

# CHRONIC DISEASE SELF-MANAGEMENT DATA REPORT

2015



Oregon  
**Health**  
Authority

PUBLIC HEALTH DIVISION  
Health Promotion and Chronic Disease Prevention

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## EXECUTIVE SUMMARY

Evidence-based chronic disease self-management programs are innovative interventions that span community and health system settings. These programs help people take care of themselves, stay healthy and live better with existing mental and physical health conditions. Self-management programs are also a patient-centered approach to empowering people with chronic conditions to become active partners in their health care.

This report is the first to present currently available data on multiple types of evidence-based self-management programs in Oregon. The programs described here include interventions that focus on one disease or risk category (e.g., arthritis, prediabetes, tobacco use) and those that take a broader approach to primary and secondary chronic disease prevention by enhancing physical activity or supporting self-management of multiple conditions.

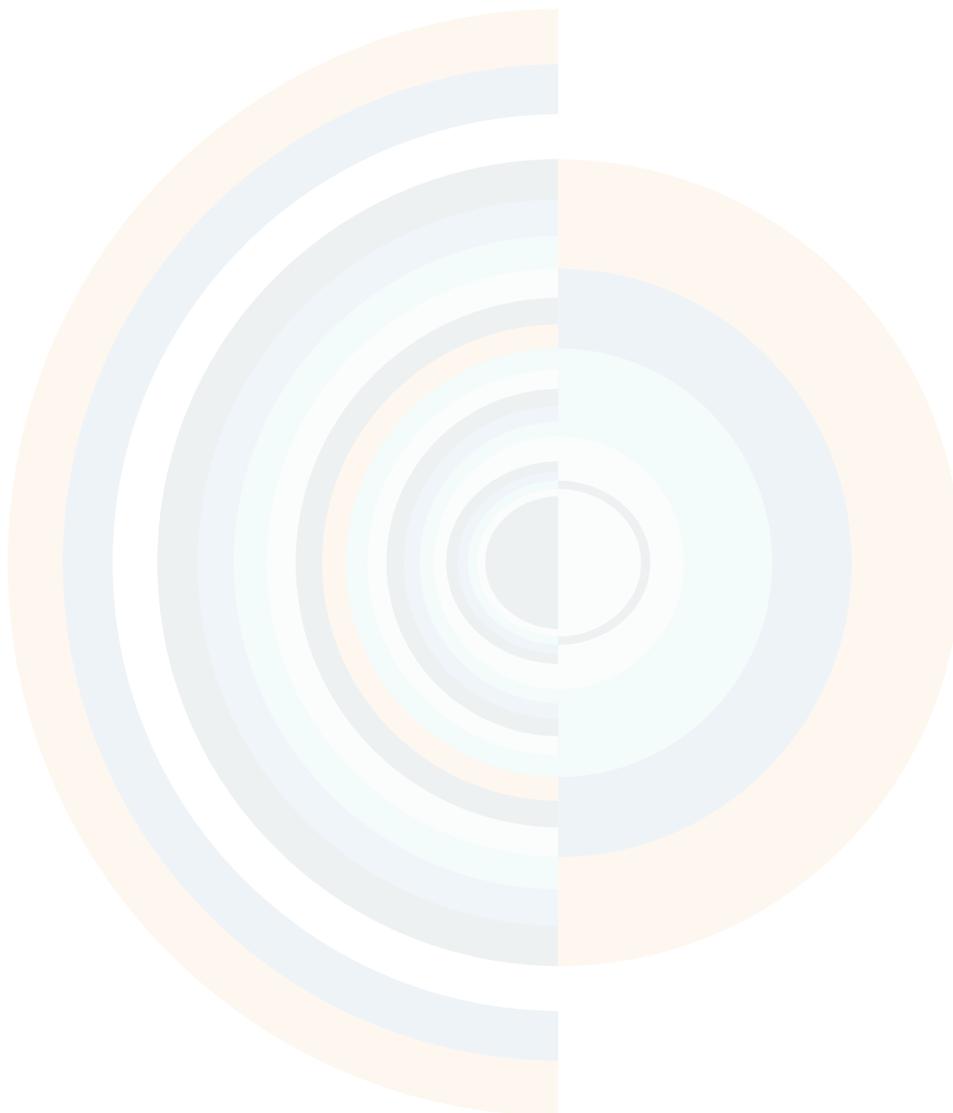
The Oregon Health Authority (OHA) Public Health Division and the Oregon Department of Human Services (DHS) have jointly supported multiple evidence-based chronic disease self-management programs in Oregon for almost a decade. This report includes cumulative data from January 2006 through December 2013.

Highlights of the report include:

- A total of 11,851 individuals have participated in a six- or seven-week Stanford chronic disease self-management program from January 2006 to December 2013. Through 2013, programs had taken place in all but three of Oregon's counties. In 2013, 1,918 people participated in a total of 205 workshops. While participation in the Living Well program leveled off in 2012–2013, participation in other Stanford program offerings, including the Diabetes Self-Management Program, grew rapidly.
- The Oregon Tobacco Quit Line served approximately 7,500 individuals, almost 1,000 of whom participated in online services.
- Eleven organizations offered the National Diabetes Prevention Program in eight counties in 2013.
- The Walk With Ease program grew rapidly in 2013: 19 group leaders were trained and started offering the program in 11 counties. Almost 200 people participated in the WWE program during 2013.

## EXECUTIVE SUMMARY

Thousands of Oregonians benefitted from evidence-based self-management programs in 2013. For those people, participation produced substantial improvements in quality of life and reduction of chronic disease risk associated with tobacco use and physical inactivity. Due to Oregon Tobacco Quit Line coverage statewide and the availability of in-person self-management programs, 100% of Oregonians live in counties where self-management programs are available (see Appendix I). However, given the increasing prevalence of chronic conditions, it is crucial to continue expanding access to in-person self-management programs, and referrals to the Quit Line, within communities across the state.



# INTRODUCTION

## **Evidence-based chronic disease self-management programs in Oregon**

Since 2005, the Oregon Health Authority's Public Health Division has partnered with the Oregon Department of Human Services State Unit on Aging, Public Employees Benefit Board and the Division of Medical Assistance Programs to support growth and financial sustainability of self-management programs. Ensuring statewide access to these important resources is part of the Oregon Health Authority's mission to help fulfill the triple aim of health system transformation: better health, better care and lower costs.

For the purposes of this report, self-management programs are defined quite broadly. The programs described here include both interventions that focus specifically on one disease or risk category (e.g., arthritis, prediabetes, tobacco use) and those that take a broader approach to primary and secondary chronic disease prevention by enhancing physical activity or supporting self-management of multiple conditions.

This report is intended to provide a useful overview of what programs are available, how availability of these resources is evolving over time, and who is accessing them. The report is not a comprehensive status report on self-management resources in the state. Attempts were made to collect data from all self-management programs; however, some workshops and their participants may not be represented in these findings. Data on the following programs are included in this report:

- Stanford Chronic Disease Self-Management Programs (SMPs): Living Well, Tomando Control de su Salud, Diabetes SMP, Chronic pain SMP and Positive SMP;
- The Oregon Tobacco Quit Line;
- Diabetes self-management programs: clinical diabetes self-management education, the National Diabetes Prevention Program, the Stanford Diabetes Self-Management Program; and
- Arthritis self-management programs: Walk With Ease, Arthritis Foundation Exercise Program and EnhanceFitness.

OHA and DHS support these programs because there is evidence that they work to help people take care of themselves and confidently engage in their health care. When presented with fidelity to the original program model, the self-management interventions described here predictably improve outcomes for people with chronic conditions, such as reduced pain and fatigue or the ability to live free of tobacco addiction.

# ARTHRITIS PROGRAMS

Arthritis is the most common cause of disability in the United States. An estimated 52.5 million of U.S. adults (22.7%) or one in five people report having doctor-diagnosed arthritis.

In Oregon, doctor-diagnosed arthritis has a higher prevalence than the nation. Arthritis affects nearly 800,000 adult Oregonians, which equates to 27% of the total population or one in four people. More than two-thirds of state residents aged 45 to 64 have arthritis, as do more than half of adults aged 65 years and older. According to the U.S. Centers for Disease Control and Prevention 2010 data for Oregon, the total direct and indirect cost of arthritis care was \$1.5 billion. As the state's population ages, the prevalence of arthritis and its burden is expected to increase.

Physical activity has many benefits and is especially effective for people with arthritis and other chronic conditions. Evidence shows that self-management education and physical activity programs ease arthritis pain, improve physical activity habits, reduce risk for falls and decrease health care costs.

Many people with arthritis also live with other chronic conditions. Studies show 67% of Oregon adults with arthritis also have at least one other chronic disease. Comorbidities may negatively affect quality of life for people with arthritis and limit their efforts to be more physically active. Offering a variety of self-management programs helps to meet the needs of people with different health conditions.

Since 2002, the Oregon Health Authority (OHA) has supported and promoted evidence-based programs that are effective for people with arthritis and other chronic disease:

- **Walk With Ease** (WWE) is an Arthritis Foundation program originally designed for people with arthritis, that is also appropriate for others, including older adults. WWE uses self-paced group or individual walks and provides information about health-related topics. The program is designed to decrease disability and improve arthritis symptoms, self-efficacy, perceived control, balance, strength and walking pace. Walking intensity can be modified to meet the needs of the group. WWE is offered to groups of 12 to 15 participants as 60-minute sessions three times per week for six weeks.
- **Arthritis Foundation Exercise Program** (AFEP) is a low-impact recreational exercise program with a brief educational component. It is designed for people with arthritis to improve their functional ability, self-confidence, self-care, mobility, muscle strength and coordination, and to reduce fatigue, pain and stiffness. AFEP is offered to groups of 15 to 20 people as one-hour classes two to three times per week for eight to 12 weeks. Many participants attend this program on an ongoing basis.

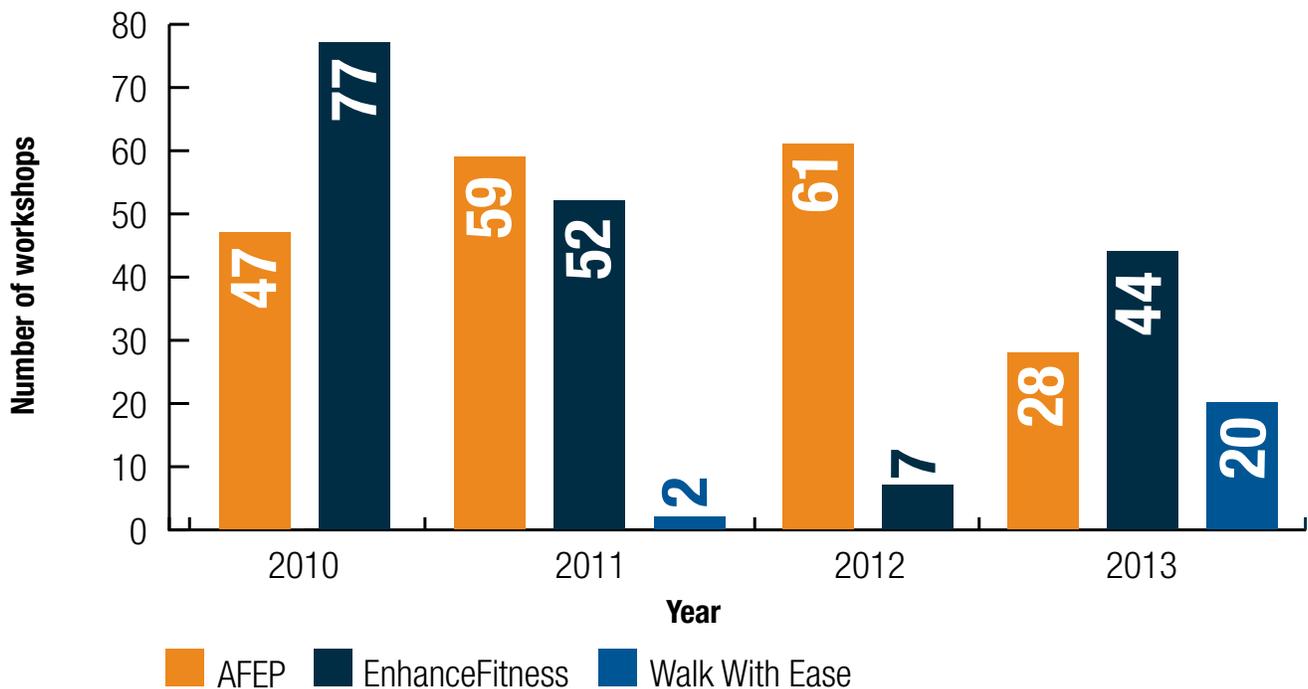
## Arthritis program

- **EnhanceFitness** (EF) is a multi-component group exercise program designed to increase strength, improve flexibility and balance, boost activity levels, and elevate mood. EF includes a five-minute warm-up, 20-minute aerobics workout, five-minute cool-down, 20-minute strength training and 10-minute stretching. EF is offered to groups of 10 to 25 participants as one-hour classes that meet three times per week on an ongoing basis.
- **Fit & Strong!** (F & S!) includes flexibility and strength training, aerobic walking, and a health education component. It is designed to reduce joint pain and stiffness, and increase strength and self-efficacy. The F & S! program is offered to groups of 20 to 25 participants as a one-hour exercise and 30-minute health education session, three times per week for eight weeks.

### Program capacity

With funding from the U.S. Centers for Disease Control and Prevention, OHA supports arthritis self-management programs by raising awareness of the burden of arthritis, the effectiveness and availability of programs, coordinating group leader trainings, providing technical assistance to organizations involved in program delivery, and managing data collection. Figure 1 below shows the capacity of arthritis-specific self-management programs.

**Figure 1: Workshops offered by program type and year, 2010–2013**



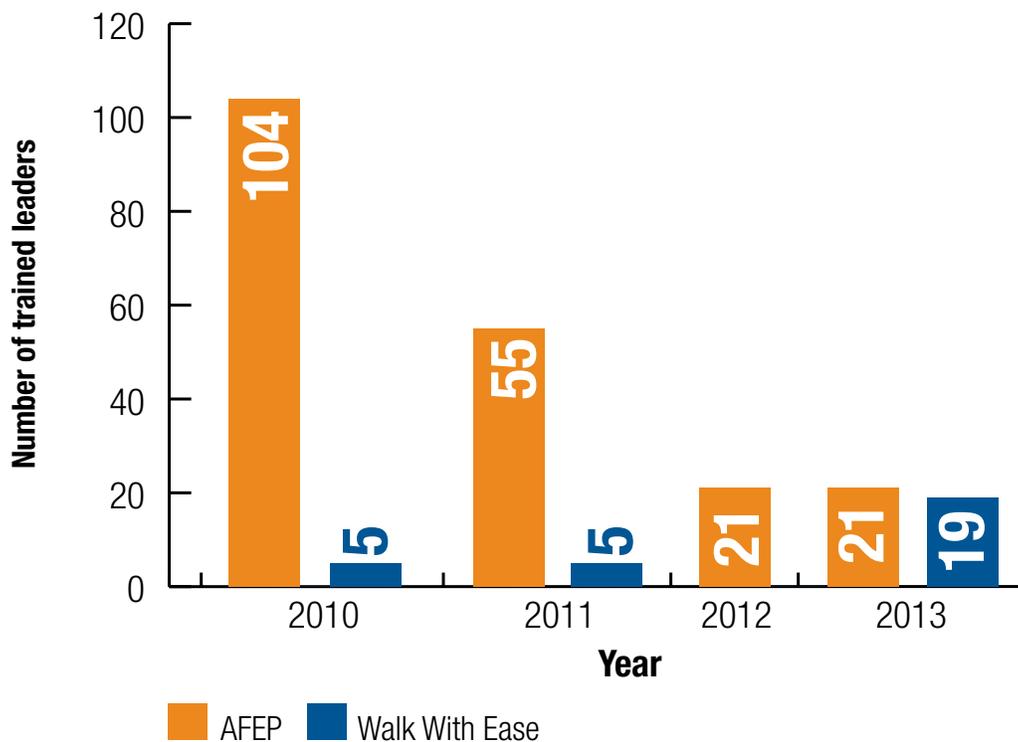
## Arthritis program

In 2010–2011, Oregonians with arthritis had access to AFEP and EF programs. Although F&S! appeared to have promise in Oregon, administrative challenges and limited resources hampered wider implementation. For this reason, the numbers for F&S! are not included in figures below. In 2011, OHA began working with Arthritis Foundation Great West Chapter, Oregon State University Extension Services and Meals on Wheels People to support WWE by promoting the program, recruiting and training group leaders, and providing technical assistance. The WWE program is becoming increasingly popular. The program is effective and easy for organizations to implement, especially in worksite settings and areas lacking gyms or fitness centers, since it does not require use of special equipment.

### Program leaders

Figure 2 below represents the number of AFEP and WWE group leaders trained in 2010–13. Initially a corps of AFEP group leaders was trained in 2010. In 2011, OHA started training leaders for the WWE program. All leaders for the EF program were trained prior to 2010 and the numbers are not included in Figure 2.

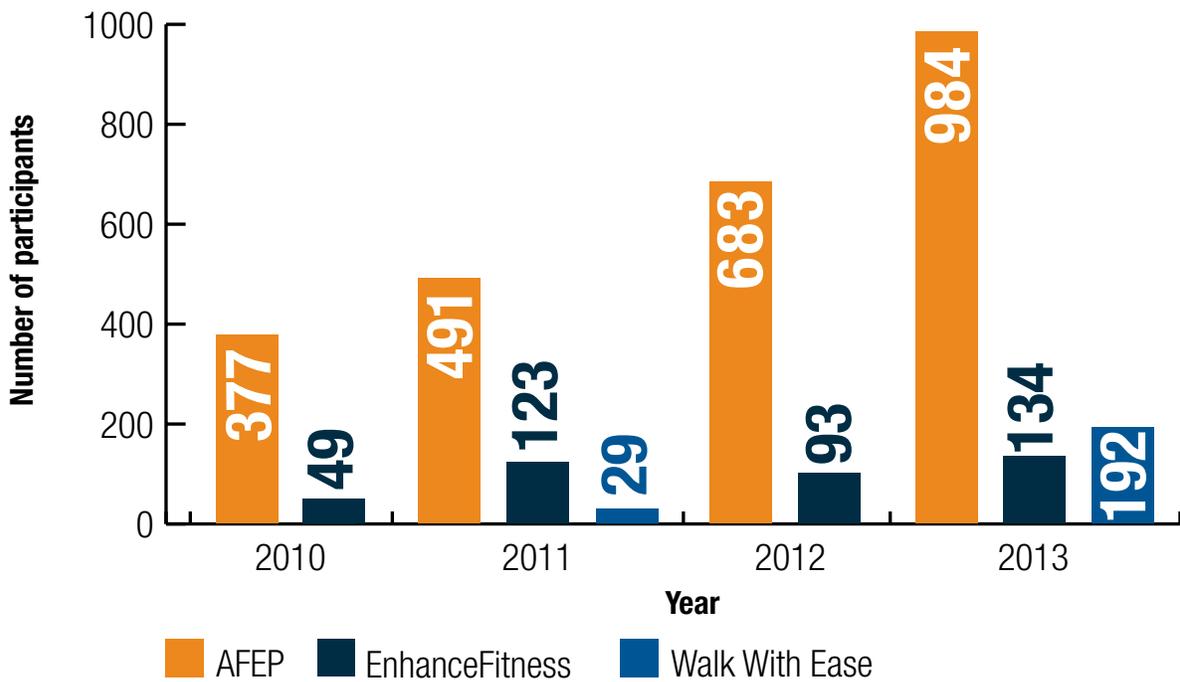
**Figure 2: Number of leaders trained by program type and year, 2010–2013**



## Participants

The number of participants attending arthritis-specific self-management programs grew steadily from 2010–2013 as program capacity in Oregon increased over that period. By the end of 2013, arthritis-specific programs were offered in one third of Oregon counties.

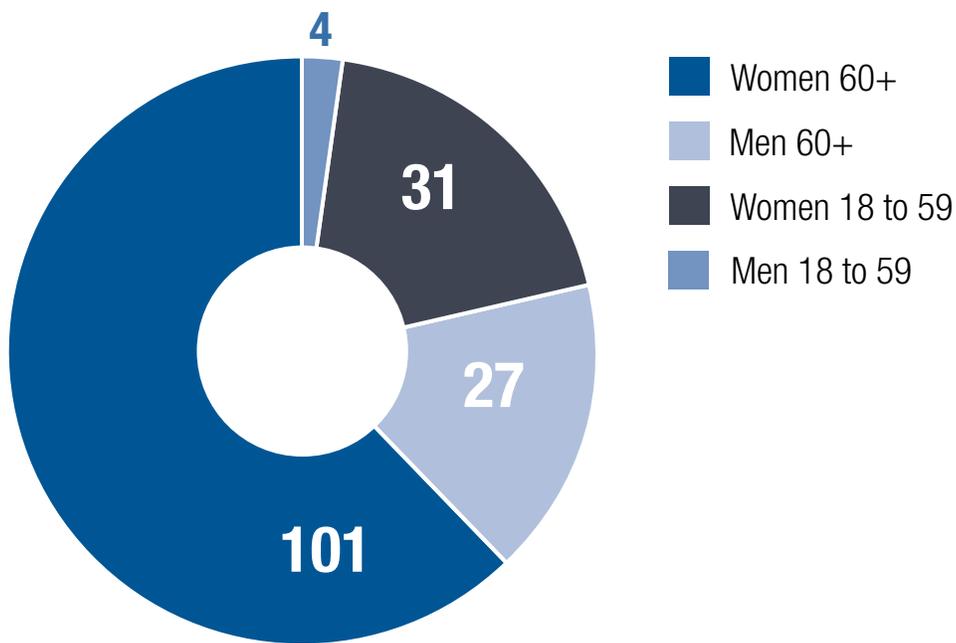
Figure 3: Number of participants by program type and year, 2010–2013



### Participant demographics

Although arthritis affects both sexes, evidence shows women are more likely to have arthritis than men. As of 2011, 31% of female and 23% of male Oregonians had arthritis. Additionally, the prevalence of arthritis increases with age in all age groups in both men and women. Men with arthritis are less likely to participate in self-management programs, including WWE, as Figure 3 shows. Women with arthritis in all age groups are more active in WWE programs than men.

Figure 4: WWE program participants by age group and sex, 2010–2013



OHA's goal is to continue expanding arthritis-specific physical activity programs to make them available in every county of the state to meet the growing needs of Oregonians with arthritis and other chronic conditions.

## THE OREGON TOBACCO QUIT LINE

Tobacco use remains the number one killer of Oregonians. Every year, 7,000 people in Oregon die as a result of their tobacco use and an additional 650 die due to exposure to secondhand smoke. The economic burden of tobacco costs Oregonians \$2.5 billion a year in medical expenditures and lost productivity due to premature death.

More than half a million (537,244) Oregon adults still smoke cigarettes; however, 75% of adult current smokers would like to quit and 25% are planning to quit within the next 30 days. Tobacco use and tobacco-related diseases disproportionately affect specific populations, including low socioeconomic status; Native American/Alaskan Native; lesbian, gay, bisexual, transgender, queer, questioning, and intersex individuals; people with mental illness and substance use disorders; and people with disabilities.

The Oregon Tobacco Quit Line is a key component of the state's comprehensive tobacco control efforts. People who try to quit smoking are two to three times more likely to succeed if they use prescription nicotine replacement therapies and get counseling. The U.S. Department of Health and Human Services, Public Health Service's Clinical Practice Guideline - Treating Tobacco Use and Dependence: 2008 Update reported quit rates among Quit Line users at 12.7% for counseling alone and 28.1% for counseling plus medication. Quitting tobacco has immediate and long-lasting health benefits, lowering the risk of lung cancer, heart attack, stroke and chronic lung disease.

The Oregon Tobacco Quit Line is a free program that offers:

- One-on-one telephone counseling to support those quitting tobacco or helping someone quit.
- Online counseling, including email and live chat with cessation counselors.
- Linguistically and culturally sensitive cessation coaching, including a dedicated Spanish line (1-855-DEJELLO-YA), seamless transfer to the Asian Smokers' Quit Line for Chinese, Korean and Vietnamese speakers, and assistive services for deaf and hard-of-hearing participants (1-877-777-6534).
- Assistance developing a personalized quit plan.
- Information on all the ways to quit, including medications and nicotine patches and gum.
- Assistance determining eligibility for free patches or gum.

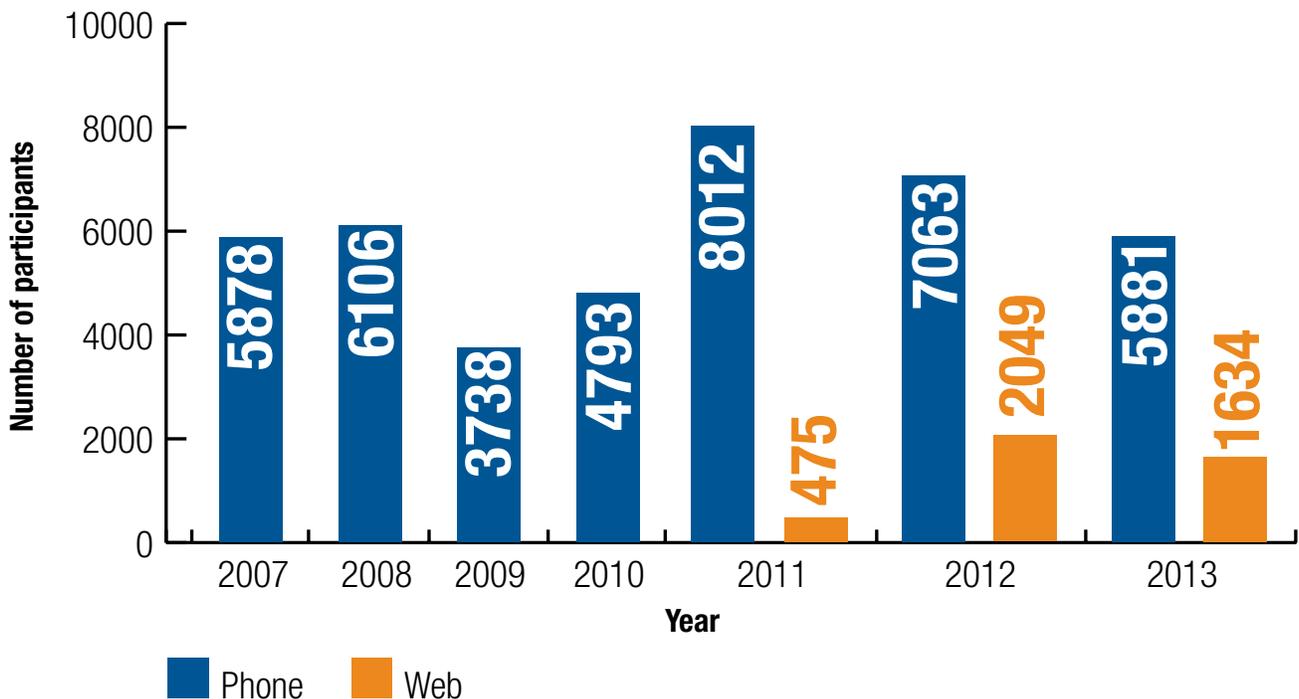
### Program capacity

Since 1998, the Quit Line has supported thousands of Oregonians to quit tobacco and lead healthier lives. In 2013, the Quit Line served 7,515 tobacco users with free counseling services and nicotine gum and patches. Many Oregon health plans now contract directly with Oregon’s current Quit Line contractor, Alere Wellbeing Inc., to provide services for their own members. Alere is able to seamlessly transfer covered members into the counseling benefits negotiated by individual plans. Calls to the Quit Line are answered live by registration specialists who aim to answer calls within 30 seconds. The March 2014 live response rate was 97% and 82% of calls were answered within 30 seconds.

### Participants

The Oregon Tobacco Quit Line is available to all Oregonians, regardless of income or insurance status, and is open 24 hours a day, seven days a week. Over the last five years, the Quit Line has averaged 8,500 callers each year, including participants from every county in Oregon.

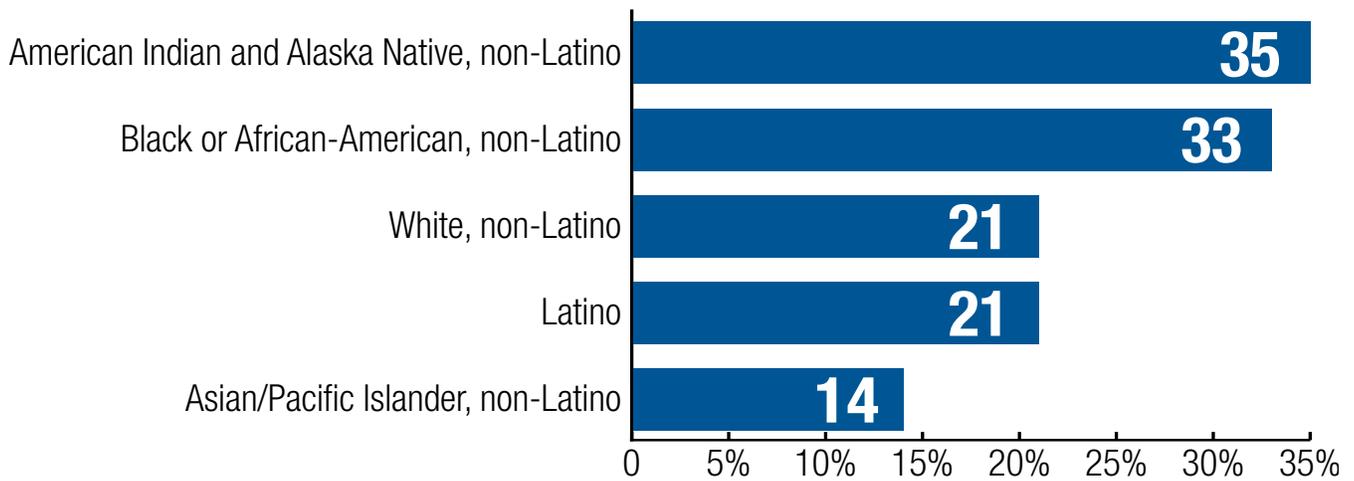
Figure 5. Number of tobacco users served by the Oregon Tobacco Quit Line, 2007–2013



### Tobacco disparities

Certain populations in Oregon are disproportionately affected by tobacco and continue to have high smoking rates. American Indians/Alaskan Natives and Black/African Americans have significantly higher cigarette smoking rates than White, Asian/Pacific Islander and Latino populations.

**Figure 6. Adult cigarette smoking prevalence by race and ethnicity (2010–2011)**



Due to their relatively small population in the state of Oregon, people self-identifying as Native American/Alaskan Native or Black/African American comprise a much smaller percentage of Quit Line participants (Figure 6). By comparing Figure 7 with Figure 8, we see that certain populations in Oregon are underserved in receiving Quit Line services. In 2013, approximately 5% of Quit Line participants identified as Latino (Figure 7); however, more than 10% of cigarette smokers are Latino (Figure 8).

Figure 7. Number of cigarette smokers as percentage of total adult smokers, 2010–2011\*

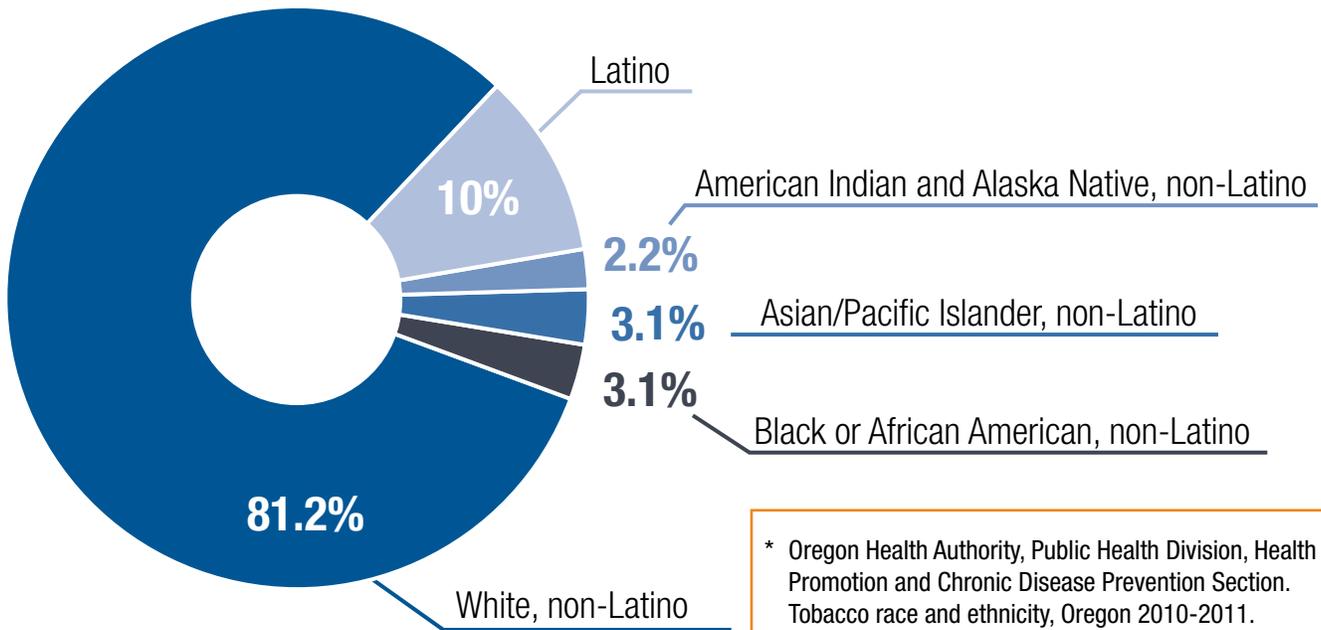


Figure 8. Tobacco Quit Line participants by race and ethnicity, 2013 (phone and web).

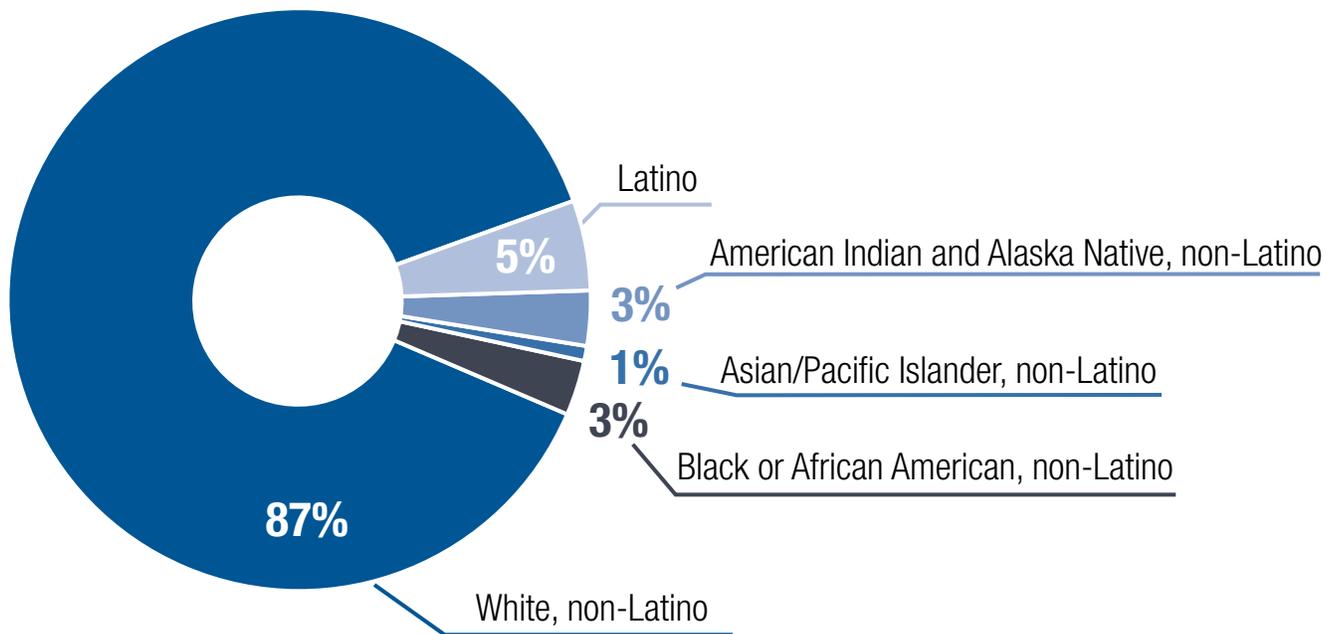
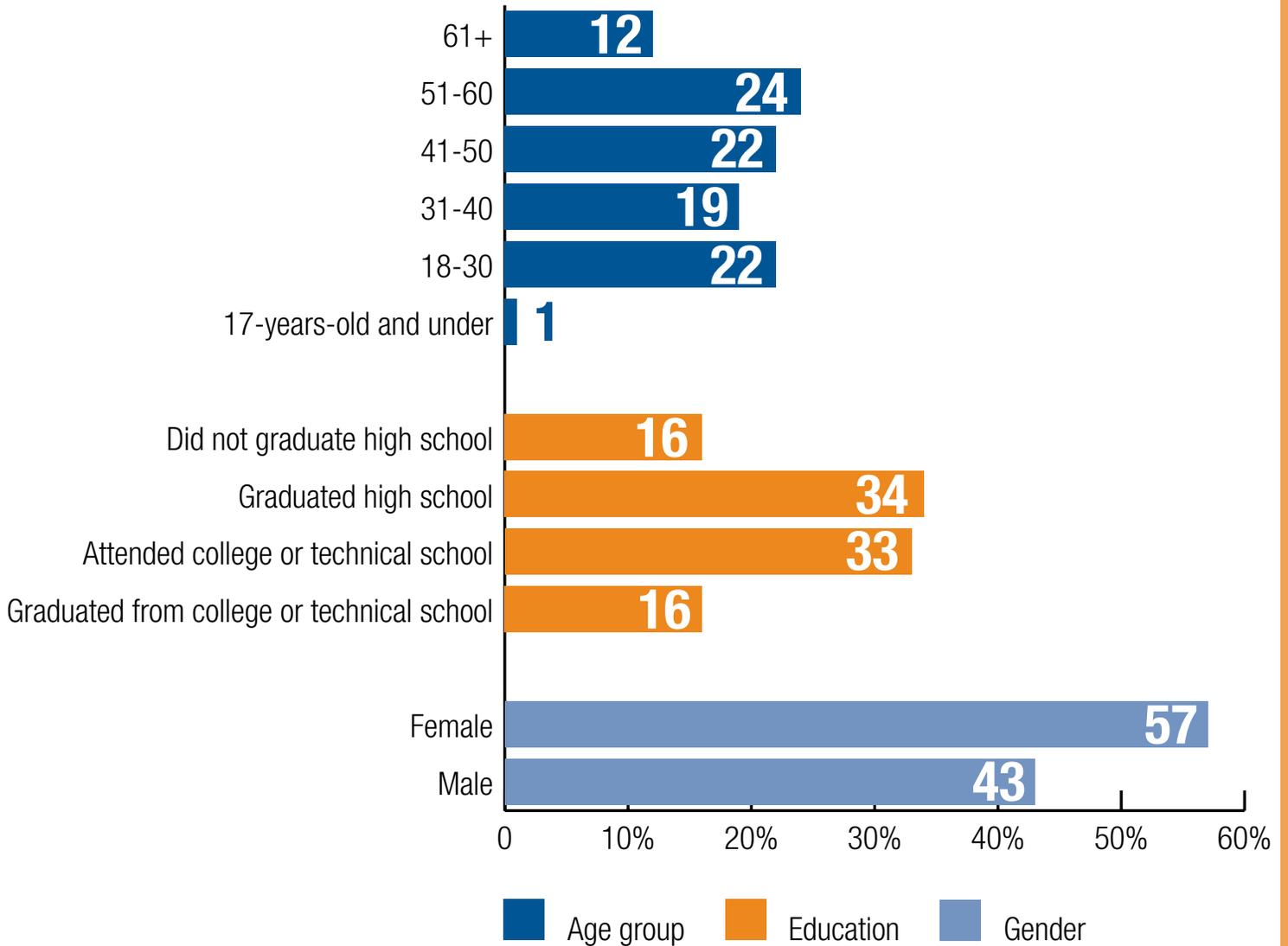


Figure 8 does not include data on other tobacco types (pipe, chew, e-cigarette), which if included would increase the disparity. The low Quit Line usage by the Latino population, relative to their tobacco usage, may demonstrate a need for improved outreach to Latino tobacco users who may want to quit and are in need of counseling services and nicotine replacement therapy.

## Participant demographics

The Quit Line serves a wide range of tobacco users, including people of all ages and education levels.

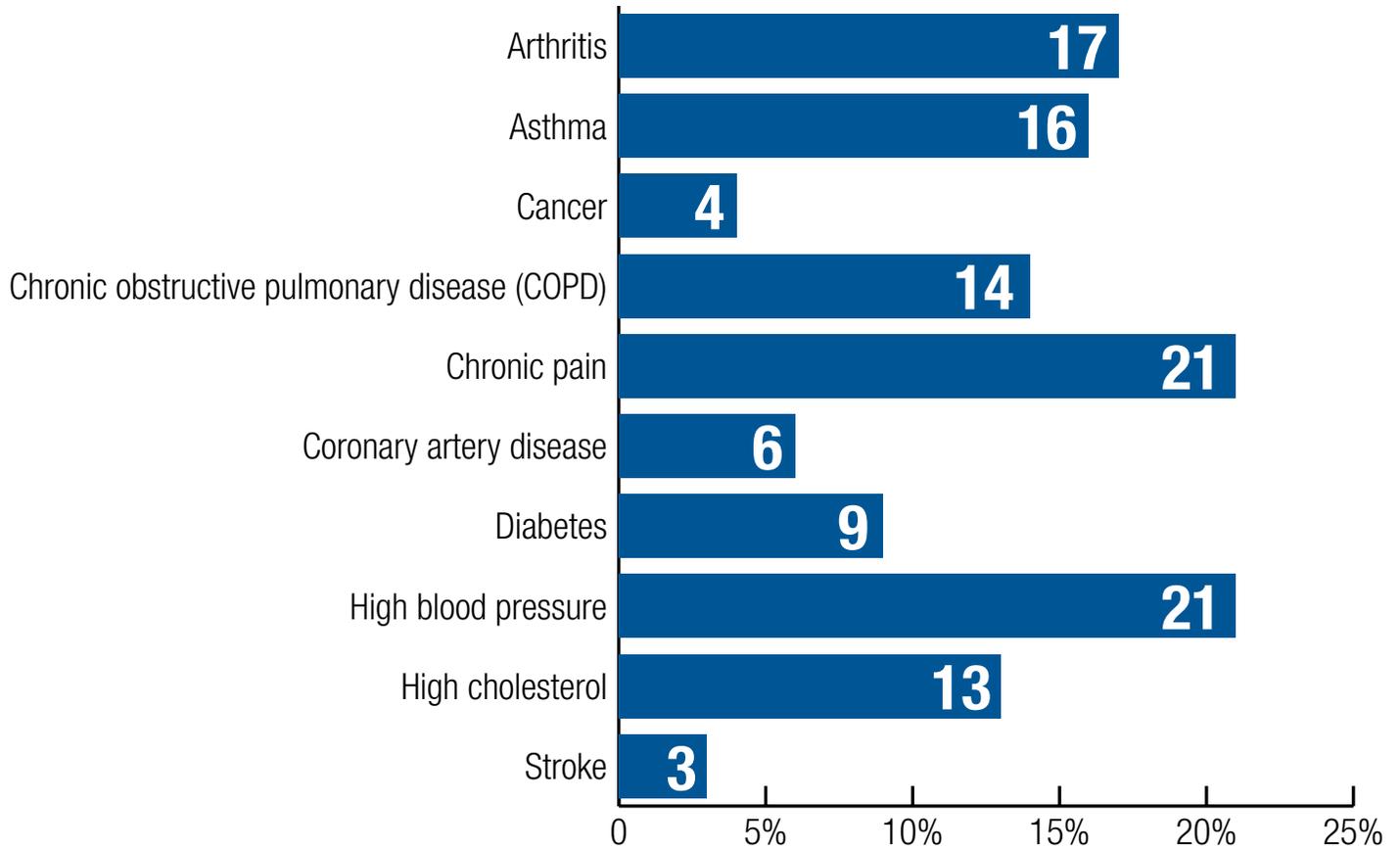
Figure 9. Quit Line participant demographic comparisons, 2013 (phone and web)



### Quit Line participants and chronic conditions

Tobacco use is a major risk factor for causing and complicating chronic health condition. Seventy-two percent of Quit Line participants have at least one chronic disease. Quitting tobacco prevents some diseases from ever occurring and improves the lives of those who are already living with them.

Figure 10. Quit Line participants with chronic conditions, 2013 (phone and web)



Encouraging tobacco users to access the Quit Line requires disseminating the information through a variety of channels. The majority of Quit Line participants heard about the Quit Line from three sources: a health professional, TV/commercial or a family/friend. Although community organizations and employer/worksites currently have a smaller influence on Quit Line usage, they can play an important role in reaching specific populations disproportionately affected by tobacco.

# DIABETES SELF-MANAGEMENT PROGRAMS

Diabetes currently affects about one in 10 adults in Oregon. In addition, an estimated one million Oregonians have prediabetes, putting them at greater risk for developing type 2 diabetes, heart disease and stroke. The Centers for Disease Control and Prevention (CDC) estimates as many as one in five adults could have type 2 diabetes by 2025, if nothing changes.

In Oregon, the total yearly cost of medical expenditures due to diabetes is over \$2 billion, and costs associated with reduced productivity are over \$840 million. People with diagnosed diabetes incur, on average, 2.3 times the medical expenses compared to people without diabetes. The largest portion of these expenditures is for treatment of complications.

Diabetes self-management education programs have been developed to help people with diabetes gain the knowledge and skills needed to modify their behaviors and successfully self-manage the disease and its related conditions. For people with prediabetes, or those who are at risk for developing diabetes, participating in a community-based lifestyle change program can prevent or delay onset of type 2 diabetes.

The following diabetes prevention and self-management programs are offered in Oregon:

- **National Diabetes Prevention Program (NDPP)** is a program designed by the CDC for people with prediabetes or those who are at risk for developing diabetes. Participants work with a lifestyle coach in a group setting that includes 16 weekly sessions over a six-month period, followed by six or more monthly follow-up sessions. The lifestyle coach and program participants work together on eating healthy, increasing physical activity and overcoming barriers to living a healthy lifestyle. The NDPP was developed based on research that making modest behavior changes helped participants lose 5% to 7% of their body weight, resulting in a reduction in the risk of developing type 2 diabetes by 58% in people with prediabetes.

- **Diabetes Self-Management Program (DSMP)** is a community-based Stanford Chronic Disease Self-Management Program designed specifically for people living with diabetes and their support people. These evidence-based workshops are held in community settings such as senior centers, libraries or hospitals, once a week for 2-1/2 hours over a six-week period. Participants make weekly action plans, share experiences and help each other solve problems they encounter. Workshops are conducted by two trained leaders, one or both of whom are peer leaders with diabetes themselves. In a 2008 study testing the program's effectiveness, it was found that after six months the workshop participants had significant improvements in depression, symptoms of hypoglycemia, communication with physicians, healthy eating, reading food labels, patient activation and self-efficacy.
- **Diabetes self-management education (DSME)** programs are generally offered for people with diabetes in a hospital or clinic or other health care setting. DSME programs that meet the National Standards for Diabetes Self-Management Education may obtain recognition by the American Diabetes Association (ADA) or accreditation by the American Association of Diabetes Educators (AADE).

### Program capacity

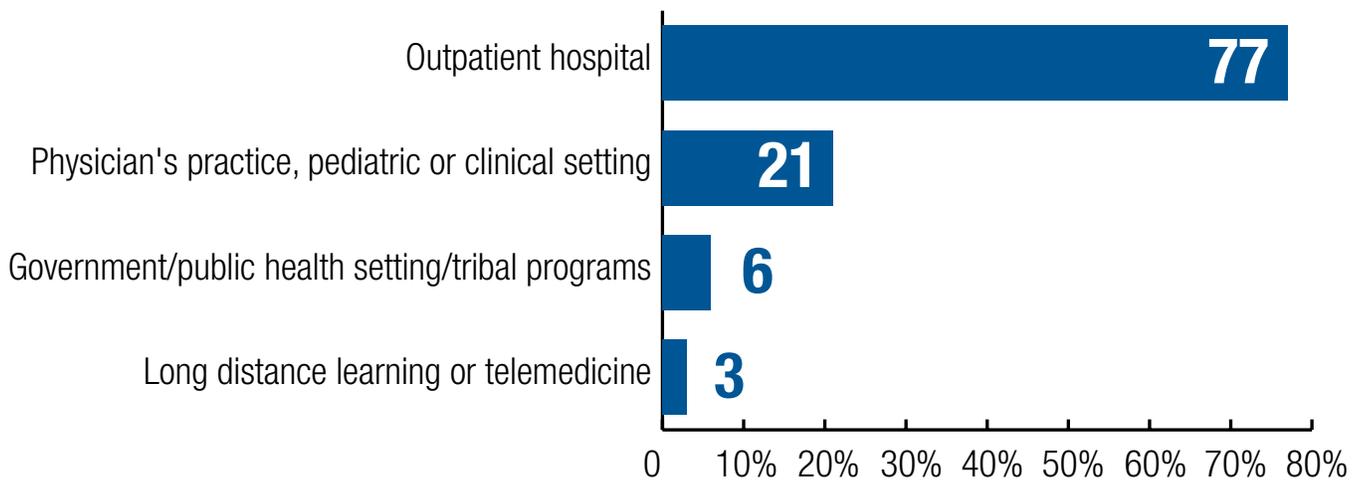
#### National Diabetes Prevention Program (NDPP)

Eleven organizations offered the NDPP in eight counties in 2013. As of September 2014, nine organizations in Oregon have "pending recognition" from the CDC's Diabetes Prevention Recognition Program (DPRP), which means they have agreed to the NDPP curriculum, duration, intensity and reporting requirements described in the DPRP standards. However, some organizations with newer programs have not yet offered classes. OHA and its partners are working to help these organizations prepare to deliver the program, and to identify new organizations who would be interested in offering the program to increase its availability throughout the state. Data on the number of programs offered in 2013 and the number of program participants is not currently available.

### Diabetes self-management education (DSME) programs

In March 2013, the Oregon Diabetes Program completed an inventory of ADA-recognized and AADE-accredited DSME programs operating in Oregon and conducted a survey among program coordinators. Twenty-six organizations deliver DSME services at 52 unique sites throughout the state (39 ADA-recognized and 13 AADE-accredited). The large majority of DSME programs (77%) were in an outpatient hospital based-setting. Twenty-one percent were in a physician's practice, pediatric or clinical setting, 6% were in a government/public health setting (tribal programs) and

Figure 11: DSME program delivery settings, 2013



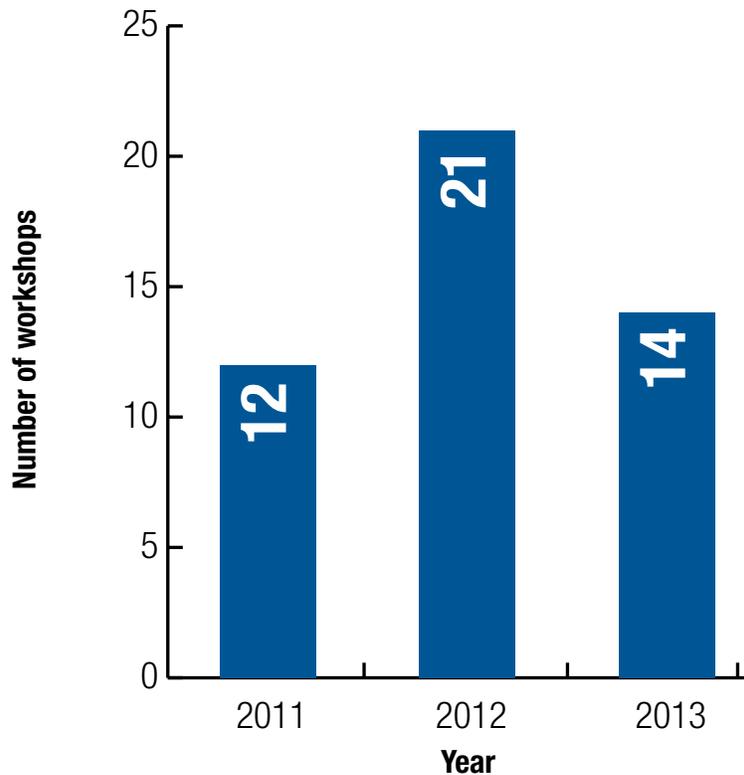
3% in a long distance learning or telemedicine format.

The total number of persons who received DSME at each site in 2012 ranged from 30 to 2,914, with a median of 299 persons. The most common types of patients served were adults (aged 19 and over) with type 1 or type 2 diabetes. Most sites (88%) delivered DSME in both individual and group formats. The number of group series conducted during 2012 ranged from six to 53, with a median of 18.

### Stanford Diabetes Self-Management Program (DSMP)

In 2013, 119 Oregonians participated in a total of 14 DSMP workshops in five counties. Seven new DSMP leaders were trained in 2013, bringing the total number trained since 2011 to 25.

Figure 12: DSMP workshops offered by year, 2011–2013

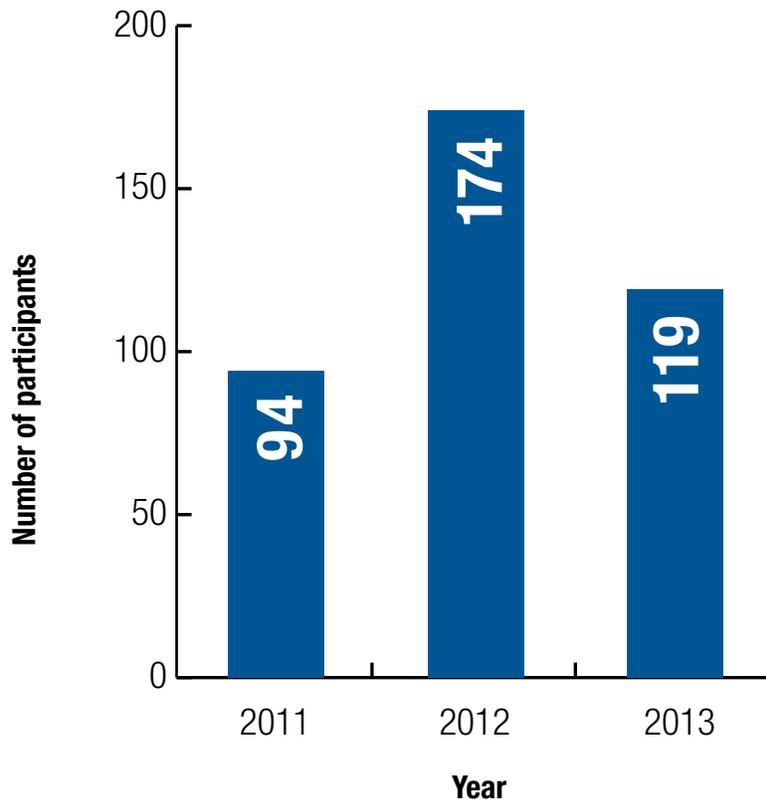


The 14 DSMP programs offered in 2013 were located in five counties: Jackson (2), Marion (6), Polk (3), Washington (1) and Yamhill (2).

### Participants and leaders

In 2013, 119 Oregonians participated in DSMP programs. Since 2011, a total of 387 Oregonians have participated in DSMP.

Figure 13. DSMP participants by year, 2011–2013



**Diabetes self-management programs**

From 2011 to 2013, 25 new DSMP leaders were trained.

**Figure 14. DSMP leaders trained by year, 2011–2013**

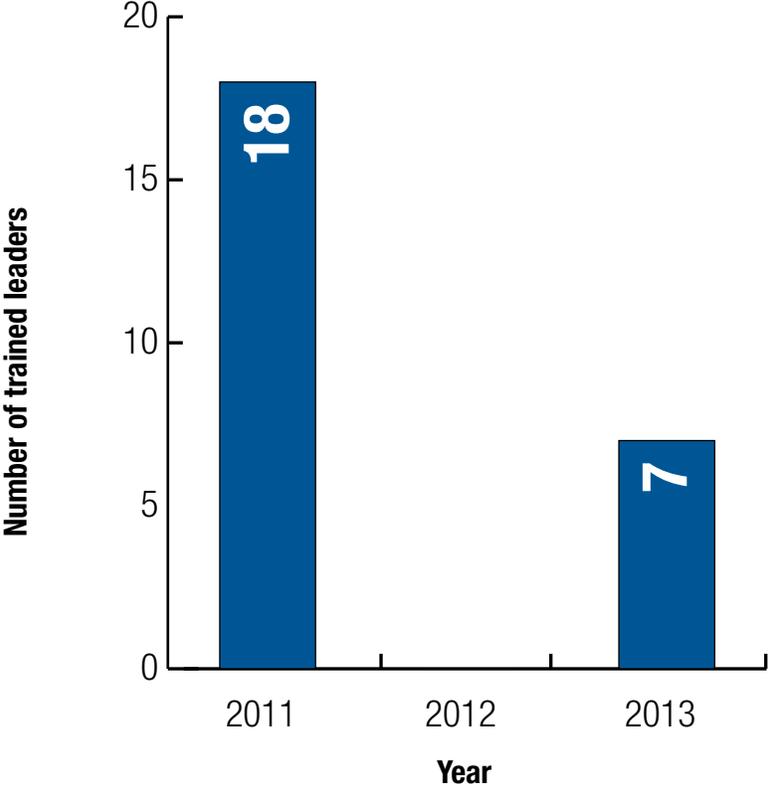
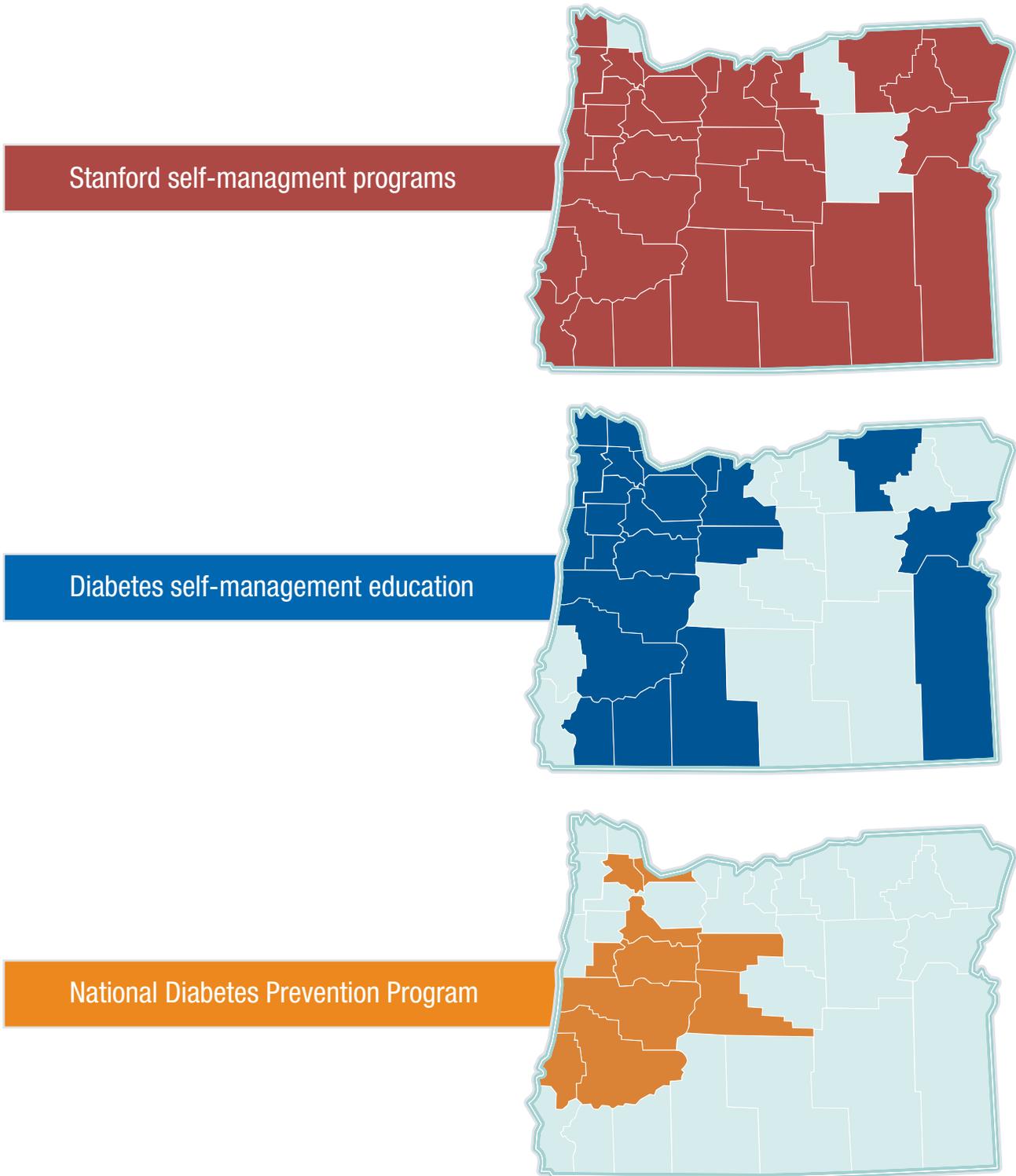


Figure 15: Geographic distribution by county and program type, 2013



# STANFORD SELF-MANAGEMENT PROGRAMS

In 2011, 66% of adults in Oregon had asthma, arthritis, diabetes, heart disease, high blood pressure, high cholesterol or had survived cancer. Stanford Chronic Disease Self-Management Programs are innovative interventions that span community and health system settings and respond to this burden. The programs help people take care of themselves, stay healthy and live better with existing mental and physical health conditions.

Developed by the Stanford University Patient Education Research Center, these evidence-based workshops are held in community settings such as senior centers, libraries or hospitals, once a week for 2-1/2 hours over a six-week period. The workshops 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.

Participants who attend at least four of the weekly sessions have been shown to spend fewer days in the hospital, have fewer outpatient and emergency room visits, and experience improvements in their overall health, quality of life, energy level and ability to participate in life activities.

The following Stanford programs have been offered in Oregon:

- Living Well with Chronic Conditions is Oregon's name for the English-language version of the Stanford Chronic Disease Self-Management program (CDSMP). It is designed for people living with any kind of mental or physical health condition.
- Tomando Control de su Salud (Tomando Control) is the culturally adapted, Spanish-language version of CDSMP.
- Positive Self-Management Program (PSMP) is a seven-week program designed for people living with HIV/AIDS and their support people. PSMP is also offered in Spanish.
- Diabetes Self-Management Program (DSMP) is designed for people living with diabetes and their support people.
- Chronic Pain Self-Management Program (CPSMP) is designed for people living with chronic pain and their support people.

Although Stanford self-management program availability has substantially increased since 2006, less than 1% of Oregon adults with chronic diseases have ever attended a program.

### Program capacity

Since 2006, self-management workshops have been offered through hospital systems, clinics, Area Agencies on Aging, local health departments, community-based and other organizations across Oregon.

Data are reported for the cumulative time period, 2006–2013, and for 2013. Comparisons are made from 2013 to previous years (2006–2012). Table and figure headings indicate the time period for each data set.

The total completion rate for those who attended the Living Well programs from 2006 through 2013 is 68%. In 2013 alone, completion rate was 67%. The program fidelity from 2006 through 2013 was 66%.

### Total workshops offered by year

The number of workshops increased each year from 2006 to 2011. Possible causes for the leveling off of program growth after 2011 include the end of American Reinvestment and Recovery Act (ARRA) funding in 2012, and shifting of resources from established Living Well programs to startup for other self-management program offerings. It is also possible that program growth will reach a threshold that will be crossed when systems to enable payments for programs from insurers have been put in place.



Figure 16a. Workshops offered by program type and year, 2006–2009

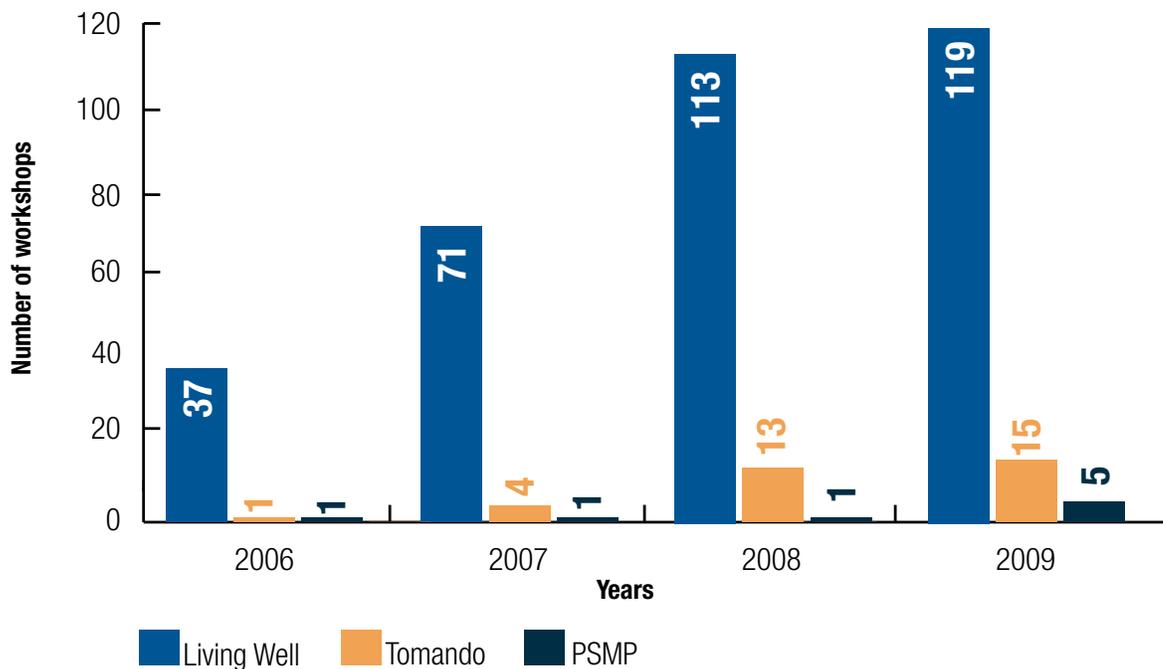
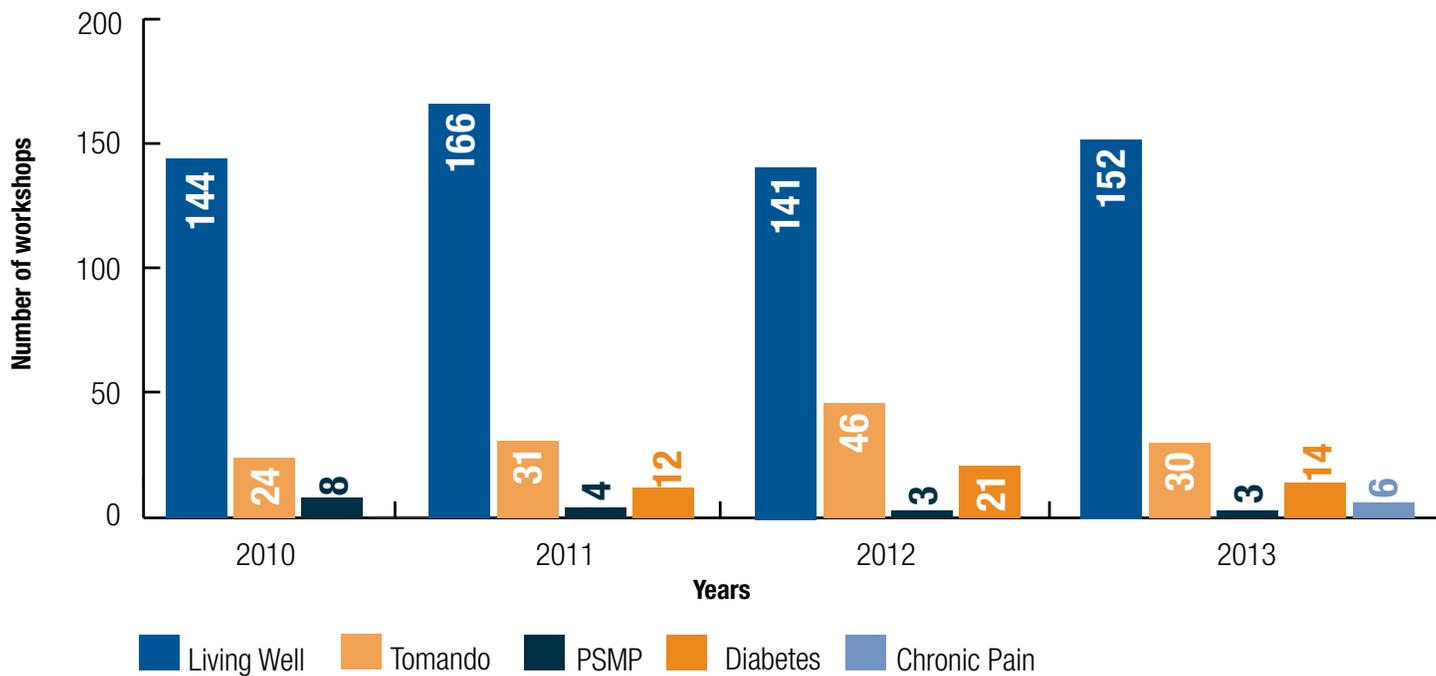


Figure 16b. Workshops offered by program type and year, 2010–2013

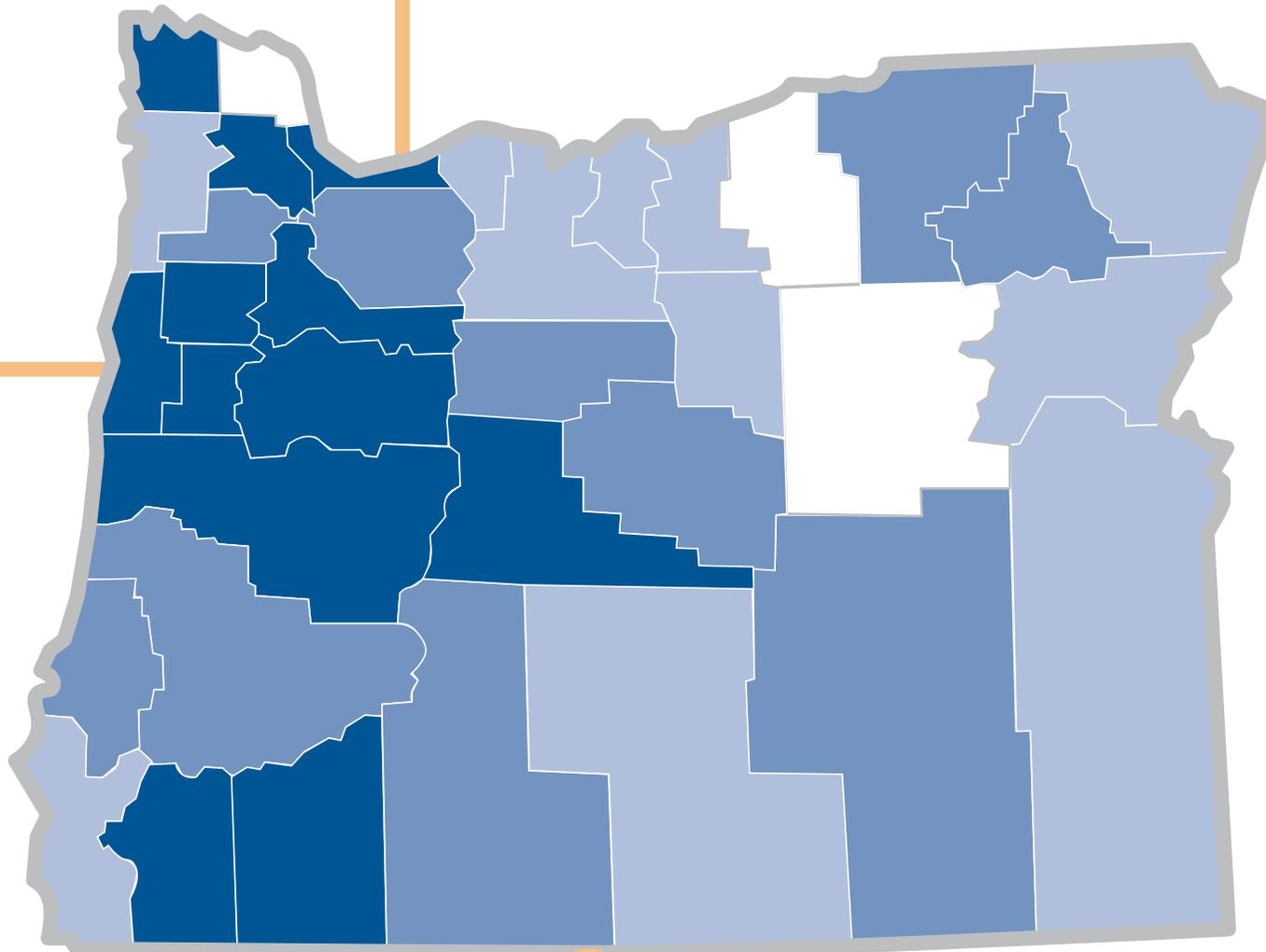
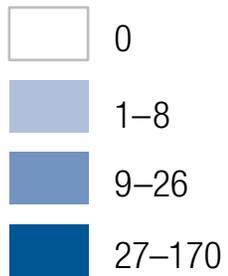


## Total workshops offered by county

Since 2006, Stanford self-management programs have been offered in all but three of Oregon's 36 counties.

Figure 17. Workshops offered by county, 2006–2013

### Number of programs

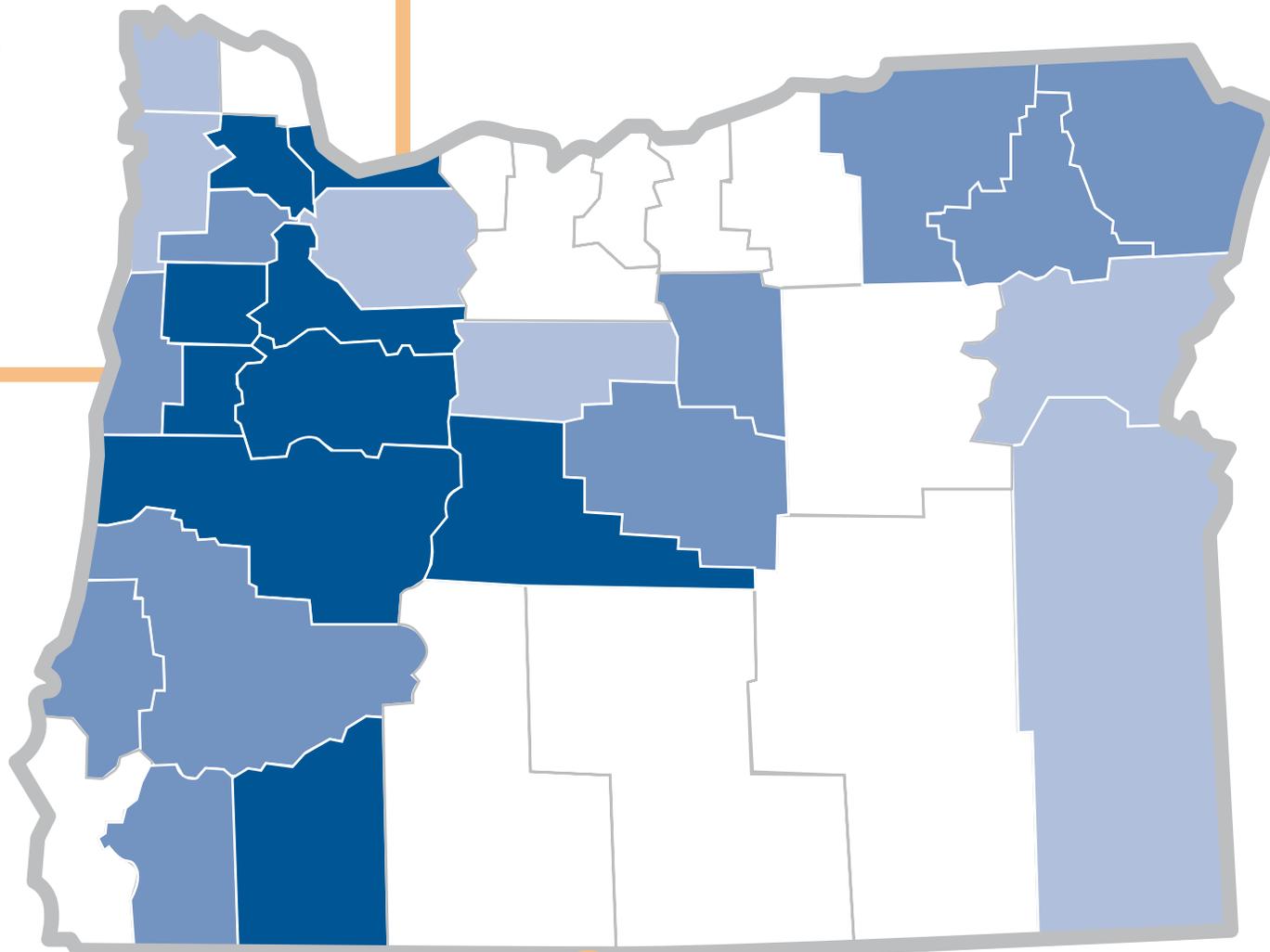
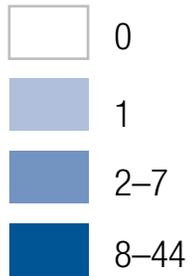


## Stanford self-management programs

Although organizations providing self-management programs in the state's less populous counties face challenges related to leader and participant recruitment, communities across the state continue to support delivery of Stanford programs.

**Figure 18. Workshops offered by county, 2013**

### Number of programs



## Program leaders

Stanford Chronic Disease Self-Management Program leaders are usually non-health professionals who are living with one or more chronic health problems themselves. Program leaders are taught by certified master trainers who are authorized to conduct leader trainings. Trainings last four and a half days for PSMP (four days for Living Well) and cover workshop content and delivery skills.

In 2013, 61% of workshops conducted were observed for fidelity or were conducted by leaders who had already been observed during the past year. In Oregon, most Stanford program leader trainings are observed for quality and fidelity to the curriculum by at least one experienced master trainer.

Of trained Stanford program leaders, 187 led at least one workshop during 2013. Stanford University requires that trained leaders conduct at least one workshop per year to remain certified.

Figure 19a. Trained leaders by program type and year, 2006–2009

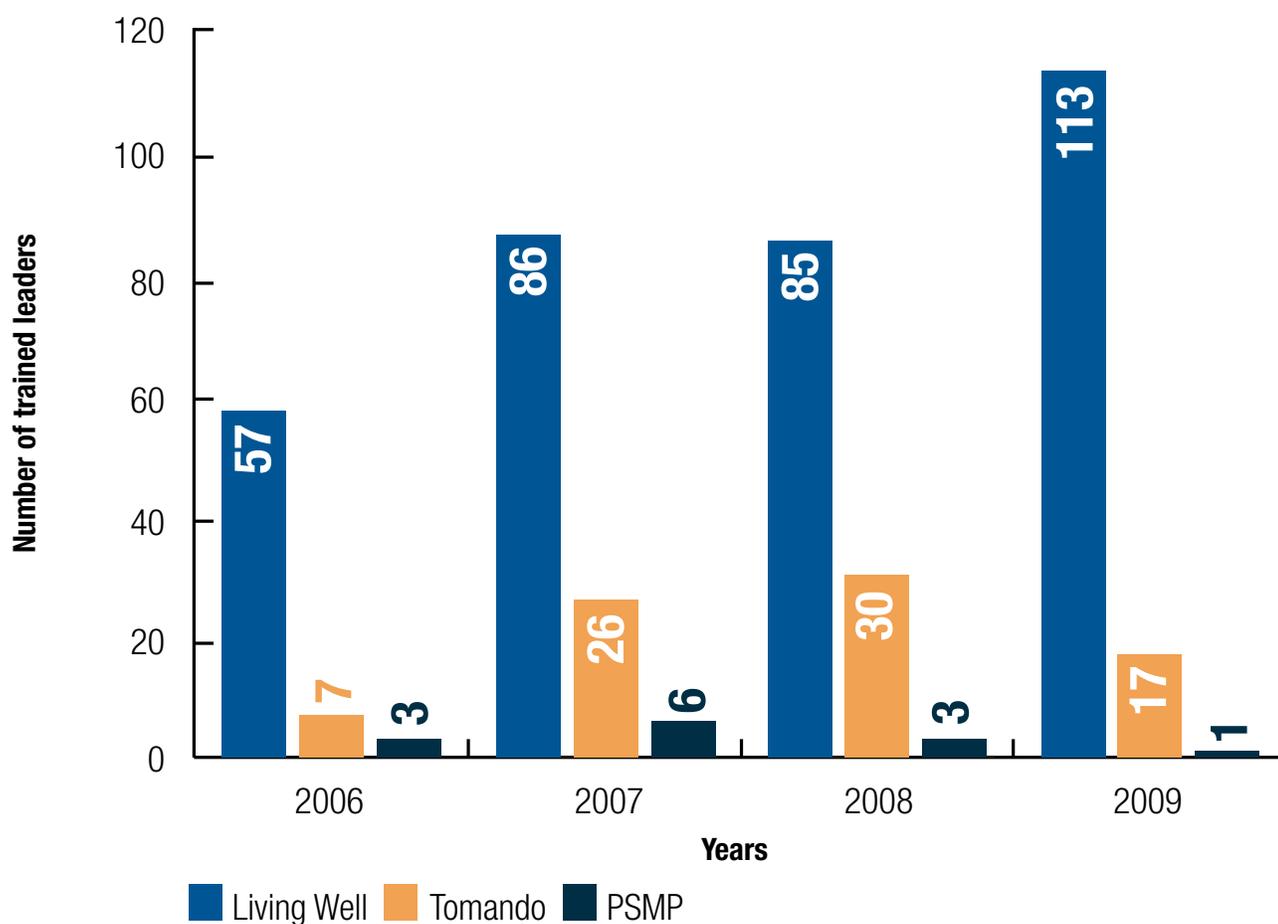
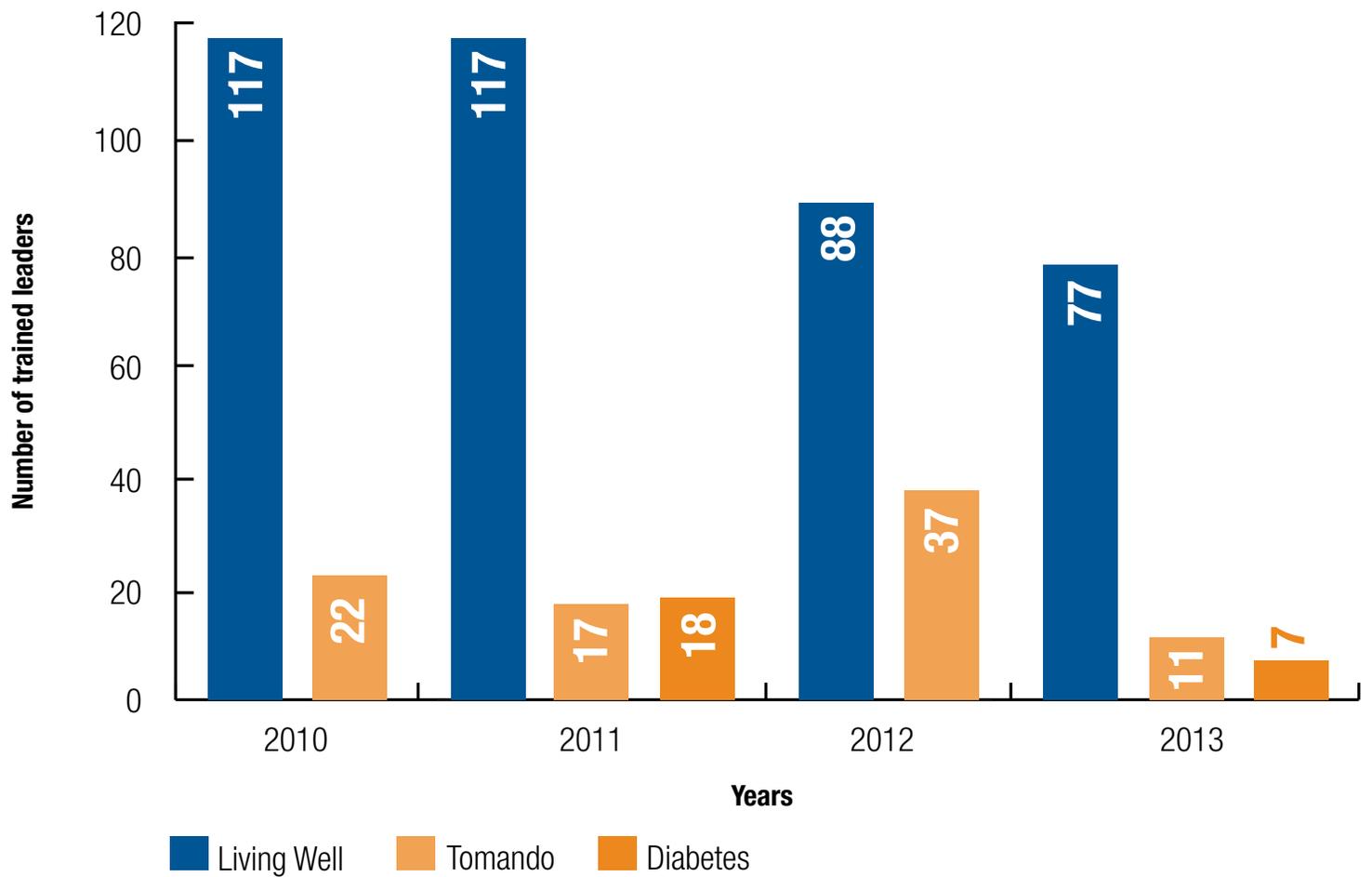


Figure 19b. Trained leaders by program type and year, 2010–2013



## Participants

Self-management program participation increased annually from 2006 to 2012, but declined in 2013. The slower program growth in recent years could be caused by the end of the American Reinvestment and Recovery Act (ARRA) funding. The lack of reporting data available for some Tomando Control workshop series also could be affecting program growth numbers.

Figure 20a. Participants by program type and year

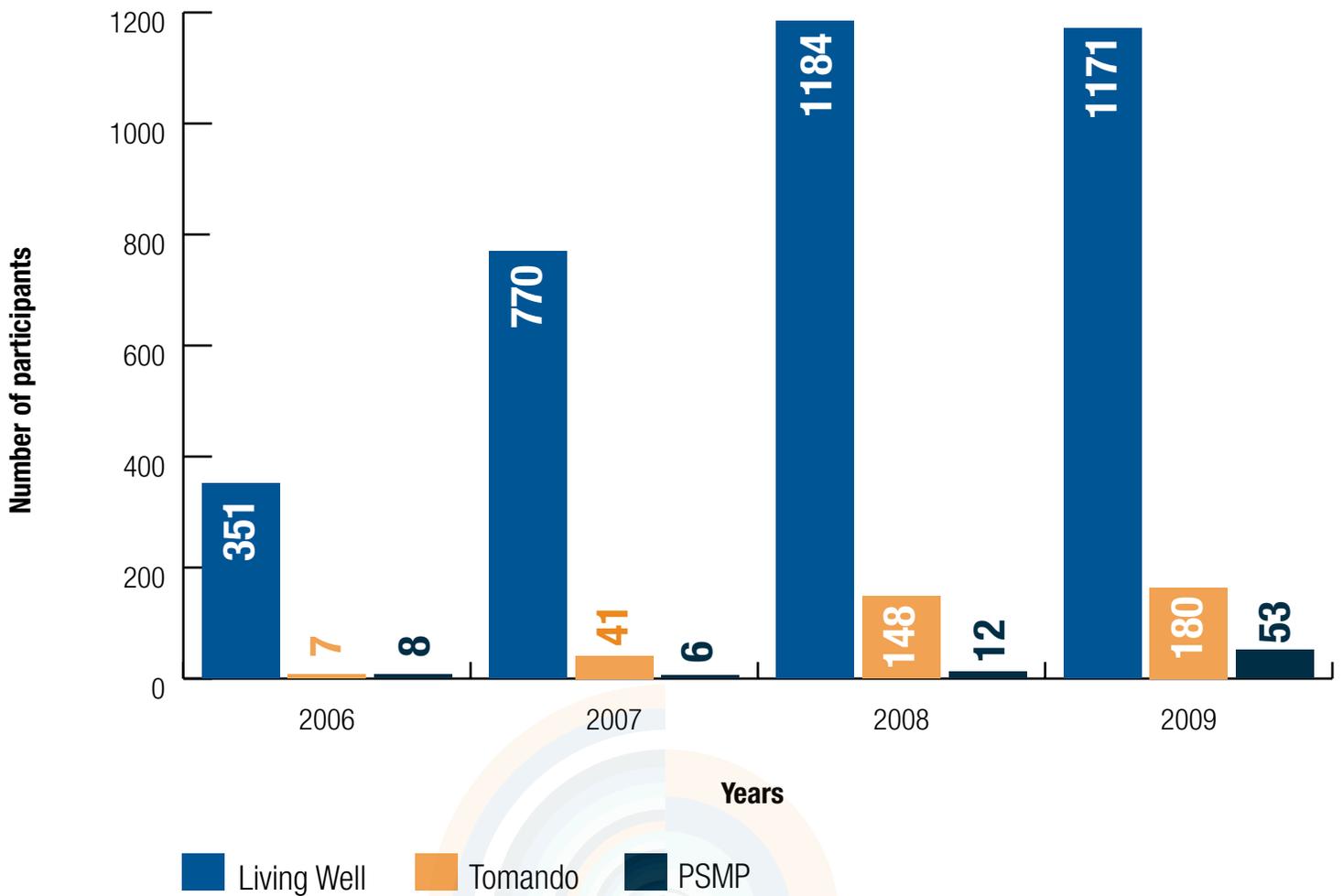
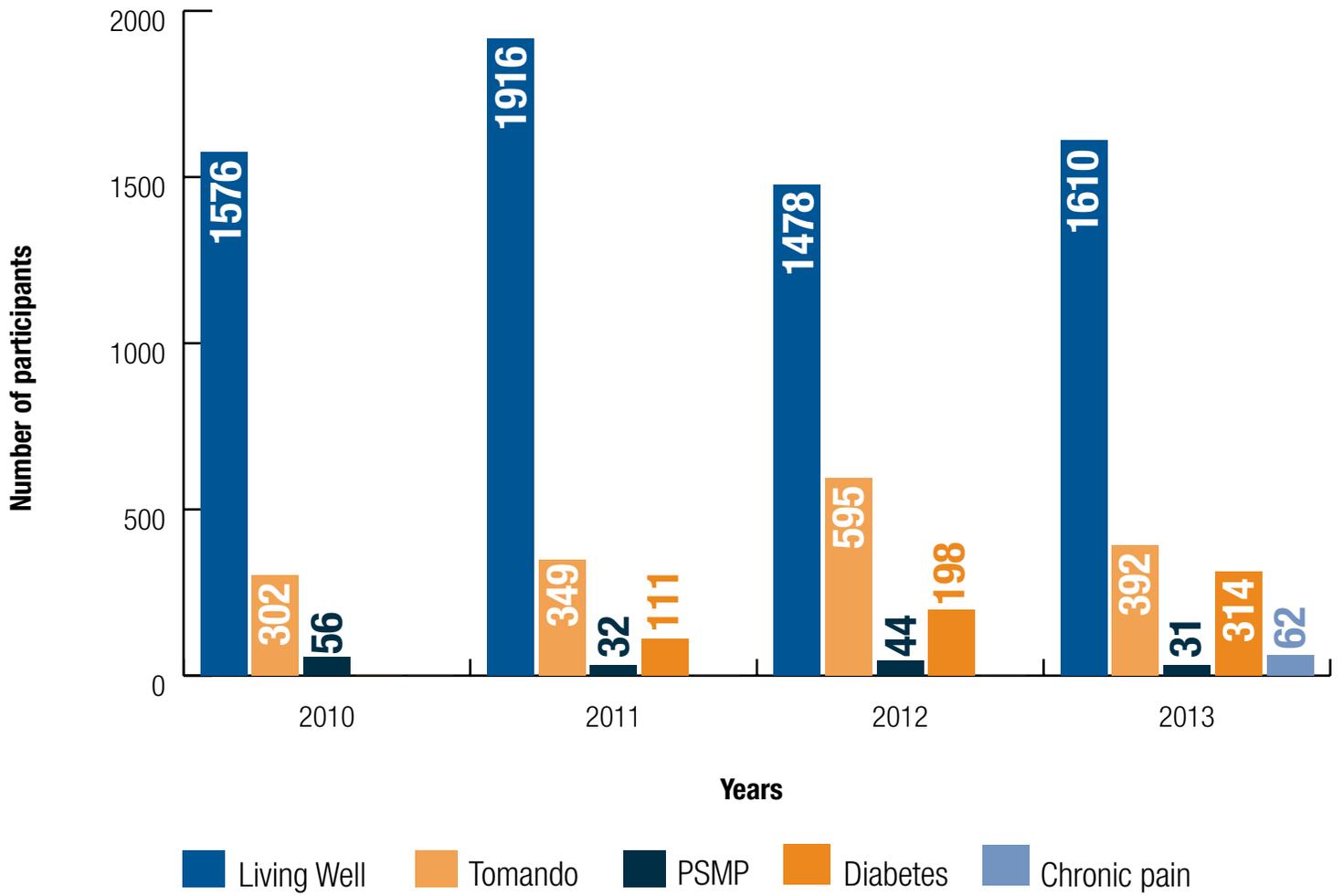


Figure 20b. Participants by program type and year



## Participant demographics

In 2013, almost three-quarters of Stanford program participants in Oregon were female and a little more than a third (35%) were aged 65 or older. Nearly a quarter of all participants were of Hispanic or Latino ethnicity, as were more than one-third of participants under age 65.

Commercial tobacco use is a risk factor for many chronic conditions. Although 14% of all participants indicated that they are current tobacco users, 19% of participants under age 65 reported using tobacco.

**Figure 21: Participants by demographics**

Participant demographics	2006–2012			2013		
	Ages <65 (percent)	Ages ≥65 (percent)	Total* (percent)	Ages <65 (percent)	Ages ≥65 (percent)	Total* (percent)
<b>Gender</b>						
Male	25.5	25.8	25.5	27.0	26.0	26.5
Female	74.2	74.0	74.1	72.8	74.0	73.3
Transgender/unidentified	0.3	0.2	0.4	0.2	0.0	0.2
<b>Race**</b>						
African American	1.6	1.2	1.4	3.5	4.5	3.9
American Indian/Alaskan Native	5.2	2.0	3.9	6.6	3.7	5.6
Asian/Pacific Islander	2.6	5.3	3.6	3.1	9.3	5.2
White	70.5	84.5	75.8	71.3	80.6	74.5
Hispanic/Latino ethnicity	7.7	1.4	5.3	29.4	5.8	21.1
<b>Limitations***</b>						
Limited by a disability	-	-	-	59.9	62.2	60.8
Caregiver to a person limited by a disability	-	-	-	36.3	25.8	32.1
Caregiver or limited by a disability	-	-	-	75.3	71.8	73.9
<b>Tobacco use****</b>						
Every day	14.2	3.1	9.9	13.1	2.6	9.2
Not at all	79.5	95.1	85.5	80.8	95.8	86.3
Some days	6.3	1.9	4.6	6.1	1.7	4.5

\* Total includes individuals who did not report an age on the demographic form.

\*\* Participants self-identify their race and ethnicity and can choose all that apply. These figures do not include individuals who left this question blank on the data collection form.

\*\*\* Data not collected until 2013. Percentages only include participants who responded to these questions.

\*\*\*\* Data not collected until 2011.

## Participants by chronic conditions

Stanford self-management program participants most frequently reported arthritis/fibromyalgia (40%), high blood pressure (38%), chronic pain (35%) and depression (39%). Participants reported an average of three to four chronic conditions.

**Figure 22: Participants by chronic conditions**

Self-reported chronic condition(s)	2006–2012			2013		
	Ages <65 (percent)	Ages ≥65 (percent)	Total* (percent)	Ages <65 (percent)	Ages ≥65 (percent)	Total* (percent)
Arthritis/fibromyalgia	41	55	47	36	49	40
High blood pressure	32	50	39	31	51	38
Chronic pain	39	32	36	36	33	35
Depression	44	24	36	45	26	39
High cholesterol	29	35	31	26	40	30
Diabetes	29	29	29	25	29	26
Asthma	17	13	15	17	13	16
Heart disease	8	22	14	8	24	14
COPD	10	13	11	11	14	12
Cancer survivors	7	14	9	8	18	11
Stroke	3	7	5	4	7	5

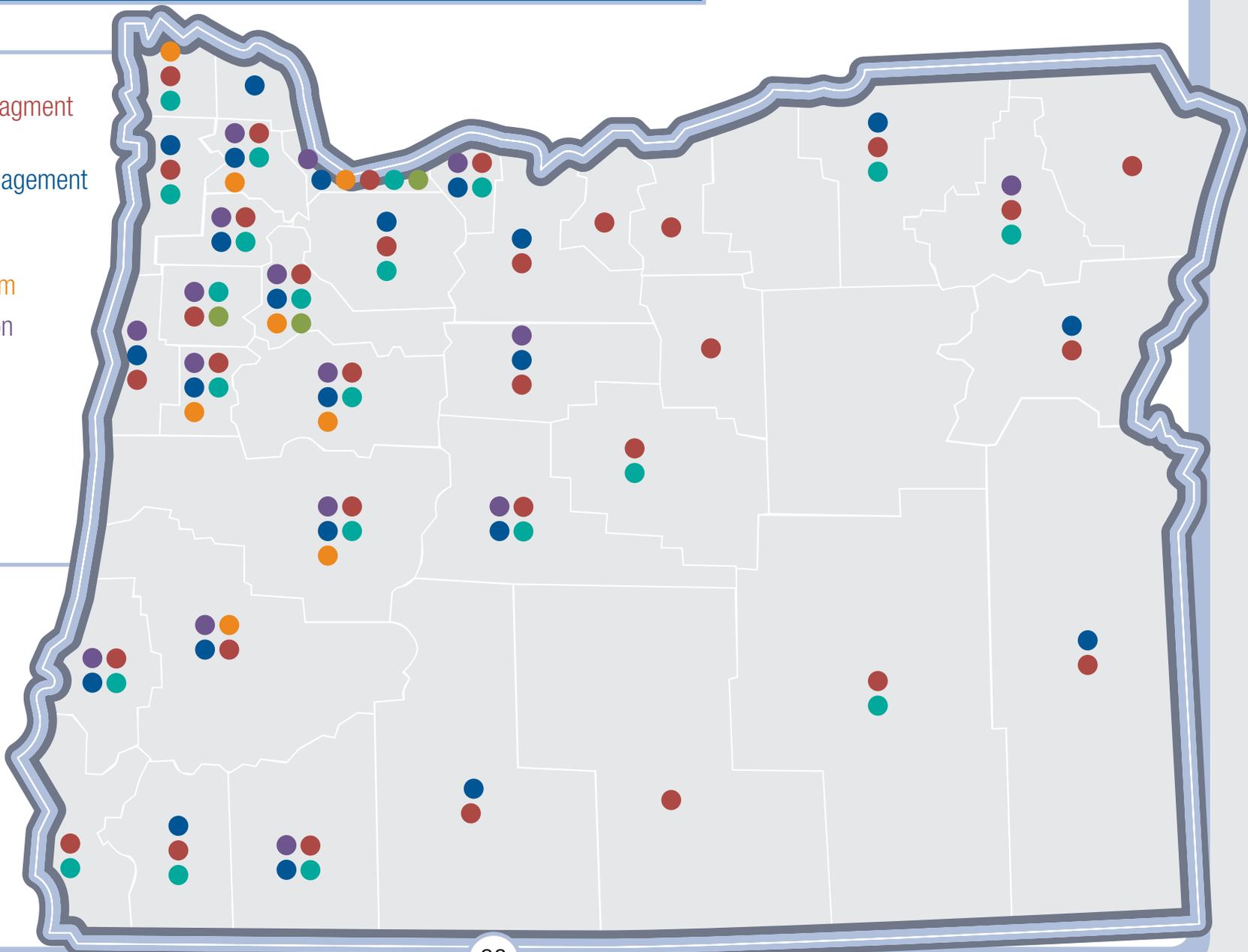
Note: Data are rounded to the nearest whole number. Participants may report more than one chronic condition.

\* Total includes those of unknown age.



## APPENDIX I: Self-management Programs in Oregon counties, 2013

- Stanford self-managment programs
- Diabetes self-management education
- National Diabetes Prevention Program
- Arthritis Foundation Exercise Program
- Tai Chi
- Walk With Ease

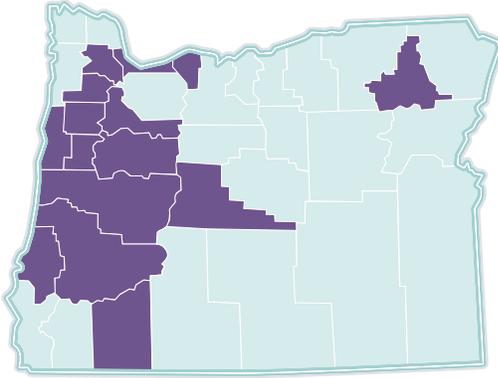


### Self-management programs in Oregon counties, 2013\*

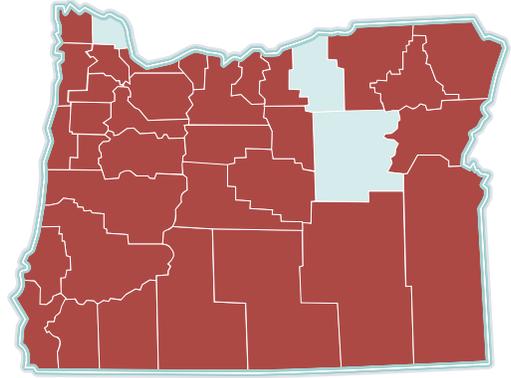
\* Shaded areas indicate self-management programs within each county



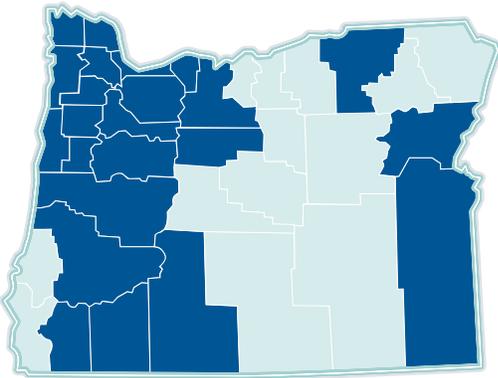
Arthritis Foundation Exercise Program



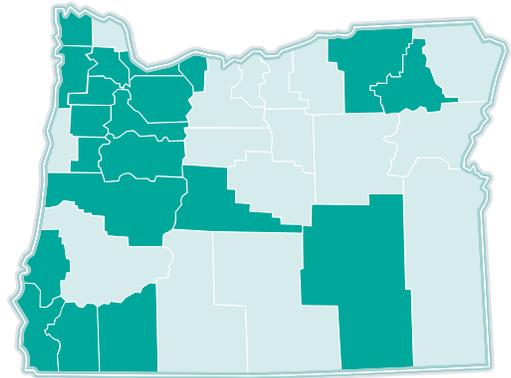
Stanford self-managment programs



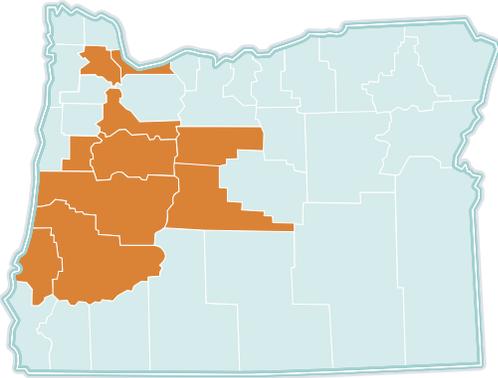
Diabetes self-management education



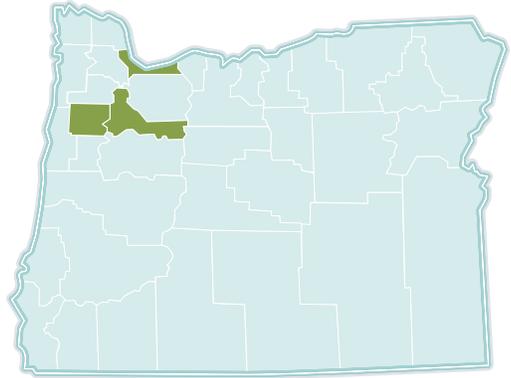
Tai Chi



National Diabetes Prevention Program



Walk With Ease



**Table 1: Self-management programs in Oregon counties, 2013.**

County	Arthritis Foundation Exercise Program	Diabetes self-management education	National Diabetes Prevention Program	Stanford self-management programs	Tai Chi	Walk with Ease
Baker		X		X		
Benton	X	X	X	X	X	
Clackamas		X		X	X	
Clatsop		X		X	X	
Columbia		X				
Coos	X	X		X	X	
Crook				X		
Curry				X	X	
Deschutes	X	X		X	X	
Douglas	X	X	X	X		
Gilliam				X		
Grant						
Harney				X	X	
Hood River	X	X		X	X	
Jackson	X	X		X	X	
Jefferson		X	X	X		
Josephine		X		X	X	
Klamath		X		X		
Lake				X		
Lane	X	X	X	X	X	
Lincoln	X	X		X		
Linn	X	X	X	X	X	
Malheur		X		X		
Marion	X	X	X	X	X	X
Morrow						
Multnomah	X	X	X	X	X	X
Polk	X			X	X	X
Sherman				X		
Tillamook		X		X	X	
Umatilla		X		X	X	
Union	X			X	X	
Wallowa				X		
Wasco		X		X		
Washington	X	X	X	X	X	
Wheeler				X		
Yamhill	X	X		X	X	

## APPENDIX II : Resources

### Arthritis self-management programs

Walk With Ease:

<http://extension.oregonstate.edu/fch/walk-with-ease/participants>  
[www.arthritis.org/living-with-arthritis/tools-resources/walk-with-ease/](http://www.arthritis.org/living-with-arthritis/tools-resources/walk-with-ease/)

### Tobacco cessation

Oregon Tobacco Quit Line Enrollment website:

[www.quitnow.net/oregon/](http://www.quitnow.net/oregon/)

Oregon Tobacco Quit Line Resources:

<http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/GetHelpQuitting/Pages/oregonquitline.aspx>

Oregon Tobacco Quit Line Dashboard Reports:

<http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Pages/pubs.aspx>

Oregon Tobacco Quit Line Materials (cards, flyers, posters, brochures, print and Web ads):

<http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/EducationalResources/Pages/index.aspx>

### Diabetes programs

CDC National Diabetes Prevention Program website:

[www.cdc.gov/diabetes/prevention/index.htm](http://www.cdc.gov/diabetes/prevention/index.htm)

Diabetes Prevention Programs in Oregon:

<http://public.health.oregon.gov/PreventionWellness/SelfManagement/Pages/index.aspx#DPP>

Stanford Diabetes Self-Management Program:

<http://patienteducation.stanford.edu/programs/diabeteseng.html>

American Diabetes Association-Recognized Diabetes Self-Management Education Programs:

[http://professional.diabetes.org/ERP\\_List.aspx](http://professional.diabetes.org/ERP_List.aspx)

American Association of Diabetes Educators-Accredited Diabetes Self-Management Education Programs:

[www.diabeteseducator.org/ProfessionalResources/accred/Programs.html](http://www.diabeteseducator.org/ProfessionalResources/accred/Programs.html)

### Stanford self-management programs

Oregon Living Well Program:

<http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/LivingWell/Pages/Index.aspx>

Stanford University Patient Education Center publications list:

<http://patienteducation.stanford.edu/bibliog.html>

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact Oregon Self-Management at 1-888-576-7414 or [living.well@state.or.us](mailto:living.well@state.or.us) .



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