: [neen.starrlane@gmail.com](mailto:neen.starrlane@gmail.com)

**Washington State – Vancouver, Clark County**

**Vancouver (WA):**

- September 9 – October 14, 2009 from 1-3:30 pm at the Vancouver Veterans Affairs NAMI Conference Room, 2801 NW Fort Vancouver Way. To register contact Veterans Affairs at 503-402-2922 or 360-759-1967.
- September 25 – October 30, 2009 from 1-3:30 pm at the Vancouver Veterans Affairs Nursing Home Community Living Center, 1601 E 4<sup>th</sup> Plain Blvd. To register contact Veterans Affairs at 503-402-2922 or 360-759-1967.

April 2, 2009

Greetings:

The Living Well with Chronic Conditions workshop series will start on **April 15<sup>th</sup>, 2009 at 9:00 am to 11:30 am**, continuing on the same weekday and time for a total of 6 weeks:

**Wednesdays, April 15, 22, 29 and May 6, 13 and 20, 2009**

The group meets at the **Medford Senior Center**, 510 East Main Street, Medford, Oregon 97504. Your co-leaders will be Sharon Johnson and Jean Semrau.

We are very excited you are joining in the workshop sessions. The program has been shown to help people to improve their healthful behaviors and health status.

Topics include:

- Medications management
- Problem solving approaches
- Dealing with depression
- How to eat wisely and well
- Pain control techniques
- Setting and meeting your goals
- Ways to fight fatigue and frustration
- How to start an appropriate exercise program
- Stress management and relaxation techniques
- Better communications with health providers

Once again, let me welcome you to this workshop series. I know you will enjoy the sessions and benefit from what you will learn.

Coordinator name

Organization

Address

Phone

Email address

Web site



Oregon Department of Human  
Services  
Public Health Division

800 NE Oregon Street, Suite 730  
Portland, OR 97232

1-888-576-7414  
[www.healthoregon.org/livingwell](http://www.healthoregon.org/livingwell)



**Feel better.**

**Be in control.**

**Do the things  
you want to do.**

**Find out more about  
Living Well Workshops.**



**Put Life  
Back in  
Your Life**

**Put Life  
Back in  
Your Life**



**Living Well with  
Chronic Conditions**

## Put Life Back Into Your Life. Consider a Living Well with Chronic Conditions Workshop.

Chronic conditions include diabetes, arthritis, HIV/AIDS, high blood pressure, depression, heart disease, chronic pain, anxiety, multiple sclerosis, and fibromyalgia. If you or someone you care for has one of these conditions, the Living Well Workshop can help you take charge of your life.

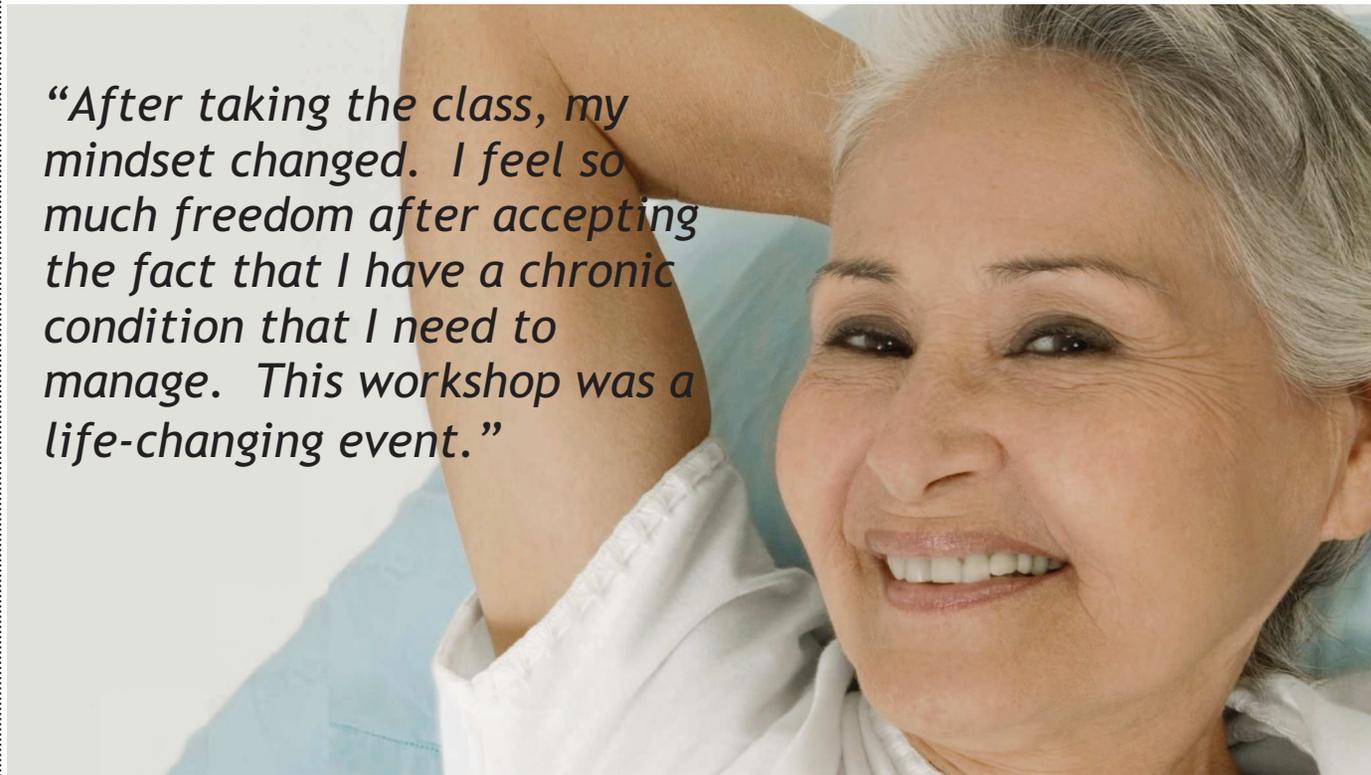
You'll get the support you need, find practical ways to deal with pain and fatigue, discover better nutrition and exercise choices, understand new treatment choices, and learn better ways to talk with your doctor and family about your health.

### Sign Up Now.

 Join a free 2 and ½-hour Living Well Workshop, held each week for six weeks. Classes are fun and interactive.

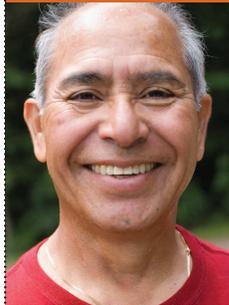
 Learn from trained volunteer leaders with health conditions themselves about how to manage symptoms and medication, work with your health care team, set weekly goals, problem-solve effectively, improve communication, relax, handle difficult emotions, eat well, and exercise safely.

 Set your own goals and make a step-by-step plan to improve your health—and your life.



*“After taking the class, my mindset changed. I feel so much freedom after accepting the fact that I have a chronic condition that I need to manage. This workshop was a life-changing event.”*

For more information about a Living Well Workshop near you,  
please call 1-888-576-7414.



*“Now I have more energy than I’ve had in years. I’m calmer and more confident about my health.”*



*“In just a few weeks, I got back to feeling better - and back to being the kind of person I like to be.”*

IID



Departamento de Servicios Humanos  
de Oregon

800 NE Oregon St., Suite 730  
Portland, OR 97232

1-888-576-7414  
[www.healthoregon.org/livingwell](http://www.healthoregon.org/livingwell)



**Siéntase mejor.**

**Tome control.**

**Haga las cosas que desea hacer.**

**Averigüe más acerca de los  
talleres Tomando Control de su  
Salud.**



**Devuélvale la “vida”  
a su vida**

**Devuélvale  
la “vida” a  
su vida**



**Tomando Control de su Salud**

**Devuélvala la “vida” a su vida.**  
**Considere tomar un taller**  
**Tomando Control de su Salud.**

¿Es usted un adulto con un problema de salud crónico?

Usted conseguirá el apoyo que necesita, encontrará maneras de manejar el dolor y la fatiga, descubrirá mejores opciones de nutrición y ejercicio, se enterará de nuevos tratamientos y aprenderá mejores maneras de hablar con su médico y su familia acerca de su salud.

Si usted sufre enfermedades como diabetes, artritis, VIH/SIDA, fibromialgia, esclerosis múltiple, ansiedad, presión arterial alta, enfermedades cardíacas, dolor crónico, ansiedad, el Taller Tomando Control de su Salud puede ayudarle a tomar control de su vida.

**Inscríbese ahora.**  
**Las inscripciones son limitadas.**

 Inscríbese a un taller Tomando Control de su Salud gratuito de 2 horas y media de duración, que se lleva a cabo cada semana durante seis semanas.

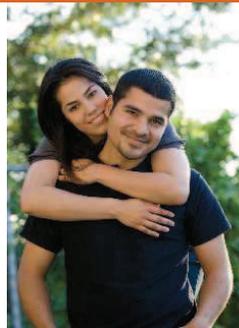
 Impartido por líderes voluntarios quienes también padecen problemas de salud.

 Establezca sus propias metas y realice un plan para mejorar su salud... y su vida.



*“En sólo unas pocas semanas, volví a sentirme mejor... y volví a ser el tipo de persona que me gusta ser”.*

**Para inscribirse u obtener más información, llame al:**  
**1-888-576-7414**

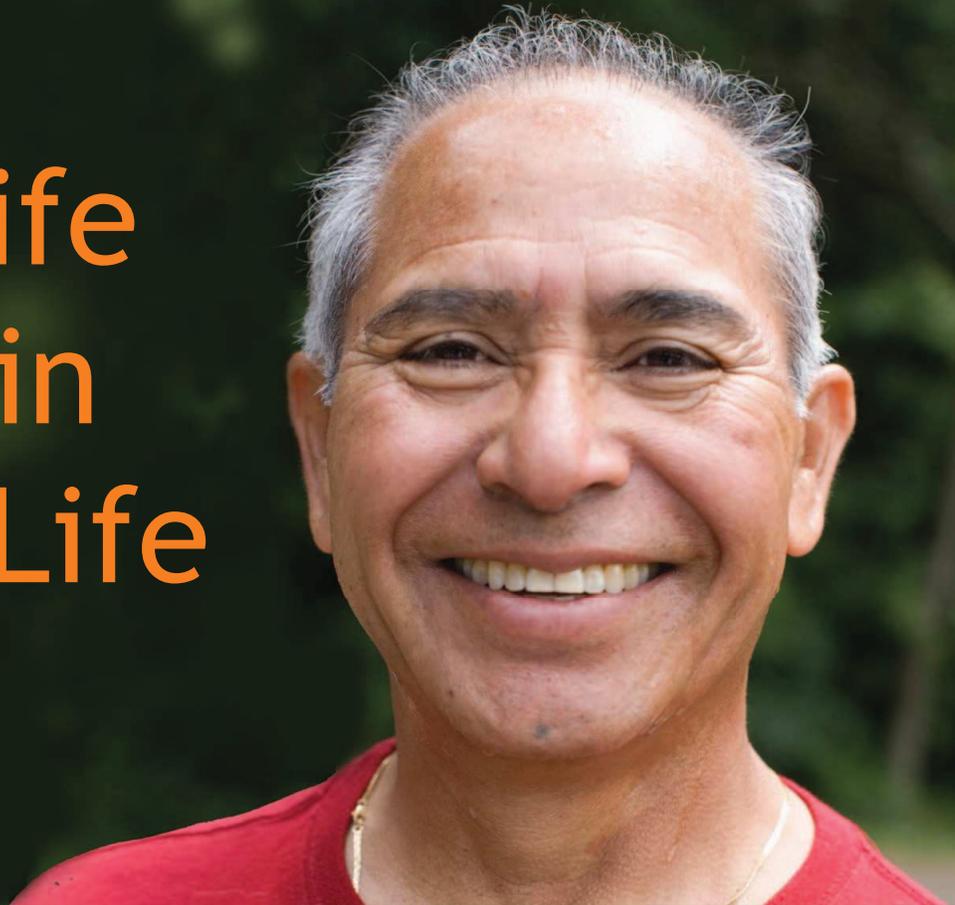


*“Ahora tengo más energía de la que he tenido en años. Estoy más tranquilo y tengo más confianza en mi salud”.*



*“Gracias a los talleres, he tomado de nuevo las riendas de mi vida y me siento de maravilla. Ojalá hubiera hecho esto antes”.*

# Put Life Back in Your Life



I was tired. I hurt all the time. It felt like my health problems were telling me what I could and couldn't do. Living Well workshops put me back in charge.

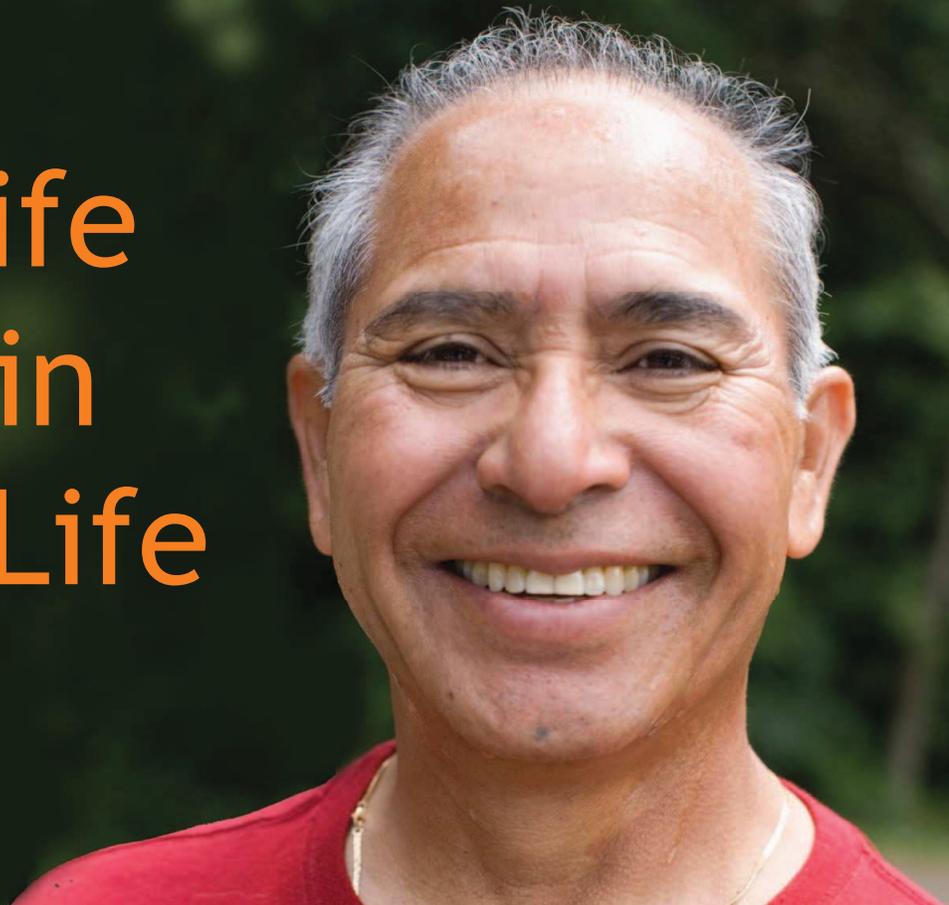
Now I have the energy to do the things that matter. I've put life back in my life.

**Living Well with Chronic Conditions**



To find a Living Well Workshop near you, call 1-888-576-7414.

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## Living Well with Chronic Conditions



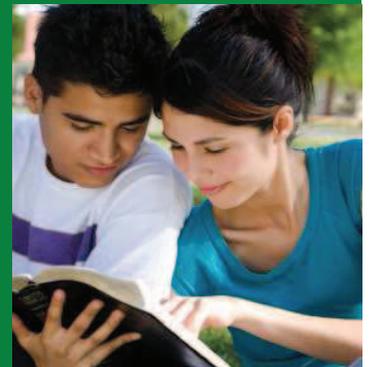
To find a Living Well Workshop near you, call 1-888-576-7414.

# Devuélvase la “vida” a su vida



Estaba cansado. Tenía dolores todo el tiempo. Me sentía como si mis problemas de salud me estuvieran diciendo lo que podía hacer y lo que no. Gracias a los talleres Tomando Control de su Salud, he recuperado el control de mi vida. Ahora tengo la energía para hacer las cosas que importan. Le he devuelto la “vida” a mi vida.

Tomando Control de su Salud



Para encontrar un taller cerca de usted, llame al 1-888-576-7414

## Tips for Using Oregon “Changing Our Lives” Video

June 2008

**Background:** This 7 min video provides firsthand comments on the impact of self-management workshops in Oregon. It was designed to be used in the context of an overall presentation, and requires additional information to be provided on specific programs.

**Audiences:** Funders, healthcare and other referral groups, potential partner organizations that can help facilitate workshops; potential Leaders; potential participants, and others!

### **Content:**

- Comments on the impact of programs by participants and Leaders of Living Well with Chronic Conditions (chronic disease self-management), Tomando Control de Su Salud, and Positive Self-Management for People with HIV/AIDS programs in Oregon
- Brief supportive comments from Dr. Kate Lorig, Stanford University; Dr. John Santa, Portland State University; David Rebanal, Northwest Health Foundation

**Recommended use:** The video provides testimonials and comments on the impact of these self-management workshops in Oregon, but requires additional information to be provided. Depending on the audience, your presentation using this video can be short (i.e. 10-15 min) or lengthy (i.e. an hour or more), but we recommend you include the following information:

#### Basic (recommended for all presentations):

- Workshop logistics – i.e. 2 ½ hours, 6 weeks (7 for PSMP), groups of 8-15 participants, led by 2 trained lay leaders, designed for people with any type of chronic condition, designed to complement – not replace! – disease-specific programs and education
- What is covered in a workshop – consider providing handout with the overview of the workshop that is typically provided to participants, note importance of action planning, brainstorming, and problem solving throughout
- How your audience can be involved – referrals, hosting a workshop, attending a workshop, recruiting Leaders, etc.

#### More (depending on audience):

- Background on Stanford’s development of CDSMP, and research outcomes of this evidence-based program (see fact sheet on Stanford or Living Well websites)
- Example exercises from the workshop – many choose to demonstrate the lemon exercise or action planning with an audience
- Explanation of what is meant by “self-management” – vs. disease education or disease management
- State, national, and international use of this workshop. Growing interest and support in Oregon from insurers and health systems.



**Deschutes County Health Department**

2577 NE Courtney  
Bend, Oregon 97701  
541-322-7430

[www.deschutes.org/livingwell](http://www.deschutes.org/livingwell)  
[www.healthoregon.org/livingwell](http://www.healthoregon.org/livingwell)



**Feel better.**

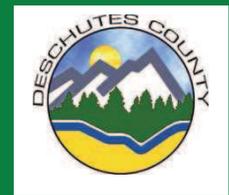
**Be in control.**

**Do the things  
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**Find out more about  
Living Well with  
Chronic Conditions  
Workshops.**

**Put Life  
Back in  
Your Life**

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Your Life**



**Living Well with  
Chronic Conditons**

## Put Life Back Into Your Life. Consider a Living Well with Chronic Conditions Workshop.

Do you or someone you know live with an ongoing health condition?

You'll get the support you need, find practical ways to deal with pain and fatigue, discover better nutrition and exercise choices, understand new treatment choices, and learn better ways to talk with your doctor and family about your health.

If you have conditions such as diabetes, arthritis, high blood pressure, heart disease, chronic pain, anxiety, the **Living Well with Chronic Conditions Workshop** can help you take charge of your life.

### Sign Up Now. Spaces Are Limited.



Join a free 2 ½-hour Living Well with Chronic Conditions Workshop, held each week for six weeks.



Learn from trained volunteer leaders with health conditions themselves.

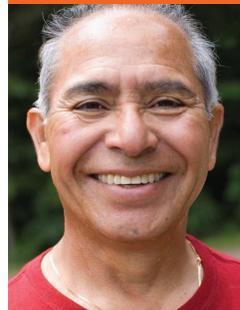


Set your own goals and make a step-by-step plan to improve your health—and your life.



*“In just a few weeks, I got back to feeling better – and back to being the kind of person I like to be.”*

To register or get more information, please call:  
541-322-7430



*“Now I have more energy than I’ve had in years. I’m calmer and more confident about my health.”*



*“The workshops put me back in charge of my life, and I feel great. I only wish I had done this sooner.”*



# Put Life Back In Your Life

Learn new ways to help you deal with issues caused by many chronic conditions

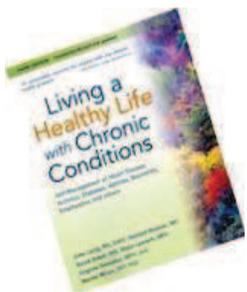
- Handle stress and relax
- Deal with depression
- Solve problems and meet personal goals
- Talk to your Doctor and family effectively about you health
- Eat well
- Control your pain
- Start an exercise program
- Manage medications
- Fight fatigue and frustration
- Make choices about you future

Register now for the [Living Well](#) 6-WEEK workshop

**No Cost! Registration Required**

**Call Today: 864-9611**

Visit our website: [www.sohealthoregon.org](http://www.sohealthoregon.org)



CALL: 864-9611

## Put Life Back in Your Life



### Living Well with Chronic Conditions Workshops begin February 19, March 4 and April 15

If you have chronic conditions such as diabetes, arthritis, high blood pressure, heart disease, or other ongoing health issues, the Living Well with Chronic Conditions program can help you take charge of your life. The six-week workshop and book "Living a Healthy Life with Chronic Conditions" costs only \$10.

To register and for more information, please call

**322-7430**

[www.deschutes.org/livingwell](http://www.deschutes.org/livingwell)



## Living Well

### Free workshop series helps people with chronic health problems craft solutions and find support

By [Sarah Lemon](#)

Mail Tribune

January 13, 2009 6:00 AM

Back pain bothered Susan Rust enough that she sought advice at a local workshop series called "Living Well With Chronic Health Problems."

The first session filled up, so she had to wait. Then the second was canceled. As she bided her time, Rust's health took a drastic turn.

"All of a sudden, I couldn't walk," she says.

The 66-year-old Ashland resident battled a bout of bursitis that painfully swelled both knees. X-rays revealed that Rust also had osteoarthritis. Although the pain curtailed almost all daily activity, Rust attended physical therapy and, finally, space opened up in a Living Well program at Ashland Community Hospital.

"I knew I was not alone and I was in the right place," she says.

Along with 10 other participants, Rust learned to set goals toward improving her health and take small steps each week toward accomplishing them.

She enrolled in an exercise class to strengthen her joints, purchased a pedometer and started walking about three miles a day. Watching her food intake closely, she lost about 12 pounds and alleviated her pain since starting the six-week Living Well seminar in September.

"There's an accountability factor," she says. "I re-ordered my life."

The Living Well program is based on a chronic disease self-management program developed at Stanford University.

In Jackson and Josephine counties, the program is delivered through a partnership between Oregon State University's Extension Service and the Rogue Valley Council of Governments' Senior and Disability Services. Since May 2006, 825 people have participated in 55 free workshops.

"You feel very alone," says Living Well leader Kimber Vaccher. "But the workshop really helps you understand that a lot of people out there have chronic disease."

The built-in support network is invaluable, leaders and participants say. A buddy system keeps everyone engaged and nurtures relationships that continue after instruction is over.

"I felt like I had friends there," says Debbie Gorgani.

After falling down some stairs, herniating a disk in her back and undergoing surgery, Gorgani quit her job and spent most of her time in bed. Previously an avid hiker, backpacker and skier, the 56-year-old Ashland resident isolated herself from family and friends.

Taking "a lot of pain pills" was Gorgani's only source of relief, if not the solution she preferred. She hoped Living Well would teach her different ways to manage pain, but rather than addressing specific medications and dosages, the program gave Gorgani the tools to take control. Since she completed Living Well last fall, she's started working part time and can walk for a mile at a stretch.

"It helped me to realize that my health was in my own hands," she says, adding that she no longer expects her doctor to manage her medications or activity level.

Improving communication with health care providers is a key component of Living Well, Vaccher says. The workshop also is geared toward improving the understanding of chronic disease among the sufferers' family members and caregivers, as well as their relationships.

Eighty-year-old Eulayne Ellis was one of 20 participants who attended Living Well last year in support of someone with a chronic condition. She struggled with depression after her 74-year-old husband, Jack, suffered a massive stroke. Although Jack Ellis still endures "tremendous" pain and blood clots in both legs, the Jacksonville couple's outlook is more positive.

"We've seen such progress, and we've got a handle on things and it's a relief," Eulayne Ellis says.

Participants receive a copy of the companion book "Living a Healthy Life With Chronic Conditions," which contains some disease-specific information, says Arlene Logan, a master trainer and workshop leader. Common ailments among participants are heart disease, auto-immune disorders, diabetes and occasionally mental illnesses like bipolar disorder, Logan says. The workshops see a wide age range, from late-30s to late-80s, she adds.

Many of Living Well's leaders also suffer from chronic health problems, giving them empathy and the ability to facilitate from real-life experience, Logan says. The program trains its leaders, with the next session scheduled in April.

For more information, visit the Web site [www.sohealthyoregon.org](http://www.sohealthyoregon.org). To register, call Bernadette Maziarski at 864-9611.

Reach reporter Sarah Lemon at 776-4487, or e-mail [slemon@mailtribune.com](mailto:slemon@mailtribune.com).

# Keys to

'Living Well With Chronic Health Problems'

- Manage medications
- Deal with depression
- Eat wisely and well
- Control pain
- Set and meet goals
- Fight fatigue and frustration
- Start an exercise program
- Manage stress and relax
- Solve problems
- Communicate better with health-care providers

## Ways to Develop a Media Feature

- **Contact the Feature Editor of the newspaper and discuss the Living Well Program. Requesting a feature article for the community. Give them a copy of the *Living a Healthy Life With Chronic Conditions* book and any current flyers. Give your name and contact information for the assigned Feature Writer.**
- **The assigned Feature Writer will contact you for information. Have a summary and history of the CDSMP workshop in a file (see sample attached). Include a file copy of the current flyers.**

**Offer to contact 6 participants who have completed 4-6 sessions in the last 6 months. Asking them permission to give their contact information to the feature writer with a possibility of a picture. Make sure you get the best day and time the participant can be contacted. This is a verbal permission. The Feature Writer will retain a written agreement with the participant and the news media.**

**Also, contact 2-3 Living Well Lay Leaders and ask them for permission to give their contact information to the Feature Writer. Making sure you get the best day and time the Leader can be contacted.**

**Provide these names and contact information to the feature writer as soon as possible.**

- **Give the Feature Writer any statistical information such as:**  
**Number of workshops completed, number of participants who attended and where the workshops were conducted.**
- **Before the Living Well feature is published, be sure to have a number of CDSMP workshops scheduled. If there is a “registration flood” you want to be sure to get as many of the people responding into a workshop. When the currently scheduled workshops are full, record the names and contact information of those potential participants and call them when one is available for them to attend. Be sure to follow up!**
- **Write a letter of appreciation to the Feature Editor and another letter to the Feature Writer. Thanking them and giving them the results of the article and the impact it has on the Living Well program.**

*Bernadette Maziariski*

Living Well CDSMP Workshop

In Southern Oregon

Registration Coordinator

541-864-9611

[bmaziarski@charter.net](mailto:bmaziarski@charter.net)

[www.sohealthyoregon.org](http://www.sohealthyoregon.org)



## *Living Well With Chronic Conditions in Southern Oregon*

January 22, 2009

Sarah Lemon and  
Medford Tribune Editor  
PO Box 1108  
Medford, OR 97501

Dear Editor and Sarah,

What a wonderful way you told our story in the recent Medford Tribune Living Well Feature news article. You have helped and given hope to so many by giving testimony of the participants and Leader's experience with the Stanford Chronic Condition Self-Management workshop.

There has been a flood of response from the readers. Before 7am that morning the phone was ringing by a woman who wanted to resister for the Living Well workshop.

I wanted to thank you again and say how we appreciate that you told the Living Well With Chronic Conditions story.

Best Wishes,

Bernadette Maziarski  
Registration Coordinator  
Living Well With Chronic Conditions Workshop  
541-864-9611



Name \_\_\_\_\_

Referred by \_\_\_\_\_

from office/organization \_\_\_\_\_

Living Well with Chronic Conditions

(for English, 687-6234)

Tomando Control de su Salud

(en Español 687-6200)

A **Free** 6-week program for anyone living with chronic conditions. Developed by Stanford University.



Name \_\_\_\_\_

Referred by \_\_\_\_\_

from office/organization \_\_\_\_\_

Living Well with Chronic Conditions

(for English, 687-6234)

Tomando Control de su Salud

(en Español 687-6200)

A **Free** 6-week program for anyone living with chronic conditions. Developed by Stanford University.



Name \_\_\_\_\_

Referred by \_\_\_\_\_

from office/organization \_\_\_\_\_

Living Well with Chronic Conditions

(for English, 687-6234)

Tomando Control de su Salud

(en Español 687-6200)

A **Free** 6-week program for anyone living with chronic conditions. Developed by Stanford University.



Name \_\_\_\_\_

Referred by \_\_\_\_\_

from office/organization \_\_\_\_\_

Living Well with Chronic Conditions

(for English, 687-6234)

Tomando Control de su Salud

(en Español 687-6200)

A **Free** 6-week program for anyone living with chronic conditions. Developed by Stanford University.

## **Oregon Living Well**

### **Recommended Use of Fidelity Checklist**

Stanford's self-management programs – including Living Well with Chronic Conditions/CDSMP, Tomando Control de su Salud, and Positive Self-Management for People with HIV/AIDS (PSMP) – result in well-documented beneficial health outcomes for participants when the programs are implemented with fidelity. The recommendations below propose how the Living Well Fidelity Checklist can be used by Oregon Living Well programs to help ensure the fidelity and effectiveness of programs.

#### **A. Fidelity observation process**

1. Leaders should be told about program fidelity and observation during their initial training (or as soon as fidelity observation is started by an organization), and provided a copy of the Living Well Fidelity Checklist. It should be emphasized that program observation is done to ensure that programs are offered as designed, and that observation helps programs be more effective in achieving proven outcomes – helping Leaders see observation as an opportunity to improve programs and provide helpful feedback rather than something threatening.
2. Observation and completion of checklist should be done by a Master Trainer, or an experienced Leader if a Master Trainer is not available. Observer should be experienced with the program and able to provide constructive feedback in a positive way. Programs that do not have access to an observer can email the Oregon Living Well team at [living.well@state.or.us](mailto:living.well@state.or.us) to see if there are individuals in their area who might be able to observe programs. If there is no observer available, co-leaders may use the checklist together as a guide to maintaining fidelity of their programs.
3. Each new Leader should be observed for one session during their first program, and then for one session of a workshop on a regular basis (i.e. at least annually). It is recommended that observation take place during sessions 2-5 (2-6 for PSMP) in order to ensure observation of action-planning, feedback/problem-solving, and brainstorming.

#### **B. Fidelity observation logistics**

4. Leaders should be notified by the Master Trainer or program coordinator at least one week in advance that they will be observed. Leaders should ask their

group if they would be willing to be observed, and explain to the group how observation by an experienced Leader or Master Trainer helps ensure that programs are as effective as possible. The group should be informed that the observer is held to the same standard of confidentiality as the Leaders and the group members. If there is real concern about observation, Leaders should discuss this with the observer and consider not observing this particular group.

5. The observer should arrive before the program begins, and stay through the full session. If this is not possible, the observer should plan to arrive or leave during the break, but not during other parts of the session. The observer should be introduced briefly to the group, and should sit in the back of the room, not joining in as a participant.
6. The observer should use one checklist for each Leader. The checklist helps to identify program logistic issues, and Leader strengths and possible areas for improvement. The observer is also encouraged to provide comments that will help the Leader – positive feedback on strong areas, and suggestions for possible improvements.

### **C. Fidelity observation follow-up**

7. If possible, the observer should follow up with Leaders immediately after observation to share the feedback – using the feedback process used in Leader training and asking Leaders to speak first about how they felt the session went. If it is not possible for the observer to talk immediately with the Leaders, feedback should be provided by the observer or coordinator as soon as possible in person or by phone. The checklist should be returned to the coordinator or lead contact at the licensed organization, and a copy of the checklist may also be mailed to the Leader.
8. If there are real concerns, a Leader should be re-observed soon after to ensure that recommended changes have been made. If concerns continue, the Master Trainer should work with the Leader one-on-one to correct the problem and/or consider not using that Leader for future programs.
9. Organizations should develop a system (i.e. Excel spreadsheet or simple checklist) to track that Leaders are each observed initially and at least annually thereafter. It is also recommended that the observer submit completed checklists to program coordinators, who should keep the fidelity checklists on file for at least 2 years.

## Living Well Fidelity Checklist

February 2009

Please evaluate the Living Well with Chronic Conditions session on the following criteria by marking the appropriate column that best corresponds to your response:

**Leader's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Workshop Location:** \_\_\_\_\_

**Session Observed** \_\_\_\_\_ **Observer's Name** \_\_\_\_\_

Checklist					
	Excellent	Good	Fair	Poor	N/A
	Yes		No		N/A
Arrived on-time for set up, start time & prepared to lead session					
Followed the Leaders Manual content and process					
Modeled session activities appropriately					
Worked as a partner with co-leader, kept to timelines					
Used brainstorming techniques correctly (ie. repeated question, used silence, offers own response only at end of brainstorm)					
Encouraged group participation					
Modeled Action Planning appropriately					
Positively reinforced group members					
Handled problem people appropriately					
Room appropriate re: seating, lighting, temperature, ADA , noise and distractions, ability of all participants to see and hear					

Comments

Signature of Observer \_\_\_\_\_

**\* Please attach the addendum for the specific session observed.**









## Session 5 Addendum - Living Well Fidelity Checklist

---

Checklist					
	Excellent	Good	Fair	Poor	N/A
	Yes		No		N/A
Included italicized information for medication and informed treatment choices					
Noted need for professional treatment for severe depression					
Allowed time for participants to suggest changes for negative statements					

Comments

Signature of Observer \_\_\_\_\_

## Session 6 Addendum - Living Well Fidelity Checklist

---

Checklist					
	Excellent	Good	Fair	Poor	N/A
	Yes		No		N/A
Clearly defined health care organization compared to health care provider					
Clearly modeled 3 to 6 month plan					

Comments

Signature of Observer \_\_\_\_\_



## Session 2 Addendum - Positive Living Fidelity Checklist

Checklist					
	Excellent	Good	Fair	Poor	N/A
Complimented appropriate action plan adjustment/modification					
If action plan not achieved, asked if help wanted from the group Modeled problem solving steps					
Handled overview of ARV medications efficiently and was able to deal with questions that came up during presentation.					

Comments

Signature of Observer \_\_\_\_\_

## Session 3 Addendum - Positive Living Fidelity Checklist

Checklist					
	Excellent	Good	Fair	Poor	N/A
Led effective section on informing the HealthCare Team					
Introduces concept of Acute versus Chronic symptoms					
Correctly demonstrated use of the 'Evaluating Common Symptoms' chart utilizing the book					
Is able to give resources for HIV medication problem solving exercise					

Comments

Signature of Observer \_\_\_\_\_



## Session 5 Addendum - Positive Living Fidelity Checklist

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Checklist					
	Excellent	Good	Fair	Poor	N/A
Presented information on where to locate Advance Directives in the community					
Provided safe atmosphere for participants to participate or not in Progressive Muscle Relaxation					
Presents intimacy and disclosure in a way that demonstrates comfort with the material					
Clearly explained "T" messages					

Comments

Signature of Observer \_\_\_\_\_

## Session 6 Addendum - Positive Living Fidelity Checklist

---

Checklist					
	Excellent	Good	Fair	Poor	N/A
Utilizes Brainstorming fundamentals around Dealing with Fatigue					
Covers healthy eating program – addresses both under weight and over-weight issues as the arise					
Facilitates Guided imagery					

Comments

Signature of Observer \_\_\_\_\_

## Session 7 Addendum - Positive Living Fidelity Checklist

---

Checklist					
	Excellent	Good	Fair	Poor	N/A
Clearly defined types of exercise and Exercise program goals and benefits					
Engages clients in thinking about ways that they can GIVE support outside HIV community					
Clearly modeled 3 to 6 month plan					

Comments

Signature of Observer \_\_\_\_\_

## Lista de Observación de Fidelidad – Tomando Control de su Salud

Por favor evalúe la sesión de Tomando Control de su Salud con el siguiente criterio y marque la columna que mejor corresponde a su respuesta:

Nombre del líder: \_\_\_\_\_ Fecha: \_\_\_\_\_

Lugar de la sesión: \_\_\_\_\_

Sesión observada \_\_\_\_\_ Nombre del observador \_\_\_\_\_

Lista de Observación					
	Excelente	Bien	Regular	Pobre	N/A
	Si		No		N/A
Llegó a tiempo para preparar salón, iniciar clase y estaba preparada para la clases					
Siguió el contenido y proceso del Manual del Líder					
Modeló las actividades de la sesión apropiadamente					
Trabajó en equipo con su pareja, respetaron el tiempo dedicado a cada actividad					
Usó correctamente la técnica de lluvia de ideas (p.e. repetir pregunta, usar silencio, ofrecer respuesta propia solo al final de la lluvia de ideas)					
Fomentó la participación del grupo					
Modeló apropiadamente la actividad de Hacer Propósitos					
Reforzó positivamente a los miembros del grupo					
Manejó apropiadamente a las personas difíciles					
Salón apropiado con respecto a: arreglo del sillas, temperatura, luz, ADA, distracciones y ruido, habilidad de todos los participantes para ver y escuchar					

Comentarios:

Firma del observador: \_\_\_\_\_

## Apéndice a la Sesión 1

### Lista de Observación de Fidelidad - Tomando Control de su Salud

Nombre del líder: \_\_\_\_\_

Lista de Observación					
	Excelente	Bien	Regular	Pobre	N/A
	Si		No		N/A
Usó la cartulina de alimentos o las páginas 102-103 para presentar la Actividad 6: Una Alimentación Saludable ( <i>Act.6</i> )					
Explicó los grupos de alimentos de acuerdo al manual ( <i>Act.6</i> )					
Describió la alimentación saludable no como una dieta sino como hacer modificaciones pequeñas ( <i>Act.6</i> )					
Tenía preparados las hojas para el ejercicio del diario de alimentos ( <i>Act.6</i> )					

Comentarios:

Firma del Observador: \_\_\_\_\_

## Apéndice a la Sesión 2

### Lista de Observación de Fidelidad - Tomando Control de su Salud

Nombre del líder: \_\_\_\_\_

Lista de Observación					
	Excelente	Bien	Regular	Pobre	N/A
	Si		No		N/A
Modeló correctamente el ejercicio de resolución de problema ( <i>Act.3</i> )					
Resumió cada propósito al usar el siguiente estándar: Algo que el participante desea hacer Algo razonable o realista Hábito específico Responde a las preguntas de qué, cuánto, cuándo, con qué frecuencia, grado de seguridad de 7 o más ( <i>Act.3</i> )					
Para grados de seguridad de 7 o más, realizó la identificación de barreras ( <i>Act.3</i> )					
Tenía el audio casete listo para el ejercicio de estiramiento ( <i>Act.5</i> )					

Comentarios:

Firma del Observador: \_\_\_\_\_

## Apéndice a la Sesión 3

### Lista de Observación de Fidelidad - Tomando Control de su Salud

Nombre del líder: \_\_\_\_\_

Lista de Observación					
	Excelente	Bien	Regular	Pobre	N/A
	Si		No		N/A
Felicitó al participante por la modificación/ajuste apropiado del propósito hecho. <i>(Act.1)</i>					
-Si no se logró el propósito, le preguntó al participante si desea ayuda del grupo. -Modeló pasos para resolver un problema. <i>(Act.1)</i>					
Creó un ambiente adecuado para la ejercicio de relajación <i>(Act.4)</i>					
Les dio a los participantes la opción de no participar en la actividad de relajación muscular. <i>(Act.4)</i>					
Mostró correctamente la técnica de respiración diafragmática <i>(Act.5)</i>					

Comentarios:

Firma del Observador: \_\_\_\_\_

## Apéndice a la Sesión 4

### Lista de Observación de Fidelidad - Tomando Control de su Salud

Nombre del líder: \_\_\_\_\_

Lista de Observación					
	Excelente	Bien	Regular	Pobre	N/A
	Si		No		N/A
Trajo ejemplos de etiquetas de alimentos a la clase ( <i>Act.2</i> )					
Explicó claramente y permitió suficiente tiempo para la actividad en grupo pequeño con las etiquetas de alimentos ( <i>Act.2</i> )					
Hizo hincapié en la necesidad de tratamiento profesional para la depresión severa ( <i>Act.4</i> )					
Dio tiempo a los participantes para sugerir cambios a las declaraciones negativas ( <i>Act.5</i> )					

Comentarios:

Firma del Observador: \_\_\_\_\_

# Apéndice a la Sesión 5

## Lista de Observación de Fidelidad – Tomando Control de su Salud

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Nombre del líder: \_\_\_\_\_

Lista de Observación					
	Excelente	Bien	Regular	Pobre	N/A
	Si		No		N/A
Presentó información sobre dónde encontrar información sobre la Directiva Anticipada en la comunidad ( <i>Act.2</i> )					
Durante el ejercicio de resistencia, un líder realizó la actividad en su lugar o en una silla mientras el otro líder dirigió al grupo ( <i>Act.3</i> )					
Incluyó la información en <i>itálicas</i> sobre los medicamentos y opciones de tratamiento informado. ( <i>Act.4</i> )					

Comentarios

Firma del Observador \_\_\_\_\_

## Apéndice a la Sesión 6

### Lista de Observación de Fidelidad – Tomando Control de su Salud

Nombre del líder: \_\_\_\_\_

<b>Lista de Observación</b>					
	<b>Excelente</b>	<b>Bien</b>	<b>Regular</b>	<b>Pobre</b>	<b>N/A</b>
	<b>Si</b>		<b>No</b>		<b>N/A</b>
Guió a los participantes si estaban interesados en hablar sobre tratamientos específicos o “curas milagrosas” <i>(Act.2)</i>					
Les dio a los participantes la opción de no participar en la actividad de imágenes guiadas <i>(Act.3)</i>					
Uso la Cartulina 1 de la Sesión 1 para el ejercicio Compartiendo logros <i>(Act.4)</i>					
Modeló claramente el plan de 3 a 6 meses <i>(Act.5)</i>					

Comentarios:

Firma del Observador: \_\_\_\_\_

**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
- Presentations to community groups
- Newspaper/radio/TV promotion
- Referrals from partner agencies
- Other \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_

*Questions or suggestions? Call us at 971-673-0984. Thank you!*

## Tomando Control de su Salud Resumen del Programa

*Favor de mandar este formulario y el formulario "Información del Participante" a 800 NE Oregon St, Suite 730, Portland, OR 97232 o por fax al 971-673-0994 dentro de dos semanas de completar un programa en la comunidad.*

Nombres de líderes/instructores: \_\_\_\_\_

Fechas del programa: \_\_\_\_\_ Ubicación del programa: \_\_\_\_\_

¿Cobro por el programa?  No  Sí, ¿cuánto? \_\_\_\_\_

Número de personas que se registraron: \_\_\_\_\_

Número de personas que asistieron a por lo menos 1 sesión : \_\_\_\_\_

Número de personas que asistieron a por lo menos 4 de las 6 sesiones: \_\_\_\_\_

¿Cómo reunió participantes para este programa?

- Volantes/folletos
- Presentaciones a grupos en la comunidad
- Periódico/radio/televisión
- Recomendación de otras agencias
- Otro \_\_\_\_\_

¿Qué funcionó bien? (número de participantes, programa, etc.)

\_\_\_\_\_

\_\_\_\_\_

¿Tuvieron alguna duda o dificultad?

\_\_\_\_\_

\_\_\_\_\_

¿Cuáles son las fechas de su próximo programa? ¿Cómo podemos ayudarles? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Marque aquí si desea que alguien del Departamento de Servicios Humanos DHS se comunice con usted para ayudarlo o darle sugerencias. Favor de anotar su nombre, teléfono o dirección de correo electrónico:

\_\_\_\_\_

*¿Preguntas o sugerencias? Llame al 971- 673-0984. ¡Gracias!*

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.*

## **Tomando Control de su Salud** **Información del participante**

Gracias por llenar esta hoja. No es necesario poner su nombre.  
Esta información nos ayudará a evaluar y expandir el programa en Oregon.

1. ¿En qué CONDADO vive? \_\_\_\_\_
2. Sexo \_\_\_ Masculino \_\_\_ Femenino
3. ¿Cuál es su edad? \_\_\_\_\_ años
4. ¿Qué condición(es) padece usted? *(marque todos los que apliquen)*

___ Artritis	___ Dolor crónico	
___ Asma	___ Depresión	___ Presión alta
___ Cáncer/sobreviviente	___ Diabetes	___ VIH/SIDA
___ Colesterol alto	___ Fibromialgia	___ Esclerosis Múltiple
___ Enfermedad crónica	___ Enfermedad del	___ Embolia
pulmonar	corazón	
___ Otro – favor de anotar _____		
___ Ninguno – aquí para apoyar a familia o amistad		
5. ¿Cuál es su raza/grupo étnico? *(marque todos los que apliquen)*

___ Negra	___ Hispano/Latino
___ Indígena americano/Nativo de	___ Blanca
Alaska	___ Otro – por favor anote
___ Asiática/Nativo de las Islas del	_____
Pacífico	
6. ¿Tiene usted algún tipo de seguro de gastos médicos? \_\_\_ Sí \_\_\_ No
7. ¿Usted ahora utilice el tabaco (cigarros, cigarrillos, tabaco sin humo)?  
\_\_\_ Todos los días \_\_\_ Algunos días \_\_\_ Nunca
8. ¿Cómo se enteró de este programa? *(marque todos los que apliquen)*

___ Doctor, enfermera, u otro consultorio médico	
___ Organización comunitaria o de la iglesia/organización de la tercera edad	
___ De un aviso en el trabajo	___ Periódico/radio/televisión
___ Un amigo/miembro de familia	___ Internet
___ Otro: _____	