Sue: hello everyone. Welcome to public health live, the third Thursday breakfast broadcast. I’m Sue nigra, and i’ll be your moderator today. Before we get started, I would ask that you please select your online evaluation. Continuing education credits are available after you take our short post-test, and your feedback really is helpful in planning future programs. So we really encourage you to let us know the topics that are of interest to you and how we can best serve your needs. Now, as time allows, we will be taking your questions later on in the hour. The toll free number is 1-800-452-0662, or you may send your written questions by fax any time during the hour. That fax number is 518-426-0696. Today's program is entitled "who, what, when and how: implementing the chronic disease self-management program in your community." today we are joined by lisa a. Ferretti and melanie shefchik. Lisa, first of all tell us about yourself.

Lisa: well, thank you for having us here today, Sue. I’m really excited to be here. I’m the director of operations for the center for excellence in aging services at the university at Albany school of social welfare. What we do at the university's center for excellence in aging services is try to develop and support successful aging through programming, services and training opportunities. And one of those is the chronic disease self-management program.

Sue: it is a great program. We’ll talk a lot about that today.

Lisa: I’m very excited.

Sue: Melanie, what brings you here today?

Melanie: I currently work as a public health educator in the Rockland county department of health, and I primarily work in the areas of worksite wellness, diabetes and chronic disease prevention. I was trained in the chronic disease self-management program about a year ago, under Lisa here, and about three months ago I was trained again to become a master trainer in this program. So basically i’ve been working to build capacity and sustainability for this program in our community, and it's been a very rewarding experience so I’m excited to be here to share that with everyone.

Sue: We are excited to have both of you. Lisa, tell us what is the chronic disease self-management program?

Lisa: Well, that's the million-dollar question today, isn't it?

Sue: yes.
Lisa: The chronic disease self-management program is an evidence-based health promotion program. We’re going to talk a lot more about what that means. The program was developed by Dr. Kate Lorig at the Stanford university patient education research center probably about ten years ago now. She worked with the Kaiser permanente health care system, which is a large health care system out in the California area. The program was developed through a series of focus groups, so what they did was or what Dr. Lorig did was they talked to a lot of different people in the community and people in the patients in the health care system who had a variety of chronic diseases so they might have hypertension, arthritis, diabetes or a number of different chronic diseases, and they tried to determine what was—what were the things that were common to people across those disease conditions? So traditionally when we think about patient education, we educate people about their disease, but what Dr. Lorig was trying to determine or identify were those things that were the common challenges and concerns for people across disease conditions. So once they completed the focus groups at Stanford, what they did was they developed and designed an intervention that spoke to what those common challenges and concerns were for people. And the intervention in fact for the program is for supportive things like self efficacy theory, so a behavioral theory that says that if you can feel confident about things, then we can learn new skills and we can change our behaviors, and social cognitive behavioral theory which is also a behavioral change theory that supports the program. The result of all of that was a highly interactive program that participants come to, where they talk and they share and they learn new skills, self-management skills on how to manage their chronic condition on a daily basis.

Sue: Now this is quite something and evidence based. What does that mean? Talk a little bit about that.

Lisa: Let me talk a little bit about that. That’s a critical question that really often time isn’t asked when we think about health promotion programs. Evidence based health promotion programs differ from traditional or other health promotion programs in this way. And evidence based program has demonstrated effectiveness. So there's been some kind of randomized control trial or something scientifically to say that we have outcomes and we can, you know, see that these outcomes happen if we deliver this intervention in this way. Other health promotion programs are good and I’m not going to say that people shouldn't participate in them because they certainly are good for our health. But the difference is that when we implement an evidence-based program or we choose a program like it, we know what we can anticipate, those effectiveness outcomes and the outcomes for our participants to be. And so that makes it something that we want to be able to work really hard at doing correctly. So an evidence-based program typically is standardized; it's manualized, and we know how to deliver it appropriately. And if we deliver it appropriately and correctly, sort of we call it program fidelity quite a bit. We’ll talk more about that, too. But if we use the program in that way and deliver it correctly, to stay with the core components, we can be pretty sure that people are going to be able to get the same outcomes as the effectiveness studies.

Sue: So what are the questions you ask yourself when you're implementing a program like that?
Lisa: Another really good question. I think typically when we think about programming, and we develop programming at the center so we think about this, too. We ask ourselves, you know, do we know what works? So we try to develop a program that we know will work for people. And so what we test when we test something in an effectiveness study is does it work? Can we get the outcomes that we want? But in an evidence based program, we already know that it works, so the question we want to ask ourselves if we're going to implement an evidence based program versus developing some other program is can we do what we know works? So we already know what works, but are we able to deliver it in a way that we know it works so that we can get those same outcomes? So that's the difference in our way of thinking about those things. And again, and some of the things that underlie that are the fact that we already have the effectiveness studies. We do have standardized ways of delivering the program, standardized training, and those sorts of things all help to build our ability to be able to implement an evidence based program and get those same outcomes.

Sue: Can you describe the evidence of the effectiveness?

Lisa: Sure. The c.d.s.m.p., which is the short version of that, and we can all call it that. It is a tongue twister.

Sue: yes, it's a mouthful.

Lisa: So c.d.s.m.p. Was determined to be effective through a randomized control trial that again there was a variety of participants, over 1,000-- just about I guess 1,000 people and they were randomized into two groups, the control group and the treatment group. So the people in the treatment group, so roughly half of that group in the treatment group received the intervention in this case, which was the chronic disease self-management program. It’s just a workshop. The other group, the control group was weight listed and so did not receive the intervention. The result and the comparison of those people was followed for over three years.

Sue: were the results surprising or more comprehensive than you had anticipated?

Lisa: Well, you know, I think maybe not surprising, but definitely comprehensive. And I think the thing that's interesting to note about it again is that this program is targeted at the sort of self-management skills and behavior change versus educational programs, which are targeted at sort of teaching you how to do things. So if you're a diabetic and you want to learn how to control your blood sugar. Whereas this problem really looked at other things related to people's ability to manage on a daily basis. Some of the results, I’m not sure if they're on the screen, but we had people who had significant improvements after 6 months in things like their self-rated health. They had lower disability. They were able to participate in their social roles and activities with greater ease. They had reduced limitations. They also had increased energy, lower fatigue so a lot of physical benefits as well, and they reported lower health distress, and so some of those difficult emotions that we have to deal with that we get to stress about when we're trying to manage our chronic condition. At one and two years later, those reductions—the reductions in health distress, increases in self efficacy were all maintained, as well as the folks who participated in the treatment group had fewer physician visits and fewer e.r. Visits as well.
>> Sue: My question, so it was lasting.

>> Lisa: It was lasting. Another interesting thing to know about the program was, you know, from baseline to six months, so when people were first pretested before they took the treatment or before they went into the program, to six months later, the greater people self efficacy grew in that period of time, the more likely they were to have significant improvement after a year. So.

>> Sue: That's awesome.

>> Lisa: Yeah.

>> Sue: Let's talk about money. I would imagine, too, that there are cost savings involved because if you're cutting down on ER visits, hospital visits, doctor visits for that matter.

>> Lisa: Absolutely. Let's talk about money, because people are always interested in the bottom line. The c.d.s.m.p. Did show some cost savings as well in the initial studies and there are still people looking at the additional cost savings that could be coming out of this program because it's been implemented quite broadly. The original study saved an average of 4 to $500 per participant in the study. And so participants in the treatment groups actually spent fewer nights in hospital, all right, which is obviously a big cost savings and resulted in an average participant saving of about $750 per participant. In addition to that, there was another study that was done where, again, there were reductions in stays in the hospital and fewer e.r. Visits. That study looked at an average of almost $1,000 per participant. And over all by participating in this, a course of 500 people through the program and saved over $400,000.

>> Sue: That is significant. You know, it's easy to see the effectiveness of this program and the cost saving factor that goes into that as well. But again the million-dollar question: how does it work? Can you talk a little bit about that?

>> Lisa: Let me tell you a little bit about how people change or how we make changes in our lives. You know, oftentimes, you know, we have a desire to change. So, you know, we feel like we want to, you know, lose 10 pounds or we need to lower our cholesterol or we have some desired change in our health that we want to make. And to get to that change, something has to happen. Typically for people, the first thing that happens is we change our expectations, what's called our outcome expectations. So we consider what are the positive effects of me making this change? So those outcome expectations. And so sometimes that's enough to get people to change. So let's think about the person who has a heart attack like in their 40s and then all of a sudden they change their whole lifestyle and they're running every day and they lose weight and they're, you know, really eating everything healthy. And that's a great thing. Sometimes that's enough to get the change and to sustain it but for most of us it's not enough because I bet probably almost everybody watching this broadcast and you, too, Sue, have tried to make some changes and you do really well for awhile, but then somewhere along the way you run into some bump on the road or there's a barrier to your ability to do whatever it is you're trying to do, eat healthier, get your exercise in that day. And you don't sustain the change. So you kept it on there for a little while but you really couldn't keep it going. And so what the chronic disease self-management program does is it works on building self efficacy. So our confidence that we
can make and sustain changes, behavior changes. And it does that by giving us strategies to build our self efficacy. So through the workshop we learn different skills that help us to problem-solve when we deal with barriers, to make goals and to stick with them and to feel confident. Those things, combined with our outcome expectations, which sometimes even change when we start to think a little bit more about what we really can realistically do, combine to build that self efficacy and that confidence that we can make and sustain those changes, is the thing that gets us to that desired behavior change and helps to keep us there over time.

>> Sue: Oh, wow. That’s quite an explanation. And it makes perfect sense, too, because you take that with you.

>> Lisa: Absolutely.

>> Sue: Your self-confidence. You learn something that works for you. You move on in life and that continues going with you.

>> Lisa: Absolutely.

>> Sue: And this is interesting because we do have a videotape to sort of explain a little bit more about how this works. Take a look at this. (Music)

>> People who have ongoing health conditions need to constantly adapt their lives. This workshop can help you manage on a day-to-day basis so you can live a fuller, healthier life.

>> Depression can cause stress or fatigue, so it might not be the disease that's causing the fatigue.

>> Participants have one or more long-term conditions, such as lung disease, heart disease, arthritis, fibromyalgia and diabetes.

>> The physical part of the problems may have been different, but each of us suffered the same emotional problem. This class gave us an opportunity to learn how to deal with all of these things and learn that we're not alone.

>> Workshops meet for 2-and-a-half hours a week for six weeks and are instructed by lay leaders or professionals who are experts on managing health conditions. And, like you, they often have a chronic health condition.

>> We’re able to train the lay leaders to be able to conduct this program in about four days.

>> Participants learn and practice relaxation and problem solving techniques, as well as how to communicate with their health care team and others about their illness. Other topics include dealing with fatigue, managing medications, nutrition and exercise, and each session participants set an action plan.
We’re going to go ahead and finish up with our favorite part, making our action plans for next week.

I’ve been doing ten minutes on the exercise bicycle, but I’m going to go 15 minutes three times a week.

And what action plan—focus on what they would really like to do. And on a week-by-week basis sort of set very reasonable goals.

So we’ll start out with our feedback and problem solving from the action plans.

I didn’t do a journal, but I did exercise as much as I wanted. So this week I’m just going to do the journal and exercise five days, not every day.

The idea here is to build on skills so that by the time people are finished, they will have confidence that they can continue with this.

Class participants were more active. They did more aerobic activity and stretching and strengthening. They practiced cognitive symptom techniques, which are new ways of dealing with their symptoms, and they had better communication with their physicians. All workshop participants have one or more ongoing health condition, and they bring a family member or friend to the workshop.

On Saturday of this week, I’m supposed to go to a baby shower, and there’s 23 steps, which is a lot of steps, and I’m going to go.

After I came to the first class, I thought regardless how difficult it was for me to get here, I was going to continue to come even if it meant that I had to give myself an extra half an hour.

If you or someone you’re close to has an ongoing health condition, try taking the next step. By participating in this workshop, you can help yourself and others start living a fuller, healthier life.

I’ve learned to exercise, measure my food and pick the right kinds of foods.

I think one of the barometers of how this course worked out is my wife suggesting that perhaps I’m calmer than I was before.

Ah.

And it has helped focus on coping with the situation, calmer, cooler.

Calmer, cooler. (Laughter)

Sue: Talk about success stories. Listening to them talk about their experiences, you know. Exercising and eating healthy.
Lisa: Absolutely.

Sue: it does take a commitment. How much of a commitment does it take for participants?

Lisa: Well, the chronic disease self-management program is a program that we run over a six-week period of time. So participants come together in small groups, 10 to 16 people or so. They meet once a week for 2-and-a-half hours a week. So they have to be committed to making that time commitment to show up at the workshops, because the more of the workshop they get, the better they'll become at mastering the skills that we teach in the workshop. So they also have to have an open mind to that as well. So being committed to learning new skills, to thinking about their cognitive-- or their chronic conditions in different ways, you know, and learn to be, you know, a participant in a workshop because it is a highly interactive workshop. So it's not a sit and listen kind of class. It’s really focused on the process that happens among the participants as they try to deal with and find ways to manage their chronic conditions.

Sue: And there is something to be said for working in a group. How beneficial is it if you're with a group of people?

Lisa: Well, it really is the thing that makes this whole thing work, because what happens in the group is that the process, you know again of this course is what really helps people to be able to become better managers. So by making plans and then reporting on their plans and then by spending time kind of giving each other support, you know, people become sort of teachers and learners. So they see themselves as effective in being able to show other people how to make those desired changes and to maintain them. But they also learn from other people in the same way.

Sue: they also realize that they are not alone.

Lisa: That’s right.

Sue: are there opportunities for past participants to come back and be leaders in the program?

Lisa: Oh, absolutely.

Sue: oh, great!

Lisa: Past participants generally make some of the best leaders and the best champions of the program that we have.

Sue: now you mentioned self-management techniques. Can you talk about that?

Lisa: Sure. Self-management techniques or the self-management skills that we teach people in the workshop are really those that think through the process that people learn the skills to be able to master the things that they're concerned about with their chronic conditions. So in the chronic disease self-management program we call it our self-management tool box. So there are
different things in the tool box, and in the tool box are things like exercise and planning and healthy eating, et cetera, those sort of thing. But there's some pretty critical tools in that tool box that we spend a lot of time in each of the workshops working on. One of them is goal setting and action planning. So goal setting we think about, what do we want to achieve in the long term? So our longer term goal might be to, you know, increase our fitness. Action planning is a way to get folks to take that long term goal and break it down into smaller, more doable and achievable steps. So participants choose what it is that they want to do, and then we help them to be able to break it into smaller steps that they can achieve over a week. The thing that happens with that is people choose their goal. We ask them how confident they are that they're going to achieve it and we send them off for the week. And when they come back the next week, we begin every workshop by having people feedback how that went. And in that feedback what happens is lots of times people achieve their goal. And there's a wonderful opportunity to be able to congratulate people on being able to be good self managers and achieve the things that they set out to do, and that really helps to build confidence in people. But sometimes it happens that people don't achieve their goals. And so that gives us an opportunity, the facilitators and the rest of the group, to work with that person around what the barriers might have been to that. So those problem-solving skills that people develop through that feedback and problem-solving aspect, when we look at action plans for the week, is really, really probably one of the most critical pieces of this in terms of skills mastery because when you problem-solve in a group or you problem solve and learn those skills in that workshop, that's a skill that's transferable to everything that you do. So whether it's that you're problem solving how you're going to get in more exercise or you're problem solving how you're going to get to the grocery store. So it's something that you can use in everything that you do.

>> Sue: Talk a little bit about how the self-management techniques in the tool box as you say work with self efficacy to find success? Two huge things working together.

>> Lisa: Exactly. So the self-management skills are the strategies that help people to build their self efficacy. So when they can see themselves as effective, whether it's because they achieved their action plan or because they helped someone else to problem solve, they see them self as effective, built their confidence in themselves that they can continue to make these changes in their life. And so those two things work together really synergistically to bring us to that behavior change. In addition to that remember people sometimes adjust their outcome expectations, too. So folks might come into the workshop frustrated because they can't achieving, some long-term goal that they wanted or they might have adjusted their outcome expectations now to be able to come up with a plan or goal that's a little bit more achievable for them, building their confidence again.

>> Sue: Sort of like redesign that piece. That woman who wanted to exercise 7 days a week.

>> Absolutely.

>> Sue: And she cut it back because that really is not realistic.

>> Yes. It’s interesting, I didn't get a chance to see this earlier, because the workshops themselves are actually co-led by trained facilitators but the facilitators act as peers to the group
as well. So in facilitating the workshop, we work with people to be able to understand why those things aren't achievable and to help them to be able to make plans that are, you know, more doable for them in that short period of time.

>> Sue: You mentioned facilitators. How do the facilitators help the participants to reinterpret their symptoms?

>> Lisa: Yes. Symptom interpretation is a really big part of this as well. When we think about physical or cognitive, you know, or social, emotional kinds of things that go along those sort of concerns that go along with having a chronic disease, a condition or chronic disease, what's interesting about that for people is that oftentimes people think that all of the symptoms they're experiencing are because of the disease. And typically, you know, the disease, while it certainly contributes to those things, it's really just a part of the cycle that we call the symptom cycle, which I think might be on the screen now. And so rather than the disease being at the top of a pyramid, the disease is just one of the things on the cycle. And so we talk to people about understanding how different symptoms contribute to one another and then potentially it could make the disease worse. So, for example, if you're stressed and you're anxious, you might have tense muscles. If your muscles get tense you might not be able to sleep or you might experience fatigue or shortness of breath. And before when people come into the workshops they might be thinking, well, that's all because of the disease, because I have whatever disease. That's why I'm experiencing those symptoms. But through this reinterpretation of symptoms, people can begin to see that what's really happening potentially is that it's one of these other things that's actually reinforcing the other. So the pain or the stress is actually making the muscle tense. So if we can teach people those skills and those tools to be able to think about things differently and break the symptom cycle at different points, they can potentially alleviate-- you know, they can break the cycle, alleviate the symptom and then also potentially contribute to a bettering of the disease condition.

>> Sue: and do not be embarrassed to talk about it. Do not embarrass today get it on the table which for many years people felt funny talking about these sort of things.

>> People still do. Sometimes in the workshop it happen that people have a hard time at first getting the hang of some of these things. About the third or fourth week it seems to start really making sense for people and it really does make a huge difference in people's lives.

>> Sue: I bet having the right peer leader makes a difference. Talk about who we're going to meet right now.

>> Lisa: You are going to meet Ron Scott. And Ron is one of our peer leader extraordinaires from here in the capital district of New York. Ron was a participant in a workshop. He made some significant changes, the behavior changes in that short period of time and he's one of those people that's been able to maintain those changes over a long period of time. He wanted to become a peer leader. He was so sold on the changes that he was able to make through the skills that he learned in the workshop and so now he's a peer leader for us here in the capital district. He's also thinking about potentially becoming a master trainer, which is someone who would
train other peer leaders. So I’m really excited that you get to meet him and hear it from his point of view.

>> Sue: All right. Let's meet Ron. Take a look. (Music)

>>Ron: I’m a peer leader for the chronic disease program self-management program. I'm going to help you to help yourself. Self-management, nothing distresses me more than for someone to come to me and say: last night I was watching TV and I fell out of a chair and I laid there for 30 minutes. I could not move. And then I ask: what did you do when you got up? And they say: I went to bed. You know, that's a recipe for disaster. You can go to bed and never wake up again. You know, those are symptoms of a stroke. One of the tools in your self-management tool kit is problem solving techniques. And you can take almost any problem and you can apply this to your daily life. Most of the challenges are based in motivation. Every time we do at a workshop, at the end of each session we ask them to put together an action plan. The purpose of the action plan: confidence builder. Because if you can set a small short-term goal and you're able to achieve that, you know, between this week and next week, then you have confidence in doing something else. We talk about the symptom cycle. We talk about things that happen to you every day. You know, stress and anxiety, feeling fatigued, depression, difficult emotions. Fatigue, tense muscles, pain. Now the pain could come from the disease or the pain could come from lack of action, and therefore your muscles start to tighten up. What we try to do in the self-management workshop is break that cycle. If you have pain, and if we can teach you a distraction technique, you know, like counting backwards from 100, all right, or do this with me. If I told you to close your eyes, all right, think about a pain that you're having but then I want you also to think about a lemon. All right? You can feel it in your hand, okay? You put it up to your mouth and you taste it. You can feel the juice running around inside your mouth. Feel the tartness of that juice. This is the leader's manual, and in it there are six sessions. Here's the self-management tool box. These are the different topics that we talk about to help you manage your chronic disease. Planning. If you were-- say for instance you're a diabetic and you have to wear an insulin pump, you have to plan your day to include your insulin pump. In my case, I’m on oral medication and plus I take an insulin shot in the morning and one at night. But I have to plan my day so that I’m going to be where I’m supposed to be when it's time for me to do what I’m supposed to do. Around about week five or week six, all right, when you ask the participants: what have you learned about chronic diseases? And then you ask them what have you learned about yourself? They put a box of kleenex on the table, and as we run around the room and talk about what we had learned about each other, what we had learned about ourselves, the tears ran like a river. And once you sit and cry over something, you know, it has an impact on you that won't leave. By going through the steps to positive thinking, then the whole workshop becomes a success. I think that this program is one of the most important programs I’ve come across in years, in years. It's not natural to just sit up and say, okay, been there, done that, now I’m gonna die. All right? I'm gonna live. You can live a healthy life. You can do all sorts of things. I'm not too old to do one flight of stairs. I can do one flight today. Maybe I can do two flights of stairs tomorrow. (Music)

>> Sue: wow. You can tell-- you can see how very successful he must be because he makes you want to talk to him and he really makes excellent points.
Lisa: Sure. I think you can also see that he really believes in the program, so.

Sue: All right, thank you. Now we're going to turn things to Melanie. You've been sitting over there quietly for the last 30 minutes.

Melanie: Yes, I have.

Sue: We're going to learn about how the chronic disease self-management program is being implemented in one community around here. Can you talk a little bit about how it works for you, successes that you've had with it?

Well, I'm going to start by just explaining how this program sort of fits into our organization. So I just said it's the Rockland county department of health. Rockland is one of four counties in the state that receives funding from steps to a Healthy New York Initiative. That was a larger federal initiative that was funded by the Centers for Disease Control. Basically the whole purpose was to develop an integrated approach to reduce the burden of lifestyle related chronic diseases. So things like obesity, diabetes and asthma. And when we first learned about this chronic disease self-management program we thought it would be a really great addition or complement to the existing efforts that we had under way in that area.

Sue: Let's talk a little bit about the prevalence of chronic disease in the state of New York. Now you've done your homework on this.

Melanie: I have. And according to the New York state department of health, chronic disease affects the lives of over 6 million New Yorkers. So it represents approximately 73% of the annual deaths that occur. In 2002, which I know is a few years ago at this point, but I would suspect that the numbers are similar today, 114,000 of the 157,000 deaths that occurred that year were attributable to the top five chronic diseases. So that's things like heart disease, cancer, stroke, chronic respiratory diseases as well as diabetes.

Sue: So if you have one chronic disease, does it make it more likely that you will develop another chronic disease?

Melanie: Unfortunately, it does. And a recent estimate showed that 40% of individuals with one chronic condition also had at least one comorbidity. And that likelihood increases with age. So almost 70% of people who are age 65 and older are facing at least two chronic health conditions. So for those individuals, the burden of that chronic disease is going to be magnified, higher rates of disability, higher mortality rates, decreases while being an overall decreased quality of life.

Sue: Would you give us a more specific example?

Melanie: Sure. If we look at the example of arthritis, we know that 26.1% of the general adult population has some form of arthritis. 49.8% isn't individuals with diabetes also have arthritis. 52.1% of individuals with cardiovascular disease have arthritis. And so basically what we're seeing is that there's higher rates of arthritis in these groups of individuals who have an
existing chronic health condition. And I think the over all point is that it can be really-- it's especially difficult to manage more than one condition at a time for people.

>> Sue: Certainly there are many resources out there to help people cope with chronic diseases. Why was this program chosen?

>> Melanie: Well, there are several reasons that we selected this program. As we just discussed, there's an increasing prevalence of chronic disease in our society. So we wanted a program to try to address that in our community. As Lisa mentioned it's an evidence based program so there's already a demonstrated effectiveness with this program and we found that especially appealing. It also uses a turn key approach. So when an individual attends the leader's training they're given the skills to go out and implement this program. They're given a very detailed manual that describes step by step how to go out and facilitate this course. In addition, the program is not specific. So we're able to capture a much larger audience. For those people who may have more than one condition we can hopefully give them the skills that they can apply to their overall health. And the last reason is we wanted to prevent, you know, disease complications. So maybe we can't prevent the disease from occurring but we can look at prevention across the entire disease spectrum.

>> Sue: Let's talk a little bit about what it takes to implement the chronic disease self-management program. How do you go about doing that?

>> Melanie: I think once an organization has decided this is something they want to pursue they really have to take a good look at their resources so that may include financial resources, their available staff, also any partnerships they have with any organization. They also can ask themselves a few questions so who their target audience is. Is it something they're going to implement at their own facility or go out and find a place to hold the program? So those kinds of key questions. Then they also have to go get those individuals trained so maybe that's going to be their staff or it may be volunteers from the community. But those individuals would need to be trained. And they can be trained as either leaders in the program or master trainers. I think Lisa mentioned this before, but leaders are the ones that actually go out and deliver the program in the community. Now master trainers can also deliver the courses but they also are able to train leaders. So those individuals would get trained. If you're not going to be holding the program at your site you would have to like I said find some organizations to hold it. You can then go ahead and start scheduling your classes, trying to recruit participants to attend the program. And I would just say that a typical class is usually between 8 and 15 participants. That's the general kind of process.

>> Sue: And it seems to be very successful. We talk about the impact that this has?

>> Melanie: Sure. Some of the impacts include an increased awareness about the importance of self-management. And that certainly goes for the individual but may even be for the providers or other community organizations so there's a bigger awareness about this. For the individual however, they'll hopefully see an improved communication with their health care providers and increased confidence in their ability to manage their condition. So that kind of works together to improve their quality of life. Also there's better utilization of the health care system so we'll see
decreased doctors visits and hospitalization rates and that all works to lower the cost of health care.

>> Sue: it seems like it has quite a reach.

>> Melanie: It definitely does. I think the burden of chronic disease isn't just on the individual who happens to have it. Their family, their friends, their employers and even society at large is impacted by the burden of chronic disease.

>> Sue: You know, and the good habits that you learn, say for instance you're a mom and you take this program. You take part in this program, you can home. Your children learn by your example. So it does affect everybody in the family.

>> Melanie: Exactly.

>> Sue: So where do you hold these courses?

>> Melanie: Well, courses can be held in a wide variety of locations. Some of the more common ones include senior housing complexes, religious sites like churches or synagogues, health care facilities so that may include hospitals, clinics, even physician practices. Also senior centers and clubs, and really any kind of community center can be a great location.

>> Sue: Are some better than others?

>> Melanie: I wouldn't necessarily say some places are better than others. I will say in my experience it's easier to sort of get a course going in sites where the people already are. So for example a senior housing complex. Those people are already there. Your target audience lives there. And so it may be easier to get a class going and get that participation going in that kind of site versus somewhere like a community center where the public has to physically drive to.

>> Sue: Who is permitted to teach a course like this?

>> Melanie: So, as we said before, in order to run a course you do need two trained leaders. So the individuals that would want to be trained would have to attend a four-day training, and they can be health professionals but they can also be individuals, you know, lay people who have a chronic health condition.

>> Sue: what is needed to conduct a course?

>> Melanie: So besides needing the leaders and also a host site, there are some specific materials that are necessary. Supplemental materials that are distributed to the participant and that includes a text that's called "living a healthy life with chronic conditions." There’s also a relaxation cd or tape. And that's called "a time for healing." And it includes on it two activities that are done during the course. Because the course is very interactive and it uses some visual charts, markers and flip charts are also needed to successfully run the course. And lastly an
organization would need to purchase a license. And that license distributed by Stanford university, the developer of the program.

>> Sue: So now you want people to know about it. How do you go about promoting the program, recruiting participants, recruiting, you know, sites? How do you go about doing that?

>> Melanie: There’s really several ways to promote the program and recruit for the program. And I think it does largely depend on the type of organization that you have, who your target audience is, the type of community you live in, but having said that, there's several methods that we found in this region to be very successful. The first one is to just go ahead and approach targeted sites. So maybe you can contact your local office of the aging and get a list of the senior housing complexes in your area and just approach them and see if they're interested. Another way is to issue press releases or do your general advertising. We have a newsletter in our county that goes out to all the older adults. We've taken out ads and found that to be a really great way to not only gain participants but also get potential leader. You can also do some direct mailing. Actually right now, we're working on sending a mailing to physician practices in our county and we're going to include the nice brochure holder and several of our c.d.s.m.p. Program brochures so hopefully they'll be aware of the program. It's really great to let any kind of referral services this that are in your area know that you're offering this program so they can send people your way. You can also send invitations. If you have some sort of list to work off of, of potential participants, sending them an invitation really helps to add a nice personal touch to the program. And the last method that we've used and found to be successful is something called a mini presentation. And basically what I mean by that is that we've taken parts of the program and sort of condensed it down into a 45-minute or an hour-long presentation, and we held those presentations at different potential host sites, and why we do that is to sort of give those people a feel for how the program is conducted and that will hopefully encourage them to want to offer the full six-week class.

>> Sue: I would imagine, too, word of mouth can play a huge part.

>> Melanie: Absolutely.

>> Sue: be in your neighborhood or a family member takes part and you get talking about it. What are some challenges that come your way when you want to implement a program?

>> Melanie: Of course there's going to be challenges that you're going to face. I think probably the biggest challenge or biggest perceived challenge is in the area of financial cost. So that can definitely be an obstacle for sites, especially sites that have little or no grant funding, things like that. So there are course materials that are involved and that includes the text and the cd that we mentioned and that can run anywhere from 20 to $40 a participant. There's also the license. And then there's some other costs that might be dependent on the organization. Are you going to offer refreshments to your participants? Do you have to pay for the space? Those kinds of decisions can be made in terms of financial costs. Recruiting sites to hold the program so there's going to be recruiting sites. You may have to recruit program leaders and then you do have to recruit the program participants to attend the programs. There's a whole lot of recruiting going on here and that can be an effort. And the last one is to really-- keeping the program fidelity
intact and making sure that the program is delivered as it's supposed to be delivered. So that can be another challenge. And I think that's something that Lisa can talk to a little more in just a few moments.

>> Sue: getting back to the money question, though, how do you over come financial barriers?

>> Melanie: So there's several ways. The first one is to obtain grant funding and that's much easier said than done, I will admit that. But if there are grants you can apply for I would say go for it. There's no harm in trying. Another way is to collaborate with organizations so develop partnerships. See if there's other organizations in your area that maybe they already offer the program or they'd like to offer the program with you. You can kind of work together to bring different resources to the table. You can also establish a system for the materials. So instead of distributing the books and the course for those participants to permanently keep, you can give it to them at the beginning of the class and make it a requirement that they have to give that back to you at the end of the six weeks. So then you have really one set of materials that you work with. You can also donate materials to the library. So we've done that in Rockland county and we've donated the text to every library in our county so that, should there come a time where we can't afford any more to give out the books they are still available for our community. The last method is to really charge a small fee. I would say that should be sort of the last resort because you don't want to serve as a deterrent for participation.

>> Sue: Good information, Melanie. Thank you very much. We're going to turn things back over to Lisa. You were talking earlier about the evidence-based program. Can you tell us more about the implementation portion of the framework when it comes to all this?

>> Lisa: Sure. There's a great framework actually. It's available on the web site. It's called the reaim framework, and that's an acronym and it stands for reach effectiveness adoption implementation and maintenance, and it speaks to a lot of the things that Melanie just talked about, but it specifically is very helpful for communities when they're trying to take on an evidence based health promotion program because it addresses like the program fidelity issues and it dresses them when you're thinking about all the things that you're going to do. When we think about the reach portion, that's the recruitment piece. That's all the things that Melanie just talked about. And it asks that the reach work asks us to think about who do we want to reach with this program and how are we going to reach them? So there's a lot of marketing in terms of thinking about that. You know, where are the people? Where are we going to find them? How are we going to get them to the program? How are we going to get the message out to them? Then how do we get them into the program? The effectiveness piece remember we already said evidence based programs are already demonstrated to be effective so we don't have to be so concerned about the effectiveness of the program itself but we do have to be concerned about the effectiveness of the delivery of the program and many times when there are funders or other people behind these programs, they want outcome data as well. So effectiveness speaks to asking yourself what data do I want to collect and why do I want to collect it? And how is that going to help me move towards maintaining the program? This is all something you have to consider in the planning stages. In addition to that Melanie talked about host sites. So those are the places that are going to adopt the program. Think partner when you think adoption, because adoption is about partnership. And who can provide what? So can someone provide space? Can
someone help you with recruitment? Can someone, you know, fund the books? But what are the places in your community that this program can be held? And are those people willing and committed to an evidence-based program to be able to deliver it in the way that it needs to be delivered? In addition, that implementation piece is really about program finality, and it really is asking yourself: can I deliver this intervention the way that it was intended to be delivered? And can I monitor that? How will I know if I am or if I’m not? It really speaks to the quality of the program when it's rolled out into the community. And finally the maintenance part of the framework really speaks to sustainability. So how am I going to sustain this program? Are the organizations that adopted it, are they places that can sustain it? So we're looking at an organizational level. Can those organizations maintain the program and maintain the fidelity of the program? So there's always those things that you need to consider but the reading framework is a fabulous way to think about this when you're starting to plan to implement an evidence based program. On their web site they actually have a tool that kind of takes you through a series of questions. You can ask yours he and try to get a reading in your community. Are we ready to take on an evidence based health promotion program?

>> Sue: Why is it important that a program you adopt like this does not undergo any significant changes?

>>Lisa: It's critically important and the reason pour that is the program there's demonstrated effectiveness but the effectiveness is related to the program the way that it was developed and the way that it was translated and the way that it's meant to be delivered, standardized, manualized. If we think about it this way-- some smiley faces up on the screen. The way to think about it in a visual. The c.d.s.m.p. Comes out of the box, ready to go. Turn key program. It's all developed and ready to go. If you're going to look at implementing it in your community so you're going to dress it up a little bit. Well, do we want to change the name? Not too many people want to come to the chronic disease self-management program. Maybe we call it living healthy or living well or something else. We look at the people we want targeted in the program and we decide when and where we should hold the workshops. So you dress it up for your community and that's okay. That's a good thing to do. But what sometimes happens when that happens is that, somewhere along the line, whether it's the adopting organizations or it's the trainers or it's the leaders or somebody decides that, well, you know, this part of this program doesn't really work for us. So we don't want to hold a course that's 2-and-a-half hours a week. We'd rather only hold it for an hour and a half a week. Or we don't think the information on physical activity is important so we're going to drop that. And what happens then is that your program is really changed. So it's no longer the c.d.s.m.p. Or the one you dressed up for your community. Now it's a different program.

>> Sue: so what are the effects of program adaptation when you change things?

>> Lisa: The first thing to think about is that you really are not going to be able to insure that you can get the same outcomes for your participants. So the adaptations may significantly change the intervention to the point where if you look at the screen now, now it's a flower. It's not a smiley face any more so it's a completely different program and completely different and you really aren't sure you're going to be able to get those outcomes.
Sue: If it ain't broke, don't fix it.

Lisa: Absolutely.

Sue: Why are these things we should care about?

Lisa: Fidelity in terms of evidence based programs is really something we should all care about because we want to be able to be sure, at least reasonably sure, that we can get the outcomes that we're promising for participants. If our message is you're going to feel better, have better quality of life and be able to manage better but we don't produce a program that gives people the skills to do that, then we have to be concerned about whether or not what we're doing is worth doing. So if programs aren't delivered the way they were designed, they're less likely to be effective but they can also potentially do harm. So for example if you have leaders in the workshop who decided they wanted to be more focused on physical activity and started having people do exercise in the class and somebody got injured.

Sue: right.

Lisa: In addition to that, if the fidelity is poor, you have to ask yourself if there's any reason to extend the resources to deliver the program. If you're not going to get the results that you want, should you really use program resources, whether it's time, space or money, to deliver a program that really isn't faithful to the intervention? And finally, again thinking about resources, you have to think about that in terms of balance as well. So we talked a little bit about fidelity and why it's important, but if we get so focused on the fidelity piece that all of our resources are going to that, then we're likely not going to have the resources to actually deliver the program and hit the target that we want.

Sue: you're going to make it more difficult for yourself if you start changing.

Lisa: Exactly.

Sue: so, Melanie, how do you go about insuring program fidelity? Making sure that things don't change?

Melanie: I think it has to start at the beginning. So when you're first working on this program, it really needs to be communicated to the program leaders and to any of the staff that are involved in the implementation the importance and how-- it really needs to be emphasized. I know that was emphasized to me when I was in both of my trainings so I certainly understand the importance of it. It needs to be communicated to everyone involved. Programs can do something called a fidelity check. So if you have master trainers or key trainers in your area, you can ask that maybe they can come sit in on a few of the classes that are being conducted and they can watch and see: is this program going the way that it's laid out in the manual? Hopefully they'll be able to provide some feedback and you can work from there. Is there anything you want to add to that, Lisa?
Lisa: Well, I think what I would just add is that there's an awful lot of work going on around the country right now trying to figure out the best ways to do these sort of things and to manage and monitor fidelity. You know, things that Melanie mentioned are some really good strategies. Other sort of low-cost strategies might be calling leaders on the phone and checking in with them.

Sue: right.

Lisa: having leaders evaluate one another so some peer evaluation and also some he evaluation. Leaders. So if they sit down and think about themselves: am i really sticking to the script? Am I really doing what I’m supposed to be doing? The national council, in collaboration with the u.s. Administration on aging, are actually working together to look at a lot of these issues and there's a lot of tools and things on their web site that can help you if you're considering it.

Sue: So here's the other question: how can you make sure that this program is sustained in your community, that it keeps going, it keeps having success? Melanie?

Melanie: Well, when we first started implementing this program, our staff were trained as leaders and so we were the ones that were going out into the community and actually facilitating the core group. Now that required of course money and it also required a significant amount of staff time. So what we're trying to do now in thinking about our future and thinking about our future without grant funding, we're trying to shift toward more of a community-supported infrastructure. So since then we've had three of our staff trained now as master trainers so that they can go out and train leaders in the program. So what we'd like to do is, in the very near future, train representatives from community agencies, members of the community, volunteers. Have them be the leaders of this program. So they're the ones actually going out and facilitating the course and we're the ones at the health department that are coordinating it. So it's not housed entirely out of us. There's a lot of other people involved as well.

Sue: In a nutshell, Lisa, how would you make sure you find success that it's continued in your community?

Lisa: I think the thing to think about really is partners. And I said that before. But your partners are the folks who are going to be able to help you to get the resources that you need to keep this going, and whether it's the partners who are adopting the program or other partners who can contribute some of the resources that are needed. It's a relatively low-cost program, but there's always issues of staffing and time and training and those are where most of the costs are so thinking about who you can partner with who keep this thing moving beyond the original glance. That's who you really need to think about.

Sue: Thank you very much. We are ready to take your calls now. The toll free number is 1-800-452-0662, or once again you may send your written questions by fax. The fax number is 518-426-0696. And Lisa, you had a quote that you like to talk about.
Lisa: There's a quote I like to use by Dr. Kate Lorig, who's the developer of the program, and I think it's probably on your screen. So I won't read it to you. But, you know, when I look at this quote, what I really see or what I think really happening in these workshops is that the workshops used—help the participants ants to be able to learn to make informed decisions. They know better how to manage their health and to move them into action. So they acquire these self-manage many skills and that moves them to action so not just thinking about the changes but being able to act on those thoughts and being able to make the changes that they want throughout the workshops and the skills they learn there. It really helps people achieve a better quality of life.

Sue: It must really make you feel great about yourself to be able to do this.

Lisa: Well, you know, this has been a wonderful experience for me. I've been working with the program for about five years now. I've led workshops all over the state. I've led trainings and trained master trainers. Every time I do this—in fact I was just in Michigan last week and trained a group of trainers there. Every time I do this I learn so much about myself and being able to self-manage. I learn such good tips from other people. It's an incredible program and it really does change lives.

Sue: We've got a fax from New Jersey. How do you like that?

Lisa: Okay.

Sue: The question is: would Medicare or Medicaid cover some of these costs to specific populations?

Lisa: Well, I'm not sure that at this point Medicare or Medicaid are covering it but what I can tell you is that there are national efforts going on right now to look at how those things can possibly be covered both reimbursement mechanisms and health insurance mechanisms, so there's some work being done and they're looking at whether or not federally qualified health centers could potentially bill for a group visit for this. There's also some work being done around Medicare and looking at whether or not Medicare prevention funds can be used for this. So at this point I don't believe that they are reimbursable expenses under either of those two but I do know there are national efforts going on to see if that can become a possibility.

Sue: That's good to know. Is there any way to gauge how many people have been impacted by the chronic disease self-management program?

Lisa: Wow. Well, I mean I can—I couldn't give you a number but I know maybe Stanford can give you something close. Just to give you a sense of the breadth of the program, the chronic disease self-management program is adopted obviously here, here in New York. But this is a program that has been adopted by several large health care systems in this country. It's been disseminated all across the country, the U.S. Administration on aging grant has it implemented in 34 states now in this nation. In addition to that the program has been implemented in Great Britain.
Sue: Wow.

Lisa: In Australia, in Canada.

Sue: we've got people on the phone want to talk to you guys. Let's take our first call. What is your question?

Caller: Yes. Hi. I have a question. What is the license cost from Stanford for this program?

Melanie: Well, actually we're going to get to a slide in just a moment that shows where you can find the specifics of that information, but correct me if I’m wrong, Lisa, I believe the more cheapest one of them-- the least expensive, yes, not cheap, the least expensive is 500 over three years, and that's for up to 10 programs. Is that correct?

Lisa: Yeah, that's correct. Actually the chronic disease self-management license actually works on a scale so in terms of how many classes or workshops you're going to hold over the period. And also those things are negotiable at Stanford as well so do be sure to contact them if you have questions about that.

Sue: Excellent. We are ready to take another one of your phone calls. How can we help you?

Caller: Yes. We're interested in training leaders from our area. Do you offer these courses quarterly basis, yearly basis?

Lisa: Where is your area?

Caller: north county, Plattsburgh.

Lisa: I’m working with the New York state office for the aging and New York at a time department of health on our evidence based program intervention. Actually we just got—came off of a conference the last couple of days where we talked about the potential to be able to do some trainings around the state. So what I would say is, you know, if you're interested in having us come up and do a training, either leaders or master trainers, you can get in touch with myself. You can find my information on our web site which I think our web site's actually going to be shown. It was shown.

Sue: Yes. Healthy choices New York site.

Lisa: You go to the home page and you can find my contact information there. I'd be happy to help you out with that.

Sue: Okay. I think we have time for one more phone call. What is your question this morning?

Caller: We just had a question answered.
Sue: Oh, you did. Good. There you go. Okay. Let's put the informational slide up one more time so that people can just take a little more of a look in terms of where they can get more information about this. And closing remarks. What do you think we need to take home today?

Melanie: Sure. I just want to say that I’ve had so much fun working on this program. I haven't worked in it quite as long as Lisa has here but it's a wonderful program and I think if it's feasible for your organization or your county health department to implement it, I really would highly suggest it. It's a wonderful program.

Sue: and Lisa?

Lisa: well, I think I certainly agree with everything that Melanie said, but I think what I really want people to know is that this program really does change people's lives and it is a really low-cost way with proven effectiveness to make those changes for people.

Sue: well, I cannot thank both of you enough for coming here today. I learned so much. I think it was a good interview. What do you think?

Melanie/Lisa: Yeah.

Sue: We'll talk soon. And thank you very much for joining us today. Please remember to fill out your evaluations online. Your feedback is of course always helpful to the development of our future programs, and continuing education credits are available. By the way, this program will be available via web streaming within a week or two, so you can watch yourselves. Please see our web site for more details. You guys look great! There will be no public health live broadcasts in July and August, but we hope you have a safe and healthy summer. I’m Sue Nigra. Please tune in on September 18th for the first public health live third Thursday public health broadcast. Take care. (Music)