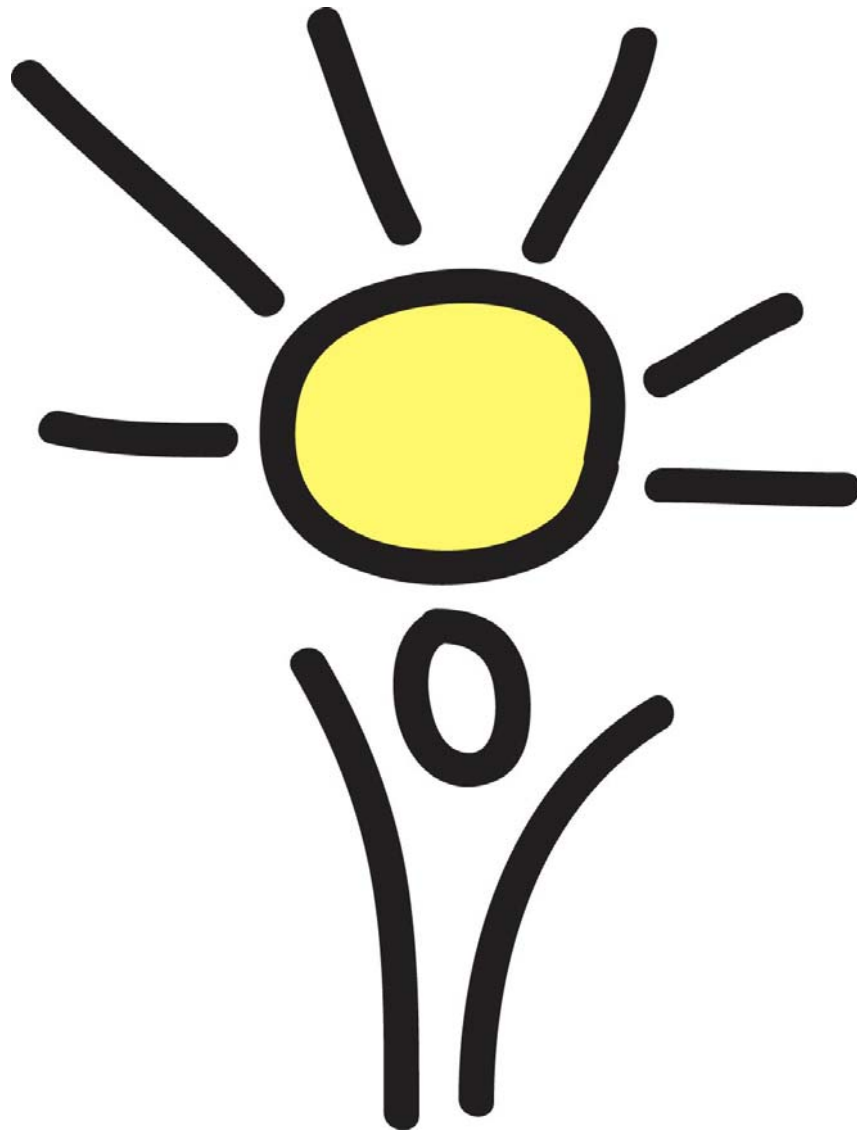


**Living Well...
Take Charge of Your Health**



A Blueprint for Getting Started

INTRODUCTION

Maryland has joined states across the country and countries across the world in implementing Stanford University's evidence based Chronic Disease Self Management Program (CDSMP). Leaders at federal, state and local levels are driven by one critical goal: to improve the quality of life of persons with chronic conditions and reduce health care costs for this growing population. *Living Well – Take Charge of Your Health* is Maryland's name for Stanford's program.

Living Well – Take Charge of Your Health: A Blueprint for Getting Started is a manual designed to help organizations in local communities learn how to start and sustain a *Living Well* program so it continues to produce predictable health outcomes while becoming a permanent part of their community. As more jurisdictions offer the *Living Well* program, health outcomes will improve for thousands of people in hundreds of communities across the state, and costly health care utilization will be reduced.

Why is Maryland encouraging local communities to start *Living Well* workshops and what makes it different from existing health promotion strategies?

- **It is evidence based.** This means that participants in *Living Well* workshops will have predictable outcomes, similar to the people participating in the research.
- **It is not specific to a single condition or age.** Older and younger adults with a broad range of chronic conditions can enjoy its benefits.
- **It is not a disease management program.** This means it does not need to be offered by health professionals. *Living Well* instructors are trained to refer specific questions about health conditions to the participant's physician and never to offer home based remedies for a condition or symptom.
- **It is available in multiple languages.** In addition to on-line and Spanish versions and consumer materials available in Chinese, Japanese and Korean, the CDSMP *Leader's Manual* is available in Arabic, Bengali, Chinese, Dutch, German, Hindi, Italian, Japanese, Korean, Norwegian, Somali, Turkish, Vietnamese and Welsh.
- **It is licensed by Stanford University.** This licensing requirement brings added value because the Stanford Patient Education Center provides up to date online support to the trained CDSMP facilitators and sponsoring organizations.

“Living Well – Take Charge of Your Health” in Maryland: A Blueprint for Getting Started is based on the experiences of staff in Maryland Area Agencies on Aging, Health Departments, Community Colleges, and other county specific organizations. The content reflects the best practices to date in translating Stanford University's Chronic Disease Self Management Program (CDSMP) into Maryland.

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“Living Well – Take Charge of Your Health” in Maryland: A Blueprint for Getting Started was written by Phyllis B. Madachy, MAS, Deputy Chief Administrative Office of Howard County Government and former Administrator of the Howard County Office on Aging.

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Chapter 1

What Is the Living Well Program?

Living Well – Take Charge of Your Health is Maryland’s name for the Chronic Disease Self-Management Program (CDSMP). The CDSMP was designed and evaluated by Stanford University Patient Education Research Center and has been adopted by many communities across the county and is now used in many countries.

Living Well is designed for persons with chronic health conditions or for those who live with persons with chronic conditions. Having severe conditions or living with multiple health conditions often results in frequent use of health care services, higher out of pocket expenses, and can contribute to a poor quality of life.

The health care system often reduces the acute impact of specific diseases such as diabetes or high blood pressure, but individuals with multiple conditions and intertwined symptoms struggle to reduce the daily impact these conditions have on their lives.

When correctly implemented, the evidenced based *Living Well* program can help participants become more self sufficient in managing their lives, can improve their physical and emotional health, and reduce health care costs.

What Will the *Living Well* Participants Experience?

The *Living Well* Program is offered as a six-week workshop that is highly structured and intensively interactive for the participants. The weekly sessions last approximately 2.5 hours and are facilitated by adults called Lay Leaders who work in two person teams. Each participant must attend at least four sessions, preferably consecutive, for a successful outcome. The reason that the *Living Well* workshop has successful outcomes is that it focuses on the participant's *self-efficacy*.

Self-efficacy means it *builds the confidence* of each individual in mastering new skills which affect the person's own health. Researchers at Stanford developed the content of the sessions from experiences of people living with chronic conditions, and the topics discussed reflect the areas that are most important to people in everyday living.

Sessions are highly interactive as members learn to develop action plans, support one another, and adopt healthy behavior in areas important to them. Workshops are offered in easily accessible community settings in a comfortable room large enough for a small group with 8 to 15 participants, the Lay Leader team, and two easels.

Each session deals with a specific topic:

- Techniques to deal with problems such as frustration, fatigue, pain and isolation
- Appropriate exercise for maintaining and improving strength, flexibility, and endurance
- Communicating effectively with family, friends, and health professionals
- Understanding how to evaluate new treatments
- Appropriate use of medications
- Nutrition

Note: Information in this section is adapted from materials on Stanford University web site. See <http://patienteducation.stanford.edu/programs/cdsmp.html> for a full description of study.

What do the Lay Leaders Do?

The basic role for a Lay Leader is to facilitate all six sessions of the *Living Well* workshop with another trained Lay Leader. At least one of the Lay Leaders in the team must have a chronic health condition so it is easier for the participants to relate to them.

Lay Leaders can be recruited from the general community or can be graduates of the workshops. They might be employees from organizations that support the *Living Well* program who are either given time off for this effort or who can incorporate the training and facilitating into their regular work week. Incentives for volunteers can be small stipends, reimbursement for gasoline in traveling to workshop locations, gift certificates, or any other strategy that will help retain these trained leaders.

The team uses a leader's guide from Stanford that gives comprehensive instructions for program implementation. The Lay Leaders are first trained by Master Trainers who use Stanford's curriculum to ensure that all CDSMP workshops are delivered with the same content and in the same way. This consistency is the sole reason why CDSMP is able to deliver the same outcomes (better quality of life and reduced health care utilization) to participants.

Lay Leaders can support the *Living Well* program in other ways by speaking to groups of potential participants about the workshop; assisting with administrative activities; agreeing to be interviewed by media to promote the program; and performing other tasks which support the growth of the program.

Licensing Requirements for Starting a *Living Well* Program

Before training Lay Leaders, the sponsoring organization must first purchase a Stanford Self Management Program License from the Stanford University Patient Education Center.

This license must be paid for and signed BEFORE an organization can begin. Licensing ranges from \$500 to \$1,000 depending on the number of classes being offered and are valid for three years.

It is the responsibility of the Master Trainers or T-Trainers offering the training to see that all licenses are in order prior to providing any training.

- For licensing information: <http://patienteducation.stanford.edu/licensing/>
- For a sample license, with helpful information about the licensing terms see <http://patienteducation.stanford.edu/licensing/samplelic.html>
- For licensing information, policies and fee information, see <http://patienteducation.stanford.edu/licensing/>
- For license application, see http://patienteducation.stanford.edu/licensing/license_app.pdf

Key Terms

The *Living Well* program is not complicated, but knowing some basic terms will help you understand the program and be able to explain it to others. The following terms describe the building blocks of the *Living Well* program. The first three describe *who delivers* the *Living Well* program and the remaining two define *what they deliver*.

- **Lay Leaders** are adults with a chronic condition or caring for someone who has one who are trained by a certified Master Trainer (see below). The Lay Leader facilitates at least one **Living Well** workshop and is monitored by others to assure that sessions are properly facilitated. He/she works as part of a two-person team and commits to the entire six-week series.

Lay Leader teams conduct the workshop in exactly the manner and format as they are trained and are not permitted to vary from the format or interject any of their own advice into the workshop. The role of the Lay Leader is to successfully co-lead one workshop. After that, they can be fully certified by their Master Trainers and must facilitate one workshop every two years in order to remain certified.

- **Master Trainers** are trained either by Stanford University Patient Education Research Center staff or by a pair of certified T-Trainers (see below). To attain certification, a Master Trainer must have successfully completed training and co-facilitated at least two participant workshops prior to teaching Lay Leaders. Certification is achieved only when Stanford staff or a T-Trainer confirms that the individual meets all requirements.

The role of a certified Master Trainer is to conduct Lay Leader training, using Stanford materials, and provide consultation to Lay Leaders as they facilitate a workshop. (Note that the Master Trainer is responsible for this guidance, not the sponsoring organization with the license.) To remain certified, a Master Trainer must facilitate Lay Leader Training every two years.

Strong communication between the sponsoring organization and its Master Trainers is essential. It results in quick identification and resolution of problematic issues at the workshop level and strengthens the program in the long run.

- **T-Trainers** are certified by the Stanford University Patient Education Research Center to train Master Trainers and/or Lay Leaders. The role of the T-Trainer is to teach Master Trainer classes. This level of trainer can train Lay Leaders and co-lead participant workshops.

T-trainer certification will only be granted after successfully participating in an apprenticeship training (of Master Trainers) with a Stanford staff trainer. To qualify for an apprenticeship, one must have facilitated at least two participant workshops and three Lay Leader trainings. Prior to conducting any training, the T-Trainer must inform the organization(s) being trained of the need to purchase a license from Stanford prior to the training and inform Stanford of the organization(s) needing the license.

- ***Lay Leader Training*** consists of structured sessions given over four and one half days offered in a single week or broken into two consecutive weeks (two days one week, two and one-half days in the second week). The time needed for the training is often determined by the availability of a team of Master Trainers.

Each training day is from 9 am – 4:30 pm, plus extra time for set up and clean up. The Lay Leader Manual is provided by Stanford University and will be sent to the organization along with the license. The training room must be large enough for 8-15 trainees, support staff, two Master Trainers, easels, and refreshments with chairs and tables are set in semi circular pattern so Master Trainers and trainees can easily see and interact with one another.

See more information on levels of training at
<http://patienteducation.stanford.edu/licensing/>

- ***Participant Workshops*** are held once a week for 2.5 hours, on the same day of the week for six weeks. The weeks should be consecutive; avoid holidays or any other break in the series to prevent participant dropout.

An optional “pre-workshop” session for interested persons one week prior to the first session can be offered. This session can be used to explain the program in detail, provide time for participants to fill out a pre-workshop survey form, and confirm details about the ***Living Well*** workshop.

Chairs and tables are set in semi-circular pattern so Lay Leaders and participants can see and interact with one another. The classroom must be large enough for 8-15 participants, support staff, if needed, two Lay Leaders, easels, and refreshments. If possible, classrooms or buildings should have secure storage space available so Lay Leaders do not have to carry materials back and forth.



Chapter 2

What is an Evidence Based Program?

An evidence-based program is one built on solid evaluation so that a high degree of certainty exists about the outcomes. It means one can confidently point to specific evidence proving that a particular intervention or program is effective in addressing specific problems.

An evidence-based approach to community health issues wraps *planning, implementation, and evaluation* into a single strategy, according to Nancy A. Whitelaw, Ph.D., Director, Center for Healthy Aging and Senior Vice President at the National Council on Aging.

This strategy uses *evidence* in three key areas:

Evidence says: "*Something should be done.*"

Example: 75% of older adults do not engage in regular physical activity.

Evidence says: "*This should be done.*"

Example: In multiple scientific studies, the Enhance Fitness program has been shown to improve physical functioning, reduce symptoms of depression and reduce health care costs.

Evidence says: "*And this is how it should be done.*"

Example: An effective physical activity program should be offered by skilled instructors, should have ways to retain participants, should provide feedback on progress to participants and should monitor quality.

Research Supporting Chronic Disease Self Management Program (CDSMP)

Stanford University's Division of Family and Community Medicine in the School of Medicine (<http://med.stanford.edu/>) has created and evaluated evidence-based programs for 24 years.

The CDSMP is the result of a 1996 randomized and controlled study in which researchers studied changes in over 1,000 people with heart disease, lung disease, stroke or arthritis. They examined:

➤ **Health status**

Disability, social/role limitations, pain and physical discomfort, energy/fatigue, shortness of breath, psychological well-being/distress, depression, health distress, self-rated general health

➤ **Health care utilization**

Visits to physicians, visits to emergency department, and hospital stays

➤ **Self-Efficacy**

Confidence to perform self-management behaviors, confidence to manage disease in general, confidence to achieve outcomes, and self-management behaviors such as, exercise, cognitive symptom management, mental stress management/relaxation, use of community resources, communication with physicians, and developing advance directives

According to Stanford University, research indicates that:

Subjects who took the Program, when compared to those who did not, demonstrated significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations.

They also spent fewer days in the hospital, and there was also a trend toward fewer outpatient visits and hospitalizations. These data yield a cost to savings ratio of approximately 1:10. Many of these results persist for as long as three years.

(<http://patienteducation.stanford.edu/programs/cdsmp.html>)

Kate Lorig, R.N., Dr.P.H., is the Director of the Stanford Patient Education Research Center and Professor of Medicine in the Stanford School of Medicine. Dr. Lorig, along with other researchers, designed and evaluated the program. She continues to promote the CDSMP throughout the United States and internationally. <http://patienteducation.stanford.edu/staff.html>



Chapter 3

Getting Started with the *Living Well* Program

Checklist

Your planning process should start with a calendar. Identify the date you plan to have the first *Living Well* workshop and allow approximately 4-6 months prior to that date for planning. The project will take approximately 10-20 hours per week for startup efforts and ongoing operational duties.

At the beginning, some of these hours might come from existing staff and/or your community partners. However, for long-term sustainability (beyond the first year), you will need to identify how the dedicated hours will be generated in the future. Start the project small and manageable, planning for expansion as you build the program's infrastructure. For effective planning, use a 24-36 month project period.

To determine the actual amount of hours, you should consider:

- The number of workshops you want to hold
- The links with other agency and community programs
- The amount of data collection you believe is necessary for management and sustainability.

The timeline and sequencing of *Living Well* activities are measured against the planning date for the first participant workshop. Determine that date (even if approximate at first) then use the following timeline for planning purposes.

STEP	ACTION	TIMELINE
1	Purchase license from Stanford for operating the Chronic Disease Self Management Program.	4 months out
2	Identify two Master Trainers and secure dates for your Lay Leader training. <ul style="list-style-type: none"> ➤ Contact Joseph Gennusa, Maryland Department of Aging, for the Maryland list of Master Trainers (jvg@mail.ooa.state.md.us). Any licensed Master Trainer can view a password-protected list on the Stanford web site, which lists trainer names for each state. 	2 months out
3	Make plans for the four and one-half day Lay leader training. <ul style="list-style-type: none"> ➤ Identify the location and training dates for Lay Leader Training. ➤ Plan to finish training approximately 2-4 weeks prior to the date of the first workshop. 	2 months out
4	Identify and secure the location for at least the first two Living Well workshops for participants. <ul style="list-style-type: none"> ➤ Newly trained Lay Leaders will have to teach two participants workshops in order to be fully certified as a Lay Leader and should be able to start their classes within two weeks of their training. 	1 month out
5	Begin recruiting for Lay Leader training and participant workshops (see Marketing)	2 months out

6	<p>Identify staff in your organization to answer questions from the community about the program during start up and full operation.</p> <ul style="list-style-type: none"> ➤ At least one or two people need to have the full picture of the Living Well program in order to respond to questions and modify the implementation plan if necessary. One person can be the primary contact, but should not be the ONLY person who understands the program and has command of the details. ➤ A broader number of staff should be able to provide general information. This strategy helps to avoid overloading the key staff, especially during the start up period when many tasks need to be done. 	2.5 months out
7	<p>List main tasks and assign responsibility to staff, volunteers, advisory board members or community partners.</p> <ul style="list-style-type: none"> ➤ Who will answer general questions about the Living Well workshops for both potential Lay Leaders and for workshop participants? ➤ Who will screen Lay Leaders and participants and send any follow up information? ➤ Who will do community presentations about workshops during marketing stage? ➤ Keep your plan as simple as possible and make sure you have a visible “champion” in your agency to put a “face” on the program. 	2.5 months out
8	Hold first Lay Leader training	1 month out
9	Begin participant workshops	2-4 weeks after the Lay Leader training

Recruiting

Lay Leader and participant recruitment are done at the same time as marketing and outreach. Since both roles require the presence of a chronic condition, consider recruiting in settings most likely to have this type of audience. Most adults, particularly those over age 50 have at least one chronic condition (high blood pressure, arthritis, etc.) so target groups serving this population for your outreach efforts. Put recruiting efforts into groups that are not identified with age or health. Civic organizations and associations for active or retired professionals are two places to start.

Consider budgeting for advertisements in local newspapers. The advantage of this approach is that it will bring new people to your organization and allows you and your organizational partners to share information about other programs and services.

The key qualification for participants is that they have an ongoing health condition or care for someone who does. They do not need to provide a doctor's certification of the condition - it can be self identified. Good lay leaders will come from a wide range of backgrounds and the person does not need to be a health professional. Consider retired professionals as well as general members of the community.

Lay Leaders need the same health requirements as participants. They also need to be able to follow the Stanford curriculum and be comfortable in front of a group. Their role is not to teach but to facilitate, and being comfortable in front of a group is a plus.

Marketing the *Living Well* Program

Marketing the program is about creating a "buzz" in your organization and community. This can be done at the same time that you are recruiting, so many of these activities will overlap.

Marketing and outreach is a way for you to explain the benefits of participating. Getting an audience talking about the difficulty of living with ongoing health conditions is a good start because many people can relate to that. Within your organization, look at the programs where people with chronic conditions are likely to be participating and begin with those groups – staff as well as participants. Add anecdotes to the statistics for the full picture of the value of *Living Well*.

A marketing tool that has proven successful is to describe *Living Well* as part of a larger value that a person might have for their life, some examples are:

- Spending more quality time with family including a spouse
- Being able to return to work or volunteer in the community
- Being able to return to a favorite hobby
- Being more physically active and fit

These are personal goals that the *Living Well* workshop helps people set and accomplish, and they can be very powerful incentives that justify the commitment of a once a week class for six weeks. For some participants, the commitment of six weeks will seem like a long time. Since *Living Well* is not a single class, you can explain that each class builds on the other, that each class gives participants time to share their goals and achievement with others, etc. Make sure that everyone promoting the program also understands the evidence behind the CDSMP workshops. Compared to a control group, people in the CDSMP study:

- Gained a better quality of life
- Expressed more control over their lives
- Spent fewer days in the hospital
- Used fewer health care services in general

The benefits will draw the participants, and word of mouth will help spread news. It is not necessary to fully explain all details of the program each time you are doing outreach, but it is a good idea to develop a standard presentation. Purchase the Chronic Disease Self Management video to help you describe the program. As your workshops get underway, ask participants for “testimonials” you can use in public.

Places for marketing and outreach include:

- Disease specific support groups
- Physician practices
- Pharmacists
- Hospitals
- Health clubs
- Rehabilitation centers
- Senior centers
- Senior housing
- Centers for Independent Living

It is a good idea to create a marketing checklist and timeline for your activities by including these steps:

- Build from your agency’s existing contacts so you can begin with familiar sources.
- Add specialized and targeted communication sources once you have more experience with the program.
- Plan how marketing materials will be disseminated in senior centers, libraries, housing sites, community centers, faith organizations and other venues that know and trust your agency and community partners.

- Identify the partners or agency staff that will customize the *Living Well* marketing materials provided to your organization by the Howard County Office on Aging.
- See *Forms for Your Use* in this document for a list of materials. Forms are easily adapted for details specific to your area. These forms cannot be used if you are using a title other than “*Living Well – Take Charge of Your Health*”.

Marketing strategies will include:

- Starting with your agency’s existing media and outreach contacts so you can make use of familiar sources;
 - Build a database to organize your contact materials.
 - Place articles in agency newsletters for consumers.
 - Use internal e-letters or other communication methods to inform staff.
 - Contact “friendly” reporters with local papers who can use news stories to communicate the benefits of *Living Well* to your target groups.
 - Develop a timeline for the placement of marketing materials in senior centers, libraries, housing sites, community centers, faith organizations, pharmacies, doctor’s offices and other entities that trust your agency and your community partners.
- Adding specialized and targeted communication sources once you have more experience with the program;
 - Build a database with contact information for disease specific support groups, adding new groups as you discover them.
 - Ask to insert *Living Well* promotional materials in e-letters of local health insurance carriers, health plans, health clubs, and other trusted communication channels in touch with your target market.
 - Develop new contacts in organizations with members likely to have chronic conditions, especially populations most at risk of health disparities.
 - An example is faith organizations with large numbers of African American members who are likely to experience earlier onset of chronic conditions such as high blood pressure.
- Identifying which of your partners and/or agency staff will be responsible for getting information into web sites, local papers, and other community locations.

Advisory Committee

Forming an advisory Committee may seem like a less-than-necessary activity, but the time invested will pay off in many ways over the lifetime of *Living Well*. You may be able to take an existing group and turn it into a *Living Well* Advisory Committee if this group has the right members. Whether new or existing, form a group that can add value to the planning, be full partners in the implementation, add resources, open doors to other stakeholders in the community, and sustain the effort to achieve better health outcomes for persons with chronic health conditions.

The Advisory Committee can jump start the planning process by creating organizational partners and shouldering some of the tasks. It also can initiate new community partnerships for implementing and eventually sustaining the *Living Well* program.

Add key members of your own organization as new stakeholders on the Committee. This will help accelerate the process of broadening knowledge and support and identify staff who can take on support for program success. Some examples of internal stakeholders are the Volunteer Recruiters, Information and Assistance Managers, Public Relations staff, Health and Wellness staff, and Senior Center Directors.

Use these questions to form early agendas for your **Advisory Committee** as the planning gets underway:

- What do we want to achieve in the community through this program?
- How will we measure our success?
- How can we get referrals from health care providers?
- How will we know when we are successful in reaching persons with chronic diseases?
- How can we link this with existing health promotion at the community, state, or national levels?
- How does this program match the direction in which our partnering agencies are moving?
- Five years from now, how many people in the community do we want to have as successful participants and Lay Leaders?
- Do we have the resources for this effort? If not, what are we missing and where can we find new resources?

- What data should we be collecting for program management and how should it be used?
- How can we ensure that we are adhering to Stanford standards in Master and Lay Leader training? In delivering the workshops to the participants?



Chapter 4

Forms for Your Use

In order to have statewide consistency, the “*Living Well – Take Charge of Your Health*” title MUST be used for local programs if ANY of the Maryland materials included in this publication are used. Contact Joseph Gennusa at the Maryland Department on Aging for further information (see Chapter 9, Maryland Contact Information).

Use of the “*Living Well – Take Charge of Your Health*” name makes each community part of a statewide initiative. Statewide partnerships reach more communities across the state and add credibility when seeking local support for sustainability.

All organizations implementing the CDSMP are encouraged to use the marketing materials and forms listed below which were developed through a federal grant to the Maryland Department of Aging from the Administration on Aging.

The following forms and materials are in Microsoft Word files and can be used in your data collection, operation, outreach, and marketing.

➤ ***Living Well***: Participant pre survey form

Mail the form and have participants return it prior to first session; or have participants complete it at a special meeting scheduled before the first ***Living Well*** session

➤ Participant Consent Form

➤ Instructions for Completing a Customized “***Living Well***” Flyer

➤ ***Living Well*** templates for local customizing with each respective file name in parentheses

- Recruitment for Lay Leaders (“Leader Flyer” pages 1 and 2)
- Workshop Locations and Times (“Participant Flyer” pages 1 and 2)
- Lay Leader Training Application (“Leader Application”)
- Participant Application (“Participant Application”)
- General Information Flyer for Posting (“Poster Legal Size” pages 1 and 2)
- Participant Background Information (“Participant Profile”)
- Course Feedback Form (“Living Well Course Evaluation”)
- Participant Drop-out Form (“Living Well Participant Drop-out Form”)

In addition, you may have forms of your own to use in your community, such as a Senior Center Membership or Agency Registration Form.

Stanford University offers other materials free for your use if you are offering a licensed program. They include:

[Primer for Evaluating Outcomes](http://patienteducation.stanford.edu/research/primer.html)

(<http://patienteducation.stanford.edu/research/primer.html>)

[CDSMP Sample Questionnaire \(PDF\)](http://patienteducation.stanford.edu/research/cdquest.pdf)

(<http://patienteducation.stanford.edu/research/cdquest.pdf>)

[Questionnaire Code Book \(PDF\)](http://patienteducation.stanford.edu/research/cdquest.pdf)

(<http://patienteducation.stanford.edu/research/cdquest.pdf>)

For more information, see <http://patienteducation.stanford.edu/research/index.html>



Chapter 5

Securing Partners

To sustain the *Living Well* program or any other evidence based health program you need internal and external partners. With partners, this program can reach thousands of persons with chronic conditions in your community. That allows you to have an impact on your whole community in addition to the benefit gained by the workshop participants.

Develop a presentation for your potential partners or funders to explain the reason for using an evidence-based program and specific details about the *Living Well* program. Using a video in which your audience can *see* a workshop in action and *listen* to health professionals explain the research is highly recommended. Purchase the *Chronic Disease Self Management Program* video to help you tell the story.

For details on ordering video see:

<http://patienteducation.stanford.edu/materials/bullorder.pdf>

Mailing address and additional information for the video:

PO Box 1377 · Boulder, CO 80306 · 1-800-676-2855 · fax 303 545-6354 · www.bullpub.com

The Maryland Department of Aging has also produced a three-page overview that provides the basics and can be used for a handout. Consider including this to reinforce your presentation.

<http://www.mdoa.state.md.us/docs/LivingWell.pdf>

Internal Partners

Most organizations will place the *Living Well* program in an existing unit, such as a Senior Center Division or in Adult Education Department. However, to be successful, plan for broad internal support of this program and ensure that it is not a “stand alone” effort with only limited staff support. The surest way to “embed” the *Living Well* program in your agency is to view it as the first step toward improving health outcomes using evidence based strategies. From that perspective, almost everyone in the organization has a role.

Applying the concept of internal partners (or stakeholders) to *Living Well* creates organizational learning. This increases the likelihood of a successful launch of Living Well. It also builds staff confidence in adopting multiple evidence-based strategies to serve clients in a successful and cost effective manner.

The easiest way to identify internal partners is to think of the lay leaders and participants as potential users of other agency services that might not be known to them or ones they might not have used to support their health goals. This allows staff to “bundle” agency offerings when they are talking to Living Well participants in the intake, outreach, or post workshop stages. This approach will link existing services in new ways and help to develop stakeholders across the organization instead of in one programmatic area alone. The use of internal partners *creates linkages* across organizational and supervisory boundaries and creates deeper organizational support as a *mix* of staff become engaged in this organizational goal of improved health outcomes.

For example, if your organization has an information unit, use that segment to be an initial point of contact for potential participants or Lay Leaders. The information specialist, trained in the basics of *Living Well*, ensures that the client will receive a call from staff responsible for intake for *Living Well*. At the same time, the information specialist can probe to identify if the caller has other needs. In this way, the *Living Well* program builds on existing organizational resources, gives greater value to the caller and becomes “embedded” in the organization.

With this perspective almost everyone in the organization has a role in *Living Well* or any other evidence-based health program you offer:

- Information specialists can be a source of referral.
- Case managers can encourage clients to participate.
- Many staff can be potential Lay Leaders or Master Trainers.
- Volunteer Coordinators can let current and potential volunteers know about the Lay Leader training.
- Senior Center Directors can promote the workshops.
- Agency newsletter staff can write articles to educate the community.
- Key staff or managers can serve on the Advisory Board.

There are two reasons to use internal partners for organizational embedding:

- It creates an organizational readiness to add additional evidence based programs
- It builds wider organizational support for *Living Well* and spreads the work across more parts of the organization.

External Partners

Start by building from your strengths –identify organizations you already are working with.

- Among existing partners, who would benefit by linking with the *Living Well* program?
- How can your existing partners open doors to other contacts you need, but with whom you have no current connection?
- Consider partnerships with:
 - Hospitals
 - Physician practices
 - Pharmacists
 - Support groups for disease management
 - Parish Nurses
 - Wellness Centers
 - Rehabilitation Clinics
 - Retirement communities, Continuing Care Retirement Communities
 - Libraries
 - Centers for Independent Living
 - Faith organizations
 - Health clubs

- Senior Centers
 - Civic organizations (Rotary, Elks, Knights of Columbus, etc.)
 - Health Departments, especially the Health Promotion Bureau
 - Local, state, or national foundations
- Think about what you are asking your partners to do. Be as specific as possible but also encourage them to suggest new creative options. Ideas include:
- Hosting a workshop
 - Promoting in an internal newsletter
 - Arranging for media coverage
 - Providing training scholarships for Lay Leaders
 - Speaking to a physician’s practice about referring patients to *Living Well*
 - Helping the program collect and analyze data
 - Providing a student intern to the *Living Well* program
 - Providing personnel for possible Lay Leaders or Master Trainers
 - Giving direct financial support to your agency



Chapter 6

Sustaining the *Living Well* Program And Identifying New Support

After you have laid the initial groundwork for the *Living Well* program, begin to plan for long-term sustainability. Similar to the value of “embedding” an evidence based approach, planning

for the *sustainability* of the **Living Well** program gives you valuable experience in sustaining other evidence based interventions.

Research indicates that there are five program elements that achieve long-term sustainability. Incorporate these factors into your implementation activities; make them part of the advisory board decisions; and measure your progress toward achievement. It is important to collect data on the **Living Well** program. Not only does it provide a management tool for the organization, it adds value to your sustainability efforts.

The five program elements are:

1. A program can be modified over time to fit your resources and the unique features of your community. (For evidence-based programs, consult the designers before any modification to ensure that your changes will not affect the outcomes.)
2. A “champion” is present. This is another word for supporter – someone who is willing to support the program in its start up stages and throughout implementation. Supporters can be in your organization and/or in the community, but there has to be someone encouraging the continuation of the program.
3. The program “fits” with the agency’s mission.
4. Benefits are readily seen.
5. Other organizations support the program in meaningful ways.

(Above was adapted from “Is Sustainability Possible? A Review and Commentary on Empirical Studies of Program Sustainability”, Mary Ann Scheirer, American Journal of Evaluation, Vol 26 No. 3, September, 2005, 320-347.)

For sustainability, make the **Living Well** program part of something larger so that it is not a stand-alone program. It could be part of an agency’s wellness mission; part of a community focus on improving the lives of persons with chronic conditions; or part of a hospital’s effort to help patients reduce unnecessary hospitalizations. If **Living Well** is part of something larger it is linked with other important initiatives in your community and therefore becomes more likely to be sustained.

Identifying New Support

First, take a look at your current staff and fiscal resources. Can you reshape a job to include more of the **Living Well** tasks? Can you redirect your financial resources to support **Living Well**? These actions allow you to demonstrate to others the commitment **your agency** has made to this program. That type of decision speaks volumes about the importance you place on using evidence based interventions to improve the health and quality of life in your community.

Then, start to consider outside sources of support to sustain your efforts. Not all sources are available in each community, but use this list with your advisory committee to stimulate thinking.

Start with persons in organizations with which you already have a relationship. Gain their support in your sustainability plan; consider asking for either financial support or to serve as a champion of your efforts by opening doors for you to reach other potential supporters. Sustained support can come from a wide range of groups. To identify what organizations you should first approach, ask your internal partners and the advisory board two questions:

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

To seek financial resources, identify several reasons why another organization would want to help. This forms the basis of the “ask” because it helps you articulate what the benefits would be. Remember that support can be financial or in-kind. Listed below are potential sources with a brief idea of a benefit you could describe.

- Participants
 - Paying for the class helps to sustain the program for continued benefit.
- Lay Leaders
 - Financial donations support the program, and in-kind help reduces costs.
- Area Agencies on Aging or Health Departments
 - *Living Well* is consistent with mission of both organizations.
- Local government
 - Provides services to constituents in a low cost program, partially built on volunteers and existing staff, with extensive partnership support. Support from county government could add new dollars; improve coordination with other county agencies; create a visible platform for the program; give county employees access to the workshop in county facilities or on work time; add value to any existing employee wellness effort.
- Insurance companies
 - Reduced health care utilization benefits insurance plans.
- Health clubs
 - Provides public relations value.
- Hospitals
 - Provides public relations value, serves a similar client.

- Rehabilitation facilities
 - Provides public relations value, serves a similar client.

- Civic organizations
 - Helps them serve the community and gain recognition.

- Non-profit organizations serving persons with health conditions
 - Serves a similar client.

- For profit businesses - Look for those with market interest in older adults, health providers, wellness activities, retirement communities, older adult housing, or which offer products to these markets.
 - Provides public relations value, serves a similar client.

- Local, state, or national foundations
 - Presents an opportunity for foundation investment in an evidence based health strategy effective across many disease conditions. (Research the foundations first to ensure consistency with the mission.)

What specific expenses can you use the funding for?

- Staff salaries and fringe benefits
- Workshop training materials
- Lay Leader or Master training materials
- Scholarships for participants
- Subsidizing Lay Leader training
- Subsidizing Master training
- Sending staff to regional or national training conferences
- Promotional materials
- Advertisements in local papers
- Outreach on cable television
- Recognition events for lay leaders
- “Congratulation” giveaways for participants

Remember, sustainability is also enhanced when you continue to promote the benefits of the program beyond the initial start up process. You can do this in the same communication channels you routinely use; also consider posting participant testimonials in places where the workshops are offered, referring to *Living Well* in agency publications, promoting it in community health fairs, and issuing press releases about positive experiences. By continuing to give the *Living Well* name public attention, this process will add value to the informal “word of mouth” promotion already at work in your community.



Chapter 7

Staying “Faithful” to the Design Model

Planning for staying true to the model of the *Living Well* program is as important as planning the workshops themselves.

Fidelity is the “core” of all evidenced based programs. If the implementation begins to “drift,” the participants will not have the outcomes of improved health status, enhanced self-efficacy, or reduced health care utilization. You are no longer doing an evidence-based program if you cannot point to the exact ways in which you are faithful to training and workshop implementation.

In the first year, fidelity is easy. The activities used to get the *Living Well* program operational include focused attention on doing things correctly, including assurance that the trainings and workshops are conducted as designed.

The difficulty is in maintaining the focus on fidelity over time. For that reason, add “fidelity to the model” to your early planning efforts to ensure that you are building in evaluation strategies that will preserve the effectiveness of all future workshops. If you lose fidelity, you will no longer be producing the promised health outcomes for your community.

Nancy L. Chernett, MPH, of Thomas Jefferson University's Center for Applied Research on Aging and Health, presents simple evaluation tools that ensure "faithfulness to the model." Use these evaluation tools in monitoring the *Living Well* workshop. It is not necessary to observe each session of every workshop, but at least one session per workshop should be observed and evaluated. Lay leaders not involved in the facilitation process are good recruits for this activity, but the group must be given advance notice that someone will be sitting in on the session.

To ensure that the *Living Well* sessions are being delivered with the appropriate content and with the right delivery as designed by Stanford University, these questions will help to monitor the workshops:

To measure the Lay Leader's fidelity to *Content* (YES or NO ratings):

The lay leader demonstrates knowledge in the area of the presentation.

The lay leader answers questions from the group appropriately.

The lay leader has a positive, relaxed non-verbal manner.

The lay leader positively handles individuals who need special attention.

The lay leader elicits participation from the group.

To measure the Lay Leader's fidelity to *Delivery* (YES or NO ratings):

The lay leader delivered program content as outlined in the leader's guide.

The lay leader assisted participants in using the problem solving process.

The lay leader assisted participants in making an action plan.

The lay leaders worked cooperatively together.

Exercises introduced were appropriate.



Chapter 8

Help from Others

The Maryland Department of Aging and the Department of Health and Mental Hygiene are committed to improving health outcomes for persons with chronic conditions. In addition, state and national resources are in place to help you explore evidence based programs and learn how to successfully translate them into your community.

- Stanford Patient Education Research Center at <http://patienteducation.stanford.edu/>
- The Center for Healthy Aging of the National Council on Aging (NCOA) serves as a resource center for aging service providers to implement healthy aging programs. Resources provided include:
 - Manuals
 - Toolkits
 - Research
 - Examples of model health programs
 - Links to websites on related health topics
 - <http://healthyagingprograms.org/>

- The National Registry of Evidence-based Programs and Practices (NREPP), a service of the Substance Abuse and Mental Health Services Administration (SAMHSA). NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. SAMHSA has developed this resource to help people, agencies, and organizations implement programs and practices in their communities.
 - <http://www.nrepp.samhsa.gov/index.htm>
- Substance Abuse and Mental Health Services Administration ((SAMHSA) National Registry of Effective Prevention Programs (NREPP)
 - <http://www.modelpr>
- Penn State Prevention Research Center for the Promotion of Human Development. This is a technical assistance fact sheet on evidence-based programs in general, useful in explaining the concepts.
 - http://www.prevention.psu.edu/pubs/documents/EBP_factsheet.pdf
- Administration on Aging Evidence Based Awards. Shows the range of evidence based programs, by state, funded by the Administration on Aging.
 - <http://www.aoa.gov/prof/evidence/evidence.asp>
- Agency for Health Care Research and Quality (AHRQ). In examining what works and does not work in health care, AHRQ's mission includes both translating research findings into better patient care and providing policymakers and other health care leaders with information needed to make critical health care decisions.
 - <http://www.ahrq.gov/>
 - <http://www.ahrq.gov/news/ulp/diselder/ulpdiseld6.htm>
 - <http://www.ahrq.gov/research/elderix.htm>
- Center for Disease Control (CDC), aging population
 - <http://www.cdc.gov/aging/>
- CDC's Prevention Research Centers-Healthy Aging Research Network (PRC-HAN) report on Community-Based Physical Activity Programs For Older Adults
 - http://www.cdc.gov/aging/pdf/Community-Based_Physical_Activity_Programs_For_Older_Adults.pdf



Chapter 9

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