



**Information
Memorandum**

Oregon Department of Human Services

Originating Cluster:

Seniors and People with Disabilities

Date:	July 1, 2003	IM Number:	SPD-IM-03-058
To:	Area Agency on Aging Directors AAA Program Managers and Staff CHS Central Office Managers CHS SDA Managers CHS SDA Assistant Managers	CHS/SPD All Staff CHS/SPD Line/Program Managers County DD Program Managers County Mental Health Directors SPD Central Office Staff	
From:	Lynn Hanson		
Subject:	Chronic Disease Self Management Program Leader Training and Certification		

Message: Like Pam Ruona, I am trying to pick up where Grace Hague left off and am following-up on Pam's message of last week with some more specific information about the Self Management Program itself, and the leader training. It is an excellent program and with the current enrollees we hopefully will have this program available in a large portion of the state.

Chronic Disease Self Management Program Leader Training and Certification

What: Chronic Disease Self Management Leader Training

When: July 10 & 11 and July 17 & 18

Participants must attend all four days of training

Time: 9:00 a.m. to 4:00 p.m. all four days

Where: Marylhurst University, West Linn, OR

Cost: FREE plus mileage provided at 36 cents/mile and accommodations at Marylhurst for those coming more than 70 miles.

Meals: A continental breakfast and lunch will be provided

Contact: Linda Dreyer, DHS Health Services, Diabetes Program, 503-731-4273 or Linda.K.Dreyer@state.or.us

What is the Chronic Disease Self-Management Program?

The Chronic Disease Self-Management Program (CDSMP) is a two and a half hour workshop scheduled once a week, for six weeks, in community settings such as senior centers, churches, libraries, etc. People with different chronic health problems attend the program together. It is the process in which the CDSMP is taught that makes it effective. Sessions are highly

participative, where mutual support and success builds the participants' confidence in their ability to manage their health and maintain active and fulfilling lives. The workshops are facilitated by two certified leaders, using a highly structured format. DHS/AAA offices are encouraged to participate in the July leader training so this program can be provided in your area.

Requirements for Workshop Leaders:

- O One of the leaders must be a staff member from a DHS agency or partner (county public health department, SPD Office, AAA Office or Senior Center) and the other must be a community member.
- O One or both of the leaders should have a chronic condition themselves.

Working with local partners, DHS Health Services, Health Promotion and Chronic Disease Program has already successfully implemented the CDSMP in Coos, Linn, Marion, Tillamook, and Washington counties. In addition to providing the leader training, DHS will provide technical support for implementing the Program in your area, including stipends to acknowledge the community member's contribution of time and energy.

More About the CDSM Program

The Division of Family and Community Medicine in the Department 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 Research Project. 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 process of the CDSMP 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 health problems, in which the participants discussed which content areas were the most important to them. Subjects covered in the CDSMP include:

- o Techniques to deal with problems such as frustration, fatigue, pain and isolation,
- o Appropriate exercise for maintaining and improving strength, flexibility, and endurance,
- o Appropriate use of medications,
- o Communicating effectively with family, friends, and health professionals,
- o Nutrition, and
- o Making informed treatment decisions.

About 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. Several

areas of change were explored: health status (disability, social/role limitations, pain and physical discomfort, depression, health distress, self-rated general health), health care utilization (visits to physicians, emergency departments, hospital stays), self-efficacy (confidence to perform self-management behaviors, to manage disease in general, to achieve outcomes), and self-manage behaviors (exercise, cognitive symptom management, use of community resources, communication with physicians).

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 ration of approximately 1:10. Many of these results persist for as long as three years.

A pilot test of the CDSMP in selected Oregon counties during 2002 showed that over half (53%) of the 105 participants reported at least one week of poor physical health that prevented them from performing their usual activities (such as self-care, work, or recreation) in the previous month. Fifty-six percent of the participants who completed the six week program, had increased their level of confidence in managing the necessary tasks and activities related to their chronic condition.

If you have any questions about this information, contact:

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