



Program: Evidence-Based Disease Prevention:
Disease Self-Management

Organization: Elders in Action, Portland, OR

Project Title: Healthy Changes: A Community-Based Diabetes Education and Support Program

Project Period: September 30, 2003 TO September 29, 2006

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Evidence Base

Elders in Action has based its program on the Chronic Disease Self-Management Program developed by Stanford University. This program is a 6-week workshop designed for people with various chronic diseases. Participants attend 2-hour sessions once a week reviewing topics such as exercise, medication, communication, nutrition, fatigue and pain. The program builds upon the idea of self-efficacy, defined by Stanford as “the confidence one has that he or she can master a new skill or affect one’s own health.”

Original Research Evidence

The original research, led by Kate Lorig at Stanford, was published in 1996. The study evaluated the effectiveness of a chronic disease self-management program on changes in health behavior, health status, and health service utilization.

A group of 952 participants age 40 or older, all with chronic disease (heart disease, lung disease, stroke or arthritis), were randomly assigned to a treatment group or a control group, and health behaviors, health status and health service utilization were measured by questionnaire.

After 6 months, results showed that those in the treatment group had improvements in weekly minutes of exercise, frequency of cognitive symptom management, communications with physicians, self-reported health, health distress, fatigue, disability, and social/role activities limitations. Hospitalizations and days in the hospital were also less for the treatment group.

Adaptation of Model

Elders in Action will implement this program in community settings such as senior centers and churches. They will also be adding a new component to the program: one-on-one assistance to participants to help locate resources, identify problems, explore solutions, and communicate with health care providers. Volunteer Ombudsmen will be trained to fill these roles and are described below.

Project's Overall Design

Elders in Action will conduct a 3-year education and support program for older adults with diabetes. The goal is to increase the ability of program participants to self-manage, on a day-to-day basis, diet and physical activity aspects of their diabetes. Program elements include:

- Weekly classes and support meetings held at 8 community sites;
- Community outreach and presentations provided by trained volunteer community educators;
- One-on-one advocacy and problem-solving assistance to be provided by trained volunteer Ombudsmen.

There are three main components to the weekly classes: Education, Support, and Community Resources. The education component consists of weekly classes that are an hour and a half in length. They include both diabetes-specific interventions and broader self-management interventions. Participants can attend as many sessions as needed. The support component has participants discussing their goals, action plans, and success. Connecting with community resources is the last element, which encompasses participants sharing information on available resources such as exercise or cooking classes in addition to how to work effectively with health care providers.

Community Educators will be trained by Elders in Action on diabetes self-management and will provide presentations, assist with the education process at the sites, and identify individuals who may benefit from the Ombudsman or peer support.

The Ombudsmen will be volunteers who serve as catalysts in helping participants access community services, research resources, negotiate and solve problems, understand medical paperwork, communicate more effectively with health care providers and self-manage their diabetes.

Target Population

The target population is adults age 55 and over with diabetes who reside in Multnomah, Clackamas, and Washington Counties in Oregon. The program will target low-income, ethnic seniors (including African American, Native American and Pacific Islanders), and geographically diverse populations.

Anticipated Outcomes

Program participants will experience:

- Increased physical activity;
- Weight loss or decrease in body mass index;
- Increased sense of empowerment and satisfaction in communicating with health care providers;
- Increased self-efficacy and problem solving skills;
- Increased use of community resources.

Evaluation Design

The impact evaluation will look at factors such as participant satisfaction, diversity of participants, improvement in diabetes-specific diet and physical activity measures, improvement in self-efficacy and problem-solving skills, increased use of community resources, as well as an increase in sense of empowerment in communicating with health care providers. Several different evidence-based tools, including questionnaires, program records, and focus groups, will be used to collect the data in each of these areas.

The process evaluation will assess the implementation of the program and any barriers or problems that may arise. This evaluation will be completed on several different levels. First, an Advisory Committee for Elders in Action will meet quarterly to review the progress of the project and make suggestions for change. Second, the Project Ombudsmen and community educators will hold monthly team meetings to discuss their on-site experiences with the project and possible recommendations for program improvement. Finally, the lay leaders and project site managers will meet bi-monthly to assess the implementation of the project.

Partnerships

- Elders in Action is a community-based consumer advocacy organization. It also serves as the independent Advisory Committee for the local Area Agency on Aging.
- Multnomah County Aging and Disability Services is the Area Agency on Aging (AAA) and will facilitate project linkage with the project partners and local aging network.
- Oregon Research Institute will be responsible for data gathering and analysis, as well as the design of the project evaluation.
- Providence Center on Aging, part of the Providence Health System, will serve as the health care provider. They will be responsible for health-related training for staff and volunteers, as well as development and enhancement of the educational curriculum.