

LiveWell

Chronic Disease Self-Management (CDSM) Leader Training: Become a Thurston County LiveWell Leader!

Thurston County Public Health & Social Services (TCPHSS) is seeking volunteers who are willing to lead LiveWell workshops in Thurston County. LiveWell is a chronic disease self-management (CDSM) program developed by Stanford University. The CDSM program prepares people with chronic health conditions, such as diabetes, heart disease, and arthritis, to take charge of their health and guide themselves and others in the daily management of their condition. Leaders learn these self-management skills and share them in the CDSM workshops using a step-by-step class guide. The success of the program depends on a peer-to-peer relationship between the leader and participants and relationships built among participants. Health care professionals can also participate and help lead the workshops. **Workshops are 2 ½ hours long, once a week, for six consecutive weeks at various locations in Thurston County.** People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, at least one of whom has a chronic health condition.

The primary aim of the Thurston County LiveWell project is to serve chronically ill adults between the ages of 35-64 who are either employed, members of a minority group, or uninsured/underinsured in order to prevent or decrease the effects of health problems that often accompany chronic health conditions. Applicants who have a chronic illness themselves and/or a strong commitment to working with the above population groups are given priority. Individuals with no prior experience in health care are especially desired.

Topics covered in the workshops include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate physical activity for strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, and, 6) setting health goals that are achievable.

Each trainee, as well as those participants in the LiveWell workshops led by our trained leaders, receives a copy of the companion book, *Living a Healthy Life With Chronic Conditions, 3rd Edition*, and an audio relaxation tape, *Time for Healing*.*

*Unless trainee has received materials from a previous CDSM/LiveWell workshop.

By applying for this training (see next page), you are expressing interest not only in learning about Chronic Disease Self-Management, but also in leading workshops for the LiveWell Program of Thurston County Public Health & Social Services. Trainees will be expected to lead at least one LiveWell workshop at various sites in Thurston County. Those trainees who are not health professionals will become part of the LiveWell community health worker group.

An interview is required. Upon receipt of your application, a TCPHSS staff member will contact you to set up a telephone interview.

Return application to Thurston County Public Health -Attn: Jamilia Sherls - 412 Lilly Rd. NE Olympia, WA 98506
Questions? Please call (360) 867-2514 www.co.thurston.wa.us/health





Application for LiveWell (CDSM) Leader Training Thurston County Public Health, 412 Lilly Rd. NE, March 4-5 and 11-12, 2010

Applicant's Last Name _____ First Name _____ Middle Initial _____

Please respond to each of the following questions, including the three supplemental questions on the next page, giving the appropriate answer for yourself.

Are you willing to serve as a LiveWell Leader within Thurston County?

Yes ____ No ____

Are you a health care professional or health organization staff person?

Yes ____ No ____

Are you able to attend the full 4 days of training March 4-5 and 11-12, 2010?

Yes__ (if Yes, continue) No__ (if No, go to "Additional trainings" below)

Do you have a chronic disease or condition
(diabetes, heart disease, lung disease, arthritis, etc.)?

Yes ____ No ____

Are you currently employed?

Yes ____ No ____ If yes, where (name or type of employer)? _____

What is your gender? Female ____ Male ____

Contact Information: Phone: Home: _____ Work: _____ Cell: _____

Email: _____

Mailing Address:

Street/Box # _____

City _____ State _____ Zip _____

Do you have any food allergies or dietary preferences? Yes ____ No ____ If yes, which ones: _____

I have answered these questions to the best of my knowledge. I understand that Thurston County Public Health & Social Services will make a determination based on space availability and the needs of the project to carry out LiveWell for adult populations within Thurston County in areas where chronic disease prevention is most needed.

Signature _____ Date _____

Additional trainings may be offered depending on interest. Please indicate your interest if you cannot attend the March 2010 training:

Yes, I am interested in being trained as a LiveWell Leader at some future date. (Provide contact info above.)

FOR OFFICE USE ONLY

Applicant # _____ Possible Audiences _____

Meets criteria _____

