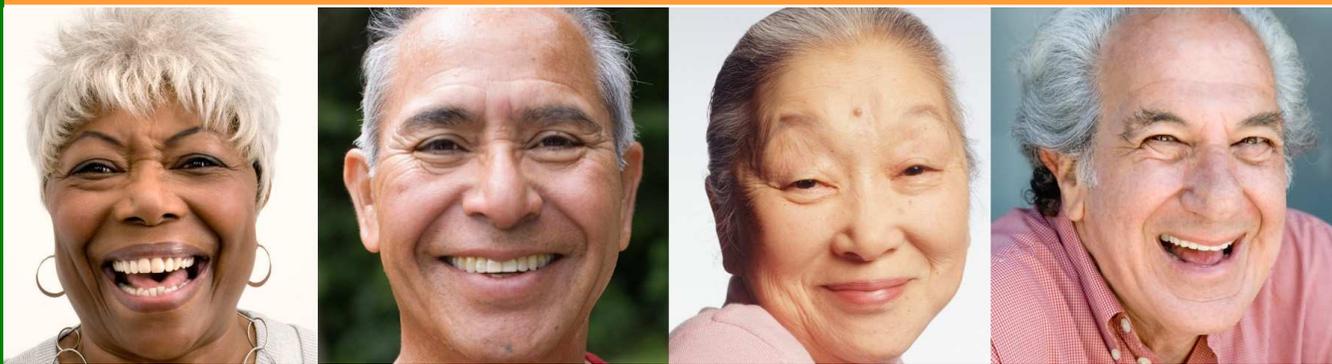


Living Well

Chronic Disease Self-Management Program

A Guide to Implementation



Oregon Department of Human Services
September 2009



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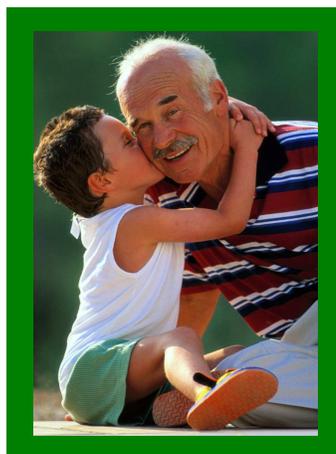
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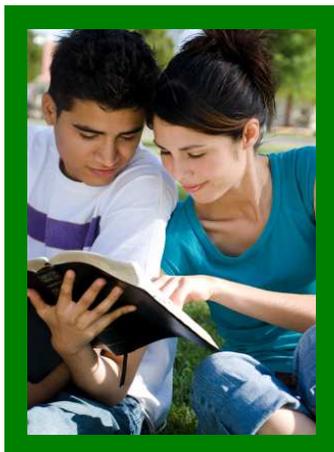
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Section I

BACKGROUND



Living Well with Chronic Conditions (Living Well) is the name that many programs in Oregon have adopted for the Stanford Chronic Disease Self-Management Program (CDSMP). CDSMP is an evidence-based health promotion program for people living with chronic conditions. For the purposes of this document, Living Well and the CDSMP refer to the **same** program, CDSMP being the national program name and Living Well being the name commonly used in Oregon instead of CDSMP (related programs include Tomando Control de su Salud and the Positive Self-Management Program for HIV/AIDS).

Chronic Disease Self-Management Programs Offered in Oregon

| Program | Description |
|--|--|
| <i>Living Well with Chronic Conditions</i> | Six week, peer-led workshop for people with chronic conditions, led in English. |
| <i>Tomando Control de su Salud</i> | Six week, peer-led workshop for people with chronic conditions, adapted from CDSMP to be culturally competent, led in Spanish. |
| <i>Positive Self-Management Program for HIV/AIDS</i> | Seven week, peer-led workshop for people living with HIV/AIDS, led in English. |

Living Well is a workshop series delivered in six, two-and-a-half hour weekly sessions, primarily in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health conditions, including people with multiple conditions, attend the workshop series together. Workshops are facilitated by two trained leaders who follow a scripted agenda and curriculum developed by Stanford University. One or both of the leaders are non-health professional peers with a chronic disease.

Living Well will not conflict with existing programs or treatment. It is designed to enhance regular treatment and disease-specific self-management education such as Better Breathers, cardiac rehabilitation, or diabetes education. In addition, many people have more than one chronic condition. The program is especially helpful for these people, as it gives them the skills to coordinate all the medications and treatments necessary to manage their health, as well as to help them keep active in their lives. Family members and other support people are invited to participate along with the person living with a chronic condition.

Subjects covered in Living Well workshops include:

- 1) Techniques to deal with problems such as frustration, fatigue, pain, and depression
- 2) Appropriate exercise for maintaining and improving strength, flexibility, and endurance
- 3) Appropriate use of medications
- 4) Communicating effectively with family, friends, and health professionals
- 5) Nutrition
- 6) How to evaluate new treatments

Each participant in the workshop receives a copy of the companion book, *Living a Healthy Life With Chronic Conditions*, 3rd Edition, which is also available in an audio format for people with vision problems or for people with lower literacy levels. Sessions are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

Program Background

Living Well was developed at Stanford University in 1996 through several years of research to determine the effectiveness of the program. The Division of Family and Community Medicine in the School of Medicine at Stanford University received a five-year research grant from the federal Agency for Health Care Research and Policy and the State of California Tobacco-Related Diseases office. The purpose of the research was to develop and evaluate, through a randomized controlled trial, a community-based self-management program that assists people with chronic conditions in improving their overall health. The content of the program was developed based on focus groups conducted with people with chronic disease and providers, in which the participants discussed which content areas were the most important for them.

Available languages

Stanford University used the CDSMP curriculum to develop Tomando Control de su Salud (Tomando Control), a Spanish language chronic disease self-management program, which has been adapted to better fit with Latino language and culture. Tomando Control participants have yielded similar outcomes to those who participated in English language CDSMP. Although no other languages have been approved by Stanford researchers, the Stanford University Web site does offer Living Well program materials that have been directly translated into Chinese, Japanese, and Korean. Translated materials are available at <http://patienteducation.stanford.edu/materials/#asian>

Living Well resources

More information and resources on outcomes associated with Living Well are available at the following Web sites:

The National Council on Aging Web site:

<http://www.ncoa.org/content.cfm?setionID=65&detail=2864>

Stanford University CDSMP Web site:

<http://patienteducation.stanford.edu/research/>

What is an evidence-based program?

Living Well is often described as an evidence-based program, which means that the same outcomes have been found consistently in randomized, controlled research trials, and in research with people of different backgrounds in different settings. For these reasons, one can assume that when Living Well is implemented exactly as it was designed, the same consistent outcomes will be found among workshop participants.

Evaluation

Over 1,000 people with heart disease, lung disease, stroke or arthritis participated in a randomized, controlled trial of Living Well, and were followed for up to three years by Stanford University researchers. The researchers looked for changes in many areas: health status (disability, social/role limitations, pain and physical discomfort, energy/fatigue, shortness of breath, psychological well-being/distress, depression, health distress, self-rated general health), health care utilization (visits to physicians, visits to emergency department, and hospital stays), self-efficacy (confidence to perform self-management behaviors, confidence to manage disease in general, confidence to achieve outcomes), and self-management behaviors (exercise, cognitive symptom management, mental stress management/relaxation, use of community resources, communication with physician, and advance directives).

Research Supporting Living Well

Participants who took Living Well, when compared to those who did not, demonstrated significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations. They also spent fewer days in the hospital, and there was also a trend toward fewer outpatient visits and hospitalizations.

These data yield a cost to savings ratio of approximately 1:10. Many of these results persist for as long as three years. Stanford's original research has since been replicated with many other populations and settings, with similar outcomes from the follow-up studies. For these reasons, Living Well is described as an **evidence-based program**.

Living Well has also been shown to be effective with individuals from a variety of backgrounds, regardless of educational level, literacy level, socioeconomic status, or health condition. Several specific populations, such as racial minority groups and disease-specific groups have been involved in studies to determine the effectiveness of Living Well among individual groups. Research conducted with specific populations yielded results consistent with the original Stanford research, including improvement in self-management behaviors, increased confidence, control and motivation, and increased knowledge and awareness of one's chronic condition.

Disease-specific and online programs

Stanford has also developed and tested other chronic disease self-management programs with a specific focus on one chronic condition, including the:

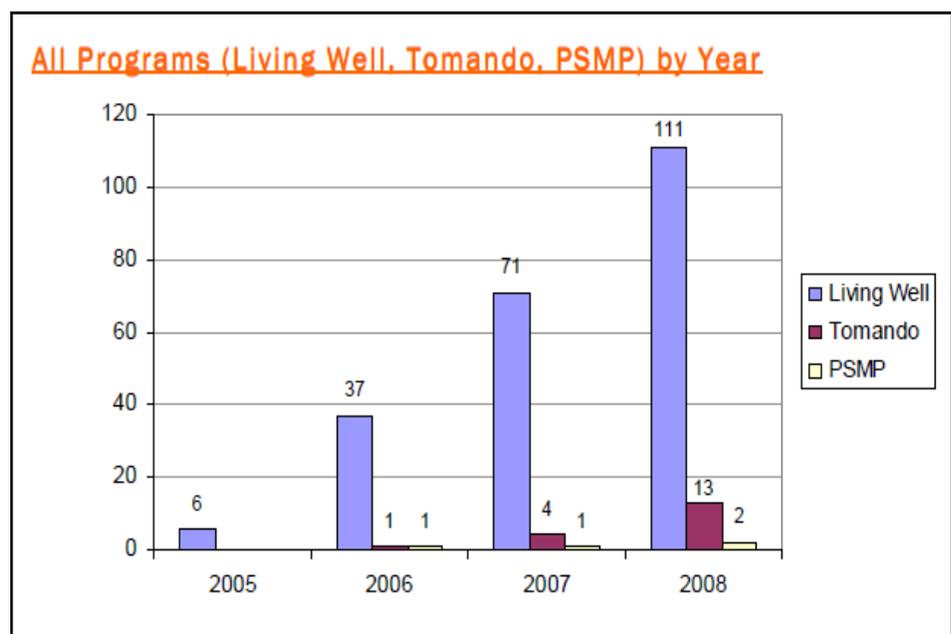
- Diabetes Self-Management Program (also available in Spanish)
- Arthritis Self-Management Program (also available in Spanish)
- Chronic Pain Self-Management Program, and
- Positive Self-Management Program (PSMP) (also available in Spanish), a 7-session workshop for people living with HIV/AIDS.

Stanford University has developed an online version of Living Well and is in the process of piloting the online program in a variety of states, countries, and health systems.

State of Oregon Support for Living Well

The Oregon Department of Human Services (DHS) and its partners support Living Well because its effects have been proven to be successful and improve health outcomes of people living with a variety of chronic conditions and those with multiple chronic conditions. DHS decided to support statewide implementation of Living Well in order to reach the greatest number of individuals most in need of the program, particularly given Oregon's range of population density and the challenge of filling disease-specific health education programs in rural areas of the state.

In 2001, Oregon DHS began promoting Living Well through the Oregon Diabetes Program, as a result of the efforts undertaken by some Oregon communities to implement Living Well locally. The program was expanded in 2005, when DHS used U.S. Centers for Disease Control and Prevention (CDC) chronic disease funds to offer a Master Training program to a diverse group of organizations that could help spread the program across Oregon. Since that time, grant funds have been used to support staff time to coordinate Living Well at the state level.



National Support for Living Well

The United States Administration on Aging has supported national implementation of Living Well through its Evidence-Based Healthy Aging Program grants to State Units on Aging, state government entities that work with local Area Agencies on Aging. In addition, the CDC has supported the use of Living Well to address the needs of people living with chronic conditions, including, but not limited to, asthma, arthritis, diabetes, heart disease, and stroke, by allowing state health departments to use grant funds to support program implementation.

The National Council on Aging (NCOA), a national organization whose mission is to improve the lives of older adults, has also been a strong supporter of Living Well. Most recently it has administered a Sustainable Systems grant program to state government entities to support sustainable expansion and implementation of Living Well. NCOA also holds the license for the online Living Well program, which is still in a pilot stage.



Helpful links

Oregon Area Agencies on Aging:

<http://www.oregon.gov/DHS/spwpd/offices.shtml>

Oregon Seniors and People With Disabilities: <http://www.oregon.gov/DHS/spwpd/index.shtml>

Centers for Disease Control and Prevention: <http://www.cdc.gov>

Living Well has helped people manage chronic conditions such as:

- Post-traumatic stress disorder
- COPD
- Osteoporosis
- Emphysema
- Chronic pain
- HIV/AIDS
- Fibromyalgia
- Crohn's disease
- Multiple Sclerosis
- Depression
- Parkinson's disease
- Sleep apnea, and others



SECTION I RESOURCES

What is the Chronic Disease Self-Management Program?

(known in Oregon as Living Well with Chronic Conditions)

The Chronic Disease Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic diseases themselves.

Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, and, 6) how to evaluate new treatments. Each participant in the workshop receives a copy of the companion book, *Living a Healthy Life With Chronic Conditions, 3rd Edition*.

It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

Does the Program replace existing programs and treatments?

The Self-Management Program will not conflict with existing programs or treatment. It is designed to enhance regular treatment and disease-specific education such as Better Breathers, cardiac rehabilitation, or diabetes instruction. In addition, many people have more than one chronic condition. The program is especially helpful for these people, as it gives them the skills to coordinate all the things needed to manage their health, as well as to help them keep active in their lives.

How was the Program developed?

The Division of Family and Community Medicine in the School of Medicine at Stanford University received a five-year research grant from the federal Agency for Health Care Research and Policy and the State of California Tobacco-Related Diseases office. The purpose of the research was to develop and evaluate, through a randomized controlled trial, a community-based self-management program that assists people with chronic illness. The study was completed in 1996.

The research project had several investigators: Halsted Holman, M.D., Stanford Professor of Medicine; Kate Lorig, Dr.P.H., Stanford Professor of Medicine; David Sobel, M.D., Regional Director of Patient Education for the Northern California Kaiser Permanente Medical Care Program; Albert Bandura, Ph.D., Stanford Professor of Psychology; and Byron Brown, Jr., Ph.D., Stanford Professor of Health Research and

Policy. The Program was written by Dr. Lorig, Virginia González, M.P.H., and Diana Laurent, M.P.H., all of the Stanford Patient Education Research Center. Ms. González and Ms. Laurent also served as integral members of the research team.

The process of the program was based on the experience of the investigators and others with self-efficacy, the confidence one has that he or she can master a new skill or affect one's own health. The content of the workshop was the result of focus groups with people with chronic disease, in which the participants discussed which content areas were the most important for them.

How was the Program evaluated?

Over 1,000 people with heart disease, lung disease, stroke or arthritis participated in a randomized, controlled test of the Program, and were followed for up to three years. We looked for changes in many areas: health status (disability, social/role limitations, pain and physical discomfort, energy/fatigue, shortness of breath, psychological well-being/distress, depression, health distress, self-rated general health), health care utilization (visits to physicians, visits to emergency department, hospital stays, and nights in hospital), self-efficacy (confidence to perform self-management behaviors, confidence to manage disease in general, confidence to achieve outcomes), and self-management behaviors (exercise, cognitive symptom management, mental stress management/relaxation, use of community resources, communication with physician, and advance directives).

What were the results?

Subjects who took the Program, when compared to those who did not, demonstrated significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations. They also spent fewer days in the hospital, and there was also a trend toward fewer outpatient visits and hospitalizations. These data yield a cost to savings ratio of approximately 1:10. Many of these results persist for as long as three years.

For more information on the Living Well with Chronic Conditions program in Oregon, please contact us at (971) 673-0984 or email living.well@state.or.us



Review of Findings on Chronic Disease Self-Management Program (CDSMP) Outcomes:

Physical, Emotional & Health-Related Quality of Life, Healthcare Utilization and Costs

Summary of health effects

The major published studies on healthcare utilization & CDSMP were reviewed; all were accessed through the National Library of Medicine (see attached chart, and summary of studies below). There is strong evidence across studies that CDSMP has a beneficial effect on physical & emotional outcomes, and health-related quality of life. This statement is based on high-quality information, standardized measures and is made with a high degree of confidence. The program consistently results in greater energy/reduced fatigue, more exercise, fewer social role limitations, better psychological well-being, enhanced partnerships with physicians, improved health status, and greater self efficacy. It is generally (although not always) associated with reductions in pain symptoms.

Summary of utilization effects

There is evidence that CDSMP results in reductions in healthcare expenditures. There is a range in the amount of money saved and the healthcare settings in which these cost savings/utilization decreases occurred, but the research points to moderate expenditure reductions. The statement “CDSMP results in reductions in healthcare expenditures” is made with a reasonably high degree of confidence. This finding is consistent with the available evidence, but is limited by the fact that measurement approaches differ across studies and utilization decreases are not uniform. In four studies there were fewer emergency room (ER) visits, in three studies there were fewer hospitalizations, and in four studies there were fewer days in the hospital. In two studies there were reductions in outpatient visits. All of the preceding studies were able to demonstrate statistical significance. We found no studies in which costs were increased.

There is evidence to support the notion that CDSMP saves enough money in healthcare expenditures within the first year to pay for the program. This statement is made with a moderate degree of confidence. This degree of confidence reflects the range of cost estimates used for CDSMP and that there is no common cost accounting used to calculate program costs.

The available evidence also suggests that CDSMP results in more appropriate utilization of healthcare resources, addressing healthcare needs in outpatient settings rather than ER visits and hospitalizations. While CDSMP is not a cost-cutting strategy in

and of itself, it almost certainly results in improved health-related outcomes and reduced healthcare utilization sufficient to render the program cost neutral. Further work will be needed to more precisely calculate the CDSMP return on investment in various settings and with various populations, using uniform cost methodologies and utilization metrics.

Summary of other benefits

Effective across chronic diseases: The program addresses a wide variety of chronic illnesses. This can result in efficiencies of scale, as CDSMP is designed to meet the needs of those with a variety of diseases. This obviates the need for many different disease-specific classes with the accompanying recruitment and scheduling problems.

Effective across socioeconomic and educational levels: The program's benefits are also seen across the spectrum of socioeconomic and educational levels. CDSMP is used among various ethnic groups in the US and internationally. CDSMP is currently offered through the National Health Services of England and Denmark, and in many parts of Australia, Japan, China, Norway and Canada. This attests to the program's broad reach and appeal.

Enables participants to manage progressive, debilitating illness: Those who have taken CDSMP do not experience greater healthcare utilization, even when their disability worsens. ER visits and hospitalizations would be expected to increase with progressive disability, but this is not the case for those who have taken CDSMP. While disability does tend to progress in those with chronic illness, those who participate in CDSMP classes generally do not use more healthcare resources.

Important health benefits persist over time: Those who enroll in CDSMP maintain many of their health and behavioral improvements over time. Significant improvements in exercise and social/role limitations can be seen over a two-year period.

Supported by decades of federal research: CDSMP has been developed through 20+ years of federally-funded grants from the National Institutes on Health, the U.S. Agency for Healthcare Research and Quality, and the Centers for Disease Control & Prevention.

Summary finding

CDSMP results in significant, measurable improvements in patient outcomes and quality of life. CDSMP also saves enough through reductions in healthcare expenditures to pay for itself within the first year.

Summary of studies reviewed

Thirteen CDSMP studies were reviewed. Analysis was conducted on eight studies which contained sufficient utilization data. Six studies are domestic and two are from the UK. Two of the six domestic studies targeted Spanish-speaking Hispanics. CDSMP participants were generally 40+ years of age. Sample sizes ranged from a low of 171 to a high of 1,140 with a mean of 682.

About the authors

The Centers for Disease Control & Prevention (CDC) is working in partnership with the National Council on Aging on the issue of financial sustainability for evidence-based health programs for older adults. Catherine Gordon, RN, MBA is a Senior Public Health Analyst in the Office of the Director, and Tracy Galloway, MPH is a Public Health Analyst in the National Center for Health Marketing at CDC.

| Study | Population Characteristics | Physical, Emotional, Health-Related Outcomes | Utilization & Cost Outcomes | Length of Study |
|--|--|---|---|----------------------|
| <p>Journal of Epidemiology and Community Health (UK) 2007; 61:254-261 (Kennedy, Reeves, et al.)</p> | <p>Study conducted in the UK.</p> <p>629 patients with a wide range of long-term chronic conditions.</p> | <ul style="list-style-type: none"> • Greater self-efficacy • Greater energy • Considerably greater health-related quality of life • Fewer social role limitations • Better psychological well-being • Lower health distress • More exercise and relaxation • Greater partnerships with clinicians | <ul style="list-style-type: none"> • No statistically significant reductions in routine health services at 6 months. • The overall small reduction in inpatient utilization meant that the costs of provision of the program were offset. This reduction was not statistically significant. • Authors' conclusion: Overall CDSMP is associated with improvements in health-related quality of life at no increased cost, and is likely to be cost effective. 70% probability that it's cost effective. | <p>6 month study</p> |

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| <p>The Diabetes Educator; 2005, 31; 401 (Lorig, Ritter, and Jacquez)</p> | <p>445 persons 2/3rds with diabetes Hispanic Mean age 61</p> | <p><u>At 4 months:</u></p> <ul style="list-style-type: none"> • Significant improvements in eating breakfast, mental stress, self-reported health, aerobic exercise, shortness of breath, pain, activity limitation <p><u>At 1 Year:</u></p> <ul style="list-style-type: none"> • Improvements in eating breakfast, mental stress management, self-reported health, aerobic exercise, health distress, C15self-efficacy, communication with physicians | <p><u>At 4 months:</u></p> <ul style="list-style-type: none"> • No significant changes in hospital or ER use • Physician utilization showed a statistically significant increase <p><u>At 1 year:</u></p> <ul style="list-style-type: none"> • Fewer hospital days • Data indicates increased use of physicians while decreasing hospitalizations, suggesting more appropriate health care use | <p>Results at 4 months and 1 year</p> |
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| <p>British Journal of Health Psychology 2005 (UK); 10, 589-599 (Barlow, Wright, et al.)</p> | <p>171 participants Mean age of 54 years Mean duration of disease = 16 years</p> | <ul style="list-style-type: none"> • The purpose of this study was to determine whether changes identified at 4 months were maintained over time. • No significant changes in self-efficacy, cognitive symptom management, communication with physicians, fatigue, anxiety and depressed mood and health distress occurred between month 4 and month 12, indicating that the effects of the program are long lasting. | <ul style="list-style-type: none"> • Most had no change from 4 month to 12 month follow-up with respect to the number of nights hospitalized and number of visits to accident and emergency rooms, specialists and GPs. • No significant <i>changes</i> in the median number of visits to specialists and GPs occur between month 4 and month 12. | <p>The study was a 12-month follow up.</p> |
| <p>Nursing Research 2003; Nov/Dec Vol 52, #6 (Lorig, Ritter, and Gonzalez)</p> | <p>Hispanic – majority born in Mexico. Spanish speakers, residing in northern California. 551 individuals included (327 in intervention and 224 in control) 79% female. Mean age was 57 years</p> | <ul style="list-style-type: none"> • Improvements in: <ul style="list-style-type: none"> - health status - health behavior - self-efficacy - self-reported health, distress, fatigue, pain/physical discomfort, role function - exercise- communication with physicians - mental stress management | <ul style="list-style-type: none"> • Fewer ER visits • Reduction in ER visits was small, with a .2 difference in first 4 months, and .12 fewer in months 8 and 12. The high costs of ER visits suggest that these differences are important. • No difference in hospitalizations • No difference in physician visits | <p>Results examined at 4 months and at 1 year.</p> |

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| <p>The Permanente Journal, Spring 2002, Vol 6, No 2 (Sobel, Lorig, and Hobbs)</p> | <p>952 patients</p> <p>50% Kaiser Permanente members</p> <p>Aged at least 40</p> | <p><u>At 6 months</u></p> <ul style="list-style-type: none"> • Improvements in: <ul style="list-style-type: none"> - frequency of cognitive symptom management - communication with physicians - health status, health distress - fatigue - disability - social activity limitations <p><u>At 2 years</u></p> <ul style="list-style-type: none"> • Reduction in health distress • Increased self-efficacy • Self-rated health status improved • Improved fatigue • Increases in disability (consistent with what is expected) | <p><u>At 6 months</u></p> <ul style="list-style-type: none"> • Fewer hospitalizations (0.22 fewer hospitalizations) • Fewer nights in the hospital (0.8 fewer nights) • Used an average CDSMP program cost of about \$70; and hospital cost of \$1000/day which resulted in a saving of approximately \$750 <p><u>At 2 years</u></p> <ul style="list-style-type: none"> • Made fewer visits to physicians and emergency departments (2.5 fewer visits) • No significant increases in numbers of hospitalization or days in the hospital, despite worsening disability | <p>6 months and 2 years</p> |
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| <p>Effective Clinical Practice (ACP Online 2001; acponline.org/journals/ecp/novdec01/lorig.htm (Lorig, Sobel, et al.)</p> | <p>613 Kaiser Permanente patients; 489 had complete baseline and follow-up data</p> | <ul style="list-style-type: none"> • Improvements in: <ul style="list-style-type: none"> - exercise - cognitive symptom management - communication with physicians - self-efficacy - fatigue - health distress - shortness of breath - pain - role function - depression | <ul style="list-style-type: none"> • Fewer visits to the ED (.04 visits in the 6 months prior to baseline; compared with .3 in the 6 months prior to follow up.) • Slightly fewer outpatient visits to physicians (not statistically significant) • Slightly fewer days in hospital (not statistically significant) • One year after exposure to the program, most patients experienced statistically significant improvements in a variety of health outcomes and had fewer ED visits. | <p>1 year outcomes</p> |
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| <p>Medical Care, 2001 Vol 39, #11, pp 1217-1223 (Lorig, Ridder, et al.)</p> | <p>831 community-dwelling patients 40+ yrs old, average 2.2 diseases</p> | <ul style="list-style-type: none"> • Improved health behaviors (exercise, cognitive symptom management, communication with physicians) • Improved self-rated health and participation in social/role activities • Reduced disability, fatigue, and distress over their health • An increase in disability was seen at one year. Even in the face of increasing disability, their activity and role functions did not decline. | <p><u>At 1 year</u></p> <ul style="list-style-type: none"> • Fewer visits to physicians and ERs (0.689 fewer visits) - this study groups physician visits with ER visits • Fewer days in hospital (0.111 fewer days) • Fewer hospitalizations (0.012 fewer hospitalizations) <p><u>At 2 years (compared to baseline)</u></p> <ul style="list-style-type: none"> • Fewer visits to physicians and ERs (0.564 fewer visits) - this study groups physician visits with ER visits. Author's conclusions:• Each year, participants made fewer visits to ERs and physicians, despite some increase in disability. • The total reduction during two years was approximately 2.5 visits per participant. • Two year savings due to reduced hospitalizations and outpatient visits was approximately \$590 per participant (\$490 in hospitalizations and \$100 in outpatient visits) • CDSMP cost was estimated at \$70-\$200 per participant, depending on economies of scale. Therefore, the actual amount of money saved over the two-year period was between \$390 and \$520 per participant. | <p>Study measured outcomes over 2 years, at 1 and 2 year intervals.</p> |
|--|--|---|--|---|

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| <p>Medical Care, 1999 Vol 37(1), pp 5-14 (Lorig, Sobel, et al.)</p> | <p>1140 participants (664 intervention; 476 control) 952 completed 6-month follow-up study</p> <p>Age 40 and up</p> | <ul style="list-style-type: none"> • Improvements in: <ul style="list-style-type: none"> - exercise - cognitive symptoms - communication with physician - self-reported health - health distress - fatigue - disability - social/role activity limitations • No difference in pain, shortness of breath, or psychological well being | <ul style="list-style-type: none"> • Fewer hospitalizations (decreased by 0.07) • Fewer days of hospitalization. Spent .8 fewer nights in the hospital. • No significant differences in physician visits. (very slight decrease) | <p>6 month follow-up</p> |
|--|---|---|---|--------------------------|

The Chronic Disease Self-Management Program (CDSMP): Experiences with Diverse Populations

By 2008, the Chronic Disease Self-Management Program (CDSMP) was being implemented in 43 states throughout the U.S. and 18 other countries. This program offers a broad-base appeal with a focus on multiple chronic conditions and fills gaps in existing disease-specific education and rehabilitation programs. As such, it has been integrated into regional and governmental health organizations in the United States, as well as national alliances, demonstration projects, and health initiatives, most notably in Australia, the United Kingdom, and Canada.

As the CDSMP continues to spread to additional populations, more is being learned about the great in diversity in program participants and how to successfully engage them. This paper summarizes a literature review of 52 articles that provide some insights into the acceptability of the CDSMP in various settings, for people with different chronic conditions, and for diverse cultural groups.

Diversity of Participant Populations:

The CDSMP has been translated into at least 10 different languages, and educational materials are available in English, Spanish, Chinese, Japanese, and Korean. Populations that the CDSMP has been used with or adapted for include:

- People with diverse medical needs, including those with arthritis, diabetes, hypertension, stroke, chronic pulmonary obstructive disease, coronary heart disease, cancer, multiple sclerosis, and low back pain; deafened adults; parents of children with chronic conditions; people with mental illness; and people with learning difficulties;
- Ethnically and culturally diverse populations who live in a variety of nations, including Latinos; African-Americans; Native Americans and Pacific Islanders; Aboriginal people; Chinese; Koreans; Vietnamese, Greeks; Italians; Dutch; and Bangladeshis; and
- A wide range of organizations, including those in urban and rural settings; health plans; clinics; health centers; university and community hospitals; the Veteran's Administration; state and county health departments; area agencies on aging; community colleges; community-based organizations; residential settings; and councils and service organizations.

Qualitative Participant Feedback:

Qualitative feedback about the participants' perceived benefits from the program indicated that the CDSMP was beneficial and satisfying for participants. In particular, participants reported satisfaction with the following areas:

- Improvement in self-management behaviors or skills (especially action planning, cognitive techniques, and communication with health care providers);
- Increased confidence, control, and motivation;
- Increased or reinforced knowledge and awareness about their condition, making them more involved in their care; and
- Satisfaction with program format, including increased social interaction, contact, and support; decreased feelings of isolation; and sharing and exchange of information and ideas.

Participants did offer suggestions for changes in the content, which often reflected the differences in culture or type of chronic condition.

Recruitment:

Recruitment strategies were similar across populations and countries. Direct targeting approaches included mailings, print media (flyers, posters, brochures, pamphlets, and public service announcements), radio, television, and presentations for a variety of existing community-based service organizations, voluntary health agencies,

churches, clubs, and libraries. Participants were indirectly targeted through letters and/or presentations to providers for patient referrals, but this strategy yielded fewer participants. Approaches were tailored to be more acceptable and relevant in certain ethnic or cultural communities by using specific health messages, languages, and presentations from staff or lay leaders from the community.

Implementation:

Experiences with CDSMP implementation and evaluation in these various settings can facilitate future program dissemination and success. Factors that were found to increase successful implementation include:

- Pre-plan to identify where the program fits with your organization's mission and find capable partners who can collaborate on implementation. This includes identifying leaders, participants, and program sites by working with community organizations that have ties to specific communities; consulting or contracting with universities for assistance with program and outcome evaluations; and partnering with health organizations, insurance companies, and funding agencies to share resources and increase program sustainability.
- Create an advisory group and steering committee that actively involve the lay community at the program outset to advise on program direction, implementation and evaluation. This requires lead time and budgeting resources, but helps ensure positive experiences and longer-lasting benefits.
- Make the program more marketable and relevant to the community by renaming it and starting with a pilot to determine what, if any, adaptations may be needed for specific target groups (e.g. language). Obtain permission from the authors before adapting program content.
- Provide clarity of the program's purpose and scope through the name, in the publicity materials, and at the time of inquiry/registration to assess suitability for participants. This will help increase program retention.
- Use community outreach and lay persons or potential participants from targeted communities to assist in the various phases of the program.
- Offer incentives to increase recruitment and retention, especially for underserved and low income populations and those with restricted mobility or who live further away from sites (e.g. course fee waivers, child care, gift certificates, transportation).
- Identify ways to recognize, acknowledge, and reward the lay volunteers for their involvement and contributions at all levels (e.g. from membership on steering committees to facilitating workshops).

In addition, this literature review identified some potential limitations or challenges with implementation and program sustainability past the initial trial. Limiting factors mentioned were:

- The organization's capacity to administer the program given competing priorities and demands, participant interest, and the availability of resources (e.g. funding, leaders, space).
- The recruitment, training and retention of competent leaders, especially with monitoring leaders' readiness and skills to ensure program quality and perhaps prevent participant attrition.
- Barriers to participant recruitment related to a person's perceived suitability for the program, such as social and family roles, spiritual beliefs, and/or the social stigma or label of having a chronic condition, especially when targeting the general public.
- Limited provider involvement and low referrals that may be due to competing local, state and federal initiatives for health care providers' time and attention; lack of incentives to refer due to concerns about reimbursement or remuneration for case management; and/or personal attitudes or skepticism about "self-management" programs.

Please contact Nancy Whitelaw, PhD (nancy.whitelaw@ncoa.org) at the Center for Healthy Aging, NCOA with any questions. More information is available at the Center for Healthy Aging website at www.healthyagingprograms.org and the Stanford Patient Education Research Center at <http://patienteducation.stanford.edu/programs/>.

Section II

OFFERING PROGRAMS



Getting Started

The first step to getting started with Living Well is to pull together a group of organizations and/or community members that would be interested in taking on Living Well. Since each workshop requires two trained leaders to deliver the series, it is highly recommended that workshops be offered in a partnership between a few different organizations. Often, these organizations include:

- Area Agencies on Aging
- Local Health Departments
- Oregon State University Extension Services
- Hospital systems
- Universities
- Health clinics
- Local DHS offices
- Faith-based organizations
- United Way
- Voluntary organizations
- Senior centers
- Nonprofit organizations
- Senior housing developments
- Community foundations

After a group of interested organizations and community members is identified, the next step is to meet and determine what resources each group brings to the table. Resources could include possible staff or volunteers to be trained as leaders, a space to offer workshops, funds to purchase a license and supplies, a program coordinator, access to advertising/media outlets, access to the target population to successfully recruit workshop participants, and so forth. During these initial meetings, the group should discuss how many leaders are needed and who will need to be trained as a leader to offer workshops, what organization will hold the Stanford license to offer the program and how the license will be acquired, who or what organization(s) will be responsible for coordinating workshops, and what the timeline will be to train leaders and market, recruit, and register participants for the first workshop series.

In order to build a sustainable infrastructure for your Living Well program, there are a few steps to consider. The Steps to Develop Local Infrastructure continuum on the following page can help identify where your program currently is and what steps can be taken to move Living Well forward towards greater access and sustainability.

Developing Local Infrastructure

Living Well with Chronic Conditions Steps to Develop Local Infrastructure

1

2

3

Infrastructure Development

Program Expansion

Targeted Program Expansions to Populations Experiencing Health Inequities

- Obtain support from your Community Health Advisory Council (CHAC) (where applicable) or other existing partners
- Partner with existing programs
- Evaluate possible funding sources
- Obtain a Stanford University license
- Train leaders
- Connect with state capacity building resources
- Participate in statewide data collection effort
- Participate in Oregon Living Well Network and determine what workgroup best meets your organization's needs and interests (refer to page 27)

- Maintain existing partners
- Build new partnerships, including aging services
- Connect with state resources
- Develop centralized coordination role for the county
- Assure that programs are offered with fidelity to the Stanford curriculum by using fidelity observation tools (refer to page 22)
- Participate in Oregon Living Well Network and one or more workgroups
- Develop marketing and media advocacy plans
- Develop systems of referral into Living Well programs
- Develop leader support systems
- Develop recruitment tools and strategies

- Develop partnerships with non-traditional public health partners
- Enhance centralized coordination role
- Connect with state resources
- Participate in Living Well Network and one or more workgroups
- Implement quality assurance and fidelity protocols
- Enhance marketing and media advocacy for the targeted populations
- Recruit and train peer leaders from the target populations
- Maintain leader and leader support systems

Program Costs

Some of the mandatory costs associated with implementing Living Well include:

1. License fee paid to Stanford University, \$500.00 for three years, with higher rates if more than 10 workshops are offered each year
2. *Living a Healthy Life with Chronic Conditions* participant book, \$18.95 per participant* (available through Bull Publishing at www.bullpub.com – bulk/online order discounts are available)
3. Relaxation audio CD, \$10.00 per participant*
4. CD player
5. Flip chart stands and paper
6. Markers for flip charts (including black or blue, red and green colors)
7. Kleenex
8. Painter’s or masking tape for flip charts**
9. Clock or watch with a second hand
10. Pad of paper
11. Extra pens or pencils
12. Blank reusable nametags

Licensing

Stanford licenses cost \$500 for three years if an organization is offering 10 or fewer workshops per year. Licensing information is available at <http://patienteducation.stanford.edu/licensing/fees.html#license>. If your community is interested in offering Living Well but cannot afford the license fee and all of the other necessary resources are in place, please contact the Oregon Living Well Program at 1-888-576-7414 or living.well@state.or.us.

*Programs that are implemented in Oregon to Stanford fidelity standards can receive 10 free books per workshop completed if program and participant data about the last workshop is provided to DHS. See the “Data Collection and Sharing” portion of this section, found on page 29, for more information about how your program can receive free *Living a Healthy Life with Chronic Conditions* or *Tomando Control de su Salud* participant books. A lending library approach, allowing participants to borrow a book or CD during participation in the workshop can reduce book and CD costs.

**Since the flip charts are reused throughout the workshop series, many leaders ask if they can use PowerPoint, an overhead projector, or professionally-developed posters as opposed to the flip charts. Stanford University has found that legible, handmade flip charts are more effective than any of these other materials and helps to create a more informal, relaxed learning environment. Stanford University discourages the use of materials other than handmade flip charts. If well taken care of, one set of flip charts can easily last two workshops or more.

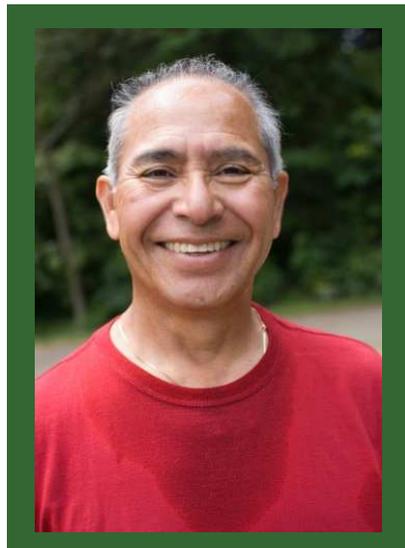
SECTION II—OFFERING PROGRAMS

Some of the optional costs associated with Living Well include:

1. Snacks and water, if you choose to provide them (please make sure that the snacks and beverages are healthy – i.e., fresh fruits, vegetables, nuts, low fat cheeses, whole grains, etc.)
2. Stipends and/or mileage reimbursement for lay leaders
3. Salary and benefits for a full or part-time coordinator position
4. Meeting space rental
5. Incentives for participants such as transportation vouchers, child care, supermarket or drug store gift cards
6. Costs associated with regularly held leader/volunteer meetings (lunch, mileage reimbursement, etc.)



Costs for offering Tomando Control or PSMP are similar to those listed on the previous page. These programs require a separate license and different book – and a seventh weekly session for PSMP - but the implementation costs are much the same.



Workshop Scheduling and Preparation

Once a community has trained leaders, the first step is to determine which two leaders will facilitate the first series and on what dates and times. It is highly recommended that a third trained leader is available as back up during the workshop series so that should one leader get sick or have an emergency, this leader can step in to co-lead.

A space for the workshop should also be confirmed, and this should be a space with comfortable capacity for at least 20 people seated in a circle. Accessibility of the location must be considered, as many workshop participants may have limited mobility or other special needs to accommodate sitting for two and -a-half hours.

When scheduling workshops, it is useful to consider what days and times will be most appropriate for your primary target audience. For instance, seniors and retirees may prefer a morning or daytime workshop series, while working parents may prefer evening or weekend workshops. It is also very important to consider whether participants will have access to the workshop location, particularly for participants who cannot drive or do not have a car and need to take public transportation. All workshop locations should be ADA accessible and should have wheelchair accessible restrooms. It is also important to schedule a break at every workshop, per the Stanford curriculum so that participants have an opportunity to appropriately self-manage their chronic condition. Breaks are an appropriate time to offer healthy snacks if you choose to make snacks available to participants.

Potential locations

Many organizations have meeting spaces that are free or inexpensive to rent, such as:

- Churches
- Hospitals
- Clinics
- Community centers
- Senior centers
- Local health departments
- Libraries
- Parks and recreation facilities
- YMCAs, and so forth.

ADA guidelines

To view ADA accessibility guidelines for buildings and facilities, visit <http://www.ada.gov/reg3a.html#Anchor-Appendix-52467>

Please note that a minimum of 10 participants must attend each session in order to offer the workshop series. The research conducted by Stanford University found that when workshops with less than 10 participants were offered, the outcomes experienced by participants were not as reliable or consistent. Therefore, in order to get the results of this evidence-based program, it is essential to have a minimum of 10 participants in each workshop. In order to ensure that at least 10 participants attend the sessions, it is important to over-recruit to compensate for drop out and people who register but do not show up to the workshop.

After the leaders, dates, and times are set, it is time to market the program to the target audience – people with chronic conditions.



What Living Well leaders say about the program

"The program material is right on. It covers the hazy places, places where physicians don't connect with dots for people. This program fills in the gaps. I love watching people start to feel normal. When they see that others have similar problems, they start to feel normal and feel empowered."

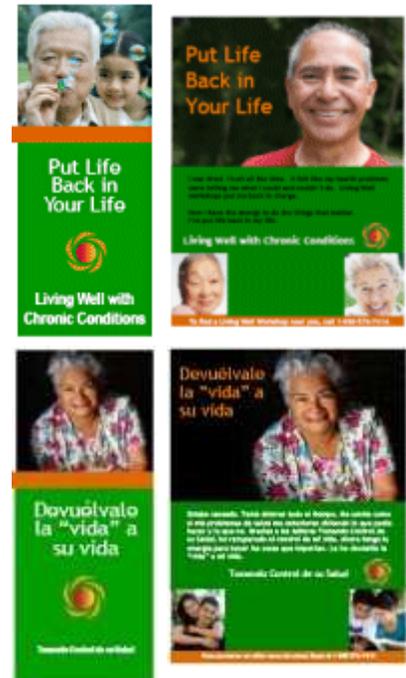
"I have done well when collaborating with other health facilities and organizations."

Marketing and Recruitment

Successful marketing of Living Well workshops will help to recruit an absolute minimum of 10 participants needed to offer the workshop. There are several resources available to market workshops in Oregon.

Statewide Marketing Materials

Statewide marketing poster and brochure. The Center for Healthy Aging at NCOA designed a series of marketing and recruitment materials for state and local agencies to use to encourage older adults to participate in chronic disease self-management workshops. After conducting market research, NCOA crafted preliminary marketing and promotional materials for the workshops and tested them with several focus groups of older adults across the country. Using the feedback from these focus groups, NCOA refined the brand, messages, photographs, and graphic images to prepare templated materials. The Oregon DHS and the Living Well Network Marketing and Recruitment Workgroup adapted these for Living Well workshops statewide. A final poster and brochure were developed, both of which include generic statewide contact information – a toll free referral line, 1-888-576-7414, and a statewide Web site, www.healthoregon.org/livingwell.



A limited number of print copies of the poster and brochure are available free of charge per organization. Please visit <http://oregon.gov/DHS/ph/livingwell/resources.shtml#marketing> to access an online order form for these materials or to download an electronic version. The statewide brochure and posters developed for Oregon include space for additional local program contact information to be added, either by writing in with a marker, using a printed sticker, or another method. There is space on the back side of the trifold brochure for local contact information to be added, and on the bottom of the poster in between the two smaller photographs.

The marketing poster and brochure are also available in Spanish to market Tomando Control workshops.

In addition, business card-sized refrigerator magnets are available.



SECTION II—OFFERING PROGRAMS



Living Well and Tomando Control videos. In 2008, Oregon DHS developed two seven-minute videos to promote the Living Well, Tomando Control, and PSMP programs. One version of the video is available in Spanish and the other is in English. Versions of both videos can be requested from Oregon DHS by emailing living.well@state.or.us or calling 1-888-576-7414. The videos are also available online at <http://oregon.gov/DHS/ph/livingwell/video.shtml>. The videos are appropriate for use with health care providers to encourage referral to Living Well, as well as potential partners and participants in the workshop.

Statewide workshop calendar. The Oregon Living Well Program maintains a listing of upcoming workshops throughout the state so that any calls to the toll-free number can be directed back to local programs for registration in an upcoming workshop. Programs are encouraged to submit upcoming workshop information by email to living.well@state.or.us or online at <http://oregon.gov/DHS/ph/livingwell/reportprograminfo.shtml>.

Health care providers. Many Living Well programs work with their local health care providers in order to refer patients with a chronic condition to Living Well. This can be done by providing information sessions to providers, mailing cover letters and marketing materials to clinic offices, or working with providers to place posters, books, and other materials in the office to advertise workshops.

| | | |
|---|---|--|
| <p>"After taking the class, my mindset changed. I realized I'd put my life on hold, expecting to 'get better.' When I accepted the fact that I have a chronic condition that I need to manage, I can't begin to tell you how much freedom I felt. This workshop was a life-changing event."</p>  | <p>Sponsored by: Samaritan North Lincoln Hospital, North Lincoln Hospital Foundation, Samaritan Pacific Communities Hospital, Lincoln County CHIP, Chronic Care Committee</p> |  |
| <p>Feel better. Be in control. Do the things you want to do.</p> <p>Find out more about Living Well Workshops.</p>  <p>Put Life Back in Your Life</p> | <p>The "Living Well With Chronic Conditions" Self-Management Program, developed by Stanford University's School of Medicine, is designed to enhance medical treatment and help those living with a chronic health condition improve their ability to manage day to day activities.</p> <p>In Oregon, we call this program "Living Well", but it is the same program developed by Stanford University called Chronic Disease Self-Management Program (CDSMP). If you would like more information on CDSMP, how they did the research, outcomes, or how to set-up your own program, check out their web site: http://patienteducation.stanford.edu</p> <p><small>Lincoln County Health and Human Services Department offers educational programs, activities, and materials without discrimination based on race, color, religion, sex, sexual orientation, national origin, age, marital status, disability, or disabled veteran or Vietnam-era veteran status. Lincoln County Health and Human Services Department is an Equal Opportunity Employer.</small></p> | <p>Put Life Back in Your Life</p>  <p>Living Well with Chronic Conditions</p> |

Sample Samaritan Health Services/Lincoln County Health and Human Services Department marketing brochure

Print and electronic newspapers and newsletters. Many Living Well programs have been able to get their local newspaper to write a story on Living Well, particularly if it includes participant testimonials or other human interest stories. Other places that are often free to advertise both workshops and upcoming leader trainings are church and senior center bulletins, as well as employee, organization and community newsletters.

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A second chance

Albany man credits class for helping him live with chronic illness

By Ian Rollins
For the Democrat-Herald

Bud Nelson, 84, didn't think he had a lot of time left. Suffering from severe emphysema and with a poor prognosis from his physician, he didn't know where to turn.

"The doctors I had seen had given up on me," said Nelson, of Albany. "They knew they'd gone as far as they could. They advised me that I had very little time left."

But then Nelson saw a newspaper article about Living Well with Chronic Conditions, a free six-week workshop presented by Samaritan Health Services and its community partners. Class leaders from Samaritan hold the workshop several times a year throughout the mid-valley.

"I went for a meeting, and it was the best thing I ever did," Nelson said. "I really learned how emphysema and my other conditions worked."

Albany Democrat Herald, April 25, 2009

Radio and television programs. Radio and television can be additional outlets to advertise Living Well. Consider having a participant who is a true believer in the program provide a testimonial about their experience in the workshop.

Web sites, e-mail lists, and listservs. Work with local organizations and partners to advertise upcoming workshops on their Web sites, event calendars, and listservs. Try to incorporate some of the images and logo from the Living Well marketing materials to make the announcement more appealing to viewers.

Personal invitations. Members of some communities respond positively to being personally asked to attend Living Well – either by going to their homes or calling them to invite them to attend, or by making a personal invitation at a community setting like church or school.

Public service announcements. Public service announcements can be developed for print or electronic media, including television, and can help reach individuals that may not access information from other listed venues.

Marketing Venues

Some places where brochures, posters, and other information may be distributed are:

- Senior centers
- Parks and recreation facilities
- Clinics
- Hospitals
- Pharmacies
- Churches
- Grocery stores
- Health coalitions
- Physical therapist offices
- Counseling programs
- Voluntary organizations
- Retirement housing facilities
- Local businesses and chambers of commerce
- Local government offices
- Community colleges
- Support groups
- WIC programs
- County health departments
- YMCA
- Agency or support group newsletters
- Online distribution – i.e. Craigslist or listservs
- Newspapers and community calendars

Be creative in your thinking – any environment that could potentially involve people with chronic conditions is a great place to market Living Well.



Participant Retention

Retention refers to a participant's consistent attendance in the six week workshop series. Retention in Living Well is a very common issue that local programs must often work to address. Before setting up a workshop, leaders and coordinators should be reminded that Living Well is a program for people with chronic conditions, and often these conditions may get in the way of an individual's ability to participate in every session. Stanford's research showed that unless participants completed at least **four of the six sessions**, they were unlikely to be able to realize the positive health outcomes found in the research. While the goal is to encourage participants to attend all six sessions, participants are considered to have completed the workshop if they attend at least four sessions. However, it is not unusual for participants to drop out of the workshop, thereby compromising the outcomes of the program if participation drops below 10, and possibly affecting the leaders' confidence if a large number of their participants drop out mid-workshop.

Some of the strategies that have been successful for addressing retention in Oregon are to:

- Call all registered participants the day before the session to remind them that they are registered, where they need to go to participate, and at what time.
- Call any registered participants that did not show up for the first session and invite them to attend the next week, reminding them where they need to go and at what time.
- Mail a reminder letter to the individuals that did not show up to the first session and include a map with directions to the workshop location.
- Call any participants that did not show up to any of the subsequent sessions to check in with them. This will express care and concern on the part of the workshop group and will also remind the participant to attend next week.
- Call all participants that dropped out of the workshop series to find out why they dropped out. This will help give some guidance around what needs to be improved for the next workshop (location, time, facilitation, etc).
- Hold a "pre-workshop" introductory session a week or two before the workshop begins. Use this as an opportunity to introduce the leaders, share some information about the program, show the informational video, and emphasize the six-week commitment.
- Place participants who have dropped out of a workshop on a wait list. Call them to personally notify them of the next workshop to see if they are interested and available to attend.

Leader Retention

It is important for Living Well programs to keep leaders active once they have received training. Trained leaders are pivotal to any successful Living Well program and it is expensive and time consuming to train new leaders to replace others who are not offering workshops. Strategies that have helped Living Well programs in Oregon successfully hold onto trained leaders are to:

- Have the program coordinator package all of the materials a leader will need each week – flipcharts, tissues, a timer, beverages and/or snacks, leader manual and so forth so that the leaders can pick up these materials and go straight to their sessions prepared with everything they will need that day.
- Consider offering an incentive or stipend for lay leaders to offer workshops. Even a small token will help leaders feel appreciated for the service they provide.
- Have the program coordinator meet the leaders before the first session to assure that registration is settled and that there are no outstanding issues with the location, setup, or workshop size.
- Pair a newly trained leader with an experienced leader so that the new leader feels more comfortable and can learn from the experienced leader.
- Work with other organizations to host regular regional leader meetings for all trained leaders. These meetings can include networking time, program updates, additional training and technical assistance (such as a review of the fishbowl exercise from leader training or brainstorming practice), and/or something to celebrate the leaders for the important work they do. Provide lunch or other incentives to get leaders to attend.
- Send a monthly email update to all trained leaders to keep them in the loop about scheduling, updates, upcoming workshops, and announce trainings and regional leader meeting dates/times.

Selecting quality leaders

Sometimes coordinating volunteers can be more difficult than managing paid staff. When selecting individuals to be trained as leaders, it's important to consider whether the individual has the appropriate skill set to co-lead Living Well workshops. Consider the following:

- Is this person a skilled communicator, listener, and facilitator?
- Is this person able to work with a diverse group of people with a range of chronic conditions?
- Is this person dependable and punctual?
- Does this person feel comfortable talking in front of and leading group discussion?
- Can this person follow a scripted curriculum?
- Can this person manage difficult situations should they arise during a workshop?

Quality Assurance and Fidelity of Living Well Programs

Rationale for a Focus on Fidelity

Stanford’s self-management programs are evidence-based programs. When implemented with fidelity, outcomes including improved self-reported health, improved physical activity, and decreased hospitalization have been demonstrated to occur. However, if key elements of the program are changed or deleted, these outcomes can no longer be expected.

Key Fidelity Aspects for Living Well

The following checklist outlines some of the key issues of fidelity and quality assurance for Stanford self-management programs, including:

- Programs are offered as designed, including:
 - Two and-a-half hour sessions offered over six weeks (seven weeks for PSMP);
 - Following the script and not adding additional topics or medical advice;
 - Effectively using key program elements including problem-solving, brainstorming, and action planning;
 - Led by two trained peer leaders, at least one of whom has a chronic condition.
- Workshops are designed to be offered to 10-15 participants. (Workshops should not be held with fewer than eight people in order to be effective, and having at least 10 initial participants ensures adequate numbers in the group if a few are unable to complete the workshop.)
- Leaders have completed a four-day leader training offered by two certified Master Trainers, and demonstrated the ability to facilitate groups effectively. PSMP leaders complete an additional one-day training.
- Leaders facilitate at least one community workshop each year. Master Trainers facilitate at least one leader training or one community workshop each year.
- Workshops are monitored to assure that they are being implemented with fidelity. See following page for recommended approaches to program monitoring.

In becoming licensed by Stanford to offer workshops, organizations agree that they will offer the programs as designed and “not create derivatives of the program without the express written permission of Stanford.”

What Living Well leaders say about the program

"I can see a lot of progress in people. People start to take responsibility for their own self-management. Participants progress and learn how to adjust goals and plans. There is a marked improvement from beginning to end."

Fidelity Monitoring of Living Well Programs

In order to assist programs in assuring quality of their workshops, and to better position statewide programs for reimbursement, the Oregon Living Well Network has adopted a leader observation tool. The Oregon Living Well Network strongly recommends that all organizations in Oregon to use a leader observation fidelity check process with new leaders, and annually for ongoing leaders, to ensure fidelity to Stanford's model. The recommended checklist allows a Master Trainer or other leader to observe half or all of one session, and provide specific feedback to the leaders on core elements of the program. Guidelines for use of the checklist provide recommendations on how program coordinators can work with leaders to implement fidelity checks, and steps leaders should take to ensure workshop participants are comfortable having a visitor attend to complete the observation.

See the leader observation guidelines and leader fidelity checklist in the appendix, or visit <http://oregon.gov/DHS/ph/livingwell/resources.shtml> to access the forms.



Other Fidelity Monitoring Strategies

In addition to the recommended fidelity monitoring of program, other approaches that organizations may wish to consider in doing additional quality assurance of their workshops include:

- **Attendance tracking** – The coordinator collects and reviews attendance information to help identify possible problems where high drop-off rates are identified.
- **Participant satisfaction forms** – Typically completed at the last session by participants. These forms help provide feedback from those who complete the workshop on timing, location, and leader effectiveness.
- **Calls to participants who drop out** – Typically done by the coordinator for individuals who attend less than four sessions. The coordinator uses call protocols to help identify potential reasons related to location, timing, or delivery.
- **Leader refresher opportunities** – Leaders should be encouraged to attend at least annual state or regional meetings involving other leaders to discuss issues related to workshop implementation and provide additional training on topics like retention, facilitation skills, quality assurance and fidelity, handling difficult participants, action planning, and so forth.
- **Leader self-monitoring checklist** – Leaders complete after each workshop for themselves and/or for their co-leader. The coordinator reviews checklists and follows up with calls and/or observation if any concerns are identified.
- **Coordinator calls to leaders** – Typically calls made by the coordinator to each leader after the first and fourth or fifth session to check in on how the workshop is going, and any concerns with group or co-leader. The coordinator should follow up with observation if any concerns are identified.



What Living Well leaders say about the program

"I love the program! I appreciate the flow and timing and the scripts. The program is well received. I look out in the group and see nodding heads. The program is helpful, even for more healthy people, and helps everybody with "I" statements, problem solving and goal setting."

Resources and Technical Assistance

The Oregon DHS supports Living Well programs in a variety of ways.

Living Well Forum

Since 2006, Oregon has hosted an annual gathering of organizations and individuals who are supporting Living Well programs. Forum participants represent a diverse array of community-based organizations, local and state agencies, clinics, hospitals, health systems, insurance companies, and researchers. The Forum is an opportunity to network, share best practices and resources, and learn about the latest developments in self-management programming.

For more information about past Forums and to find registration information for upcoming Forums, visit <http://www.oregon.gov/DHS/ph/livingwell/lw-forum.shtml>.

Living Well Listserv

Oregon maintains a moderated, interactive e-mail list for people involved with delivering and supporting Living Well programs throughout the state. Subscribe to the listserv to receive the Living Well Monthly Newsletters, notification of upcoming trainings and programs, new tools and marketing materials, find leaders for workshops, share your successes, and ask questions.

Sign up for the listserv at http://listsmart.osl.state.or.us/mailman/listinfo/livingwell_or

Technical Assistance

DHS offers technical assistance in the following areas, as well as other topics by request.

- Assisting in coordination of a leader training for a county/region
- Maintaining the list of leader training opportunities statewide
- Helping identify Master Trainers available to conduct leader training
- Helping to identify Master Trainers available to conduct fidelity observations
- Helping link organizations up with other experienced local partners involved in Living Well
- Promoting opportunities for regional collaboration
- Step-by-step overview of Living Well for organizations interested in starting programs
- Providing specific program and participant data (by county, region, organization, chronic conditions reported, etc.)
- Calculating retention and active leader rates
- Information about other evidence-based self-management programs

And other topics by request.



Audrey Sienkiewicz, Oregon Arthritis Program Coordinator, leads a physical activity break during the Annual Living Well Forum in Bend, Oregon, March 2008.

The Living Well Network and Workgroups

The mission of the Living Well Network is to promote the expansion, implementation, coordination, and sustainability of quality Living Well programs statewide, which includes the Living Well with Chronic Conditions, Tomando Control, and PSMP programs.

The Network's purpose is to:

- Promote the successful expansion, implementation, and coordination of Living Well programs statewide
- Facilitate additional communication and cooperation between all Living Well and other self-management programs in Oregon
- Provide a clear picture of statewide priorities and concerns related to Living Well
- Provide a venue for addressing program challenges and opportunities that affect all programs and partners
- Develop workgroups to address statewide priorities and opportunities
- Enhance community and partner ownership of Living Well and self-management programs
- Promote sustainability of programs statewide
- Share resources and support regional networks

The Living Well Network currently has three workgroups:

- Marketing and Recruitment
- Quality Assurance and Fidelity
- Reimbursement

Each workgroup meets every other month by conference call and once per year in person at the Living Well Annual Forum.

What Living well participants say about the program

“This program is helpful to me to manage some aspects of my own life -- I know it will be an asset to others.”

“Since going through the program I have been able to lower my blood sugar to below 140. I exercise three times a week and feel much better.”

The Network meets quarterly by conference call, and holds an annual in-person meeting in conjunction with the Annual Forum.

The Network is open to all individuals and organizations that support Living Well, including representatives from health systems, health care providers, insurers, local health departments, aging services, mental health providers, and community-based organizations. Participation from leaders and Master Trainers is also encouraged.

More information about the Network is available online at <http://www.oregon.gov/DHS/ph/livingwell/partners.shtml#network>.

If you are interested in joining the general Network and/or a workgroup, please contact program staff at living.well@state.or.us or 1-888-576-7414.



Data Collection and Sharing with DHS

Oregon DHS has ambitious statewide goals for Living Well as part of several chronic disease program grants. Therefore, to meet grant obligations and strengthen the State’s position to receive continued funding, it is crucial that data be collected to document the Living Well program activities throughout the state. Oregon Living Well programs are strongly encouraged to participate in collecting and sharing information on upcoming community workshops and leader trainings, and basic information on those participating or being trained. In recognition of the effort it takes for local programs to share information on programs and participation, DHS offers **free books!** Currently, Oregon DHS is able to send organizations 10 Living Well or Tomando Control participant books for each complete program data set that is received. While books are not currently available for PSMP programs, DHS does also collect PSMP participant and program data in order to track expansion of this program as well.

Requested information for statewide community programs:

1. **Scheduled, upcoming workshops** - The DHS-supported Living Well Web site provides a list of upcoming workshops across the state. This list is used by insurers, social service, healthcare organizations, and others to refer clients and patients to programs in their area. Organizations are asked to let DHS know of upcoming workshops online at <http://oregon.gov/DHS/ph/livingwell/reportprograminfo.shtml> or by emailing living.well@state.or.us. Organizations are also asked to share “closed” workshops (not open to the general public) – these workshops are not listed on the public Web site, but enable DHS to track the availability of all programs statewide.
2. **Participant demographics and program summary data for completed workshops** - By sharing anonymous participant demographics and workshop summary information, local organizations help demonstrate the reach and success of Living Well programs statewide, thereby better positioning the state for funding and reimbursement of Living Well workshops. Oregon DHS helps coordinate the collection and reporting of these data with a standardized participant and program summary form. DHS produces an annual statewide data report and county-specific fact sheets to help track the expansion of these programs statewide.

Leaders are asked to have each participant complete the Participant Information Form (available in English and Spanish) by the end of the first session they attend. The Participant Information Forms are then kept until the end of the workshop, and mailed to DHS along with a Program Summary Form, which is completed by the leaders at the end of the workshop series. All forms can be found in the appendix at or at <http://oregon.gov/DHS/ph/livingwell/reportprograminfo.shtml> (the Program Summary can be completed online if leaders prefer, but the Participant Information Forms must be completed on paper and mailed or faxed).

Chronic conditions reported by Oregonians in Living Well workshops, January 2009*

| | |
|--|-----|
| Arthritis | 43% |
| High blood pressure | 37% |
| Chronic pain | 33% |
| Depression | 29% |
| High cholesterol | 29% |
| Diabetes | 28% |
| Heart disease | 17% |
| Asthma | 14% |
| Fibromyalgia | 14% |
| COPD | 8% |
| Stroke | 4% |
| Multiple sclerosis | 2% |
| Here to accompany family or friends (no condition) | 8% |

In addition, programs may wish to collect additional data to provide feedback or evaluation of their workshops. These measures may include:

Participant satisfaction and evaluation measures

- Many programs use participant satisfaction forms completed by participants at the final session, or other satisfaction or evaluation measures to get feedback on how to improve preliminary workshops, overall satisfaction with Leaders, or program outcomes. See Section I above (Quality and Fidelity of Living Well Programs) for more information on these tools. This information is not collected by DHS.

Given the existing national and international research that has been done on the Stanford self-management programs, DHS is focusing statewide efforts on assuring workshop availability and quality in replicating the Stanford model.** However, several organizations in Oregon are evaluating program outcomes and health measures for their individual programs. Stanford has copies of their original pre/post evaluation tools on their website at <http://patienteducation.stanford.edu/programs/cdsmp.html> - and if you're interested in contacting Oregon programs that are evaluating outcomes, contact living.well@state.or.us.

*DHS Living Well with Chronic Conditions Data Report. January 2009. Available online: <http://www.oregon.gov/DHS/ph/livingwell/docs/datareport2009.pdf>

**Stanford University Bibliography <http://patienteducation.stanford.edu/bibliog.html> and University of Victoria Centre on Aging <http://www.coag.uvic.ca/cdsmp/>



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

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
- 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

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

List updated September 2009

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

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
- 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
- October 7 – November 11, 2009 from 1:30-4 pm at United 1st 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

**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

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

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 Maziarski at 541-864-9611 or email:
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 Maziarski at 541-864-9611 or email:
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 Maziarski at 541-864-9611 or email:
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
- 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
- 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
- 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
- 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
- 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
- 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

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

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

List updated September 2009

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
- 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

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

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

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

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

List updated September 2009

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

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

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

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

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

List updated September 2009

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.

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
- 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
- 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

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

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

List updated September 2009

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.

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

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 4th 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 15th, 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



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.”

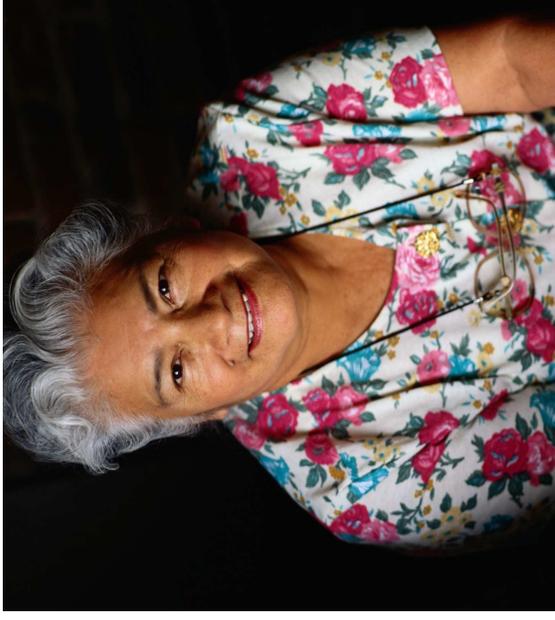
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Departamento de Servicios Humanos
de Oregon

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

1-888-576-7414
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

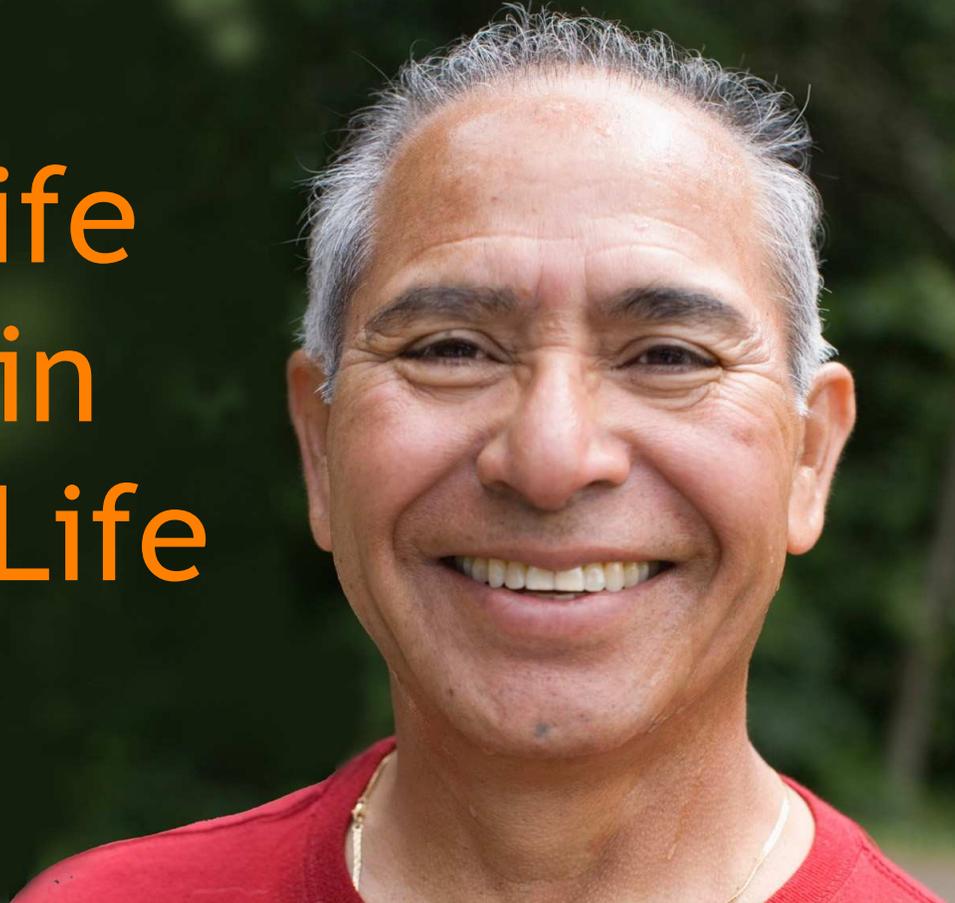


“Ahora tengo más energía de la que he tenido en años. Estoy más tranquilo y tengo más confianza en mi salud”.



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

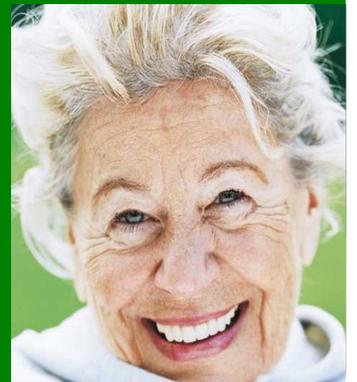
Put Life Back in Your Life



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.

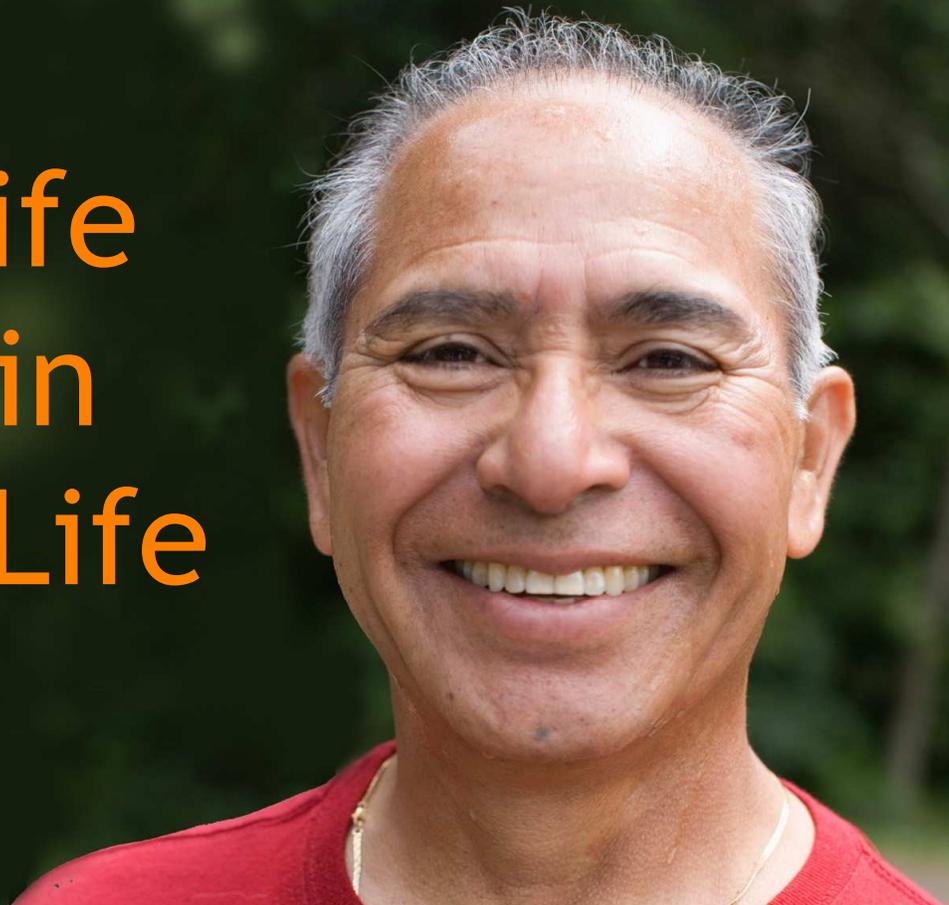
Now I have the energy to do the things that matter. I've put life back in my life.

Living Well with Chronic Conditions



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

Put Life Back in Your Life



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

Living Well with Chronic Conditions



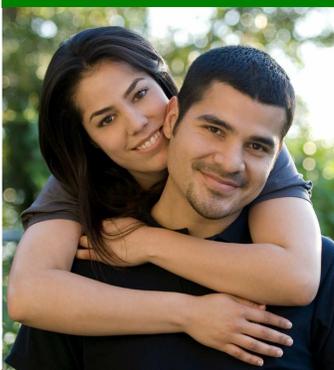
To find a Living Well Workshop near you, call 1-888-576-7414.

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.

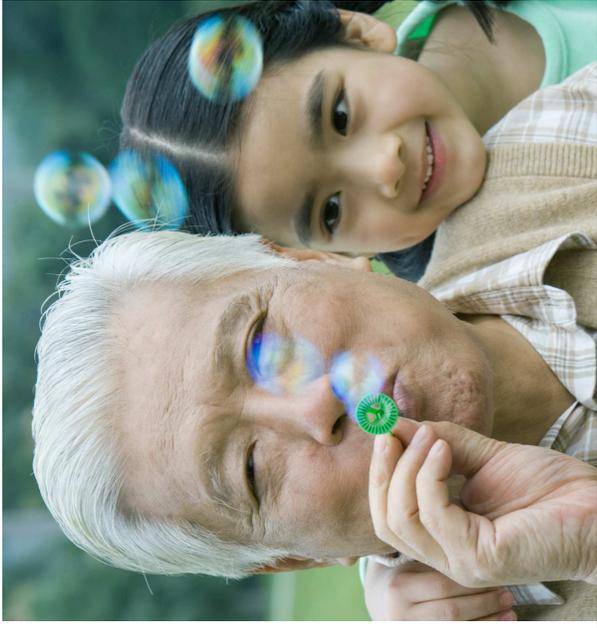
More (depending on audience):

- 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
www.healthoregon.org/livingwell



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**Put Life
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Your Life**



**Living Well with
Chronic Conditions**

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.



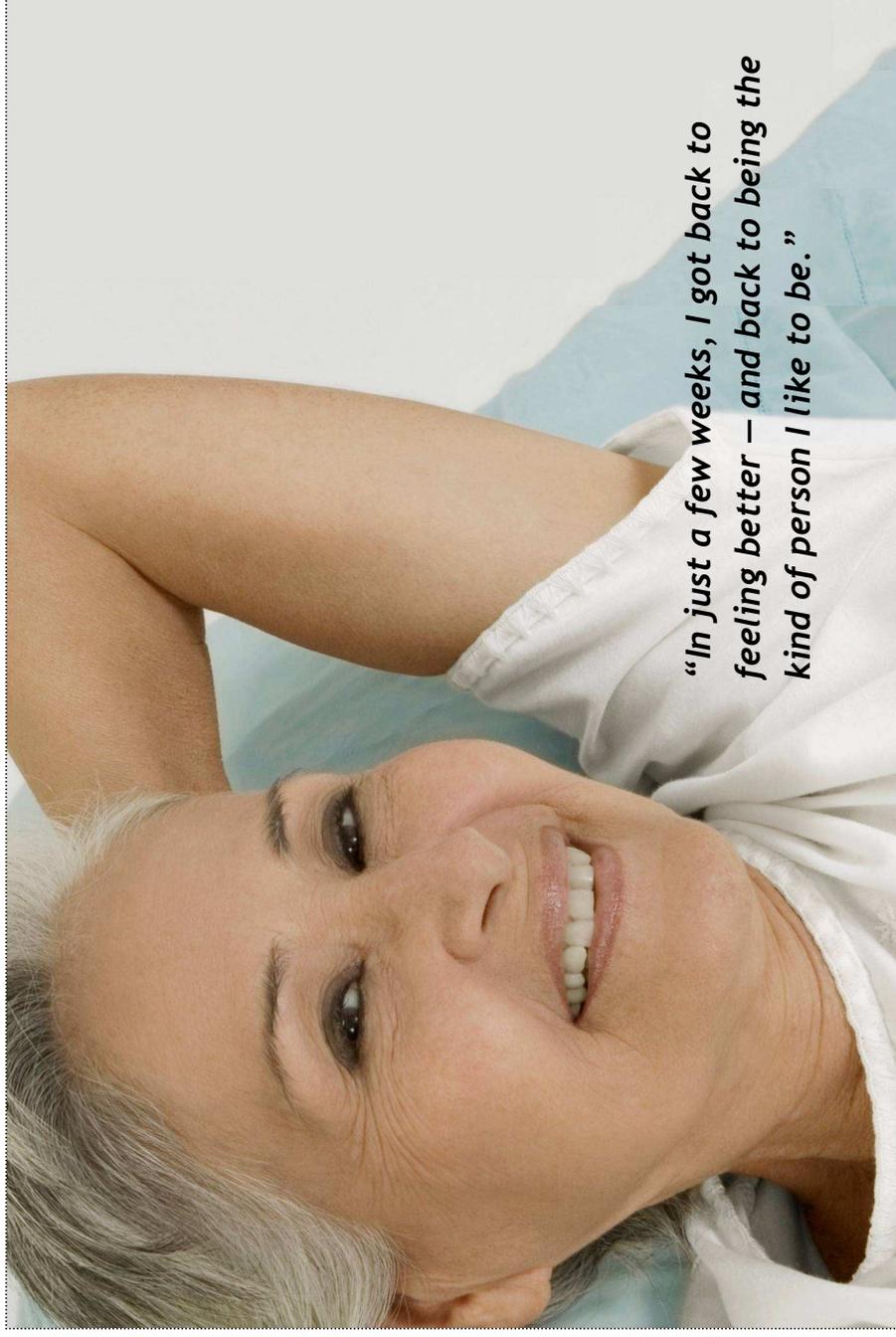
Join a free 2 1/2-hour Living Well with Chronic Conditions Workshop, held each week for six weeks.



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

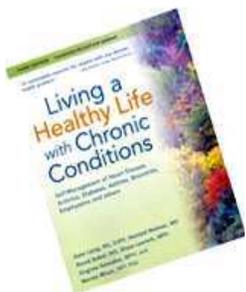
- Handle stress and relax
- Deal with depression
- Solve problems and meet personal goals
- Talk to your Doctor and family effectively about you health
- Eat well
- Control your pain
- Start an exercise program
- Manage medications
- Fight fatigue and frustration
- Make choices about you future

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

No Cost! Registration Required

Call Today: 864-9611

Visit our website: www.sohealthoregon.org



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



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. To register, call Bernadette Maziarski at 864-9611.

Reach reporter Sarah Lemon at 776-4487, or e-mail 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

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.



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 (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 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 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

| 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 "I" 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 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

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: _____

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

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 Alaska | ___ Blanca |
| ___ Asiática/Nativo de las Islas del Pacífico | ___ Otro – por favor anote _____ |

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: _____ | |



Section III

LEADER AND MASTER TRAINING



Identifying and Training Leaders

Potential leaders should be able to commit to successful completion of a four-day training, in addition to offering two six-week workshops per year, including prep time for each session. These individuals should be comfortable facilitating a workshop in front of a group and should be organized and prompt in order to offer the session each week.

It is strongly recommended that at least one of the co-facilitators of each workshop is a community member with a chronic condition. When recruiting individuals to become trained leaders, a balanced combination of peer community members and professional staff for whom Living Well will be part of their job duties is essential in order to offer the program as it was designed by Stanford. Many times, a great workshop participant will make a great trained leader – particularly if they are very committed and enthusiastic about the program. Sometimes, trained health professionals may find it challenging to step out of their professional role and facilitate the workshop as a peer.

Leaders are authorized to lead the chronic disease self-management workshop in which they were trained. To become a leader, one must complete leader training and have led at least two workshops in the first year after training.

Master Trainers are authorized to train *only* leaders to lead the self-management workshop. To become a certified Master Trainer, one must: 1) complete Master training, 2) co-facilitate at least two community workshops in the first year; and 3) co-facilitate one leader training.

T-Trainers are authorized to train Master Trainers and/or leaders. This authorization will only be granted after an apprenticeship training with a Stanford staff trainer. To qualify for an apprenticeship, one must have facilitated at least two workshops and three leader trainings. One must write to Stanford University and request an application if interested in becoming a T-Trainer.*

The full details and extent of the commitment of becoming a trained leader should be explained to every person interested in becoming a leader. This will help avoid training leaders that do not go on to facilitate any workshops. Some Living Well programs have even used a job description with their trained leaders to help assure that the commitment to being a Living Well leader is taken seriously.

* Stanford University Licensing Web site: <http://patienteducation.stanford.edu/licensing/>

SECTION III—LEADER AND MASTER TRAINING

The Stanford Living Well workshop and training curricula are highly structured. Individuals must attend a four-day training to be able to offer workshops in their community. **It is absolutely necessary that leaders attend the entire four-day training in order to be able to offer Living Well workshops.** If interested individuals cannot attend one day of the scheduled training, they will have to attend a different leader training, or only in the case of an emergency, can a leader in training make up a training day at another scheduled training. Stanford recommends for leaders to be trained by the same Master Trainers over the entire four days.

Oregon DHS maintains a list of all of the Living Well leader trainings being offered throughout the state. This list is available online at http://oregon.gov/DHS/ph/livingwell/lwleadersmt_top.shtml. At this time, most leader trainings are free of charge to attend. However, each participant must be affiliated with a licensed organization in order to attend the leader training.

Individuals may participate in either an English Living Well leader training or a Spanish Tomando Control leader training, but if they wish to be able to offer both workshops, they must attend each four-day leader training (a total of eight days of training). Individuals who would like to offer the PSMP must attend the four-day English Living Well leader training and an additional one-day training specific to the PSMP (a total of five days of training).

After an individual attends and completes a leader training, they must facilitate two workshops within their first year of being trained in order to be considered certified. After that, the leader must facilitate at least one workshop per year in order to maintain their certification.

| Program | Training Commitment |
|--------------------------|--|
| Living Well | Four full days, two workshops led within one year |
| Tomando Control | Four full days, two workshops led within one year |
| Positive Self-Management | One day + completed Living Well four-day training, two workshops led within one year |

Master Training

Leaders are trained by Master Trainers, who attend a four and-a-half-day training at Stanford University in order to be able to train other leaders. Master Trainers are trained by T-Trainers that participate in an apprenticeship program at Stanford University and have received their T-Trainer Agreement and Authorization form signed by Kate Lorig, RN, MPH. Oregon has over 60 Master Trainers throughout the state that offer regular leader training.

Trained leaders that have become certified may become Master Trainers by attending a four and-a-half-day Master Training at Stanford University. More information about Master Training can be found on the Stanford Web site at <http://patienteducation.stanford.edu/training/>. Master Training can also be arranged through Stanford to take place anywhere in the nation if an organization has funding to pay training fees and T-Trainer costs directly to Stanford.

Fidelity Issues in Leader Training

Leader training for Living Well provides participants with training and skills, and models the correct process for leading a community workshop. As with community workshops, there are key fidelity issues in offering leader training. Organizations that wish to modify the training in any way must consult with Stanford University before making any changes. Some key fidelity issues include:

- Training is offered as designed—a four-day training for Living Well or Tomando Control, and a five-day training (or additional one-day training beyond the basic Living Well) for PSMP. Stanford stresses that the training should be completed within two weeks – so the training can be offered all at once (four consecutive days) or two days each on two consecutive weeks. Stanford does not support training being compressed into anything less than four days, particularly because many training participants are living with chronic conditions, for whom sitting for more than eight hours per day may not be an option.
- There are at least eight, and not more than 20 confirmed participants in the training. Stanford strongly recommends that training not be offered with less than 10 registered, which allows for the possibility that one or two participants may not be able to make the training. Leader training models community workshops, and requires the same minimum numbers to be successful.
- Training follows the scripted Master Trainer Manual.
- Training is facilitated by two licensed Master Trainers who have each led at least two community workshops. Master Trainers must offer at least one community workshop or one leader training per year to maintain their current license status as Master Trainers.
- Trainees complete the full four-day training, and successfully complete practice teaching sessions (days two and four).
- Training is monitored to ensure that it is implemented with fidelity. See below for recommended approaches to program monitoring.

Fidelity Monitoring of Leader Training

Organizations offering leader training are encouraged to use a standardized observation checklist to monitor a half-day segment of the multi-day leader training. This is ideally done by a T-Trainer, but can also be done by an experienced Master Trainer or even a highly experienced leader using a checklist. The Master Trainer is observed during one or more sections of the leader training, ideally to include one or more of the practice teaching sessions and the fishbowl exercise. The observer follows up with the Master Trainers to share constructive feedback, particularly if any concerns are identified. Each leader should be observed for one session of their first program, and then for one session of a workshop on a regular basis, ideally on an annual basis. See the recommended leader training checklist in the appendix or online at <http://oregon.gov/DHS/ph/livingwell/resources.shtml>.

What Living Well leaders and Master Trainers say about the program

"Within each first session, I become a welcomed partner in the group and am always inspired by how determined participants were to succeed and change their lives, no matter what the barriers or difficulties that life has served them. These interactions actively changed my life and helped direct me to a live a healthier life."

"Every time I facilitate a Living Well workshop or leader training, I learn something new. I'm reminded about how to manage my own chronic conditions better. I could say it keeps me personally honest and on track. Helping others get there is the icing on the cake. I really feel that being a leader and Master Trainer is a privilege."

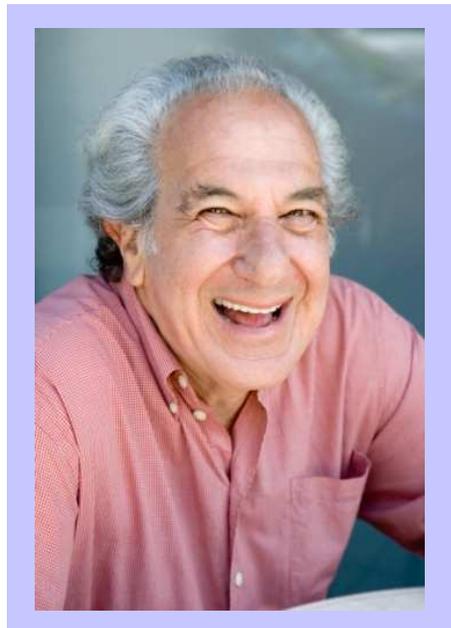
Leader Training Logistics

What Living Well participants say about the program

“As I was encouraged to set manageable goals each week, I found benefit in the positive sense of accomplishment and empowerment that resulted from accomplishing the plan. I also appreciated the resulting notion that positive, forward progress in easing my condition was possible.”

As with community workshops, coordination of a leader training requires attention to detail to assure that the training runs smoothly and is provided with fidelity to Stanford guidelines. See the Training Logistics Checklist in the appendix to learn more about the resources needed to offer a leader training. This checklist helps organizations and Master Trainers involved in planning a leader training to assure all steps are taken.

A generic version of the Oregon leader training application is located in the appendix. Organizations are welcome to contact DHS for an editable version of this application form to use for any trainings they offer. Email DHS at living.well@state.or.us.



Communication with DHS

- Scheduled leader training** - Please let DHS know two to three months ahead if you plan to offer a leader training. If you are willing to accept leaders from outside of your organization in your training, DHS will post the training on the statewide Web site. In either case, DHS may be able to support your training with leader manuals and books, as long as the training meets Stanford's requirements for leader training.

- Names and contact information for newly trained leaders** - Please send DHS (living.well@state.or.us) a list of those you have trained as leaders, along with their email, address and phone number. DHS maintains a statewide registry of trained leaders and Master Trainers, which is used to help organizations identify trained individuals in their region, and uses the contact information to invite new leaders to join the Oregon Living Well listserv, and invite them to statewide events like the annual Living Well Forum.

What Living Well participants say about the program

"This program has helped to realize we are not alone in our illnesses, though each are different. We can help each other by encouraging each other to take just one day at a time and do our best for the one day, so the future doesn't look so bleak."



SECTION III RESOURCES

Living Well with Chronic Conditions Leader Training

La Grande, Oregon

April 27-30, 2009

9:00 am-4:15 pm daily



Living Well with Chronic Conditions

Living Well with Chronic Conditions is the evidence-based Chronic Disease Self-Management Program (CDSMP) designed and evaluated by Stanford University. Living Well is a six-week workshop for people living with chronic conditions and their family or friends. Workshops are facilitated by two trained leaders. Evaluation has shown that the workshops help participants improve their health status and quality of life.

Subjects covered in the workshop include techniques to deal with frustration, fatigue, pain and isolation; appropriate exercise for maintaining and improving strength, flexibility, and endurance; appropriate use of medications; communicating effectively with family, friends, and health professionals; nutrition; and evaluating new treatments.

Who should become a Living Well leader?

Anyone with a commitment to helping people with chronic health conditions by leading two six-week workshops within the first year is eligible to become a trained leader. An individual must attend all four days of the training in order to lead a workshop.

Leaders must be affiliated with an organization that has a license to offer Living Well through Stanford University. If your organization does not have a license, contact living.well@state.or.us or 1-888-576-7414 to learn about how a license can be obtained.

How do I apply for the training?

To participate in the leader training, complete the leader training application form, which is available online at <http://oregon.gov/DHS/ph/livingwell/docs/leadertrainingappeng.pdf>. Once completed, the application can be emailed, mailed, or faxed to Cara Biddlecom using the information included on page 1 of the application form.

What can I do to support Living Well leader trainings?

If you work at a county health department, AAA, or other local agency, please consider promoting these trainings to your partners, community health and aging networks, and other organizations you think might be interested. Help us get the word out and build local capacity to provide these programs to people living with chronic conditions!

Learn more

More information about Living Well in Oregon, including materials you can use to promote Living Well, can be accessed at www.healthoregon.org/livingwell.

February 25, 2009

Hello,

The Chronic Disease Self-management Program (CDSMP) workshop Leader training will be held on:

Wednesdays & Thursdays 9AM to 4PM

April 22nd, 23rd, 29th, 30th, 2009

at the, **OSU Extension Center, 569 Hanley Road, Central Point, Oregon.** We will gather at 8:30 AM and start promptly at 9:00 AM. Each day will end at 4:00 PM.

Arlene Logan and Paul Jacob will be your co-trainers. They are certified by Stanford University as Master Trainers for this program.

The training and the CDSMP are designed to involve participants; so it is not a "sit and listen" class. The process is very important. Indeed, as you will come to see the process or way the CDSMP is taught is as important, if not more important, than the subject matter that is taught. In part that is why you need to be there for the FULL 4 days.

At the end of the 4 days you will have not only participated in the program yourself, but you will also have gained experience in doing the training. You will be ready to co-lead workshops with small groups in the community.

This leader training is supported in part by a grant from the National Council on Aging to the Oregon Department of Human Services.

In closing let me also convey our sincere thanks and appreciation in advance for the contribution you will be making in your community.

Call today and reserve your Leader Training place: 541-864-9611

Program Coordinator
Organization
Address
Phone number
Email address

Draft

Chronic Disease Self-Management Program (CDSMP) Volunteer Lay Group Leader “Job” Description

Purpose & Responsibilities:

To act as a co-leader/facilitator for CDSMP groups (Living Well with Chronic Conditions and/or Tomando Control de su Salud). To provide modeling of skills and activities according to the Stanford CDSMP manual.

Major responsibilities included but not limited to:

- Successfully complete the four day leader training required for the English and/or Spanish programs, and lead first program no later than six months after completing training.
- Facilitate at least one CDSMP workshop (2.5 hours per week for 6 weeks) per year.
- Attend refresher course as recommended by Program Coordinator.
- Adhere to the guidelines, content, and time frames set by Stanford Patient Education for facilitation of the CDSMP. Does not introduce additional content or materials that are not part of the Stanford program.
- Collect data collection forms (Participant Information and Program Summary). These are shared with the Oregon Department of Human Services in support of the state wide effort to track the use and growth of the CDSMP.
- Arrive at least 10 minutes before the start of each session, and start and finish program sessions on time.
- Set up classrooms and clean up after sessions. Leave classrooms neat and in condition as required by the host site.
- Maintain all class materials and equipment throughout the 6 week program.
- Provide adequate notice (at least 24 hours) to program coordinator if necessary to miss a session due to illness, and make effort to find a replacement leader.

The job may have additional responsibilities as assigned. All job duties must be performed in a manner that demonstrates the values of the sponsoring agencies.

MINIMUM REQUIREMENTS

- Successful completion of 4 day training as required by Stanford Patient Education standards. It is a preferred attribute to have been a participant in “Living Well with Chronic Conditions” prior to becoming a leader.
- Experience managing own chronic condition or being a support person to someone with a chronic condition.

Additional Skills:

- Fluency in the language of the program (either English or Spanish).
- Communicate skillfully with a variety of individuals in different environments, including disabled individuals and older adults. Good listening skills.
- Ability to work comfortably with groups, to read aloud and follow a script, and to write clearly on charts.
- Respectful of differing opinions, and ability to guide discussions non-judgmentally.

- Ability to encourage others, be a positive role model, be optimistic about a person's ability to make step by step changes.
- Open to trying new approaches.
- Willingness to share some personal information and experience with the group.
- Dependable and on time.
- Reliable transportation arrangements. Valid Oregon Driver's license and valid insurance if using private car.
- Demonstrates a caring, respectful and compassionate attitude towards all people.

Physical Abilities:

- Able to safely perform the physical requirements of leading the program

Living Well with Chronic Conditions Leader Training

Stanford’s Chronic Disease Self-Management Program

Leader Training is by various organizations in Oregon, with regular training offered through the regional Training Centers listed below

| Portland Metro | Central/West | Southern Oregon |
|---|--|--|
| <p>Oregon DHS Cara Biddlecom 800 NE Oregon St. Portland, OR 97232 living.well@state.or.us (971) 673.2284</p> | <p>Gerontology Institute Beverly Cridland 1202 Willamette St. Eugene, OR 97401 bcridland@peacehealth.org (541) 687.6234</p> | <p>OSU Extension Center Bernadette Maziarski 569 Hanley Rd. Central Point, OR 97502-1251 bmaziarski@charter.net (541) 864.9611</p> |

For a list of upcoming Leader trainings, please go to www.healthoregon.org/livingwell/ and check under “Leader Training and Support”. Organizations interested in offering the 6-week Living Well with Chronic Conditions program are invited to apply to send teams to a 4-day Leader Training. **Applications must be received at least three weeks prior to training start dates.**

For more information on Living Well with Chronic Conditions in Oregon, please refer to www.healthoregon.org/livingwell/.

For more information about the Stanford Chronic Disease Self-Management Program (CDSMP), please refer to <http://patienteducation.stanford.edu/programs/cdsmp.html>

Who May Apply

Each Living Well program held in the community must be led by two trained Leaders. Stanford strongly recommends that Leaders be individuals living with a chronic condition, and that at least one of the two Leaders be a peer Leader and not a health or social service provider. It is also very helpful if Leaders have attended a workshop as a participant prior to being trained. Participants must attend the full 4 days of training and facilitate a program to become a Leader. Organizations offering this program must do so under a license from Stanford University (see below).

Organizational & Leader Commitment

Organizations sending participants are committing to the initial 4 days of training, plus the time for coordinating and providing at least 2 six-week community programs within the following 12 months, with the first program being held within two months of training. Organizations also commit to sending DHS follow-up information about workshops and participants on a regular basis, using forms provided by DHS. Other potential program costs that organizations should consider include program coordination, participant materials and program licensing (see below).

Leader Training

Participation is limited to 20 people, with priority offered to registrants demonstrating the following capacities:

- Commitment to offer at least two 6-week programs within one year of being trained.
- Organizational ability to support promotion and implementation of the program.
- Organizational teams of two or more, including peer leaders with chronic conditions.
- Ability to reach diverse audiences including low income and high-risk populations.

Training Costs

Currently, the 4-day Leader Training is offered at regional training centers at no cost due to organizational support from the regional training organizations and grant support from various sources. As part of the training, trainees receive training materials, a leader's muscle relaxation CD, as well as 10 participant books that can be used in offering the program. Additional books can be purchased by the supporting organization (cost \$18.95; with discounts available for quantity orders), or a small book fee can be charged to program participants. For more information on how to obtain participant books, contact living.well@state.or.us.

Scholarships

A limited number of scholarships are available to individuals planning on leading Living Well with Chronic Conditions programs in Oregon, with funding provided by Oregon's Department of Human Services. Scholarships will be awarded to lay leaders (community volunteers) to help offset the costs of attending the 4-day Leader Training.

Lay leaders wishing to apply for a scholarship need to complete the attached scholarship application form (found on page 7) and submit the form with this application.

Program License

Living Well with Chronic Conditions is the Chronic Disease Self-Management Program, a licensed program of Stanford University, and Stanford retains ownership of the copyright to the program. Leaders agree that they will not alter the program.

Agencies or organizations offering CDSMP must be licensed. **A 3-year organizational license from Stanford is \$500** for organizations that will offer up to 10 programs per year. For further information on licensure, please see <http://patienteducation.stanford.edu/licensing/> or call Stanford directly at (650) 723-7935.

There are a number of licensed organizations and agencies within Oregon (see list at <http://patienteducation.stanford.edu/organ/cdsites.html#OR>). If a group is offering the program in collaboration with one of these currently licensed organizations, they may be covered by an existing license. It also may be possible for small non-profit organizations to request a reduced license fee from Stanford. Organizations or agencies wishing to offer the program on their own must purchase their own license.

Application Checklist

To apply for an upcoming Leader Training, please submit the following documents to the regional Training Center hosting the training you are applying for (Training Center and contact information on page 1).

- 1. Program Licensure from Stanford University
- 2. Organizational Questions (pages 4-5)
- 3. Applicant Information (pages 4-6)
- 4. Scholarship Application (page 7, if applicable)

Living Well with Chronic Conditions Leader Training Application Form

1. Program Licensure

In order to participate in this training, you must be affiliated with an organization that is licensed by Stanford to deliver the Chronic Disease Self-Management Program (CDSMP). Please indicate your organization's status below.

- My organization holds a current Stanford CDSMP license.
- My organization is partnering with an organization that holds a current Stanford CDSMP license, a letter of agreement describing our partnership is attached to this application.
- My organization has applied for a Stanford CDSMP license and expects to complete paperwork before the leader training.

For detailed information regarding program licensure, please visit <http://patienteducation.stanford.edu/licensing/> or contact the Stanford University Patient Education Research Center at (650) 723-7935.

Please note that training cannot be provided to individuals who are not affiliated with a licensed organization.

2. Organizational Questions

Please answer the following questions about your organization.

1. How does Living Well fit into your organization's long-range plans for supporting people with chronic conditions in your community?

2. Describe staff roles within your organization and how staff can dedicate time to promote and coordinate Living Well programs twice a year, and support lay leaders (community volunteers).

3. Newly trained Leaders should deliver their first program within two months of this training. Please indicate the date and location for the first program your newly trained Leader(s) will be involved in leading.

3. Applicant Information (please duplicate this page as needed)

Name of Leader applicant: _____

Leader Training you are applying for? Location: _____ Date: _____

Will you be a Lay Leader (non health/social service professional)? Yes No

Are you living with a chronic condition? Yes No

Have you attended a Living Well program as a participant? Yes No

Sponsoring Agency: _____

Title/Position: _____

Address: _____

Phone: _____ Email: _____

Briefly describe your interest in participating in this program and how this relates to the licensed organization.

Do you anticipate any barriers to leading two workshops a year (work or family obligations, transportation, health, etc.)? If yes, please explain.

Applicant Signature Title Date

Accommodations requested:

- Sign language interpreter
- FM System (for hearing impairment)
- Other (please specify): _____
- Wheelchair-height tables
- Large print training materials

Sponsoring Agency signature Title Date

4. Oregon Living Well with Chronic Conditions Leader Training Scholarship Application

Thank you for your interest in the Living Well with Chronic Condition program. A limited number of scholarships are available from the Oregon Department of Human Services to lay Leaders who agree to lead Living Well programs in Oregon.

Scholarships of \$300 are available to lay Leaders **only** (individuals who are not leading programs as part of their paid work), and are designed to help offset costs incurred while attending a four day Living Well with Chronic Conditions or Tomando Control de Su Salud Leader training. To request a scholarship, please complete this form and submit along with your application for the Living Well or Tomando Control training.

Scholarship terms:

1. Complete the four-day Leader Training.
2. Agree to lead at least two Living Well or Tomando Control workshops in the community.
3. Please indicate a month for your first planned workshop: _____

If you agree with the terms above, please complete the following:

Training Location & Date: _____

Name: _____

Lay Leader? yes no

Email: _____ Fax number: _____

Address: _____

Home Phone: _____ Work Phone: _____

County where you will be leading programs: _____

Licensed organization that you will be offering programs for: _____

Signature: _____ Date: _____

Regional Training Site Approval (to be completed by regional training center)

Social security number of individual receiving scholarship: _____

Approval signature: _____ Date: _____

DHS Approval (to be completed by DHS)

Approved For Payment:

Accounting Code: Index _____ **PCA** _____

Program Manager

Program Support Manager

Tomando Control de su Salud - Capacitación del Líder

Programa de Stanford acerca de Autogestión en Enfermedades Crónicas

La Capacitación de Liderazgo es proporcionada por varias organizaciones en Oregon, con capacitación regular ofrecida en los Centros Regionales de Capacitación enlistados a continuación

| Área Metropolitana de Portland | Central/Occidental | Sur de Oregon |
|--|---|---|
| Oregon DHS Cara Biddlecom 800 NE Oregon St. Portland, OR 97232 living.well@state.or.us (971) 673.2284 | Gerontology Institute Beverly Cridland 1202 Willamette St. Eugene, OR 97401 bcridland@peacehealth.org (541) 687.6234 | OSU Extension Center Bernadette Maziarski 569 Hanley Rd. Central Point, OR 97502-1251 bmaziarski@charter.net (541) 864.9611 |

Para una lista de las capacitaciones ofrecidas en el futuro, por favor visite www.healthoregon.org/livingwell/ haga clic en "Leader Training and Support". A las organizaciones interesadas en ofrecer el programa de 6-semanas de Tomando Control de su Salud se les invita a aplicar para enviar equipos a la Capacitación de Liderazgo de 4-días. **Las solicitudes deben ser recibidas por lo menos tres semanas antes de la fecha de inicio de la capacitación.**

Para más información en Tomando Control de su Salud, por favor visite www.healthoregon.org/livingwell/.

Para más información del Programa de Stanford acerca de Autogestión de Enfermedades Crónicas (CDSMP, por sus siglas en inglés), por favor visite <http://patienteducation.stanford.edu/programs/cdsmp.html>

Quién puede Aplicar

Cada uno de los programas de Tomando Control de su Salud deben ser presentados por dos líderes capacitados. La Universidad Stanford recomienda firmemente que los Líderes sean personas con una condición crónica latente, y que uno de ellos sea compañero del Líder y no un proveedor de servicio social o de salud. Es también muy útil que los Líderes hayan asistido a los talleres como participantes antes de empezar a capacitar a otros.

Para ser Líderes, los participantes deben atender los 4 días de capacitación completos y presentar un programa. Las organizaciones que ofrecen este programa deben hacerlo bajo licencia de la Universidad Stanford (ver más adelante).

Compromiso de la Organización & del Líder

Las organizaciones que envían participantes se comprometen a la capacitación inicial de 4 días, además del tiempo para coordinar y proveer al menos 2 programas comunitarios de seis semanas dentro de los siguientes 12 meses, con el primer programa para ser impartido dentro de dos meses de la capacitación. Las organizaciones se comprometen también a enviar información de seguimiento de DHS acerca de los talleres y de los participantes en forma regular, utilizando formas provistas por DHS. Otros costos potenciales del programa que las organizaciones deben considerar incluye la coordinación del mismo, materiales para el participante y licencia del programa (ver más adelante).

Capacitación del Líder

La participación es limitada a 20 personas, con prioridad ofrecida a las personas registradas con las siguientes capacidades:

- Comprometidos a ofrecer cuando menos dos programas de 6-semanas dentro de un año de ser capacitados.
- Tener habilidad organizacional para apoyar la promoción e implementación del programa.
- Contar con equipos en la organización de dos o más personas, incluyendo compañeros de líderes con condiciones crónicas.
- Capacidad de llegar a audiencias diversas incluyendo poblaciones de bajo ingreso y de alto riesgo.

Costos de la Capacitación

Actualmente, la Capacitación de Liderazgo de 4-días se ofrece en los centros regionales sin costo alguno debido al apoyo de las organizaciones de capacitación regional y al de las becas provenientes de varias fuentes. Como parte de la capacitación, los aprendices reciben material de capacitación, un CD de relajación muscular para el líder, así como 10 libros participantes los cuales pueden ser utilizados cuando presenten el programa. Se pueden comprar libros adicionales de parte de la organización secundaria (costo \$18.95; con descuentos disponibles para órdenes de mayoreo), o un pequeño honorario de libro puede ser cargado a los participantes en el programa. Para más información en cómo obtener libros del participante, comuníquese con living.well@state.or.us.

Becas

Un número limitado de becas están disponibles para las personas que planean dirigir en Oregon el programa de Tomando Control de su Salud, con la financiación proporcionada por el Departamento de Servicios Humanos de Oregon. Las becas serán concedidas a los líderes propuestos (voluntarios de la comunidad) para ayudar a sustentar los costos de la Capacitación de Liderazgo de 4-días.

Los líderes propuestos que desean solicitar una beca necesitan completar la solicitud de beca adjunta (encontrada en la página 7) y entregarla con esta solicitud.

Licencia del Programa

Tomando Control de su Salud es un Programa de Autogestión de Enfermedades Crónicas, un programa con licencia de la Universidad de Stanford, y Stanford retiene la propiedad de los derechos registrados del programa. Los líderes están de acuerdo a no alterar el programa.

Las agencias y organizaciones que ofrecen el CDSMP deben tener licencia **Una licencia organizacional de parte de Stanford tiene un costo de \$500** para las organizaciones que ofrecerán hasta 10 programas por año. Para más información acerca de la licencia, por favor visitar <http://patienteducation.stanford.edu/licensing/> o llamar a Stanford directamente al (650) 723-7935.

Hay varias organizaciones y agencias con licencia en Oregon (ver la lista en <http://patienteducation.stanford.edu/organ/cdsites.html#OR>). Si un grupo ofrece el programa en colaboración con uno de estas organizaciones con licencia actual, podrían estar cubiertos con una licencia existente. También es posible para pequeñas organizaciones no lucrativas que soliciten un honorario reducido de licencia a Stanford. Las organizaciones o agencias que deseen ofrecer el programa independientemente deben comprar su propia licencia.

Lista de verificación de la solicitud

Para presentar una solicitud para la Capacitación de Liderazgo próxima, por favor entregue los siguientes documentos al Centro regional de Capacitación donde se lleve a cabo la capacitación que está usted solicitando (Centros de Capacitación e información de contacto página 1).

- 1. Programa de Licenciatura de la Universidad Stanford
- 2. Preguntas de la Organización (páginas 4-5)
- 3. Información del Solicitante (página 6)
- 4. Solicitud de Becas (página 7, de aplicarse)

Tomando Control de su Salud

Capacitación de Liderazgo de Cómo Vivir Bien con Condiciones Crónicas

Solicitud

1. Licenciatura del Programa

Para poder participar en esta capacitación, usted debe estar afiliado con una organización que esté licenciada por Stanford para presentar el programa de Autogestión de Enfermedades Crónicas (CDSMP, por sus siglas en inglés). Por favor indique a continuación el estatus de su organización.

- Mi organización cuenta con una licencia CDSMP de Stanford.
- Mi organización está asociada con una organización que cuenta con una licencia CDSMP actual de Stanford, se adjunta a esta solicitud una carta describiendo nuestra sociedad.
- Mi organización ha solicitado a Stanford la licencia CDSMPy se espera completar el papeleo antes de la capacitación de liderazgo.

Para información detallada acerca de la licencia a este programa, por favor visite <http://patienteducation.stanford.edu/licensing/> o comuníquese al Centro Educativo de Investigación del Paciente de la Universidad de Stanford al (650) 723-7935.

Note por favor que esa capacitación no puede ser proporcionada a personas que no estén afiliadas a una organización con licencia.

2. Preguntas de la Organización

Por favor conteste las siguientes preguntas acerca de su organización.

1. ¿Cómo se compagina la capacitación de Tomando Control de su Salud en los planes de largo alcance de su organización para apoyar a las personas con condiciones crónicas en su comunidad?

4. Capacitación de Liderazgo de Tomando Control de su Salud Solicitud de Beca

Gracias por su interés en el programa de Tomando Control de su Salud. Un número limitado de becas de parte del Departamento de Servicios Humanos de Oregon están disponibles para las personas que se comprometan en presentar los programas de Tomando Control de su Salud en Oregon.

Becas de \$300 para los Líderes Propuestos **únicamente** (individuos que no dirigen programas como parte de sus trabajos pagados), y están designados a ayudar a sustentar los costos de la capacitación mientras participa en la capacitación de Liderazgo de cuatro días de Tomando Control de Su Salud. Para solicitar una beca, por favor complete esta forma y entréguela junto con su solicitud de la capacitación de Tomando Control de su Salud.

Términos de la beca:

1. Completar la Capacitación de Liderazgo de 4-días.
2. Comprometerse a presentar a la comunidad por lo menos dos talleres de Tomando Control.
3. Por favor indique el mes planeado para su primer taller: _____

Si está de acuerdo con los términos arriba mencionados, por favor complete lo siguiente:

Dirección de la Capacitación y Fecha: _____

Nombre: _____

¿Líder propuesto? sí no

Correo electrónico: _____ Número de Fax: _____

Dirección: _____

Teléfono del domicilio: _____ Teléfono del trabajo: _____

Condado donde presentará los programas: _____

Organización con licencia por la que usted ofrecerá los programas: _____

Firma: _____ Fecha: _____

Regional Training Site Approval (to be completed by regional training center)

Social security number of individual receiving scholarship: _____

Approval signature: _____ Date: _____

DHS Approval (to be completed by DHS)

Approved For Payment:

Accounting Code: Index _____ **PCA** _____

Program Manager

Program Support Manager

Major Objectives for the Training

At the end of the Chronic Disease Self Management Workshop Leaders Training, participants will be able to:

1. Conduct the Chronic Disease Self Management (CDSM) workshop with one other trained co-leader.
2. Utilize the CDSM Workshop Leaders Manual and accompanying book, *Living a Healthy Life with Chronic Conditions*.
3. Understand the concept of self-efficacy and the strategies to enhance self-efficacy.
4. Use the four efficacy-enhancing strategies with their groups: skills mastery through making an action plan, sharing and feedback, modeling, reinterpretation of symptoms and persuasion.
5. Utilize the following training techniques: lecture with discussion, brainstorming, demonstration, practice, feedback, problem solving and making action plans.
6. Handle problems that arise in the group learning situation.
7. Ask for and use assistance as needed.
8. Provide constructive feedback about both the content and process of the workshop to the program coordinator.
9. Utilize other course leaders as resource people and/or assistance as necessary and appropriate.
10. Understand and maintain the evaluation requirements for the workshop as determined by your organization.

April 8, 2009

Greetings,

Living Well Leader Training is only two weeks away. We have registered and confirmed nine applications and are looking forward to meeting everyone. Here are a couple reminders I hope will be useful.

Parking

The OSU Extension has ample parking. Signs for Living Well Leader Training will be posted at entry to direct you to training room. The Administration building is located on Hanley Road with the Educational Center located at the end of the driveway.

Training Times and Dates

The Chronic Disease Self-management Program (CDSMP) workshop Leader training will be held on **Wednesdays and Thursdays, April 22, 23 & 29, 30** at the OSU Extension Education Center (see enclosed map for directions).

Drinks and snacks will be provided. You may bring your lunch or purchase lunch at local restaurants. We gather at 8:30 AM and start promptly at 9:00 AM. Please be on time. Each day will end at approximately 4:00 PM.

Attire

Dress in comfortable attire. Feel free to bring a favorite cushion or whatever you might need. Leader Manuals, note paper and pencils will be provided.

Attendance

Participation and attendance for the 4 full days of training are required to be certified by Stanford University as a CDSMP Workshop Leader.

Hotels

Several hotels of your choice are available in the Central Point area for overnight stays.

Please call me if you have any concerns or questions
Again, we are all looking forward to opening day...see you soon!

Coordinator name

Address

Phone number

Email address

Web site

Living Well/CDSMP Leader Training Logistics Checklist

The following checklist may be helpful for Master Trainers during the process of planning a Leader Training. Some of the duties may not apply to your planning style or your organization; feel free to use this as you see fit!

Leader training dates:

Master Trainers:

Location:

- Main meeting area (seat up to 24)
- Breakout room (up to 12) days 2 & 4
- Building contact: _____
- CONFIRM 3 weeks prior!

Registration:

- Budget: travel reimbursement, food, venue fees, master trainer fees?
- Get official approval for expenditure
- Set application deadline & notification date
- Distribute application forms

Publicity:

- Press release
- Community contacts
- Health system contacts
- Review applications – double check licensing/partner info
- Choose participants
- Take care of ADA accommodation requests
- Send confirmation letters
 - Include dates, location, map, parking, food, agenda?
- Finalize roster

Logistics:

- Send Notification of Planned Leader training form to DHS
- If at all possible, arrange for observation/fidelity checklist use for one half-day segment of your training
- Arrange coffee/tea/water service & healthy snacks
- Lunch (or list of available lunch venues)
- Room setup/ seating plan
- Accessibility & ADA accommodations – pre-workshop checklist
- Master Trainers meet to break up teaching assignments
- Travel reimbursement forms
- CEU paperwork (if applicable)

Participant Materials:

- Manuals (DHS will supply these if you give enough notice)
- Agendas (handouts)
- Books
- Relaxation Tapes/CDs – long and short versions
- DHS support info sheets, reporting forms and explanation of reporting

Training Materials:

- Master Trainer manuals
- Sign-in sheet
- Chart pack (pre-made flip charts)
- Easels
- Flip charts or white boards
- Markers, dry-erase markers, erasers
- Weekly session agendas (flip charts)
- Tape/CD player
- Pens
- Pads of paper
- Kleenex
- Workshop evaluations
- Name tags
- Practice teaching assignment sheets
- Practice teaching feedback forms
- Role play cards
- Master trainer hats
- Watch that marks seconds
- Copies of chart #2
- Rosters (draft to correct, then final version on last day)
- Digital camera for group photo?
- Copies of local brochures, state brochure

Afterward

- Review evaluations & create report (please send a copy to DHS!)
- Send participant roster to DHS
- Debrief training, logistics, etc. and record lessons learned
- Send certificates of completion (if not passed out on last day)
- Arrange for mentorship/observation of new leaders



Training Agenda

Chronic Disease Self-Management Program
Month date, year • Portland, Oregon

DAY, MONTH, DATE

- 9:00 am: Introductions and Project Overview
- 9:30 am: Workshop Introductions
- 10:00 am: Workshop Overview and Responsibilities
- 10:10 am: Differences Between Acute and Chronic Conditions
- 10:25 am: BREAK
- 10:40 am: Using Your Mind to Manage Symptoms and Distraction
- 11:00 am: Introduction to Action Plans
- 11:50 am: Session One Review
- 12:10 pm: LUNCH
- 1:10 pm: Dealing with Difficult Emotions
- 1:50 pm: Introduction to Physical Activity and Exercise
- 2:20 pm: Session Two Review
- 2:40 pm: BREAK
- 2:55 pm: Review of Training Techniques
- 3:25 pm: Practice Teaching Assignments, Questions and Day One Closing
- 4:00 pm: Adjourn for the day

DAY, MONTH, DATE

- 9:00 am: Questions and Answers
- 9:15 am: Feedback, Problem-Solving, and Making an Action Plan
- 10:15 am: Better Breathing
- 10:30 am: Muscle Relaxation
- 10:45 am: BREAK
- 11:00 am: Pain and Fatigue Management
- 11:20 am: Endurance Activities: How Much Enough?
- 11:45 pm: LUNCH
- 12:45 pm: Session Three Review
- 1:20 pm: Future Plans for Health Care
- 1:35 pm: BREAK
- 1:50 pm: First Practice Teaching
- 3:35 pm: Practice Teaching Assignments, Questions and Day Two Closing
- 4:00 pm: Adjourn for the day

DAY, MONTH, DATE

- 9:00 am: Questions & Answers
- 9:15 am: Healthy Eating
- 9:40 am: Communication Skills
- 10:05 am: Problem Solving
- 10:30 am: BREAK
- 10:45 am: Session Four Review
- 11:05 am: Medication Usage
- 11:25 am: Making Informed Treatment Decisions
- 11:35 am: Depression Management
- 11:50 am: LUNCH
- 12:50 pm: Positive Thinking
- 1:15 pm: Guided Imagery
- 1:35 pm: Session Five Review
- 1:55 pm: BREAK
- 2:10 pm: Working With Your Health Care Professional and the Health Care System
- 2:45 pm: Looking Back and Planning for the Future (discuss)
- 3:00 pm: Session Six Review
- 3:20 pm: Discussion, Questions and Day Three Closing
- 4:00 pm: Adjourn for the day

DAY, MONTH, DATE

- 9:00 am: Questions & Answers
- 9:15 am: Feedback/Problem-Solving
- 10:15 am: Handling Situations in Groups
- 11:00 am: BREAK
- 11:15 am: Practice Teaching
- 12:00 pm: LUNCH
- 1:00 pm: Practice Teaching Continued
- 2:15 pm: What Are You Afraid Might Happen?
- 2:45 pm: BREAK
- 3:00 pm: Looking Back and Planning for the Future
- 3:45 pm: Questions about Logistics/Closing
- 4:15 pm: Adjourn

IIIIJ

Living Well With Chronic Conditions

Certificate of Completion

This is to certify that

Living Well Leader

Successfully completed 24 hours

January 27th, 28th February 11th, 12th, 2009

Chronic Disease Self-Management Leader Training

Master Trainer

Master Trainer

Oregon Living Well

Recommended Use of Leader Training Fidelity Checklist

When asked about program quality, Kate Lorig at Stanford University has stated that the training of Leaders models the program and facilitation that will then be replicated by the new Leaders in all the workshops they lead. Ensuring quality and fidelity of programs begins with the training of program Leaders. The recommendations below propose how the Living Well Leader Training Fidelity Checklist can be used to help ensure the fidelity and effectiveness of training.

A. Fidelity observation process

1. Observation and completion of checklist should be done by a T-Trainer or Master Trainer, or an experienced Leader if other options are not possible. The observer should be experienced with the program and able to provide constructive feedback in a positive way. Trainings that do not have access to an observer can email the Oregon Living Well team at living.well@state.or.us to see if there are individuals in their area who might be able to observe the training.
2. If there is no observer available, co-trainers may use the checklist together as a review to ensuring quality and fidelity of their training. If trainers are using the checklist without an external observer, they are encouraged to use the entire checklist (all 4 days) and to set aside time at the end of each day to review the checklist sections for that day.
3. It is recommended that every Leader training be observed for one half day. If possible, the half-day segments that would be most useful for an external observer to monitor are:
 - Day 2 morning (action plan reporting)
 - Day 2 afternoon (1st practice teach)
 - Day 4 morning (2nd practice teach & fishbowl/handling difficult situations session)

B. Fidelity observation logistics

4. The observer should let the Master Trainers know at least one week before the training begins when he/she plans to attend & observe the training, and should share a copy of the checklist with the Master Trainers in advance. Master Trainers should ask their group if they would be willing to be observed, and explain to the group how observation helps ensure that programs are as

effective as possible. This also provides an opportunity for the Master Trainers to discuss (and model) the process for fidelity observation of community programs. The group should be informed that the observer is held to the same standard of confidentiality as the Master Trainers and the group members. If there is real concern about observation, Master Trainers should discuss this with the observer and consider not observing this particular group.

5. The observer should arrive before the program begins, or at the lunch break, and stay through the full half-day 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 Master Trainers immediately after observation to share the feedback – using the feedback process used in Leader training and asking the Master Trainers to speak first about how they felt the session went. If it is not possible for the observer to talk immediately with the Master Trainers, 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 should be provided to each Master Trainer.
8. Effective and appropriate Leader training is critical to the success of the Living Well program. If there are real concerns with the role of a Master Trainer, steps need to be taken immediately to ensure future trainings are improved. Potential steps that the observer, Master Trainer, and coordinators may consider include:
 - Discuss concerns directly with the Master Trainer, and determine if there are specific steps the Master Trainer can take to address the concerns.
 - Have the Master Trainer re-observed again soon (if possible, observing another segment of the same Leader training) to ensure that recommended changes have been made. If it's not possible to observe another portion of the same training, it may be helpful to observe the

Master Trainer leading a community workshop, since this involves similar skills and tasks as are involved in Leader training.

- Have the Master Trainer work with two other experienced Master Trainers (as a 3rd trainer) in facilitating a Leader training before being asked to co-train again.
- Consider not using this Master Trainer for future Leader trainings.

Leader Training Fidelity Checklist

Please evaluate the Leader training on the following criteria by marking the appropriate column that best corresponds to your response:

Master Trainer's Name: _____ **Date:** _____

Location: _____

Day/Time 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 with appropriate materials. Materials include: Name tags, hats (or alternative), easels and markers (or whiteboard), clock, printed agendas, roster of attendees, Leader Manuals, books, pens | | | | | |
| Has available and posts appropriate charts. Each day posts #'s 3, 5, 6, 7, 8, session agenda Day 1 charts 1 through 10 Day 2 charts 11 through 15 Day 3 charts 16 through 24 Day 4 charts 3, 5, 6, 7, 8, and chart from session 1 | | | | | |
| Followed the Master Trainer's Manual content and process | | | | | |
| Uses the 'hats on/hats off' (or alternative) appropriately. Explains clearly | | | | | |
| Modeled session activities correctly | | | | | |
| Worked as partner with co-master trainer | | | | | |
| Adhered to timelines | | | | | |
| Limits personal stories that can disrupt both the timelines and detour away from the program as written | | | | | |
| Used brain storming techniques correctly (repeated comment, used silence, offered own response only at end of brainstorm) | | | | | |
| Encouraged group participation | | | | | |
| Modeled action planning correctly | | | | | |
| Positively reinforced trainees | | | | | |

Continued

Checklist

| Master Trainer: | Excellent | Good | Fair | Poor | N/A |
|--|-----------|------|------|------|-----|
| | Yes | | No | | N/A |
| Handled problem people appropriately | | | | | |
| Room appropriate re: seating, lighting, temperature, ADA, noise and distractions, ability of all trainees to see and hear | | | | | |
| In review section explains the purpose of each activity | | | | | |
| Is able to clearly explain and answer questions about the content and rationale of Stanford's self-management program, and the requirements to ensure the program is offered with fidelity | | | | | |
| Each day allows time for questions, and for sharing information about local program coordination (see day 4 afternoon addendum for complete list). | | | | | |

Comments:

Signature of Observer _____

Living Well Leader Training Fidelity Checklist Day 1 Morning Addendum

| Checklist | | | | | |
|---|-----------|------|------|------|-----|
| Master Trainer: | Excellent | Good | Fair | Poor | N/A |
| | Yes | No | No | No | N/A |
| Modeling During introduction, models by stating name, position, and one interesting thing about self | | | | | |
| Explains to trainees to introduce self, state what brought them to training, and share one interesting thing about themselves | | | | | |
| Clearly explains the history, assumptions, and processes of the program, and methods for improving self efficacy <ul style="list-style-type: none"> • goal setting and action plans • modeling • reinterpreting symptoms • persuasion | | | | | |
| Emphasizes the standardization of the program and the requirement that it is presented as written without changes | | | | | |
| Clearly explains the “hats on/hats off” procedure(or other visible alternative) meaning and how it is used | | | | | |
| Correctly models the introduction to session 1; briefly listing 2 or 3 problems | | | | | |
| Relates problems identified by the trainees to the overview | | | | | |
| Chart used to explain parts of an action plan | | | | | |
| Reads the “lemon” exercise without rushing – slowly and clearly with appropriate pauses | | | | | |
| Clearly explains the symptom cycle and tool box | | | | | |
| Explains the brainstorm thoroughly, (using examples such as the popping of popcorn) if needed. No discussion, just tossing up ideas | | | | | |

Continued

Checklist

| Master Trainer: | Excellent | Good | Fair | Poor | N/A |
|--|-----------|------|------|------|-----|
| Day 1 Morning | Yes | | No | | N/A |
| <p>Master trainers have differing action plans prepared and modeled correctly:</p> <ul style="list-style-type: none"> • related to behavior • achievable and not intimidating • action specific • not every day • correctly explains the meaning of confidence level and the purpose of having it 7 or greater | | | | | |
| <p>Correctly models guiding trainees in developing action plans</p> <ul style="list-style-type: none"> • uses chart to point out steps as trainees share their plans • points out use of the word “will” if trainee uses try, should, want, think • helps identify barriers if confidence level is less than 7 • asks the group for suggestions before the leaders | | | | | |

Comments:

Signature of Observer _____

Living Well Leader Training Fidelity Checklist Day 1 Afternoon Addendum

| Checklist | | | | | |
|---|-----------|------|------|------|-----|
| Master Trainer: | Excellent | Good | Fair | Poor | N/A |
| | Yes | No | No | No | N/A |
| Specifies writing or journaling and physical exercise for dealing with difficult emotions | | | | | |
| Clearly explains dealing with difficult emotions and differentiates between the emotion itself and the cause of the emotion | | | | | |
| Has practice teaching assignment prepared, 2 sets if for a large group | | | | | |
| Clearly explains the purpose of the practice teaching activity and the expectations <ul style="list-style-type: none"> • charts • divide the activity but be prepared for the entire activity • following the manual • time frame • role of other trainees during the activity • evaluation forms | | | | | |
| Explains the meaning of graphics in the leader's manual and the use of special notes and italicized material | | | | | |

Comments:

Signature of Observer _____

Living Well Leader Training Fidelity Checklist Day 2 Morning Addendum

| Checklist | | | | | |
|---|-----------|------|------|------|-----|
| Master Trainer: | Excellent | Good | Fair | Poor | N/A |
| | Yes | No | No | No | N/A |
| Asks for questions and provides explanation with rationale | | | | | |
| Describes activities to be covered | | | | | |
| Clearly explains the purpose and importance of feedback and problem solving process | | | | | |
| Compliments appropriate action plan adjustment/modification | | | | | |
| If action plan not achieved, asks if help wanted from the group Models problem solving steps | | | | | |
| Correctly demonstrated pursed lip and diaphragmatic breathing technique | | | | | |
| Creates an environment conducive to relaxation exercise | | | | | |
| Color codes for fatigue and pain | | | | | |
| Clearly explains establishing exercise baseline with time and/or distance examples | | | | | |
| Correctly demonstrates exercise with one MT standing and marching and the other sitting and leading an orchestra | | | | | |
| Assures that trainees demonstrate breathing correctly | | | | | |
| Explains actions if participant objects to the relaxation exercise | | | | | |
| Uses the tape/CD or reads the relaxation exercise (use the opposite with Guided Imagery to demonstrate both methods) | | | | | |
| After the brain storming on pain and fatigue, informs of the actual depressant and sleep disturbing effects of alcohol if mentioned as a way to deal with pain or fatigue | | | | | |

Continued

Comments:

Signature of Observer _____

Living Well Leader Training Fidelity Checklist Day 2 Afternoon Addendum

| Checklist | | | | | |
|---|-----------|------|------|------|-----|
| Master Trainer: | Excellent | Good | Fair | Poor | N/A |
| | Yes | No | No | No | N/A |
| Presents information on where to locate Advance Directives in the community, and points out chapter in the book for more detailed information | | | | | |
| Prepares practice teaching feedback forms for each trainee | | | | | |
| Explains the purpose of practice teaching | | | | | |
| Explains observation of: <ul style="list-style-type: none"> • adherence to content and process • effective modeling • use of problem solving • handling problems | | | | | |
| Appoints a time keeper | | | | | |
| Explains the role of the other trainees | | | | | |
| Separates the group if needed due to size | | | | | |
| Offers constructive feedback and completes the form. Shares the form if requested | | | | | |
| If the master trainer has concerns as a result of a trainees first practice teaching, the master trainers finds a way to address it with the trainee (eg. personal discussion, telephone contact). This allows the trainee the opportunity to correct/change the area of concern in order to lead the program effectively | | | | | |

Comments:

Signature of Observer _____

Living Well Leader Training Fidelity Checklist Day 3 Morning Addendum

| Checklist | | | | | |
|---|-----------|------|------|------|-----|
| Master Trainer: | Excellent | Good | Fair | Poor | N/A |
| | Yes | No | | | N/A |
| Asks for questions and provides explanations with rationale | | | | | |
| Describes activities to be covered | | | | | |
| Describes healthy eating not as dieting but making small changes | | | | | |
| Mentions both under and over weight | | | | | |
| Clearly explains “I” messages | | | | | |
| During problem solving activity mentions problems with communication | | | | | |
| Keeps problem solving exercise reports concise <ul style="list-style-type: none"> • statement of problem • asks for up to 3 ideas • states idea choice • checks with partner for correctness | | | | | |
| Includes italicized information for medication and informed treatment decisions (Evaluating Treatments). | | | | | |
| Reminds trainees that participants should not be allowed to sell or share products, and that Leaders should stop it quickly if it occurs. | | | | | |
| Points out to trainees that during the Treatment Decisions activity participants might try to urge specific treatments to others. This is not allowed during the session, and Leaders can suggest that such discussion occur only during the break. | | | | | |
| Notes need for professional treatment for severe depression | | | | | |
| Uses symptom cycle to describe impact and development of depression from different points on the cycle | | | | | |
| | | | | | |
| Checklist | | | | | |
| Master Trainer: | Excellent | Good | Fair | Poor | N/A |

| Day 3 Morning | Yes | No | N/A |
|---|-----|----|-----|
| In review of problem solving activity, emphasizes that leaders offer suggestions only after the group participation | | | |

Comments:

Living Well Leader Training Fidelity Checklist Day 4 Morning Addendum

| Master Trainer: | Excellent | Good | Fair | Poor | N/A |
|---|-----------|------|------|------|-----|
| | Yes | | No | | N/A |
| Explains the purpose of the feedback and problem solving activity | | | | | |
| Compliments appropriate action plan adjustment/modification | | | | | |
| If action plan not achieved, asks if help wanted from the group | | | | | |
| Models problem solving steps | | | | | |
| Has prepared the four full sets of cards for "Handling Situations in Group" | | | | | |
| Clearly explains the purpose of the exercise | | | | | |
| Clearly explains the roles of the leaders and participants in playing assigned roles, and the role of the observing group | | | | | |
| Divides into 2 groups, sitting in inner and outer circles | | | | | |
| Uses the action plan activity for group 1, feed back on action plans for group 2 | | | | | |
| Gives leaders time to coordinate and prepare | | | | | |
| Times the activity for 5 minutes | | | | | |
| Repeats the activity as time allows | | | | | |
| Ask groups what they learned | | | | | |
| Points out appendix III in manual | | | | | |
| Practice teaching conducted partly in the morning and completed after lunch | | | | | |
| Explains the purpose of practice teaching | | | | | |
| Prepares practice teaching feedback forms for each trainee | | | | | |

Continued

Checklist

| Master Trainer: | Excellent | Good | Fair | Poor | N/A |
|--|------------|------|-----------|------|------------|
| Day 4 Morning | Yes | | No | | N/A |
| Explains observation of: <ul style="list-style-type: none"> • adherence to content and process • effective modeling • use of problem solving • handling problems | | | | | |
| Appoints a time keeper | | | | | |
| Explains the role of the other trainees | | | | | |
| Separates the group if needed due to size | | | | | |
| Offers constructive feedback and completes the form. Shares the form if requested | | | | | |

Comments:

Signature of Observer _____

Living Well Leader Training Fidelity Checklist Day 4 Afternoon Addendum

| Checklist | | | | | |
|--|-----------|------|------|------|-----|
| Master Trainer: | Excellent | Good | Fair | Poor | N/A |
| | Yes | No | No | No | N/A |
| Practice teaching conducted partly in the morning and completed after lunch | | | | | |
| Explains the purpose of practice teaching | | | | | |
| Prepares practice teaching forms for each trainee | | | | | |
| Explains the observation of: <ul style="list-style-type: none"> • adherence to content and process • effective modeling • use of problem solving • handling problems | | | | | |
| Appoints a time keeper | | | | | |
| Explains the role of the other trainees | | | | | |
| Separates the group as needed for size | | | | | |
| Offers constructive feedback and completes the form. Shares the form if requested | | | | | |
| Congratulates all | | | | | |
| Asks trainees to write down 2 things they are afraid might happen | | | | | |
| Asks trainees to share one thing they are afraid might happen, discusses and deals with concerns | | | | | |
| Writes down on board or easel any solutions developed in a brainstorm | | | | | |
| Explains “Looking Back and Planning for the Future,” noting that in the program the review is over the six weeks (although now review is over the days of the training) | | | | | |

Continued

Checklist

| Master Trainer: | Excellent | Good | Fair | Poor | N/A |
|--|------------|------|-----------|------|------------|
| Day 4 Afternoon | Yes | | No | | N/A |
| Local coordinator explains: <ul style="list-style-type: none"> • specifics about the program • responsibilities • site selection • publicity and recruitment • registration and fees, if any • how assignments are made, and authorization of new leaders after first program • materials • paperwork (participant information, program summary and importance of collecting these forms) • state list serve • state network and forum | | | | | |
| Distributes and collects evaluations | | | | | |
| Gives out completion certificates | | | | | |
| Offers thanks and congratulations | | | | | |
| If the master trainers have doubts about the ability of a trainee to co-lead programs, concerns are documented and discussed with the local program coordinator | | | | | |

Comments:

Signature of Observer _____

Section IV

GROWING AND SUSTAINING PROGRAMS



Oregon DHS Vision for Sustainability

Oregon DHS has identified goals and a vision for creating a sustainable statewide structure for the Living Well program. The following includes the mission statement and plan for the future of Living Well in Oregon.

All Oregonians have access to regularly offered, high quality, Stanford-licensed chronic disease self-management programs.

What would sustainability look like?

- Living Well, Tomando Control, and PSMP programs are offered regularly in communities across Oregon.
- All Oregonians have access to a Living Well workshop, either in person or online.
- These programs are financially secure, with ability to pay leaders, Master Trainers, and program coordinators for the valuable services they provide.
- Health plans and employee benefits reimburse for these programs, supporting financial sustainability for local organizations.
- There is consistency across programs with regard to fees and reimbursement mechanisms.

What needs to happen at the state level?

- Statewide fee structure—a recommended amount that Oregon organizations offering Living Well may choose to charge participants in order to cover program costs.
- Reimbursement—the development of tools and systems supporting reimbursement of Living Well programs by health insurers, worksites and other sources at the state and local level.
- Resources—the development of marketing materials, tools and support for organizations in order to contribute to the sustainability, implementation and fidelity of Living Well in the community.

Statewide Fee Structure

As of January 2009, only 17% of Living Well programs across Oregon reported that they charged a fee. This fee ranged from \$5 to \$120, with a mean of \$30. This modest charge financial structure does not accurately represent the true costs of offering Living Well programs: it costs much more than \$5 or \$30 per participant when time for coordination, stipends for leaders, training, supplies, and marketing materials are considered.

In May 2009, a survey of Oregon Living Well programs that considered all costs, including supplies, leader stipends, licensing, staff time, meeting space, and so forth, estimated that the **average cost per participant is \$375**. The survey also found that the more programs an organization offers, the lower their per-participant costs.

While many organizations are currently able to offer workshops free of charge or at a modest charge due to grant or foundation funding, this is not a sustainable model in the long term, nor will it allow for much program growth beyond the grant requirements.

Several organizations have expressed concern that charging for workshops will be a barrier for participants, or stated that they are unable to accept or process payments. These are valid concerns, and while the Living Well Network is in the process of setting a statewide recommended fee structure, it will be up to organizations whether or not to adopt this fee structure. Organizations could choose to charge the statewide fee for reimbursement purposes, but then offer scholarships or sliding scale fees for uninsured or underinsured participants.

A diversified approach to funding that respects participants' ability to pay has been demonstrated to be the most sustainable.* While establishing a consistently applied, reasonable fee structure is important, continuing to seek out sustainable funding and ways to embed Living Well programs within organizations is also critical for continuity.

To calculate your organization's costs for offering Living Well workshops, use the cost calculator provided online at <http://oregon.gov/DHS/ph/livingwell/resources.shtml> and reference the cost calculator manual in the resource materials following this section.

* Financial Sustainability for Evidence-Based Programs: Strategies and Potential Sources of Financing. The National Council on Aging, The Center for Healthy Aging. October 2007.

Reimbursement

Approximately 68% of all Living Well participants in Oregon report having some form of insurance, and for participants older than 65, the number increases to 76%.^{*} Offering Living Well workshops as a covered benefit would improve access to self-management programs for many Oregonians.

At present, limited reimbursement options for Living Well programs are available. Progress in Oregon has focused primarily on including Living Well as an employee benefit (including use of sick or flex time to attend workshops) or health systems offering Living Well for their members “in-house”.

Ideally, all Living Well programs in Oregon would be able to be reimbursed. Health care purchasers and insurers would include Living Well as a covered benefit and provide reimbursement to either the organization offering the program, or directly to the participant. It is crucial that the reimbursement rate adequately covers the costs of offering the program.

The Living Well Network Reimbursement Workgroup is developing both the recommended statewide fee structure and tools and materials to support reimbursement at state and local levels. For more information on the Network and Workgroups, see Section II.

Worksite wellness

Employers also have a role in supporting Living Well programs: as purchasers of health care benefits, employers strive to contain costs for health care, and have a vested interest in improving health outcomes for employees. Many Oregon employers have been investing in worksite wellness programs; some have even provided Living Well onsite for employees.

There are several options for employers/worksite wellness programs to incorporate Living Well programming, including providing Living Well as a covered benefit, allowing employees to use sick time or flex their schedules to attend Living Well workshops, or including Living Well in other wellness benefits. Some employers offer wellness programs to all their employees, regardless of insurance coverage. These programs may involve discounts or reimbursements for health and wellness-related activities, or a stipend that may be used for wellness classes such as Living Well or Weight Watchers.

Employers and those who promote worksite wellness are encouraged to adopt and implement one or more of these strategies that support Living Well.

^{*}DHS Living Well with Chronic Conditions Data Report. January 2009. Available online: <http://www.oregon.gov/DHS/ph/livingwell/docs/datareport2009.pdf>

Reimbursement Examples

Benton County Employee Benefits -

Employee worksite wellness program obtained approval for employees to use sick time or to request flex time from supervisors to attend Living Well workshops.

Columbia United Providers (Vancouver) –

Currently offers Living Well workshops free for their members.

Deschutes County Employee Benefits –

Employees and their support persons are encouraged to attend Living Well via email blasts, county employee intranet and Web site, a weekly county executive report, flyers, and brochures located in public buildings. The employee pays \$10 of the total \$60 charge up front, while their family or support person attends for free. If the employee attends four of the six sessions they are reimbursed for that \$10 and the self insurance fund is invoiced for the remaining \$50 of the \$60 fee, which goes to support Living Well programs.

Mid-Valley IPA – Currently offers Living Well workshops as a covered benefit for their members, through CareOregon.

Community Senior Employment Program (CSEP) - A senior employment program for low income adults ages 55+ allows seniors to be paid a stipend (minimum wage) to attend Living Well workshops as part of their job readiness skills training. CSEP also can pay for low-income adults ages 55+ to attend leader trainings, if there are fees.

Mental Health Providers - Providers in Oregon can bill Living Well workshops as "psycho-educational services", depending on how many other "psycho-educational services" are available for their clients. Under this billing code, qualified mental health providers can be reimbursed \$6.25 per 15 minutes per person. It is unknown if any mental health providers are currently using this code to bill for Living Well.

Oregon Medical Insurance Pool (OMIP) – Oregon's high-risk insurance pool started providing reimbursement in January 2007 for their members who complete at least four out of six sessions. OMIP directly reimburses members for up to \$50 of the workshop fee.

Sustainability

Ideally, Living Well programs can be developed and supported as a part of a more comprehensive system of chronic disease prevention, treatment, and management. It is necessary for organizations to consider how to integrate Living Well in both community and health care settings.

It is understandable that sustainability planning may feel like less of an immediate priority than maintaining staffing, keeping on top of the administrative work required to offer programs, and juggling the many responsibilities program coordinators may have. Since grant funding and other financial supports are often time-limited, Living Well programs should consider planning ahead for financial sustainability.

Research indicates that five elements necessary to achieve long-term sustainability of programs in local agencies*. The five elements are:

- (1) Flexibility** - programs that are flexible can be adapted over time to fit available resources and the unique features of a community. For evidence-based programs, this does not mean modifying program content or protocols, but could mean examining where programs are being held, marketing and recruitment strategies and developing organizational partnerships to support workshop delivery.
- (2) Champions** – programs need supporters, people who will encourage programs to continue and will do everything in their power to ensure they do. Champions may be program staff, lay leaders or Master Trainers, community leaders, partners, or participants who truly believe in the program.
- (3) Mission** – programs need to “fit” with an organization’s goals. Organizations that typically fit well with Living Well support evidence-based programs and place an importance on healthy aging, preventing or managing chronic conditions.
- (4) Clear Benefits** – organizations must see the program’s value to their organization and the population served. This must be obvious and definitively stated. Benefits may include improved health and/or quality of life, or reduced costs.
- (5) Support** – once organizations see the value of the program, they must support it in meaningful ways, including adopting supportive policies and practices (e.g., referring patients to programs, contributing to workshop coordination and establishment of reimbursement systems).

*Adapted from “Is Sustainability Possible? A Review and Commentary on Empirical Studies of Program Sustainability.” MaryAnn Scheirer, *American Journal of Evaluation*, Vol. 26 No. 3, September 2005, 320-347.

Options for Sustainability

There are many ways to work towards sustainability. Workshops can be adopted and implemented by health systems, hospitals, local public health and aging agencies, non-profits, and community coalitions. Offering Living Well could become part of an organization's wellness policy or part of a health plan's effort to improve community wellness and help patients reduce unnecessary hospitalizations.

There may be ways to increase or build new support for self-management programs within your own organization, and there may be other types of organizations that you can partner with. The more Living Well programs can be integrated with other agencies and initiatives across the state, the more likely programs will be sustained.

Organizations

Are there additional steps that an organization can take to demonstrate its commitment to Living Well? Some possibilities may include:

- Redefining or expanding an existing position to provide more support for Living Well.
- Dedicating existing financial resources for Living Well.
- Identifying skills and in-kind support that an organization can provide. Examples may include experience working with health system partners, earned media and media advocacy, providing space to promote programs on the organization's websites, or providing space to host workshops.

Partner Organizations

Consider the organizations with which your organization already has a relationship. Ask your internal partners, co-workers, or advisory board about organizations they work with. These organizations may be able to provide financial or in-kind support, or be a champion for Living Well programs. They may be able to open doors to other organizations and help you build relationships in support of Living Well.

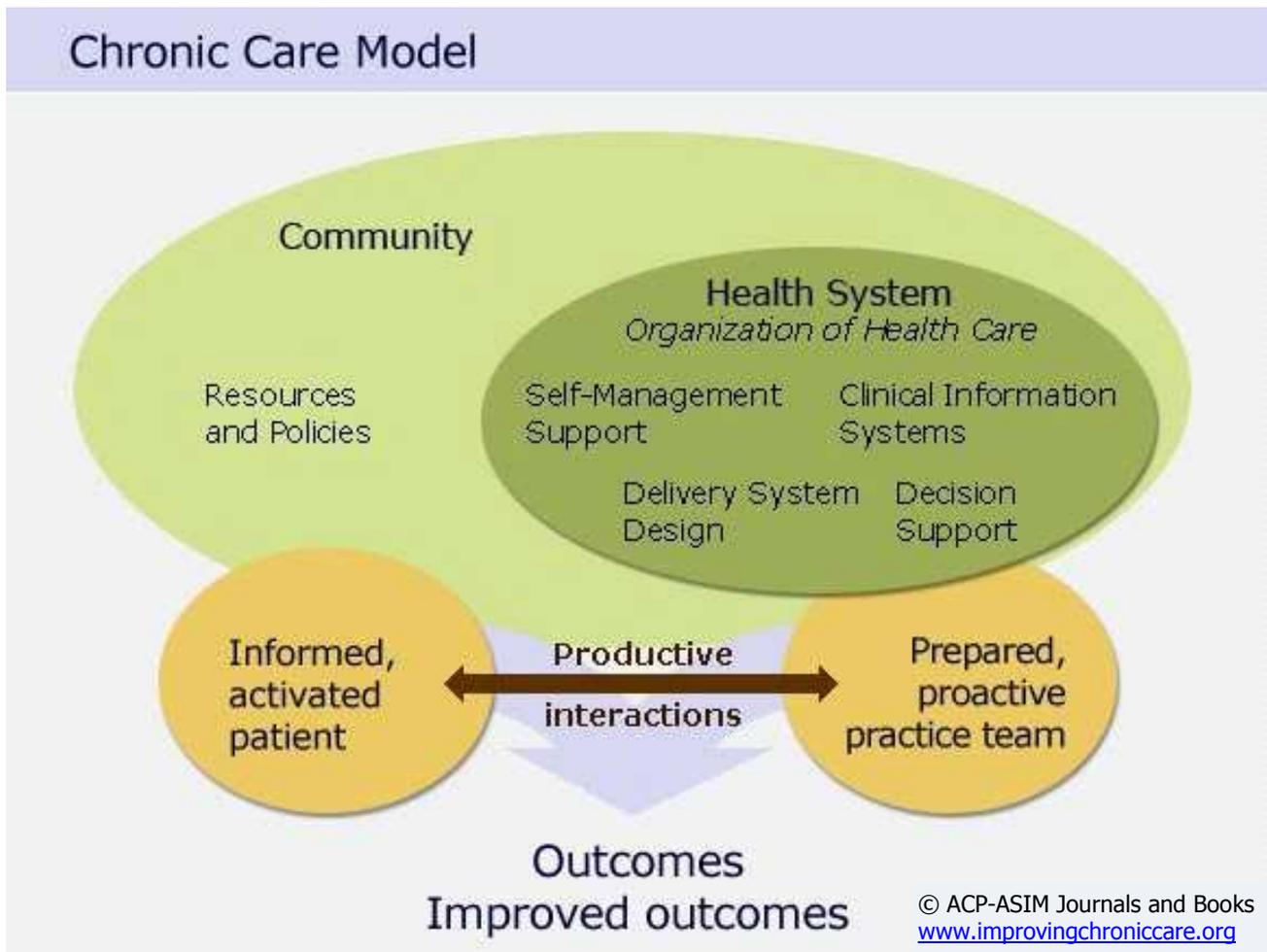
Health Systems

Health systems or clinics involved in primary care renewal, adoption of the medical home model, chronic care model implementation, and/or health care reform are all interested in options that improve patient outcomes, reduce inappropriate health care utilization (i.e., avoidable emergency department visits), and reduce costs. Living Well is a natural fit for health systems. On the following pages are some ways Living Well has been successfully integrated with health systems.

The Chronic Care Model – The Chronic Care Model (often referred to as the Planned Care Model) is a multi-dimensional, population-based model for delivery of care for chronic health conditions. The model relies on knowing which patients have a chronic illness, assuring that they receive evidence-based care, and actively helping them to learn what they can do to participate in their own care. Health systems working to implement the Chronic Care Model are appropriate partners for Living Well programs and may be interested in supporting the program in various ways, such as offering workshops onsite for patients or implementing physician referrals into community workshops.

There are six essential components to the Chronic Care Model:

- (1) The Health Care Organization
- (2) Community Resources and Policies
- (3) Self-Management Support
- (4) Decision Support
- (5) Delivery System Design
- (6) Clinical Information Systems



What Living Well participants say about the program

"I enjoyed reading 'Living a Healthy Life with Chronic Conditions'. I find it really practical. It helped me in many ways to give me a clear explanation and a positive way to deal with different aspects of the sickness."

"Because of this class, I now have the confidence to believe that I can continue to do the exercises that the physical therapist assigned to help with the persistent back pain. I have even set up a reasonable plan to address the excess weight that hampers my physical well-being and have the confidence to begin my journey in this direction."

- **Group Medical Visits** are a popular approach to delivering primary care or disease-specific education to a group of patients with similar conditions. Group visits provide an opportunity for the health care team to actively engage patients in becoming more responsible and active self-managers. The group setting provides a venue for self-management discussions and goal setting for a more comprehensive patient visit. Living Well programs can be conducted onsite and can be a natural addition to group visits. For more information on group visits, read the American Academy of Family Physicians' Group Visits 101.*
- **Motivational Interviewing** is a method of reducing barriers to self-management through constructive dialogue that honors a patient's experiences and needs, and builds self-confidence. It is a technique that can be used to help providers refer patients to Living Well and collaborate with patients to set realistic, achievable goals for their health and wellness.



* <http://www.aafp.org/fpm/20030500/66grou.html>

Living Well Organizational Sustainability Assessment

Use the following checklist to determine Living Well sustainability. Select the response for each category that best describes your Living Well program currently. At the end, determine if you have more square, triangle, circle, or energy ball  answers.

Funding

- We do not currently have funding to offer/support Living Well
- We have grant or foundation funding to offer/support Living Well
- We fund/support programs (e.g., paid staff time, purchase supplies)
- We utilize cost-recovery funding (e.g., workshop fees, reimbursement)

Licensing

- There are no licensed organizations in our county/region
- We provide workshops under another organization's license
- Our organization or partnering organization holds a license
- We hold the license for county/region

Leaders

- We do not have any leaders (on staff, volunteers affiliated with organization, etc)
- Other organizations in the county/region have trained leaders
- We have leaders, but do not offer workshops on a regular basis
- We have sufficient leaders from partner organizations or community volunteers to offer regularly scheduled workshops

Master Trainers

- We do not have access to any Master Trainers
- We have access to a sufficient number of Master Trainers

Coordination

- We do not currently provide any coordination for Living Well
- We have staff with at least partial FTE dedicated to coordinating workshops
- We have at least one dedicated staff dedicated to coordinating workshops
- We have at least one dedicated staff coordinating workshops for the county/region

Partners

- We do not work with any partners on Living Well
- We have identified partners for Living Well, but they are not yet actively involved
- We work closely with organizational partners to coordinate and promote workshops
- We have a broad coalition that communicates regularly to support workshops

Programs

- We do not currently offer Living Well workshops
- ▲ We offer one-two Living Well workshops annually
- We offer more than two Living Well workshops annually
- ⊗ We offer Living Well workshops on a well-advertised consistent schedule and locations
- ⊗ We consistently offer multiple evidence-based programs (Living Well, Tomando Control)

Organizational Support*

- We do not have high-level support* or champions in my organization
- ▲ Other organizations in the county/region support or champion Living Well
- We have champions, but no high-level support
- ⊗ We have champions and high-level support

Results

Tally up the number of square, triangle, circle, or energy ball statements you selected.

■ Mostly Squares – Building Capacity

The Living Well program is still developing infrastructure in order to offer workshops. An organizational license may be in possession and infrastructure is supported by several trained leaders, but workshops are not yet being offered on a regular basis. The Living Well program most likely grant funded and there is no centralized program coordination or dedicated staff time.

Next steps: Continue to build infrastructure. Consider how many workshops you want to offer in the next 12 months. Do you need to train more leaders? Are there other organizations in your county/region that you could be partnering with?

*High-level support specifically refers to administrative, managerial, or board level support of the program. Support can include: being knowledgeable about Living Well, prioritizing the program, dedicating staff time and funding or resources to the program, championing the program in the community, and/or seeking additional funding to support the program.

For our purposes, a champion is an individual or organization that is willing to advocate. Champions are both willing and powerful enough to be effective spokespeople or leaders for chronic disease self-management programs. A champion can be anyone – a public official, community leader, concerned citizen – who works hard to support programs.

Results (continued)

Mostly Triangles – Program Implementation

The Living Well program is offering workshops. A Stanford license has been secured and workshops are offered several times a year. Infrastructure is supported by some trained leaders and possibly some Master Trainers, but there has not yet been a leader training and inactive leaders are not being targeted for additional support. The Living Well program has some staff time dedicated to coordination, but there is not yet a firm organizational commitment to Living Well.

Next steps: Continue to offer Living Well workshops. Consider partnering with other agencies to make workshops more widely available. If you haven't already, begin developing high-level support: make presentations to your administration or board of directors. Demonstrate the value of the program. Become familiar with the evidence-base and marketing materials.

Mostly Circles – Program Expansion

The Living Well program is well developed and has most likely been offering workshops for several years. There is some form of centralized coordination in place, and the coordinator has been experimenting with marketing, recruitment, and quality assurance strategies. The Living Well program may be charging fees or have some form of reimbursement available to help support workshops.

Next steps: Continue to maintain or grow programs, but before you begin scheduling, consider your supply and demand. Are your existing leaders active? Are you utilizing your Master Trainers? Are there areas, especially rural ones, in your county/region that do not have workshops? Be strategic about expansion. Consider new partners.

Mostly Energy Balls - Creating Sustainability

The Living Well program is very well seasoned and is in a position to provide mentorship to other programs. A centralized coordination system has been developed, and a cadre of leaders is maintained and supported. The program offers robust recruitment and referral systems, including media advocacy to support programs. The Living Well program is most likely pilot testing new materials and tools to enhance programs.

Next steps: Continue to advocate for organizational support; the more Living Well can be embedded into your organization's mission and services, the better. Consider new and untraditional partners. Who else is your organization connected to? Who are you serving? Deepen your relationship with local media for additional coverage. Continue to develop your leaders and Master Trainers and your available resources. Share your best practices and lessons learned with other coordinators.

Partnerships

To grow and sustain Living Well programs, internal and external partners are vital. These relationships may take time to develop, including ample time in the beginning to define a shared vision and communication structure that works for all parties involved.

Identifying New Partners

Ask yourself and your existing partners the following questions:

- Who does Living Well benefit?
- Who saves money because of Living Well?
- Who would want to be publicly identified with Living Well?

Potential Partners

Many organizations have a vested interest in serving people with chronic diseases. Use the worksheet on page 52 to help identify potential partners.

Once you have identified potential new partners, consider how they would benefit from supporting Living Well. Make sure you have clearly defined “asks” and “selling points”.

Approaching Potential Partners

Remember that there are many ways for organizations to support programs. It is rare to be awarded a large grant that will meet all your program needs, so consider specific asks. Think about what you are asking your partners to do. Be as specific as possible, but encourage creative new options! Some ideas include:

- Hosting a Living Well workshop at their organization
- Promoting Living Well workshops to their employees, members, or partners
- Arranging for media coverage
- Gaining earned media promotion (e.g., writing letters to the editor, articles, etc.)
- Referring participants to Living Well workshops (health care providers, case managers, medical information specialists can all provide referrals)
- Recruiting volunteers or personnel as potential new Leaders or Master Trainers
- Donating leader or Master Trainer staff time
- Providing direct financial support for the program
- Providing incentives for leaders or participants

See Section II for more details on program costs. If you need dollars, don't be shy about making a clear request, but remember to also include in-kind support and non-monetary support as options.

Potential Selling Points

- **Participants** – Paying for participants to attend a workshop helps sustain Living Well programming and assures that other participants will be able to attend in the future.
- **Volunteer/lay leaders** – Donating time to lead workshops helps reduce costs and assures that the workshop has lay leaders from the community.
- **Area Agencies on Aging (AAA)** – Living Well is consistent with their organizational mission; Living Well helps older adults with chronic conditions live healthier lives.
- **Local public health departments** – Living Well is consistent with their organizational mission; Living Well helps people with chronic conditions live healthier lives and helps reduce health disparities.
- **Local governments** – Living Well provides services to constituents; supporting Living Well improves coordination with other county/local agencies, creates a visible platform for the program, and gives governmental employees access to the program in county facilities or on work time.
- **Insurance companies** – Reduced use of unnecessary health care reduces costs to insurers.
- **Health clubs** – Supporting Living Well provides public relationship value and increased benefit to club members and may be consistent with the organizational mission.
- **Hospitals and health systems** – Reduced health care utilization reduces health systems costs; provides public relations value; offering Living Well improves health education options for patients.
- **Local, state, or national foundations** – Presents an opportunity for involvement in an evidence-based program effective across many chronic conditions.
- **Employers and human resource departments** – Supporting Living Well workshops for employees will likely reduce the number of sick days taken by staff, improve productivity and quality of life, and reduce health insurance premiums.
- **Community-based organizations** – Living Well provides a valuable service to the health and wellness of the populations served by various types of community-based organizations. The purpose of Living Well very often matches that of community-based social service organizations.

What Living Well leaders say about the program

"Participants come to every class once started. We get great reviews and great opportunities to collaborate with other agencies!"

"We get positive feedback all the time. People often say we have changed their lives."

Presenting to Potential Partners

Once you have identified potential partners, considered appropriate asks, and developed targeted messaging, think about how you can best showcase Living Well programs. Consider the following:

Is your audience already familiar with Living Well?

- If not, be prepared to give an overview of the program – history, logistics, evidence-base, proven outcomes, and what is covered in a workshop. Show the Living Well promotional video for a brief synopsis of the program.
- Several existing presentations, including a “Living Well 101” presentation, are available on the DHS Web site. These presentations provide an overview of Living Well in Oregon, program structure, basic principles, the evidence-base, and talking points that you can use or modify for your audience. These presentations are available online at <http://www.oregon.gov/DHS/ph/livingwell/resources.shtml#presentations>.

Will your audience be most convinced by the evidence-base or personal stories?

- Be prepared to provide information on the evidence base – focus on both reduced costs and hospitalizations and improved health and quality of life.
- Be prepared to share participant testimonials, particularly from local participants, if available. Check out the quotes scattered throughout this document for some ideas.

What program materials can I share?

- Bring program materials, handouts, newspaper articles, and other promotional materials.
- Show the Living Well video (available in English or Spanish, download from <http://www.oregon.gov/DHS/ph/livingwell/video.shtml> or request a DVD from the state Living Well program).

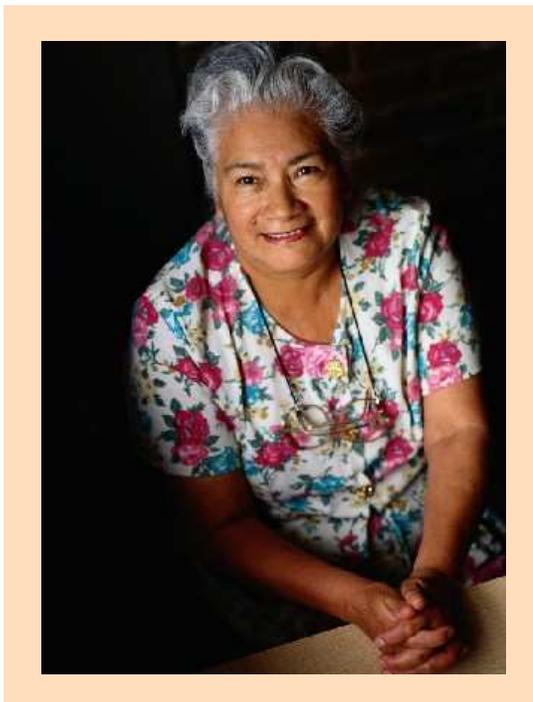
How can I convey the personal impact of the program?

- Invite a previous participant along as part of your presentation or pitch – do you have workshop participants whose lives have been changed by the program, or who have gone on to become lay leaders? These people can be incredible champions for the program.
- Include quotes and success stories from previous participants; work with your leaders to collect this kind of information or highlight quotes from the marketing materials or video. Be sure to honor confidentiality of participants.

Visit the Living Well Web site for downloadable resources and handouts you can use in your presentation - www.healthoregon.org/livingwell

What Living Well participants say about the program

"This six week workshop emphasizing solving problems and goal setting skills has been most effective in helping me improve my health. Before the class, my health screening of blood sugars etc was all abnormal. Near the end of the class another health screening showed them all with in normal limits. Hurrah!!!!"



Potential Partner Checklist

Utilize this checklist to:

- Identify organizations you are already partnering with
- Identify organizations you have already approached
- Identify organizations you would like to contact

Health Systems

- Hospitals and health systems
- Insurers
- Independent Physicians Associations (IPAs) and physician practices
- Federally Qualified Health Centers (FQHCs) and safety net clinics
- Pharmacists
- Disease management programs and/or support groups
- Parish nurses
- Rehabilitation clinics

Aging Services

- Wellness centers
- Retirement communities / centers for independent living
- Senior centers

Helpful links

Oregon Association of Hospitals and Health Systems

www.oahhs.org

Mid-Valley Independent Physicians Association

www.mvipa.org

Central Oregon Independent Practice Association

www.coipa.org

Oregon Primary Care Association

www.orcpa.org

Oregon Board of Pharmacy

www.pharmacy.state.or.us

Northwest Parish Nurse Ministries

www.parishnurseministries.org

Potential Partner Checklist (continued)

Community Organizations

- Faith-based organizations
- Health clubs
- Civic organizations (Rotary, Elks, etc)
- Local extension office
- For-profit businesses (especially those with a market interest in older adults, people with chronic conditions, health care providers, or retirement and wellness communities)
- Local, state, or national foundations (Northwest Health Foundation, etc)

Government Agencies

- Local Area Agencies on Aging (AAAs)
- Public health departments and other government agencies (WIC, etc)
- Mental health agencies

Helpful links

Oregon State
University Extension
Service

[http://
extension.oregonstate.
edu/](http://extension.oregonstate.edu/)

Northwest Health
Foundation

www.nwhf.org

Area Agencies on
Aging listing

[http://
www.oregon.gov/DHS/
spwpa/offices.shtml](http://www.oregon.gov/DHS/spwpa/offices.shtml)

Oregon mental health
agencies listing

[http://
www.oregon.gov/DHS/
mentalhealth/mho/
mho-list.shtml](http://www.oregon.gov/DHS/mentalhealth/mho/mho-list.shtml)

What Living Well leaders say about the program

"It is a fantastic series. It is a really impactful program. We have found success in targeting groups that already formed and facilitate to those groups - groups that already meet on a weekly basis."

"Of those who attend all sessions, they seem hopeful at the end of the class and have a livelier spirit. They know there are things that can help them and it's not all in the doctor's hands, but their own responsibility."





SECTION IV RESOURCES

Chronic Disease Self-Management Cost Calculator Overview and Instructions February 2009

About the Calculator

The National Council on Aging (NCOA) sponsored The Lewin Group, Inc. (Lewin) to develop this Calculator to help organizations better understand and manage the costs of administering their Chronic Disease Self Management Programs (CDSMP). By entering your organization's costs and CDSMP program data, you can use the Calculator to produce estimated "per participant" and "per workshop" costs, as well as evaluate the impact of individual program components on your total expenses. We encourage organizations to use this Calculator to deliver your programs in an efficient manner, and at a reasonable cost.

The Calculator will work for all community-based, CDSMP-related programs: the Positive Self-Management Program (HIV), and English and Spanish versions of Chronic Disease, Arthritis, and Diabetes Self-Management Programs. To use this Calculator, you will need to assemble all of your costs: CDSMP Personnel/Program Administration; Marketing and Recruitment; Master and Workshop Leader Training; and CDSMP Workshop. Various program costs can be saved individually on your computer and printed, so you can compare different strategies and targets.

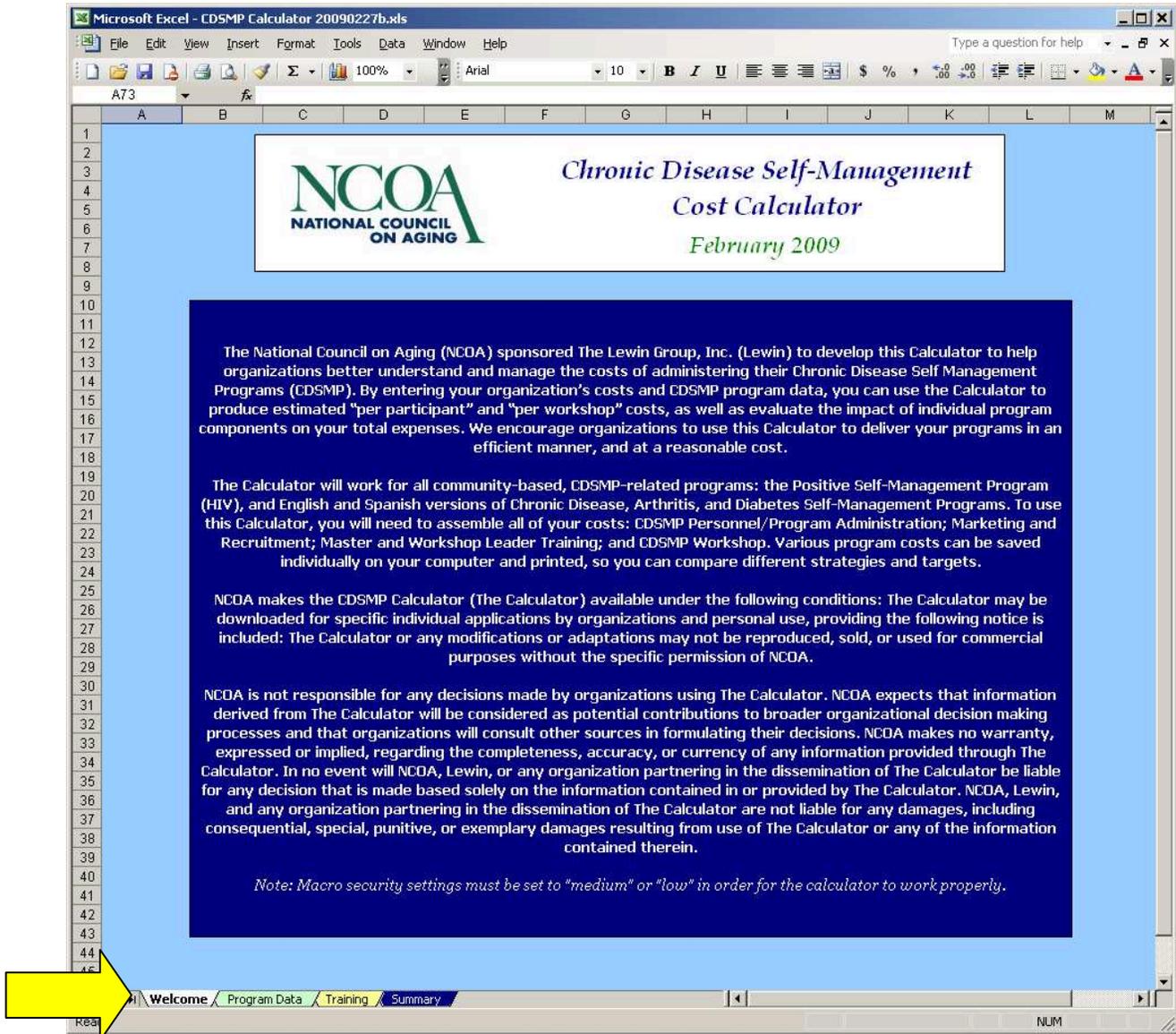
Getting Started with the Calculator¹

1. **Check your security settings in Excel.** The Calculator is powered by macros, which means you may need to modify your security settings in Excel to allow the macros to operate. From the toolbar in Excel, go to Tools > Macro > Security. On the Security Level tab, select a security level of **Medium** or **Low** (see below).



¹ The calculator was developed in Microsoft Excel and operates with a Visual Basic interface. Because the calculator is in Excel, it may not function for a user who does not operate in a Microsoft environment.

2. **Save the Calculator to Your Desktop or to a File Folder.** Before you start working in the calculator, please save the calculator to your desktop or a file folder.
3. **Go to the Welcome Tab.** When you open the Excel file, it should automatically take you to the **Welcome** tab.



Cost Calculator

To get started with the calculator, you will need all of your costs for the past year. This includes the costs of all personnel connected with CDSMP (both workshop leaders and administration of the program), indirect costs, training for workshop leaders, master trainings, the workshops themselves, and related program promotion.

Cells highlighted in yellow can be changed by the user. Cells with small red triangles in the upper right corner contain more guidance and definitions of key terms. Scroll over or click on the cell and look for the yellow “pop-up” box.

The Calculator is pre-loaded with example cost and program data. To clear the Calculator inputs and set all values to zero (0), click the “Clear Input Data” button located at the top of the Calculator. To reload the example data, click “Load Example Data.”

The screenshot shows the following data in the spreadsheet:

| CDSMP Personnel / Program Administration | | | |
|---|-------------------|----------------------|-------------------------|
| Please indicate how many staff, volunteers, and contractors (full-time equivalents) perform CDSMP management, administration or program coordination. This includes such tasks as determining locations, dates & times of classes, updating websites, fliers & brochures, workshop leader recruitment, establishing relationships with partner organizations, fundraising, on-going marketing and program promotion, recruiting participants & supporting retention, assisting in setting up workshops & providing support to leaders, tracking participation, monitoring quality and fidelity, and documenting outcomes. | | | |
| Paid Staff | No. of FTE | Salary | Fringe Benefit % |
| Staff 1 | 0.10 | \$ 60,000 | 22% |
| Staff 2 | 0.40 | \$ 45,000 | 22% |
| Staff 3 | 0.25 | \$ 40,000 | 9% |
| Staff 4 | 0.25 | \$ 30,000 | 9% |
| Staff 5 | - | \$ - | 0% |
| Staff 6 | - | \$ - | 0% |
| Volunteers | No. of FTE | Stipend / Fee | |
| Volunteer 1 | 1.00 | \$ 125 | |
| Volunteer 2 | - | \$ - | |
| Volunteer 3 | - | \$ - | |
| Volunteer 4 | - | \$ - | |
| Contractors | No. of FTE | Hourly Rate | |
| Contractor 1 | 0.10 | \$ 30 | |
| Contractor 2 | - | \$ - | |
| CDSMP Workshop Leaders | Paid Staff | Volunteers | |
| Total CDSMP Workshop Leaders | 5 | 0 | |
| Total financial compensation | \$ 4,302 | \$ - | |
| Non-cash gifts | \$ - | \$ - | |
| Transportation | \$ - | \$ - | |
| Other | \$ - | \$ - | |
| Annualized cost of CDSMP license | \$ | 500 | |

How do you compensate contractors?

- Hourly Rate
- Fee
- N/A

CDSMP Personnel and Program Administration

- Number of Full-Time Equivalents (FTE): The number of full-time equivalent (FTE) employees you have working per staff position. This may be a whole number or a fraction. For example, if your FTE is equal to 40 hours a week and you have two people who each work 30 hours a week as Program Directors, you should answer that you have 1.5 FTE Program Directors. One individual's time may be attributed to different categories as appropriate. For example, if you have a staff member who works 20 hours a week as a Volunteer Coordinator and also spends 20 hours a week as a Wellness Manager, you should attribute 0.5 FTE to Volunteer Coordinator and 0.5 FTE to Wellness Manager.
- Salary: Regular wages received by an employee from an employer on a regular basis.
- Fringe Benefit Percentage: Non-salary employee compensation expressed as a percentage of salary. Fringe Benefits may include vacation, holidays, sick leave, workers compensation, social security and retirement benefits.
- CDSMP Personnel and Program Administration: The number of FTE (paid staff, volunteers, and contractors) that perform CDSMP management, administration or program coordination. This includes such tasks as:
 - ❖ *determining locations, dates and times of classes;*
 - ❖ *updating websites, fliers and brochures;*
 - ❖ *workshop leader recruitment;*
 - ❖ *establishing relationships with partner organizations;*
 - ❖ *fundraising;*
 - ❖ *on-going marketing and program promotion;*
 - ❖ *recruiting participants and supporting retention;*
 - ❖ *assisting in setting up workshops;*
 - ❖ *providing support to leaders;*
 - ❖ *tracking participation; and*
 - ❖ *monitoring quality and fidelity and documenting outcomes.*

Since job titles and descriptions vary by organization, there is space for you to enter up to six (6) paid staff positions, four (4) volunteer positions, and two (2) contractor positions. Please indicate whether contractors are paid an hourly rate or a flat fee.

- CDSMP Workshop Leader: Health professionals or lay persons (peers) with one or more chronic conditions who facilitate the six-week CDSMP workshop class using a detailed scripted manual.
- Annualized Cost of CDSMP License: The annualized cost to obtain the Stanford University CDSMP licensure. The cost of a license is determined by how many programs your organization plans to offer each year.
 - ❖ *\$500 license for up to 10 workshops per year*
 - ❖ *\$800 license for up to 20 workshops per year*
 - ❖ *\$1000 license for up to 30 workshops per year*
 - ❖ *Fees vary for more than 30 workshops*

- Other Costs: Any other cash or in-kind expenses related to CDSMP personnel and program administration that are not otherwise captured.

Indirect Costs

- Total Indirect Costs: Overhead costs incurred in the overall functioning of the organization that are not readily identified as direct project expenditures. This may include rent, utilities, general administration expenses, etc.
- Indirect Cost Rate: The percentage of indirect costs borne by the CDSMP Program. The default value is 30%.

Marketing and Program Promotion

- The costs associated with recruitment and marketing to participants, lay leaders, partners, and funders. This includes postage, advertisements, and mailing list purchases. If possible, estimate the dollar amount associated with any in-kind contributions.

Workshop Leader Training

- # of Workshop Leader Trainings conducted: The number of workshop leader trainings your organization conducted in the past year.
- # of Follow-up Sessions conducted: The total estimated cost of all follow-up trainings and/or networking sessions (e.g., annual in-service, continuing education) conducted in the past year. In your calculations, include both meeting costs (e.g., room rental, supplies, snacks, name tags) and travel expenses (e.g., mileage, parking, lodging). If possible, please estimate the total dollar amount associated with any in-kind contributions.
- Master Trainer: A health professional who is qualified to teach Workshop Leaders how to guide patients through the CDSMP Program. These people may work for your agency or they may be affiliated with another agency in your area. Master Trainers are required to conduct at least one (1) leaders training or self-management workshop per year to remain certified.

CDSMP Workshops

- Number of CDSMP workshops conducted: The number of Chronic Disease Self-Management Workshops your organization conducted in the past year.
- Number of CDSMP workshops cancelled: The number of Chronic Disease Self-Management Workshops your organization scheduled and subsequently cancelled in the past year. This data element is included only for your reference and is not factored into any of the calculations.

- Total Registrants: The total number of persons who registered for CDSMP workshops in the past year. This data element is included only for your reference and is not factored into any of the calculations.
- Total Participants: The total number of persons who participated in at least one (1) CDSMP workshop class in the past year.
- Total Completers: The total number of persons who completed at least four (4) CDSMP workshop classes in the past year.

Master Trainer Training

All Master Trainers must be certified by Stanford University. To become certified, a person must complete a 4 or 4.5 day Master Training conducted by two certified T-trainers. These can take place at Stanford University or can be arranged through Stanford to take place off-site anywhere in the world.

Cost Calculator Output

The calculator yields a picture of your organization's current cost structure. Based on an organization's costs and program data, the calculator assesses efficiency by estimating "per participant" costs, "per workshop" costs, and the impact of individual program components on total expenses.

The screenshot shows the 'CDSMP Program Cost Calculator' spreadsheet. The main title is 'CDSMP Program Cost Calculator' with buttons for 'Clear Data' and 'Load example data'. The spreadsheet is organized into sections: 'Current Cost Structure', 'FIXED COSTS', and 'VARIABLE COSTS'. The 'FIXED COSTS' section includes Administration, Program Coordination, and Management (\$54,500); CDSMP licensure (\$500); Indirect costs (\$3,000); and Marketing and Recruitment (\$650). The 'VARIABLE COSTS' section includes Workshop Leader Trainings (Master Trainer fee, Leader Trainer fee, Workshop Leader Training, and Workshop Leader Training Trainee Costs Reimbursed) and Master Trainer Trainings (Stanford, Off-Site, and Master Trainee Costs Reimbursed). CDSMP Workshops are also listed. Summary rows show Total Fixed Costs at \$58,650, Total Variable Costs at \$44,611, and Total Costs at \$103,261. Additional metrics include Total Cost per Participant (\$430), Total Cost per Completer (\$459), Total Cost per Workshop (\$412), and Percentage of Costs that are In-Kind at 2%.

| | Fixed Costs | Variable Cost per Unit | Units | Variable Costs |
|--|------------------|--|-------|-------------------|
| FIXED COSTS | | | | |
| Administration, Program Coordination, and Management | \$ 54,500 | | | |
| CDSMP licensure | \$ 500 | | | |
| Indirect costs | \$ 3,000 | | | |
| Marketing and Recruitment | \$ 650 | | | |
| VARIABLE COSTS | | | | |
| Workshop Leader Trainings | | | | |
| • Master Trainer fee | \$ 1,538 | 6 | | \$ 9,225 |
| • Leader Trainer fee | \$ 860 | 5 | | \$ 4,302 |
| • Workshop Leader Training | \$ 717 | 3 | | \$ 2,150 |
| • Workshop Leader Training Trainee Costs Reimbursed | \$ 8 | 43 | | \$ 360 |
| • Workshop Leader Training Follow-up | \$ 400 | 1 | | \$ 400 |
| Master Trainer Trainings | | | | |
| • Stanford | \$ 8,400 | 0.5 | | \$ 4,200 |
| • Off-Site | \$ 39,500 | 0.5 | | \$ 19,750 |
| • Master Trainee Costs Reimbursed | \$ 33 | 3 | | \$ 100 |
| CDSMP Workshops | \$ 412 | 10 | | \$ 4,124 |
| Total Fixed Costs | \$ 58,650 | | | |
| Total Variable Costs | | | | \$ 44,611 |
| Total Costs | | | | \$ 103,261 |
| Total Cost per Participant | \$ 430 | <i>Total cost / number of participants</i> | | |
| Total Cost per Completer | \$ 459 | <i>Total cost / number of completers</i> | | |
| Total Cost per Workshop | \$ 412 | <i>Total CDSMP workshop cost / number of CDSMP workshops</i> | | |
| Percentage of Costs that are In-Kind | 2% | | | |

The calculator yields a picture of your organization's current cost structure. Based on an organization's costs and program data, the calculator assesses efficiency by estimating "per participant" costs, "per workshop" costs, and the impact of individual program components on total expenses.

The following costs are included in the current cost structure:

Fixed Costs

- Administration, Program Coordination, and Management: Salary and fringe benefits for paid staff, stipend/fee for volunteers, and compensation for contractors.
- CDSMP licensure: Annualized cost of CDSMP license.
- Indirect costs: Indirect costs attributable to the CDSMP program.

- Marketing and Recruitment: Cash and in-kind expenses for marketing to participants, lay leaders, and partners/funders.

Variable Costs

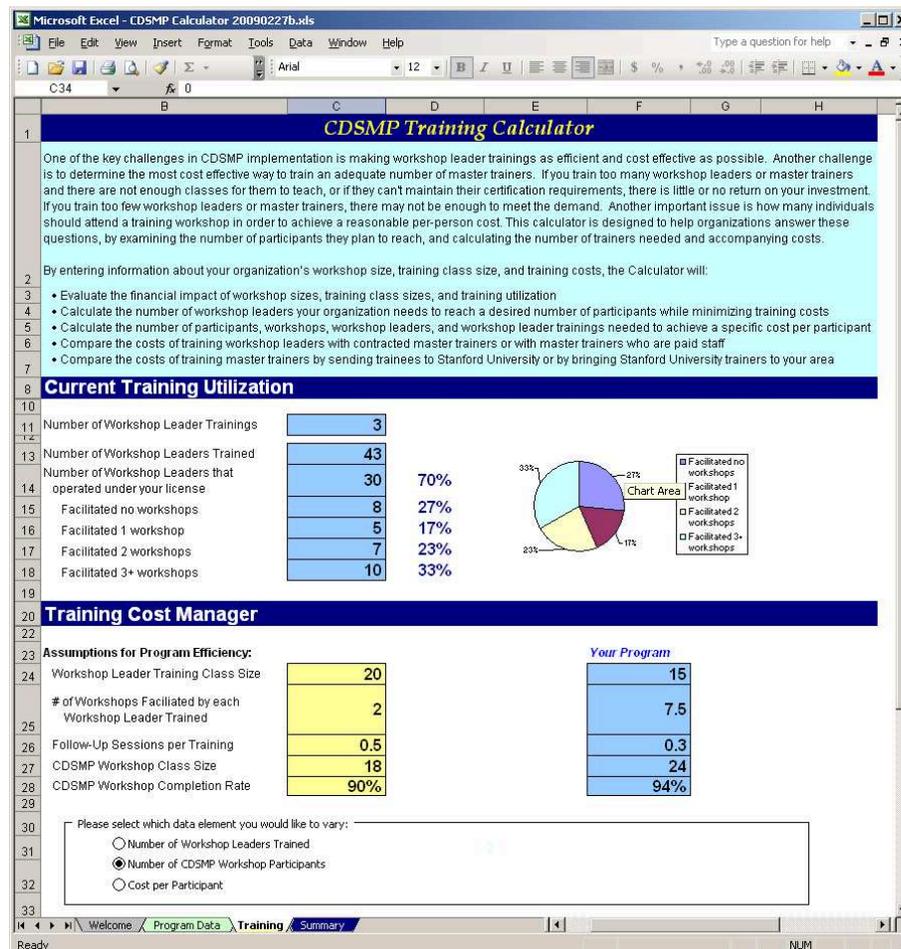
- Workshop Leader Trainings: Cash and in-kind expenses for room rental; charts and stands for charts; office supplies; books, tapes, videos, or CDs; food and beverage; and other costs.
- Master Trainer fee: Master Trainer costs associated with Workshop Leader Training for paid staff and contractors, including total financial compensation (salary / fee), the value of non-cash gifts, transportation, parking, lodging, and other costs.
- Leader Trainer fee: Total financial compensation, the value of non-cash gifts, transportation, and other costs for paid staff and volunteer CDSMP Workshop Leaders.
- Workshop Leader Training: Cash and in-kind expenses for room rental; charts and stands for charts; office supplies; books, tapes, videos, or CDs; food and beverage; and other costs.
- Workshop Leader Training Trainee Costs Reimbursed: Transportation, parking, lodging, and compensation for attending training.
- Workshop Leader Training Follow-up: Cash and in-kind expenses for both meeting costs (e.g., room rental, supplies, snacks, name tags) and travel expenses (e.g., mileage, parking, lodging).
- Master Trainer Trainings – Stanford: Cash and in-kind expenses for tuition paid for health professionals, tuition paid for lay persons, transportation, parking, lodging, food and beverage, and compensation for attending training.
- Master Trainer Trainings – Off-Site: Cash and in-kind expenses for training, and additional fees paid to trainers, such as transportation, lodging, food and beverage, and other costs.
- Master Trainee Costs Reimbursed: Transportation, parking, lodging, and compensation for attending training.
- CDSMP Workshops: Cash and in-kind expenses for room rental; charts and stands for charts; office supplies; books, tapes, videos, or CDs; and other costs.

Training Calculator

One of the key challenges in CDSMP implementation is making workshop leader trainings as efficient and cost effective as possible. Another challenge is to determine the most cost effective way to train an adequate number of master trainers. If you train too many workshop leaders or master trainers and there are not enough classes for them to teach, or if they can't maintain their certification requirements, there is little or no return on your investment. If you train too few workshop leaders or master trainers, there may not be enough to meet the demand. Another important issue is how many individuals should attend a training workshop in order to achieve a reasonable per-person cost. This calculator is designed to help organizations answer these questions, by examining the number of participants they plan to reach, and calculating the number of trainers needed and accompanying costs.

The Training Calculator will:

- Evaluate the financial impact of workshop sizes, training class sizes, and training utilization
- Calculate the number of workshop leaders your organization needs to reach a desired number of participants while minimizing training costs
- Calculate the number of participants, workshops, workshop leaders, and workshop leader trainings needed to achieve a specific cost per participant



Training Cost Manager

After observing your current cost structure on the previous tab, the training cost manager allows you to quickly determine what effect a change in the number of Workshop Leaders trained, the number of CDSMP workshops, or the cost per participant would have. The calculator presents a scenario for maximum program efficiency, and compares it to your program's operations over the past year.

Cells highlighted in yellow can be changed by the user. Cells highlighted in blue are "read-only" and cannot be changed.

- Assumptions for Program Efficiency: The assumptions about the Workshop Leader Training class size, the number of Workshops facilitated by each Workshop Leader trained, the number of follow-up sessions per Training, CDSMP Workshop class size, and CDSMP Workshop completion rate are based on the recommendations that Stanford gives. These assumptions may be changed to fit your program's needs.

When varying the desired cost per participant, the minimum value you can enter will depend on what assumptions you've made and what your fixed and variable costs are. If you enter a value that is too low, the Calculator will display an error message indicating that you need to enter a greater value.

Desired Cost Per Participant

Error: Please enter a cost per participant greater than \$50

Summary Report

The **Summary** tab contains a comparative side-by-side summary of your organization’s current cost structure (both fixed and variable costs) and the training calculator scenario. Excluded costs and assumptions made throughout the calculator are also included at the bottom of the report.

Depending on the information the user enters on the Cost Calculator, the following costs may be excluded from the current cost scenario:

- ❖ Administration, Program Coordination, & Management
- ❖ CDSMP licensure
- ❖ Indirect costs
- ❖ Marketing and Recruitment
- ❖ Master Trainer fee
- ❖ Leader Trainer fee
- ❖ Workshop leader training costs
- ❖ Workshop leader training trainee costs
- ❖ Workshop leader training follow-up cost
- ❖ Stanford Master Training costs
- ❖ Off-site Master Training costs
- ❖ Master Trainee costs
- ❖ CDSMP workshop cost

Please note that when comparing your current cost scenario to the training cost scenario, Stanford Master Training costs and off-site Master Training costs are **always** excluded from the training cost scenario.

We are currently exploring the capability of allowing the user to save and load various training scenarios or cost structures. In the meantime, the summary reports for various program scenarios can be saved individually on your computer and printed, so you can compare different strategies and targets.

| Current Cost Structure | | | | Training Cost Scenario | | | | |
|---|-------------------|------------------------|-------|--|-------------------|------------------------|-------|-------------------|
| | Fixed Costs | Variable Cost per Unit | Units | Variable Costs | Fixed Costs | Variable Cost per Unit | Units | Variable Costs |
| FIXED COSTS | | | | FIXED COSTS | | | | |
| Administration, Program Coordination, & Management | \$ 54,300 | | | | \$ 54,300 | | | |
| CDSMP Licensure | \$ 500 | | | | \$ 1,000 | | | |
| Indirect costs | \$ 3,000 | | | | \$ 3,000 | | | |
| Marketing and Recruitment | \$ 950 | | | | \$ 950 | | | |
| VARIABLE COSTS | | | | VARIABLE COSTS | | | | |
| Workshop Leader Trainings | | | | | | | | |
| • Master Trainer fee | | \$ 1,520 | 6 | \$ 9,225 | | \$ 1,530 | 20 | \$ 30,750 |
| • Leader Trainer fee | | \$ 860 | 5 | \$ 4,302 | | \$ 860 | 191 | \$ 164,336 |
| • Workshop Leader Training | | \$ 717 | 3 | \$ 2,150 | | \$ 717 | 10 | \$ 7,167 |
| • Workshop Leader Training Trainee Costs Reimbursed | | \$ 8 | 43 | \$ 360 | | \$ 8 | 191 | \$ 1,599 |
| • Workshop Leader Training Follow-up | | \$ 400 | 1 | \$ 400 | | \$ 400 | 5 | \$ 2,000 |
| Master Trainer Trainings | | | | | | | | |
| • Stanford | | \$ 8,400 | 0.5 | \$ 4,200 | | | | |
| • Off-Site | | \$ 39,500 | 0.5 | \$ 19,750 | | | | |
| • Master Trainee Costs Reimbursed | | \$ 33 | 3 | \$ 100 | | | | |
| CDSMP Workshops | | \$ 412 | 10 | \$ 4,124 | | \$ 412 | 191 | \$ 78,780 |
| Total Fixed Costs | \$ 58,450 | | | | \$ 58,900 | | | |
| Total Variable Costs | | | | \$ 44,611 | | | | \$ 284,621 |
| Total Costs | \$ 103,061 | | | | \$ 343,571 | | | |
| Total Cost per Participant | \$ 429 | | | | \$ 100 | | | |
| Total Cost per Completee | \$ 458 | | | | \$ 111 | | | |
| Total Cost per Workshop | \$ 412 | | | | \$ - | | | |
| Percentage of Costs that are In-Risk | | | | 2% | | | | |
| <i>The following costs are excluded:</i> | | | | <i>The following costs are excluded:</i> | | | | |
| | | | | Stanford Master Training costs, Off-site Master Training costs, Master Trainee costs | | | | |
| | | | | This Scenario assumes: 20 people per workshop leader training class, each workshop leader trained will facilitate 2 CDSMP workshops, there will be 0.5 follow-up sessions per workshop leader training, a CDSMP workshop class size of 10, and that 90% of participants will complete the CDSMP training. | | | | |

Questions/Feedback

The calculator and manual will be housed on the online Healthy Aging Community library for your use, at <http://www.healthyagingcommunity.org>.² Any future updates or edits will be made to this version. We encourage you to periodically check the library for any updates. To access these materials, simply click on the Groups tab in the top navigation bar, EBP/SS/Challenge Grantees, and the Library tab along the left navigation bar. The documents will be in the main folder.

If you need assistance or have any questions, comments, or suggestions about the calculator, please visit the EBP/SS/Challenge Grantees forum, also in the Online Healthy Aging Community. From the homepage, click on the Forums tab in the top navigation bar, EBP grantees, and the thread called “CDSMP Calculator Forum.” You will be able to post questions and responses there, as well as search the thread for specific terms.

We welcome your feedback about the calculator, and feel that this online forum is the best way to promote shared learning. Thank you in advance for your participation!

² Note: if you do not have access to the Healthy Aging Online Community, please visit the following survey link and fill out the required information. The CHA will contact you with further instructions.

https://www.surveymonkey.com/s.aspx?sm=vYNmb7f1jR41Y_2flm2LSqDA_3d_3d



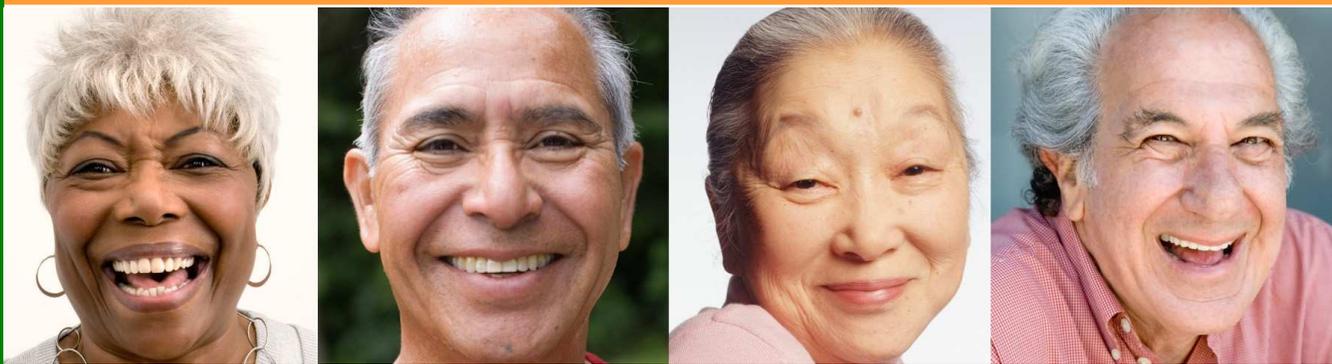
Living Well A Guide to Implementation

SEPTEMBER
2009

Living Well

Chronic Disease Self-Management Program

A Guide to Implementation



Oregon Department of Human Services
September 2009

