Steps to Healthier Living™

Diabetes Self-Management Program
A workshop for people living with diabetes

PROGRAM INTRODUCTION TOOLKIT
Dear Provider,

Thank you for your interest in learning more about the Pennsylvania Community Living Initiative (PA CLI). PA CLI aims to reduce the negative impacts of diabetes on older adults and adults with disabilities. This will be achieved by implementing and sustaining the evidence based, Steps for Healthier Living™ Diabetes Self-Management Program (DSMP), developed by the Stanford Patient Education and Research Center of Stanford University, through a network of local, regional and statewide partners, organizations and stakeholders.

PA CLI is supported through a grant received by Health Promotion Council from the U.S. Department of Health and Human Services, Administration for Community Living/Administration on Aging (ACL/AoA) to implement this program in Pennsylvania. PA CLI is a collaboration among key partners who are committed to ensuring the successful delivery and hopefully the sustainability of Steps for Healthier Living™ Diabetes Self-Management Program after the grant period.

This introductory toolkit helps new partners understand what PA CLI is offering, how PA CLI will benefit them, their clients or patients, and how to become involved as it suits the needs of the organization and its clientele. Most importantly, HPC strives to support and ensure smooth and efficient delivery of this program, as well as robust promotion and marketing efforts to raise visibility and attract the older adult population with type 2 diabetes to participate.

The contents of this toolkit are as follows:

- Overview of Pennsylvania Community Living Initiative
- Overview of the Steps for Healthier Living™ Diabetes Self-Management Program (DSMP)
- Benefits to Provider, Partners and Participants
- Steps to Involvement
- Resources and Marketing Materials:
  - Participant Flyer
  - General Flyer
  - Workshop Flyer

If there are any questions following review of the information contained in this toolkit, our team is available to respond. Please direct any questions to Gina Trignani Kirk, PA CLI Director/Director, Training and Capacity Building at Health Promotion Council, at 215-731-6119 or gtrignanik@phmc.org.

In health,

Pennsylvania Community Living Initiative
What is Pennsylvania Community Living Initiative (PA CLI)?

Pennsylvania Community Living Initiative is led by the Health Promotion Council in partnership with a network of organizations whose aim is to reduce the negative impacts of diabetes on older adults and adults with disabilities through implementing and sustaining the Stanford, evidence based, Steps for Healthier Living™ Diabetes Self-Management Program (DSMP) in Pennsylvania.

What are the target regions for PA CLI?

In the pilot phase the initiative looks to provide DSMP in sites throughout the South-Central, North-Southeastern Pennsylvania regions, while building the capacity to scale and sustain programming into the future to the entire state of Pennsylvania.

Who are the partners?

- Health Promotion Council
- AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Northeast
- Health Partners Plan
- PHMC-PersonLink
- Pennsylvania Department of Aging
- Pennsylvania Department of Health
- Pennsylvania Department of Human Services
- Your organization

What is the goal of PA CLI?

- Offer the Stanford Diabetes Self-Management Program in 81 sites throughout 11 counties in Central, Northeast and Southeastern Pennsylvania.
- Provide 295 Diabetes Self-Management Program workshops involving over 4,000 participants within the two-year period.
- Address current gaps and challenges of fragmentation and too few DSMP sites specifically targeting older adults and adults with disabilities.
- Increase coordination and referral among chronic disease self-management programs and disease prevention programs.
- Reduce barriers such as lack of awareness, and overcome challenges of developing sustainable funding solutions for two distinct systems - community-based health systems and community-based organizations.
“We can’t change the fact that we or our loved one have been diagnosed with an ongoing health condition, but we can change the way we manage the problems associated with it, that is where this workshop can help.

What is the program?

PA CLI is implementing the **Steps to Healthier Living™ Diabetes Self-Management Program.** This is an evidence-based program from the Stanford Patient Education and Research Center at Stanford University. The program is conducted as a workshop series delivered in 2½ hour sessions, once a week for six weeks, in health care and community settings for people with type 2 diabetes. Here are some additional facts about the program:

- Workshops are facilitated from a highly detailed manual by two trained Leaders (Lay Leaders), one or both of whom are peer leaders with diabetes themselves.
- It is not a lecture course. Instead, it is an interactive and supportive learning environment.
- Participants focus on action planning and problem solving through group activities to engage participants to make weekly action plans; share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program.
- Each week, participants set personal goals to use the effective self-management skills and tool they learn.
- Each participant uses the Living Health with Chronic Conditions workbook as the educational resources to guide learning.
- Each participant receives a Relaxation audio CD for practicing relaxation techniques at home.
- The DSMP workshop covers:
  - Techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and
  - Techniques to understand and manage emotional problems such as depression, anger, fear and frustration;
  - Choosing and practicing appropriate exercise for maintaining and improving strength and endurance;
  - Healthy eating; appropriate use of medication; working more effectively with health care providers.
- Physicians, diabetes educators, dietitians, and other health professionals both at Stanford and in the community have reviewed all materials in the workshop.
**What are the benefits to your patients or clients?**

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**
- There was also a trend toward **fewer outpatients visits** and hospitalizations.

These data yield a cost to savings ratio of approximately 1:4. Many of these results persist for as long as three years.¹

- This evidence-based model has been shown to improve participants’ diabetes self-management and ability to more efficiently utilize the health care system and work with their health care team. Help your clients **reduce pain**, depression, fear, and frustration; **improve mobility** and exercise; increase **energy**; and boost confidence in their ability to manage their condition.²

- Helping your clients learn to better manage their conditions will help reduce the personal and societal burden of chronic diseases in the United States.³

**What are the Benefits to you?**

- Connects external resources to medical practices to enhance medical treatment, e.g., improve clinical outcomes and decrease utilization
- Empowers patients to increase control of their health
- Promotes collaboration and continuity of care among providers, community/organizations, individuals, caregivers
- Ensures quality by maintaining fidelity to the program
- Reinforces communication “feedback loop”
- Measureable outcome have proven to:
  - Improve communication with MD
  - Improve medication compliance
  - Improve Health Literacy
  - Improve PHQ Depression
  - Improve quality of life
How can you become involved?

Refer your patients

- Diabetes Self-Management Program workshops need the participation of your patients with diabetes in order to help us help you.

Promote workshops in your community

- Post flyers of upcoming workshops
- Refer your patients with diabetes
- Post workshop information on your website or in your newsletter

Become a host site

- Allow a partnering outside organization to offer workshops at your facility for your internal patients only or open workshops to external patients.

Become an implementation site

- Offer workshops within their organization for internal patients only or open it to external referrals.
- Select members of your team to become lay leaders to facilitate workshops
- Select a member of your team as a program coordinator to schedule workshops and ensure the lay leaders have what is needed for successful workshops
- HPC will facilitate the process of becoming an implementation site

What is next?

1) Internal decisions and timelines needed
   - Who within your organization will need to be involved to decide if the program is suitable for your organization?
   - What is the potential timeline for approval?

2) Additional information needed
   - What additional information, documents or resources are needed to support your partnership?
   - Documentation of partnership and protection of patient information through Memorandum of Understanding and data collection/management agreement

3) Communication
   - Who will be the organizations main contact person?
   - When will be the next point of communication and how?
Resources and Marketing Materials Attached

- Participant Flyer
- General Flyer
- Workshop Flyer