LiveWell (CDSMP) Document Toolkit

Thurston County Public Health and Social Services Department (TCPHSS) in Olympia, Washington implemented Stanford University’s Chronic Disease Self-Management Program (CDSMP) under the local name LiveWell. TCPHSS offered LiveWell workshops through local employers and community organizations in Thurston County.

In order to help others readily implement CDSMP in other communities we have created a toolkit of pertinent documents created and used to implement this program. These document examples may be used and adapted without permission from TCPHSS.

Special thanks to:

This program was made possible by funding from the ASIST2010 program of United States Department of Health and Human Services Office on Women’s Health. LiveWell workshops were offered by Thurston County Public Health and Social Services under a licensed agreement with the developers of the program at Stanford University’s Patient Education Research Center.

We would also like to thank our department leadership for their support for this valuable program that benefited hundreds of citizens in our community.

TCPHSS Project Staff:

Lesley Wigen, RD, CD, LiveWell Coordinator

Jamilia Sherls, MPH, LiveWell Leader Coordinator

Chris Hawkins, MA Planning, Program Manager

Mary Ann O’Garro, Epidemiologist

Kateri Wimsett, M.Ed, WorkWell Coordinator

Thurston County Public Health & Social Services Department
412 Lilly Road NE
Olympia, WA  98506-5132
Phone: (360) 867-2500
Fax: (360) 867-2601
TDD: (360) 867-2603
www.co.thurston.wa.us/health

Prepared April 2010
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Stanford Chronic Disease Self-Management Program
  patiентeducation.stanford.edu/programs/cdsmp.html

Washington State Department of Health Chronic Disease Self-Management Program
  livingwell.doh.wa.gov

Center for Healthy Aging Evidence Based Program Summary: Chronic Disease Self-Management
  www.healthyagingprograms.com/content.asp?sectionid=68&ElementID=483

Prepared April 2010
Points for LiveWell Partnership

Send Letter Addressed to: Jane Doe, Director
Thurston County Public Health and Social Services Dept.
412 Lilly Rd. NE
Olympia, WA 98506

The key points to include in this letter are:

- [ ] is interested in partnering with the Thurston County Public Health and Social Services Department (TCPHSS) in the WorkWell Program for LiveWell workshops.

- [ ] understands TCPHSS will provide staff resources and materials at no direct cost for: 1) registration materials and screening, 2) coordination of promotion and scheduling of workshops, 3) two qualified trainers per workshop, 4) workshop materials for each participant, 5) attendance record by workshop, and 6) a summary report.

- [ ] agrees to 1) provide time for employees to attend the workshop (2.5 hours per week for six weeks in each workshop series) as paid training time, 2) provide on-site space to hold workshops, 3) designate a specific point of contact for TCPHSS staff from within the agency to coordinate registration, scheduling, and promotion of the workshops, 4) provide the TCPHSS WorkWell program staff with summarized data about the composition and characteristics of the workforce, and 5) evaluate the effectiveness of the efforts in collaboration with the TCPHSS WorkWell program staff.

- [ ] understands that Thurston County Public Health and Social Services Department will also provide the opportunity for [ ] employees who complete the LiveWell workshops to apply to become LiveWell workshop leaders (Stanford University’s model of Chronic Disease Self-Management). These leaders could then be available to offer more workshops for the agency’s employees.
January 26, 2009

LiveWell Partnership

Sherri McDonald, Director
Thurston County Public Health
and Social Services Department
412 Lilly Road, NE
Olympia, WA 98506

Dear Ms McDonald,

The Department of Health is interested in partnering with the Thurston County Public Health and Social Services Department (TCPHSS) in a pilot of the LiveWell Chronic Disease Self Management workshops in the Department of Health.

DOH understands TCPHSS will provide staff resources and materials at no direct cost for:
- Registration materials and screening;
- Coordination of promotion and scheduling of workshops;
- Two qualified trainers per workshop;
- Workshop materials for each participant;
- Attendance record by workshop; and
- A summary report.

DOH in return will provide the following:
- Time for employees to attend the workshop (a combination of work and personal time);
- On-site space to hold workshops;
- Designate Kari Ramirez, Health & Productivity Coordinator, as the point of contact for TCPHSS staff from within the agency to coordinate registration, scheduling, and promotion of the workshops;
- Provide the TCPHSS WorkWell program staff with summarized data about the composition and characteristics of the workforce; and

Public Health – Always Working for a Safer and Healthier Washington
• Evaluate the effectiveness of the efforts in collaboration with the TCPhSS LiveWell program staff.

The Department of Health understands that Thurston County Public Health and Social Services Department will also provide the opportunity for employees who complete the LiveWell workshops to apply to become LiveWell workshop leaders (Stanford University’s model of Chronic Disease Self-Management) if employees are interested in becoming trained leaders. These leaders could then be available to offer more workshops for the agency’s employees.

We are looking forward for another opportunity to work together.

Sincerely,

[Signature]

Katherine C. Deuel
Director of Human Resources
August 21, 2009

Sherri McDonald, Director
Thurston County Public Health
And Social Services Department
412 Lilly Road NE
Olympia, WA 98506

Dear Sherri McDonald:

This letter is written to inform you that Sacred Heart Catholic Church is interested in partnering with the Thurston County Public Health and Social Services Department (TCPHSS) in the WorkWell Program for a pilot program of LiveWell workshops, offered at faith communities in Thurston County. LiveWell is a six week workshop based on Stanford University’s Chronic Disease Self-Management Program (CDSMP).

Sacred Heart Catholic Church understands TCPHSS will provide staff resources and materials at no direct cost for:

1. Registration materials and screening
2. Coordination of promotion and scheduling of workshops
3. Two qualified trainers per workshop
4. Workshop materials for each participant
5. Attendance record by workshop
6. A summary report.

Sacred Heart Catholic Church agrees to:

1. Provide on-site space to hold workshops
2. Allow Parish Nurse Coordinator, Mary Lou Spence, to be the contact for TCPHSS staff from within the parish to coordinate the scheduling and promotion of the workshops
3. Evaluate the effectiveness of the efforts in collaboration with the TCPHSS WorkWell program staff.

Also, Sacred Heart Catholic Church understands that Thurston County Public Health and Social Services Department will also provide the opportunity for those who complete the LiveWell workshop to apply to become LiveWell workshop leaders (Stamford University’s model of Chronic Disease Self Management). These leaders could then be available to offer more workshops for the parish community.

Sincerely,

Ferrell Gilson
Pastoral Coordinator
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: LiveWell Coordinator- 412 Lilly Rd. NE Olympia, WA 98506

Questions? Please call (360) 867-2500  www.co.thurston.wa.us/health
Application for LiveWell (CDSM) Leader Training
Thurston County Public Health, 412 Lilly Rd. NE, Month XX, 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?
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 _________________________

FOR OFFICE USE ONLY

Applicant #___________________    Possible Audiences__________
Meets criteria________    ________    ________

Return application to Thurston County Public Health: LiveWell Coordinator - 412 Lilly Rd. NE Olympia, WA  98506
Questions? Please call (360) 867-2500  www.co.thurston.wa.us/health
SUPPLEMENTAL QUESTIONS

1) Why are you interested in becoming a LiveWell Leader?

2) What characteristics do you have that you feel would make you a great Leader?

3) Do you have experience with presenting information to groups of people? If so, please describe.
LiveWell Leader Training
Interview Questions

1) If you are selected we would require you to attend a 4-day training course for Leaders. Can you attend? You will also need to co-lead at least one workshop within 4 months after the Leader Training. Do you see any barriers to this?

2) The LiveWell Program is heavily scripted. The co-leaders read and paraphrase from a manual written by Stanford University throughout the workshop. It is critical for legal and liability reasons that leaders not offer personal advice, health advice, or medical advice. Being a leader is not an opportunity to offer advice on what has worked for you personally. Are you comfortable moving forward knowing that if you ever offer personal, health, or medical advice you cannot continue to be a peer leader in this program?

3) Do you see any barriers or challenges in being a leader (i.e. energy, time, transportation, availability, etc.)?

4) Are you comfortable working with a variety of people, i.e. different culture and physical challenges?

5) Any questions for me today about the LiveWell program in general and/or becoming a Leader?
Month XX, 2010

Dear LiveWell Applicant:

Congratulations! You have been selected to participate in the LiveWell (Chronic Disease Self-Management Program - CDSMP) Leader Training that is being sponsored by the Apple Clinic. Please see below for details.

**Dates:** Month XX, 2010  
**Time:** 9:00 am to 4:30 pm each day  
**Location:** Apple Clinic  
123 Tree Avenue SE, Suite 424  
Olympia, WA 98502  
Conference Rooms 202-204

Attendance is required for each training day. Lunch will not be provided. Please bring a lunch or money to buy lunch. We are located within close vicinity (a bit under 1 mile) to several restaurants.

You may already be aware that Stanford University requires each newly trained Leader to co-lead a workshop within four months of the training. If Leaders do not meet this requirement, Stanford requires that they be re-trained. Every effort will be made by the Apple Clinic to provide you with a workshop experience within four months. However, please be aware that we can not fully guarantee this. You are more than welcome to set up your own workshop under a licensed CDSMP organization to satisfy this requirement.

If you are interested in holding LiveWell workshops in your community, please be advised that your organization must either purchase a license from Stanford University or hold workshops under another organization’s license. For more information on licenses, please contact Jane Doe, Manager, at 360-999-9999 or visit Stanford’s website at [http://patienteducation.stanford.edu/licensing/](http://patienteducation.stanford.edu/licensing/).

We are very pleased that you are committed to providing chronic disease self-management workshop opportunities to your community and are looking forward to training you. If you have any questions or find that you are no longer able to attend, please do not hesitate to contact me at 360-999-9999 or email@email.com

Sincerely,

Jane Doe, RN  
LiveWell Leader Coordinator
Thurston County
Volunteer Service Agreement

Office/Department: ______________________________
Program: ______________________________________
Project or Activity: ______________________________

Participant Name: _________________________________ Age: ___________________
Address: _________________________________________ City: ______________ Zip: __________
Group Affiliation: ________________________________________________________
Phone: __________________________________ e-mail address___________________

Let it be known that “the Volunteer” declares he/she is capable of performing the following outlined services and scope of work.

Under the supervision of the above named office or department of Thurston County the above named individual agrees to perform the following services:

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<th>Services to be performed:</th>
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<td>Volunteer Schedule:</td>
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<td>Equipment Operation (ONLY WITH CAO’S WRITTEN APPROVAL) after defensive driving training has been completed:</td>
</tr>
</tbody>
</table>

The named services are being provided on a volunteer basis and at no time will the participant be considered to be a Thurston County employee. The participant is not entitled to benefits provided to employees and there will be no cost to the named office or department except for reimbursement of expenses as shown below:

| Reimbursable Expenses: |

It is agreed that prior to performing services defined in this agreement the participant will provide the named office/department with any documentation it may require ensuring that the participant possesses the basic skills and knowledge to perform these services. The participant agrees to take part in required training programs as defined by the named office/department also to include the County’s anti-harassment and non-discrimination policy training.

Thurston County provides Worker’s compensation coverage for volunteers and will defend a volunteer against any claim or law suit arising out of the performance of the services rendered under this agreement, per RCW 4.96, provided the volunteer has acted within the scope of the duties defined in this agreement. Volunteers shall report all volunteer service hours to the reporting Office, Department or supervisor for purposes of reporting and accounting to the Department of Labor and Industries.

It is fully understood that there is a degree of risk involved in performing these services. In executing this agreement, the participant accepts the responsibility of providing these services and assumes the associated risks. The participant for himself/herself, heirs, executors, assigns and personal representatives, assumes any and all liabilities. The participant waives and releases

Return a copy of the signed forms to Risk Management
Supervisors shall track & report volunteer service hours to Financial Services monthly
any and all rights and claims against Thurston County, its officers, employees and agents, for injuries or damages against Thurston County that may arise from performing these services.

The Volunteer agrees to follow these rules of conduct:

1. Abide by all directions given by _______________________the project supervisor, who is the designated agent of Thurston County supervising this project.
2. Assumes no responsibility for directing the actions of or answering questions of the public, County employees, or other volunteers beyond the specific scope of this project description.
3. Take a defensive driving course prior to the operation of any County vehicle.
4. Use due care and caution while operating equipment in order to prevent any damage to said equipment or property of Thurston County.
5. Be reasonable and prudent in all actions while providing services to ensure their personal safety and the safety of all patrons.
6. Don’t appear for volunteer service under the influence of any drug or alcohol.
7. Abide by the County’s non-discrimination and anti-harassment policies.
8. Report any illness or on-the-job injury to the project supervisor.
9. Wear County/Department Identification badge.

Signature of Participant: _______________________________ Date: ________________

IF WORKING WITH MINORS, THE FOLLOWING BACKGROUND IS REQUIRED:

I consent to Thurston County performing a background check into my history in accordance with RCW 43.43.834, and waive any right to privacy I may have in such information for the limited purpose of the County considering it for determining my suitability as a volunteer.

Signature of Participant: _______________________________ Date: ________________

PARENTAL CONSENT AND RELEASE
FOR PARTICIPANTS UNDER 18

I, the undersigned, certify that I am the parent and/or legal guardian of the above named participant and give my consent, individually and as a parent or legal guardian, for his/her participation. I agree to release all rights and claims for my minor child and myself under the terms and provisions stated above.

Parent/Guardian Signature: _______________________________ Date: ________________
Name (print) _______________________________ Phone: ____________________
Address: _______________________________ City: _________ Zip__________

(11/19/02)
APPLICATION

Name: ____________________________________________________________  Today's date: _______________________

Home address:  ________________________________________________________________________________________

Phone: Home: __________________________  Work: ______________________  Cell: ______________________________

Email: _________________________________________  Best way to contact you: ______________________________________

Emergency contact: ___________________________________________  Phone: ______________________________________

Are you employed?: ____ Yes  ____ No

Employer name: ________________________________________________________________________________________

Are you: ____ Female    ____ Male

Are you:  ____ 18 to 64 years of age    ____ 65+ years of age

Has a doctor or health care provider told you that you have diabetes or any other chronic health condition(s)?: ___ Yes   ___ No

Which of the following best describes why you want to attend this workshop?

____ To improve your health/address a chronic condition you have

____ To support someone else who has a chronic condition

____ Other, please specify ______________________________________________________________________________

I agree to attend all sessions (2.5 hours once a week for six weeks): ____ Yes  ____ No

How did you hear about this workshop?: __________________________________________________________________

Signature: ____________________________  Date: ____________________________
1. Do you have a chronic health condition?

2. Would you like to be more productive at work and play?

If you answered “Yes” read on...

Ask Yourself:

For more information, please contact LiveWell Coordinator (360) 867-2500

Thurston County Public Health & Social Services Department
412 Lilly Road NE
Olympia, WA 98506-5132
Phone: (360) 867-2500
Fax: (360) 867-2601
TDD (360) 867-2603
www.co.thurston.wa.us/health

To request this brochure in an alternative format, please contact the Chronic Disease Prevention Team.

The LiveWell workshops are offered by Thurston County Public Health and Social Services under a licensed agreement with the developers of the program at Stanford University’s Patient Education Research Center.

Program made possible by funding from ASIST2010 program of US DHHS Office on Women’s Health.

Get new skills to live and work better with diabetes and other chronic health conditions.
A six week workshop for adults with chronic health conditions

What is a chronic health condition?
- Health problems that are rarely curable.
- Examples: diabetes, heart disease, cancer, arthritis, depression, MS and chronic pain.

What are some things I will learn during the 6 weeks?
- Action Planning
- Physical Activity
- Pain/Fatigue Management
- Future Health Care Plans
- Healthy Eating
- Medication Management
- Making Informed Decisions
- Working with Your Health Care System

Who can attend these workshops?
- Adults in Thurston County.
- People with diabetes or another chronic health condition (heart disease, cancer, arthritis, multiple sclerosis, depression, etc.) and their caregivers.

Where are the workshops held?
- Thurston County—various locations.

What is the LiveWell Workshop?
- Six week workshop based on Stanford University’s Chronic Disease Self-Management Program (CDSMP).
- Workshops are led by two skilled Stanford-trained leaders.
- Once a week for 2.5 hours for six weeks.
- Learn to set goals and better manage your health.

How do I apply?
You may request an application from the information desk or contact LiveWell Coordinator at: (360) 867-2500
THURSTON COUNTY

LiveWell

Get new skills to live and work better with diabetes and other chronic health conditions.

NOW OFFERING:
STANFORD UNIVERSITY CHRONIC DISEASE SELF-MANAGEMENT PROGRAM

Take Control of Your Health In Just Six Weeks

- Deal with fatigue, frustration & isolation
- Eat better and start an exercise program
- Handle stress and relax
- Use medications effectively
- Solve problems and meet personal goals
- Make choices about your medical treatment

Thursdays for 6 weeks starting Month XX, 2010
(6:00 PM — 8:30 PM)

2 Step Application Process:

1) FILL OUT AN APPLICATION
2) MAIL APPLICATION TO THURSTON COUNTY

* Application Deadline: Month XX, 2010

For more information contact:
LiveWell Coordinator at Thurston County Public Health and Social Services:
360-867-2500
LiveWell Announcement

What is LiveWell?

**LiveWell – Get new skills to live and work better with diabetes and other chronic health conditions.**

Do you have a chronic disease or health condition, such as diabetes, high blood pressure, asthma, MS, chronic pain, depression, etc? Are you interested in learning new ways to improve the way you manage your condition? If so, LiveWell might be for you. LiveWell is a 6-week workshop series that provides you with tools to help you take better care of yourself! These workshops, led by two trained leaders, will give you practical skills that you can use to better cope with and manage your health. LiveWell workshops are 2.5 hour sessions held once a week for six weeks. Each session is highly interactive where mutual support, trust, and success is built amongst participants. If you want to reap the benefits of LiveWell, don’t delay; apply today!

*The LiveWell Workshop series is brought to you by Thurston County Public Health & Social Services Department under a licensed agreement with the developers of the program at Stanford University’s Patient Education Research Center.*
Letter of Acceptance Template

[Date – would be date of workshop deadline, 2 weeks prior to start of workshop], 2010

Dear LiveWell applicant,

Congratulations! Your LiveWell application has been received and approved. You are now officially enrolled in the LiveWell workshop beginning on [START DATE] for six weeks. Please see below days, times, and location for the LiveWell workshop:

**When:**
[DAY OF WEEK] for six weeks starting [START DATE], 2010
[List each date]
[Time]

**Where:**
[Address of workshop]
[Phone number of workshop location]

You are now on the way to learning new ways to manage your chronic health condition. If you have any questions/concerns between now and our first workshop, please contact Jane Doe at 999-999-9999 or email at email@email.com

Sincerely,

**Jane Doe**

Jane Doe, RN
Manager Apple Clinic
Name of Organization
123 Tree Avenue SE, Suite 424
Olympia, WA 98506
Phone: 999-999-9999
Fax: 999-999-9999
email@email.com
www.thewebpagehere.com
Month XX, 2010

Dear LiveWell applicant,

We have received your application for the LiveWell workshop series at the Apple Clinic beginning Month XX, 2010. We had such an enormous response to this opportunity we filled this workshop to capacity before we received your application.

Your interest in the LiveWell workshop is very important to us. That is why we have put your name on a waiting list for the next available LiveWell workshop series. You will be contacted as soon as we schedule the next workshop dates.

Thank you for your interest in the LiveWell workshop. We look forward to your participation in this valuable program in Thurston County.

Sincerely,

Jane Doe

Jane Doe, RN
Manager Apple Clinic
Name of Organization
123 Tree Avenue SE, Suite 424
Olympia, WA 98506
Phone: 999-999-9999
Fax: 999-999-9999
email@email.com
www.thewebpagehere.com
## Toolkit Supplies

Thurston County Public Health and Social Services

Unless noted supplies are needed each week.

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Attachment L
LiveWell – Session 5

Session 5, After Activity 3 (Before the 20 min break)
We would also like a written statement from the participants in their own words about what they have learned from the LiveWell workshops. These statements should be written on an index card. Before passing out the index cards, please say the following:

“We would appreciate it if you took a moment before the end of today’s workshop to tell us, in one or two sentences, what you’ve gained from the workshops thus far. Please leave the card on the table when you leave. Thank you!”

At the end of the workshop, collect cards in a manila envelope.

Note to CDSM provider: We used this activity to gather testimonials. We then paraphrased some of them and used them for promotional material for future LiveWell workshops.
<table>
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<th>Name</th>
<th>Signature</th>
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</tbody>
</table>
LiveWell Follow-Up Interview Notes Form

Participant: Male/Female

Workshop Attended: Date range

Date and Time: ________________________________

Name of Interviewer: ________________________________

Setting up interview

Hello, my name is ________________ and I’m with the Thurston County Chronic Disease Prevention Team. We are following up with a few randomly selected people who attended the Community LiveWell workshop last [Month and Year]. Would you be willing to answer a few questions about your workshop experience? We know your time is valuable. These questions will only take about 5-10 minutes.

When would be a good time to do this?

At interview [for ‘yes/no’ questions, use probing questions as follow-up: (Can you tell me why you said ----?) (Can you please tell me more about that?)]

Thanks for agreeing to do this, before we begin I want you to know that everything you say is confidential and will only be used by the WorkWell program to improve future LiveWell workshops. I may pause or ask you to repeat what you said; this is so I can write it down correctly.

1. Where or from whom did you hear about the LiveWell workshop you attended?
2. Thinking back to when you first heard about LiveWell, what made you decide you wanted to attend the workshop?

3. Prior to attending your first workshop, what did you think LiveWell was about?

4. Have you used any of the things you learned from the workshop during the past week? If yes, what have you used?

5. Is there anything else you’d like to share with me?
LiveWell Thurston County ~ Participant Profile

Today's Date: ____________________________
Your Name: ________________________________________________________________

To describe the range of people attending LiveWell workshops, a series of questions are asked of all registered participants. The information you provide is confidential. Your participation is voluntary and you can skip any question. Your answers will be used to document the effectiveness of this effort.

This form will be held at Thurston County Public Health & Social Services Department (PHSS) and used by PHSS staff to describe, in general, LiveWell participants. Employers and other organizations interested in the results of LiveWell workshops will receive summaries that combine information from all participants, in order to protect confidentiality.

About You

1. Are you: ☐ Female ☐ Male

2. What is your age: ☐ 18-34 ☐ 35-49 ☐ 50-64 ☐ 65+

3. What is the highest grade or year of school you have completed?
   ☐ High school diploma, GED or less
   ☐ Some college or technical school
   ☐ College graduate or higher

4. Are you currently employed: ☐ Full-time ☐ Part-time ☐ Not Employed

Health Care

5. Do you currently have health insurance? ☐ Yes ☐ No

6. Do you have at least one person you think of as your personal doctor or health care provider?
   ☐ Yes ☐ No
7. Which of the following best describes why you are attending this class?

- [ ] To improve your health/address a chronic condition you have
- [ ] To support someone else who has a chronic condition
- [ ] Other, please specify _________________________________________________

8. Have you ever been told by a doctor that you have Diabetes?  

- [ ] Yes  
- [ ] No, but Pre-Diabetes

   If yes, have you ever taken a course or class about how to manage your Diabetes?

- [ ] Yes  
- [ ] No

9. If you do not have Diabetes, what chronic disease(s) or condition(s) are you trying to address through this workshop?

   __________________________________________________________________________

The following questions are personal, but improve our ability to describe LiveWell participants.

10. Are you Hispanic or Latino/Latina?  

- [ ] Yes  
- [ ] No

11. Which one or more of the following would you say is your race?  Check all that apply.

- [ ] American Indian or Alaska Native
- [ ] Asian or Pacific Islander
- [ ] Black or African American
- [ ] White
- [ ] Other, please specify _________________

12. Is your annual household income from all sources:

- [ ] Under $34,999
- [ ] $35,000 – $59,999
- [ ] $60,000 or more

Follow-Up

In order to improve the quality of workshops we provide, participants may be contacted for additional feedback about what worked well and where changes may be needed.

- Would you be willing to provide additional feedback about your workshop experience?  

   [ ] Yes  
   [ ] No

   Doing so is voluntary and you can decline, if we do contact you in the future.
Your answers to the following questions will help us see whether the goals for this workshop series were met. The information you provide is confidential. Your participation is voluntary and you can skip any question.

We would like to know how confident you are in doing certain activities. For each of the following questions, please choose the number that corresponds to your confidence that you can do the tasks regularly at the present time.

13. How confident are you that you can keep the fatigue caused by your disease from interfering with the things you want to do?

14. How confident are you that you can keep the physical discomfort or pain of your disease from interfering with the things you want to do?

15. How confident are you that you can keep the emotional distress caused by your disease from interfering with the things you want to do?

16. How confident are you that you can keep any other symptoms or health problems you have from interfering with the things you want to do?

17. How confident are you that you can do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?

18. How confident are you that you can do things other than just taking medication to reduce how much your illness affects your everyday life?
When you visit your doctor, how often do you do the following:

19. Prepare a list of questions for your doctor.
   - Never
   - Almost Never
   - Sometimes
   - Fairly Often
   - Very Often
   - Always

20. Ask questions about the things you want to know and things you don’t understand about your treatment.
   - Never
   - Almost Never
   - Sometimes
   - Fairly Often
   - Very Often
   - Always

21. Discuss any personal problems that may be related to your illness.
   - Never
   - Almost Never
   - Sometimes
   - Fairly Often
   - Very Often
   - Always
Please describe your work experiences in the past month. These experiences may be affected by many environmental, as well as personal factors, and may change from time to time. For each of the following statements, please check one of the following responses to show your agreement or disagreement with this statement in describing your work experiences in the past month.

Please use the following scale:

- . . . I strongly disagree with the statement
- . . . I somewhat disagree with the statement
- . . . I am uncertain about my agreement with the statement
- . . . I somewhat agree with the statement
- . . . I strongly agree with the statement

<table>
<thead>
<tr>
<th>Thinking about the past month...</th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Uncertain</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Because of my health problem(s), the stresses of my job were much harder to handle.</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>23. Despite having my health problem(s), I was able to finish hard tasks in my work.</td>
<td>□</td>
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<td>24. My health problem(s) distracted me from taking pleasure in my work.</td>
<td>□</td>
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<td>25. I felt hopeless about finishing certain work tasks, due to my health problem(s).</td>
<td>□</td>
<td>□</td>
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<td>26. At work, I was able to focus on achieving my goals despite my health problem(s).</td>
<td>□</td>
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<tr>
<td>27. Despite having my health problem(s), I felt energetic enough to complete all my work.</td>
<td>□</td>
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</table>
28. In general, would you say your health is:

☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

29. Thinking about your PHYSICAL HEALTH, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

_______  # of days  ☐ No days

30. Thinking about your MENTAL HEALTH, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

_______  # of days  ☐ No days

31. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

_______  # of days  ☐ No days

Thank you for your help.
# Post-Workshop Questionnaire

**Today's Date:**

_____________________________

**Your Name:**

__________________________________________________________________________

Your answers to the following questions will help us see whether the goals for this workshop series were met. The information you provide is confidential. Your participation is voluntary and you can skip any question.

We would like to know how confident you are in doing certain activities. For each of the following questions, please choose the number that corresponds to your confidence that you can do the tasks regularly at the present time.

<table>
<thead>
<tr>
<th>Question</th>
<th>Confidence Levels</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Totally confident</th>
</tr>
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<tbody>
<tr>
<td>1. How confident are you that you can keep the fatigue caused by your disease from interfering with the things you want to do?</td>
<td>Not at all confident</td>
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<td>2. How confident are you that you can keep the physical discomfort or pain of your disease from interfering with the things you want to do?</td>
<td>Not at all confident</td>
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<tr>
<td>3. How confident are you that you can keep the emotional distress caused by your disease from interfering with the things you want to do?</td>
<td>Not at all confident</td>
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<tr>
<td>4. How confident are you that you can keep any other symptoms or health problems you have from interfering with the things you want to do?</td>
<td>Not at all confident</td>
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<td>5. How confident are you that you can do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?</td>
<td>Not at all confident</td>
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<tr>
<td>6. How confident are you that you can do things other than just taking medication to reduce how much your illness affects your everyday life?</td>
<td>Not at all confident</td>
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</table>
When you visit your doctor, how often do you do the following:

7. Prepare a list of questions for your doctor.
   - □ Never
   - □ Almost Never
   - □ Sometimes
   - □ Fairly Often
   - □ Very Often
   - □ Always

8. Ask questions about the things you want to know and things you don’t understand about your treatment.
   - □ Never
   - □ Almost Never
   - □ Sometimes
   - □ Fairly Often
   - □ Very Often
   - □ Always

9. Discuss any personal problems that may be related to your illness.
   - □ Never
   - □ Almost Never
   - □ Sometimes
   - □ Fairly Often
   - □ Very Often
   - □ Always
Please describe your work experiences in the past month. These experiences may be affected by many environmental, as well as personal factors, and may change from time to time. For each of the following statements, please check one of the following responses to show your agreement or disagreement with this statement in describing your work experiences in the past month.

Please use the following scale:

- . . . I strongly disagree with the statement
- . . . I somewhat disagree with the statement
- . . . I am uncertain about my agreement with the statement
- . . . I somewhat agree with the statement
- . . . I strongly agree with the statement

10. Because of my health problem(s), the stresses of my job were much harder to handle.

11. Despite having my health problem(s), I was able to finish hard tasks in my work.

12. My health problem(s) distracted me from taking pleasure in my work.

13. I felt hopeless about finishing certain work tasks, due to my health problem(s).

14. At work, I was able to focus on achieving my goals despite my health problem(s).

15. Despite having my health problem(s), I felt energetic enough to complete all my work.
16. In general, would you say your health is:
   - [ ] Excellent
   - [ ] Very Good
   - [ ] Good
   - [ ] Fair
   - [ ] Poor

17. Thinking about your PHYSICAL HEALTH, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
   ______ # of days   [ ] No days

18. Thinking about your MENTAL HEALTH, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
   ______ # of days   [ ] No days

19. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
   ______ # of days   [ ] No days
Workshop Feedback

To improve future LiveWell workshops, please share your thoughts and experiences. This information is confidential. Your responses will be combined with the comments of others.

20. Please rate the “LiveWell” workshop by circling one number for each item below:
   a. The “LiveWell” workshop in general
      Poor 1 2 3 4 5 Excellent
   b. The sign-up process
      1 2 3 4 5
   c. The time/day workshop was held
      1 2 3 4 5
   d. The place where workshop was held
      1 2 3 4 5
   e. The self-management skills you learned
      1 2 3 4 5

21. Please rate the workshop leaders by circling one number for each item below:
    Leader #1 name: ______________________
    a. Communicated clearly to group
       Poor 1 2 3 4 5 Excellent
    b. Organized and prepared
       1 2 3 4 5
    c. Began and ended sessions on time
       1 2 3 4 5
    d. Competently handled difficult situations or questions
       1 2 3 4 5
    e. Respected group members’ needs and differences
       1 2 3 4 5
    f. Encouraged group participation
       1 2 3 4 5

    Leader #2 name: ______________________
    a. Communicated clearly to group
       Poor 1 2 3 4 5 Excellent
    b. Organized and prepared
       1 2 3 4 5
    c. Began and ended sessions on time
       1 2 3 4 5
    d. Competently handled difficult situations or questions
       1 2 3 4 5
    e. Respected group members’ needs and differences
       1 2 3 4 5
    f. Encouraged group participation
       1 2 3 4 5
22. What information did you learn that was most meaningful to you?

23. Were the workshop resources, i.e. book, CD, useful to you? If not, what additional resources would you recommend?

24. What did you like best about the workshop?

25. What about the workshop could be improved?

26. How many workshop sessions did you attend?
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6

27. If you did not attend all 6 sessions, please check any reasons below that apply:
   - [ ] I had other commitments
   - [ ] I was ill or didn’t feel well
   - [ ] The workshop did not meet my needs
   - [ ] Other, please describe ____________________________________________

28. Would you be interested in learning how to become a LiveWell workshop leader?
   - [ ] Yes
   - [ ] No thanks

General comments:

Thank you for your responses!
Stay Well, LiveWell!
About LiveWell
The LiveWell workshop is a six week series of classes for adults with a chronic disease or condition. Participants gain practical skills that show them how to better cope with and manage their health. Examples of chronic diseases and health conditions include diabetes, high blood pressure, asthma, chronic pain, heart disease, depression, multiple sclerosis and arthritis.

Though some chronic diseases are genetically determined, actions taken to make healthier choices today can help decrease the impact of chronic disease. Behaviors that contribute to complications from chronic diseases include choices around food, physical activity and obtaining appropriate medical care.

~ For more information contact the Chronic Disease Prevention Team, Thurston County Public Health & Social Services Department at 360-867-2500.

Workshop Completion
The Thurston County LiveWell workshop ran from October 22 – November 26, 2008.

- The majority of Thurston County employees successfully completed the LiveWell workshop.
- On a scale of 1 (Poor) to 5 (Excellent), workshop participants rated the self-management skills they learned a 4.7.

<table>
<thead>
<tr>
<th>Successful completion</th>
<th>16 employees</th>
<th>94% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered participants</td>
<td>17 employees</td>
<td></td>
</tr>
</tbody>
</table>

Successful completion = Attending at least 4 out of 6 classes.

Summary Findings
The LiveWell Workshop, also known as the Stanford Chronic Disease Self-Management Program, has been shown by research studies to improve health outcomes among participants.¹ A pre and post questionnaire was used to determine the level of change occurring among LiveWell workshop participants.

- Thurston County LiveWell participants showed substantial improvement over the course of the workshop. The graph below shows the amount of measurable improvement that occurred based on a comparison of pre-workshop scores to end of workshop scores.²

![Percent of Participants with Score Improvement](image)
Confidence
Seeing yourself as able to achieve a goal or desired outcome is critical to making positive changes. Measuring this type of confidence, also known as self-efficacy, is used to predict whether people will engage in behaviors that improve health.\(^3\)

- About 4 in 5 Thurston County LiveWell participants improved their score on this measure by the end of the workshop (85%).\(^2\)

<table>
<thead>
<tr>
<th>Average score</th>
<th>LiveWell Pre Score</th>
<th>LiveWell Post Score</th>
<th>National Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Not confident) to 10 (Totally confident)</td>
<td>5.9</td>
<td>7.6</td>
<td>5.2</td>
</tr>
</tbody>
</table>

Presenteeism
Presenteeism is a measure of how productive employees are, when at work, despite experiencing problems or symptoms connected to their health.\(^3\)

- About 2 in 3 Thurston County LiveWell participants improved their score on this measure by the end of the workshop (62%).\(^2\)

<table>
<thead>
<tr>
<th>Average score</th>
<th>LiveWell Pre Score</th>
<th>LiveWell Post Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Low) to 30 (High)</td>
<td>21.6</td>
<td>23.2</td>
</tr>
</tbody>
</table>

Communication
Being able to proactively ask questions and discuss health problems with your health care provider is key to getting the type of care needed and improving health. Adults with a chronic disease on average rate their ability to ask questions and discuss problems with their provider as something they do ‘fairly often’.\(^3\)

- About 1 in 3 Thurston County LiveWell participants improved their score on this measure by the end of the workshop (38%).\(^2\)

Employee Health Profile
A person’s rating of their health has been found to be a credible predictor of future health.\(^{2,4}\)

Employed County Adults = Thurston County residents age 18+ who are currently employed.

---


\(^2\) Thurston County Public Health & Social Services Department. LiveWell Chronic Disease Self-Management Database.


\(^2\) Thurston County Public Health & Social Services Department. 2006 Behavioral Risk Factor Surveillance Survey.
LiveWell: Integrating a Chronic Disease Self-Management Model Into Workplace Health Promotion

Lesley Wigen, RD, CD
and
Jamilia Sherls, MPH

2009 Joint Conference on Health
October 5 - 6, 2009
About Thurston County

- **People**
  - 6th largest county in Washington State with an estimated 249,800 residents
  - About 105,760 residents are age 35-64
  - Rural and urban in nature, with cities ranging from 665 residents to 45,250
  - About 33,620 more people living in the county now than in 2000
  - In 10 years, projected to have 56,100 more residents
About Thurston County

- **Place**
  - State center for government with 37,730 jobs in either local, state or federal government
  - 5th highest number of county residents who are in the Armed Forces
  - 1,100 farms (e.g. sod, berries, aquaculture)
  - Two tribes (Chehalis and Nisqually)
  - Regional center for medical care
Chronic Disease Prevention

- Prevention of chronic health conditions, such as diabetes and cancer, in the men, women, and children of Thurston County.

- Three primary areas of focus are:
  - Physical Activity
  - Nutrition
  - Tobacco
Early Intervention

- Chronic Disease Self-Management
  - Prevents secondary diseases & complications
  - Increases access to health care
  - Reduces health care costs
Socio-ecological Model


Public Health and Social Services Department
http://www.co.thurston.wa.us/health
ASIST 2010 Grant

- Funded by The Office on Women’s Health (US DHHS)
- Funds chronic disease prevention projects with employed men and women in Thurston County
  - Age range: 35-64
- Emphasis on Type 2 Diabetes
History of the Chronic Disease Self-Management Program (CDSMP)

- Developed at Stanford University Patient Education Research Center
- Collaboration between Stanford and Northern California Kaiser Permanente Medical Care Program
Basic CDSMP Structure

- 2.5 hours once a week for 6 weeks at worksite
- 10 - 20 participants
- Workshops led by two leaders
- Consists of “lectureettes” and group discussions
- Lay health advisor network formed

Confidential
- All information protected by Thurston County Health and Social Services Department
Several Assumptions Underlie CDSMP

- People with chronic conditions:
  - Share similar concerns and problems
  - Must deal with their disease(s) as well as the impact their diseases have on their lives and emotions
  - Lay people with chronic conditions can teach CDSMP effectively
  - How CDSMP is taught is important, if not more important, than the subject matter that is taught

http://patienteducation.stanford.edu
5 Year Randomized Study of 1000+ Subjects

- Improved healthful behaviors:
  - Exercise
  - Cognition
  - Symptom management
  - Coping
  - Communications with physicians

- Improved their health status:
  - Self-reported health, fatigue, disability, social/role activities, and health distress

- Decreased their days in the hospital

http://patienteducation.stanford.edu
Recent Study On CDSMP: Thirteen CDSMP Studies Reviewed

- CDSMP results in significant, measurable improvements in patient outcomes and quality of life
- Effective across chronic diseases
- Effective across socioeconomic and educational levels

Centers for Disease Control and Prevention and National Council on Aging, 2008
CDSMP Offered Worldwide

- United States
- Puerto Rico
- Australia
- Austria
- Canada
- China and Hong Kong
- Denmark
- Ireland
- Italy
- Japan
- The Netherlands
- New Zealand
- North Ireland
- Norway
- Singapore
- South Africa
- South Korea
- Spain
- St. Lucia
- Sweden
- Taiwan
- Switzerland
- United Kingdom
CDSMP In Washington State

- Aberdeen
- Bellingham
- Okanogan
- Olympia
- Seattle

- Spokane
- Tacoma
- Tokeland
- Vancouver
- Yakima
Some Skills Learned In CDSMP

- Action planning
- Problem solving
- Design an exercise program for you
- Healthy eating
- Manage pain and fatigue
- Better breathing
- Manage your medications
- Deal with emotional challenges
- Relax and manage stress
- Communicate more effectively with others
WorkWell

- Workplace environment and policy

PEOPLE

PLACE
(Environment)
Work-Related Benefits

- Increased productivity
- Reduced absenteeism
- Improved morale
- Potential for reduced health care costs
Demonstration Project

- Will employers be accepting of this model?
- How far will employers go?
- What is possible?
Public Health-Employer Partnership: 5 Step Process

1. TCPHSS meets with potential employer
2. Employer commits to LiveWell
3. TCPHSS provides “technical assistance”
4. LiveWell workshop runs for 6 weeks
5. Employer evaluates LiveWell experience with TCPHSS staff
TCPHSS meets with Potential Employer

- Who?
- Program Model
- TCPHSS commitment vs. Employer commitment
Employer Commits to *LiveWell*

- Letter of commitment
- Training **time** for employees
- On-site space if possible
  - If off-site, decision on transportation
- Workforce Data Profile
- Point of contact for
  - Registration/scheduling/promotion
- Evaluation
TCPHSS provides technical assistance

- **Promotion**
  - Flyers, brochures, email templates, brown bag information sessions

- **Registration**
  - Application/screening/notification of acceptance

- **2 trained leaders for workshop**

- **Workshop materials**
  - Pre/post surveys
  - *Living a Healthy Life* book and Relaxation CD

- **Attendance record by workshop for employer**

- **Summary report for employers**
  - Results of participants pre/post surveys
Data: Participation

As of June 2009:

- 5 workplace workshops held
- 72 employed adults served
  - 82% female, 18% male
  - 94% age 35-64 (equal amount under 35 or over 65)
- 88% successfully completed LiveWell
  - (attend at least 4 of 6 sessions)
Data: Health Status

- **General Health Status** (self-report)
  - Poor-Fair: 41%
  - Good: 47%

- **Average Unhealthy Days each Month**
  - Physical Health = 7 days
  - Mental Health = 11 days
Data: What We Measure

- **Confidence**
  - Also known as self-efficacy.
  - Seeing yourself as able to achieve a goal or desired outcome.

- **Communication**
  - Being able to proactively ask questions and discuss health problems with your health care provider.

- **Presenteeism**
  - How productive employees are, when at work, despite experiencing problems or symptoms connected to their health.
Data: Change

- Participant Scores Improved
  - Confidence = 88%
  - Communication = 58%
  - Presenteeism = 53%
- Based on pre and post questionnaire
LiveWell: Why Does It Work In The Worksite?

- TCPHSS credible history with partners
  - High level of **TRUST**
    - Evaluation
    - Attention to detail
    - Confidentiality
- Turnkey model
Advantages:
Public Health-Employer Partnerships
In Managing Chronic Disease

- Public Health as credible source for chronic disease prevention
- Credible partner
  - Opens more doors with worksites for other interventions in future
- Allows organizational change and “individual” health improvement
- Raises employer awareness of chronic disease prevention
  - Moves employer beyond ergonomic and injury focus
LiveWell Sustainability

- Expanding leader network
  - Workshop participants can apply to become CDSMP leaders
  - TCPHSS partnerships
    - Some have CDSMP leaders
    - Potential to purchase own CDSMP licenses
  - 2 leader trainings since July 2008
    - Over 15 leaders trained to date

- Continually reassessing to see which interventions may be effective in our community
Questions?