

Standard Operating  
Procedure:  
Administration for Community  
Living Grant



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## Purpose

The purpose of this Standard Operating Procedure (SOP) is to describe the standard procedures and best practices to be followed when implementing programs/workshops, tracking program schedules, and reporting workshop information and data with regards to Self-Management Resource Center (SMRC) and Walk With Ease programs under the Administration for Community Living (ACL) grant.

## Introduction

Millions of adults live with one or more chronic health conditions. Managing these health conditions can be very difficult, especially on a daily basis. Evidence-based self-management programs can help adults stay healthy and navigate the complex challenges that come with their chronic conditions. The Self-Management Resource Center (SMRC) was created in 2017 as a product of years of research and program development that focused on self-management of chronic disease designed to help people improve their quality of life, learn ways to manage symptoms, and reduce healthcare costs. These programs meet the U.S Administration for Community Living's highest level of evidence which means the programs have been tested in trials using experimental designs, published peer review journals, and fully translated for use in community site. Health Promotion Council works in conjunction with the National Council on Aging (NCOA) for data and technical assistance in running these self-management evidence-based programs.<sup>1</sup>

Health Promotion Council (HPC) offers self-management resource center workshops that include Chronic Disease Self-Management, Tomando control de su salud (Spanish Chronic Disease), Chronic Pain Self-Management, Diabetes Self-Management Programa de manejo personal de la diabetes (Spanish Diabetes). All these self-management programs were developed and licensed through the SMRC. HPC also offers Walk With Ease (WWE), an arthritis self-management program developed and offered by the Arthritis Foundation. These programs cover techniques and strategies to deal with symptoms of chronic conditions, such as fatigue, pain, sleeplessness, shortness of breath, stress, and emotional problems such as depression, anger, fear, and frustration. The topics discussed include healthy eating, proper use of medication, exercising to maintain and improve strength and endurance, communicating with friends and family, and interactions with the healthcare system.

These programs are designed to be delivered via four different modalities- small group workshops in person, virtually via platforms like Zoom, mailed tool kits, or self-directed. All workshops are 6-weeks long and the sessions can be offered 2.5 hours once a week in person or 1 hour twice a week virtually. In-person or virtual workshops are facilitated by two Lay Leaders who have been trained and certified by SMRC-certified Master Trainers. The WWE program consists of a group of individuals that begin and end the six-week program at the same time. A designated leader coordinates communication to ensure participants are organized and motivated to complete program. If conducted in person, they meet 3 times a week for 6 weeks. A trained group exercise leaders begin each session with a pre-walk

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<sup>1</sup> <https://selfmanagementresource.com/programs/small-group/chronic-disease-self-management-small-group/>

discussion covering a specified topic related to exercise and arthritis, followed by a 10- to 40-minute walk that includes a warm-up and a cool-down. These sessions are led by leaders who are certified through an online course and examination.<sup>1,2</sup>

## Definitions and Acronyms

Throughout this document, there are many acronyms that are utilized and referenced. Below is a list and definition of ones you will commonly see referenced.

SMRC- Self Management Resource Center

ACL- Administration of Community Living

DSMP- Diabetes Self-Management Program

CDSMP- Chronic Disease Self-Management Program

CPSMP- Chronic Pain Self-Management Program

HPC-Health Promotion Council

PHMC- Public Health Management Corporation

WWE- Walk With Ease

NCOA- National Council on Aging

## Licensing

In order for organizations to implement and offer self-management programs or lay leader training of any type, the organization must hold a license. The Self-Management Resource Center (SMRC) is the only provider of licenses for all SMRC programs. There are two possible licenses that can be obtained through the SMRC- one for Nonprofit Organizations and Public Agencies and one for Private and Public Companies. The licensing policies include:

- The term of the licenses is 3 years.
- An annual report is required each year from any licensed organization. To complete the annual report, log in using the Member portal login link in the upper right corner of the screen.
- Whether you are receiving training from SMRC Trainers or non-SMRC Trainers, your organization must first obtain a license.
- If your organization is receiving training from a non-SMRC Master Trainer, you must obtain your license from SMRC **prior** to the training.
- These conditions apply regardless of whether the training is for their own organization or another.
- All Master Trainer trainings are conducted by SMRC at this time, either online or in-person.

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<sup>2</sup> <https://www.arthritis.org/health-wellness/healthy-living/physical-activity/walking/walk-with-ease/wwe-about-the-program>

- If these responsibilities are not carried out, then the Master Trainers will be responsible for all licensing and training fees. They may also lose their certification to continue in the role of Master Trainer.<sup>3</sup>

See Appendix D for further details on types of licenses and pricing.

## Programs

### Chronic Disease Self-Management Program<sup>1</sup>

- **In person:** 12-16 participants per workshop
- **Virtual:** 8-12 participants per workshop
- Offered in Spanish: **Tomando control de su salud (Spanish Chronic Disease Self-Management)**

#### Format



- Techniques to deal with symptoms of chronic conditions such as fatigue, pain, sleeplessness, shortness of breath, stress, and emotional struggles.

#### Workshop Objectives



- Appropriate exercise for maintaining and improving strength and endurance.
- Falls prevention.
- Healthy eating
- Better breathing techniques
- Appropriate use of medication

- Working more effectively with health-care providers and the system
- Communicating with friends and family
- Communicating with oneself
- Action-planning
- Problem solving
- Decision making

#### Topics covered



<sup>1</sup> <https://selfmanagementresource.com/programs/small-group/chronic-disease-self-management-small-group/>

<sup>3</sup> [https://selfmanagementresource.com/wp-content/uploads/SMRC\\_Licensing\\_Structure\\_2022.pdf](https://selfmanagementresource.com/wp-content/uploads/SMRC_Licensing_Structure_2022.pdf)

## Chronic Pain Self-Management Program<sup>1</sup>

- **In person:** 12-16 participants per workshop
- **Virtual:** 8-12 participants per workshop
- Offered in Spanish: **Programa de Manejo del Dolor Crónico**

### Format



- Techniques to deal with symptoms of chronic pain conditions, such as fatigue, sleeplessness, stress, and emotional problems such as depression, anger, fear, and frustration, with emphasis on cognitive behavioral therapy techniques for managing pain.

### Workshop Objectives



- Appropriate exercise for maintaining and improving strength and endurance.
- Balancing activity with rest
- Tools for overcoming worst case thinking.
- How our minds affect pain and how we can use our minds to lessen pain, negative emotions
- Healthy eating
- Appropriate use of medication
- Working more effectively with health care providers
- Communicating with friends and family
- Communicating with the health care system, communicating with oneself
- Action-planning, problem solving, and decision-making.

### Topics covered



<sup>1</sup> <https://selfmanagementresource.com/programs/small-group/chronic-disease-self-management-small-group/>

## Diabetes Self-Management Program<sup>1</sup>

- **In person:** 12-16 participants per workshop
- **Virtual:** 8-12 participants per workshop
- Offered in Spanish: **Programa de manejo personal de la diabetes**

### Format



- Techniques to deal with the symptoms of diabetes, such as fatigue, pain, hyper- and hypoglycemia, stress, and emotional problems such as depression, anger, fear, and frustration.

### Workshop Objectives



- Appropriate exercise for maintaining and improving strength and endurance.
- How to use glucose monitoring to make day to day decisions
- Managing sick days
- Healthy eating
- Working more effectively with health care providers

- Recommended tests for prevention or delay of complications
- Proper foot care
- Action planning
- Problem solving
- Decision-making

### Topics covered



<sup>1</sup> <https://selfmanagementresource.com/programs/small-group/chronic-disease-self-management-small-group/>



## Walk With Ease<sup>1</sup>

- In person: WWE group meets 3 times a week for 6 weeks
- Virtual/Self-Guided: Complete program on your own by purchasing the guidebook in the Arthritis Foundation Online Store

### Format



- Learn how to reduce the pain and discomfort of arthritis, increase balance, strength, and walking pace, build confidence in your ability to be physically active, and improve overall health.

### Workshop Objectives



- Appropriate exercise to improve balance stretching, and strength
- Improving arthritis symptoms
- Increasing walking pace
- Using motivational strategies to improve confidence in one's ability to manage arthritis symptoms
- Health education

### Topics covered



<sup>1</sup> <https://selfmanagementresource.com/programs/small-group/chronic-disease-self-management-small-group/>

## Fidelity

What is Fidelity?

In an organization, fidelity refers to how close the employees and staff are involved in program delivery and maintaining the consistency of program timing, costs, trainings of Lay Leader and Master Trainers. Integrating fidelity monitoring into quality assurance plans is an effective strategy in ensuring the program is being delivered as it was designed and intended.

Who should maintain fidelity?

- Any person organizing, directing, or managing an SMRC program.
- Lay Leaders, Master Trainers, program managers, program coordinators

Some questions to consider when developing a fidelity plan:

- Who will be responsible for making decisions that support fidelity?
- What other resources will be needed in monitoring program fidelity?
- How can fidelity monitoring be used to improve program delivery?
- When and how often will fidelity quality checks be performed?

Fidelity can be retained by practicing the outlined roles and responsibilities for the various program staff, administrators, and leaders.<sup>4</sup>

### Roles and Responsibilities

To ensure that a program is operating smoothly and effectively, all key members, including participants, lay leaders, and administrative staff including program coordinators and the data team must understand their roles and responsibilities. Failure to follow outlined roles and responsibilities can lead to programs not being accurately delivered and reported to funders.<sup>4</sup>



<sup>4</sup> [https://selfmanagementresource.com/wp-content/uploads/FidelityManual\\_2019.pdf](https://selfmanagementresource.com/wp-content/uploads/FidelityManual_2019.pdf)

## Participants

Participants must attend Session 0 and then attend the scheduled 2.5-hour sessions (or 1-hour telephone conference calls for the mailed toolkit delivery mode) every week for 6-weeks. In order to receive completion status for the workshops, they must attend at least 4 of the 6 scheduled sessions.<sup>1</sup>

## Program Eligibility

The following describes eligibility criteria for each chronic disease program<sup>5</sup>:

CDSMP/ Spanish CDMSP Eligibility	CPSMP/Spanish CDSMP Eligibility	DSMP/Spanish DSMP Eligibility	WWE Eligibility
<ul style="list-style-type: none"> <li>• Adults (18 years and older)</li> <li>• Living with one or more chronic conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Adults (18 years and older)</li> <li>• Living with chronic pain</li> </ul>	<ul style="list-style-type: none"> <li>• Adults (18 years and older)</li> <li>• Living with type 2 diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to be on your feet for at least 10 minutes without increased pain</li> <li>• Adults with arthritis</li> <li>• Can partake even without diagnosis of arthritis, particularly those with diabetes, heart disease, and other chronic conditions</li> </ul>

## Lay Leaders

Programs under the ACL grant are facilitated and led by trained community Lay Leaders. Most of the outlined information and requirements for lay leader training and certification applies to lay leaders who will be facilitating SMRC programs. Requirements for leaders for the Walk With Ease program are slightly different and noted separately.

Leaders should come from the same communities' programs are being implemented and offered in. Program managers and coordinators should consider race, ethnicity, culture, socioeconomic status, and language when recruiting and assessing the needs for a lay leader. Leaders must be comfortable speaking in front of groups and must read, write, and speak fluently the language of the workshop participants. They must read fluently the Leader's Manual. Leaders must be willing to facilitate

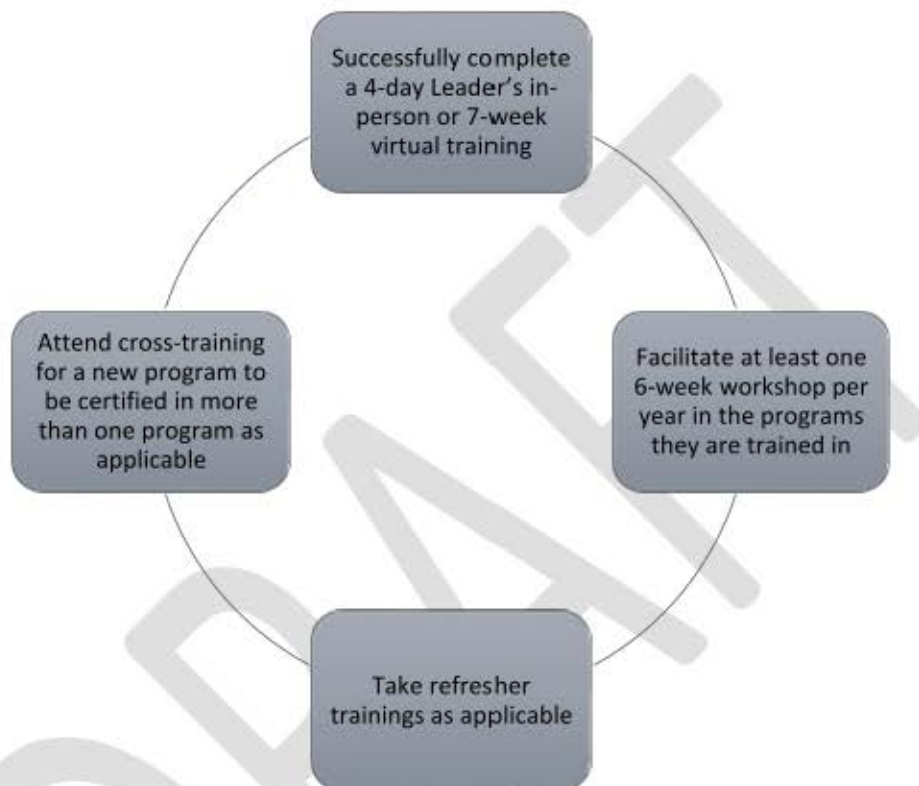
<sup>1</sup> <https://selfmanagementresource.com/programs/small-group/chronic-disease-self-management-small-group/>

<sup>5</sup> <https://www.ncoa.org/>

workshop in “off hours”, such as evenings and weekends. Leaders must commit to facilitating at least one 6-week workshop (all 6 sessions) every 12 months from the date first achieves Leader status to remain active as Leader.<sup>4, 6</sup>

See Appendix A for HPC’s Roles and Responsibilities document for further details.

### Lay Leader Certification



Certified Lay Leaders are authorized to facilitate Self-Management Resource Center Workshops. The role of the Lay Leader is to lead community workshops and co-facilitate with another certified Lay Leader. They will demonstrate skills and activities following the SMRC model and participate in refresher and update trainings when available.

Responsibilities include arriving 30 minutes prior to the start of an in-person workshop or starting the Zoom 15 minute before the scheduled workshop to prevent possible technical issues. For every session, Lay Leaders are required to monitor and report attendance of the participants and collect evaluation forms from participants when required. All class materials and equipment must be maintained throughout the course of the 6-week program and for in-person sessions, the classrooms must be set-up and cleaned afterward. If a lay leader is unable to make a scheduled workshop session due to an illness

<sup>4</sup> [https://selfmanagementresource.com/wp-content/uploads/FidelityManual\\_2019.pdf](https://selfmanagementresource.com/wp-content/uploads/FidelityManual_2019.pdf)

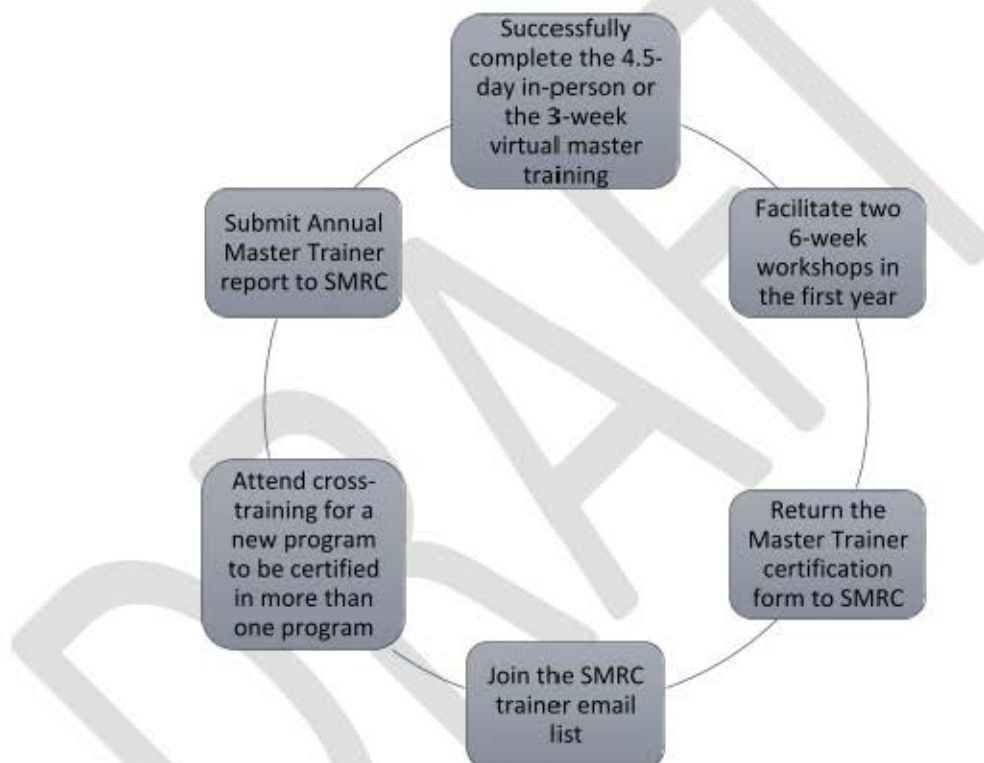
<sup>6</sup> HPC Lay Leader Roles and Responsibilities document

or emergency, they must provide at least a 24-hour notice to the program coordinator and try to find a replacement leader.<sup>5</sup>

For leaders and facilitators for the Walk With Ease program, they need to complete a self-paced online training to be certified. While there is no requirement for the number of programs/workshops a WWE leader needs to facilitate in a calendar year, it is recommended that leaders facilitate at least 1 program per year to ensure they stay up to date with program content.<sup>4</sup>

## Master Trainers

### Master Trainer Certification



Responsibilities include maintaining the Master trainer certification and they must be clear on the expectations and commitments required by the role. To ensure that expectations are clear, the candidate must be interviewed by phone or in person before the Master training. They should also have the ability to fluently read and write the language in which they will be conducting the training. A Master trainer must be able and willing to provide constructive feedback during training and counsel the trainees that both Lay Leader feel may not be ideal candidates. At least one-third of the Master trainers

<sup>4</sup> [https://selfmanagementresource.com/wp-content/uploads/FidelityManual\\_2019.pdf](https://selfmanagementresource.com/wp-content/uploads/FidelityManual_2019.pdf)

<sup>5</sup> HPC Lay Leader Roles and Responsibilities document

should be men and they should all represent the communities they want to serve in some way. Lastly, they should be able to offer technical assistance and support the Lay Leaders they trained.<sup>3</sup>

Master Trainers always work in pairs and can train Lay Leaders; however, they are not required to be leaders first before they become Master Trainers. To remain a certified Master Trainer, the individual must facilitate at least one Lay Leader training within 18 months of training in addition to at least one 6-week workshop, a 1-1.5-day cross training or update training, or one 4-day Lay Leader training per year. They must remain a member of the SMRC trainer list serve and submit the Annual Report every year. If the Master trainer is cross-trained for another program, they must facilitate at least one 6-week workshop, 4-day Lay Leader training, or 1-2 day cross-training per year in either program. They must also facilitate at least one workshop, Lay Leader training, or cross-training in each program every 3 years and at least one Lay Leader training in either program every 3 years.<sup>4</sup>

### **Program Coordinator**

Each program requires a program coordinator who will be in charge of all things related to organization and implementation of the program. They will also act as the contact person for the workshops/programs.

Responsibilities include dedicating time to help support the SMRC programs. The program coordinators must also be familiar with the Program Fidelity and Program Implementation manuals as well the rules regarding obtaining licenses under the organization offering the programming. They must also report all required data to the SMRC to maintain their organization's license. Being a certified Master Trainer or Lay Leader, or at least participating/observing a training is preferred. In case of emergencies where something dangerous occurs, for example a participant falls during a workshop or someone communicates a plan to harm themselves or show violence, a program coordinator must be able to develop a crisis plan that outlines steps to take in these situations.<sup>3</sup>

### **Data Team**

The Data team will oversee extracting the collected data and processing and cleaning it up, so it can be uploaded to the national databases. This data can include, but is not limited to number of enrolled participants, number of completers, and participant demographic information such as sex, gender identify, age, race, and ethnicity.

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<sup>4</sup> [https://selfmanagementresource.com/wp-content/uploads/FidelityManual\\_2019.pdf](https://selfmanagementresource.com/wp-content/uploads/FidelityManual_2019.pdf)

## Recruitment

### Recruiting Leaders



## Recruiting Participants



## Specific Data Collection Procedures

To ensure that programs, workshops, and participant information are appropriately accounted for grant deliverables and monitoring progress, accurate data collection, tracking, and timely reporting is essential. The following sections will outline in detail the process, platforms, tools, and support utilized by HPC and Lay Leaders for collecting, reporting, and monitoring data.

### Data Collection

To keep track of participant attendance, Lay Leaders are strongly encouraged to use a Master tracker excel file as shown in Appendix A. This file records Program/workshop Name, Host Site, Facilitator/Lay Leaders, session date, Session #, assigned Participant ID, Participant Name, and attendance. It also captures if the initial Survey Monkey intake form was completed, if a registration form for the participant was completed, and the participant's insurance information. These final three items do not need to be collected or tracked for each session, as they only need to be collected and completed once. See Appendix B for full participant survey.

The Survey Monkey form collects the following information:



## Make a Choice- Participant Information Survey

1. Which program are you completing this form for?

- Chronic Disease
- Chronic Pain
- Diabetes

### 2. Admin Use Only:

Participant I.D.: The facilitator or program staff should complete this part of the form and mark the sequential number of the participant to the name on the attendance form.


State abbreviation (e.g. PA, NY, MD, etc.)	<input type="text"/>
First four letters of the site name:	<input type="text"/>
Start date of program (mm/dd/yy)	<input type="text"/>
Participant number (e.g. 01, 02, 03, etc.)	<input type="text"/>

3. **Admin use only:** Is this the participant's first session or last session?

- First session
- Last session


On question 3, if a participant or Lay Leader selects "First session", the following questions must be answered:


## Make a Choice- Participant Information Survey

4. Did your doctor or other health care provider suggest that you attend this program? 

Yes


No

5. How old are you today? 

6. Are you: 


Female

Male

7. Are you of Hispanic, Latino, or Spanish origin? 

Yes

No

8. What is your race? Mark all that apply. 

American Indian or Alaska Native

Native Hawaiian or other Pacific Islander

Asian


White

Black or African American




If the participant or Lay Leader selects “Last session”, they will be directed to a different set of following questions:


### Make a Choice- Participant Information Survey

4. In general, would you say your health is: 

- Excellent
- Very Good
- Good
- Fair
- Poor

5. How sure are you that you can manage your condition so that you can do the things you need and want to do? 

1- Totally unsure 10- Totally sure

6. How often do you feel lonely or isolated from those around you? 

- Always
- Often
- Sometimes
- Rarely
- Never

Prev

Done

These questions are then extracted and sent to the PHMC Research and Evaluation Group (PHMC REG) for further cleaning and formatting prior to being uploaded to the official NCOA database, HAPID. The final survey collects more information about participants overall satisfaction with the program and those responses are matched and compared to the responses originally collected before the first session.

## Data Tracking

### Excel

To track individual workshop information and participant attendance, the Lay Leader must fill out the Data Tracker File which will be compiled into one Master Excel File.

The following are instruction to fill out the Tracker file.

1. Go to File → Save As → Save on Desktop
  - a. Name the file in the following format: Type of self-management program / Day / Time  
**Example: DSMP Wednesday 10am**
2. Use the drop-down box to fill in the following columns of data:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Program Name	Host Site	Delivery Modality	Session #	Facilitator/Lay Leader	Facilitator/Lay Leader	Date	Participant ID	Participant Name	Date of Birth	Attended?	Survey Monkey Completed?	Registration Form Completed?	Insurance
2														
3														
4														

3. Manually fill out the following columns of data:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Program Name	Host Site	Delivery Modality	Session #	Facilitator/Lay Leader	Facilitator/Lay Leader	Date	Participant ID	Participant Name	Date of Birth	Attended?	Survey Monkey Completed?	Registration Form Completed?	Insurance
2														
3														
4														

- a. The survey monkey and registration form are hyperlinked and can be opened by just clicking on the link.
4. Continue to use the file for each session and separate each session by blacking out a row.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Program Name	Host Site	Delivery Modality	Session #	Facilitator/Lay Leader	Facilitator/Lay Leader	Date	Participant ID	Participant Name	Date of Birth	Attended?	Survey Monkey Completed?	Registration Form Completed?	Insurance
2	Diabetes Self-Management (DSMP)	HPC	Online	0										
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20	Diabetes Self-Management (DSMP)	HPC	Online	1										
21														

5. Make sure the file is saved on desktop.
6. After every session, email excel file to Erin Wingen ([ewingen@phmc.org](mailto:ewingen@phmc.org)) and Joani Schmeling ([jschmeling@phmc.org](mailto:jschmeling@phmc.org)).
7. After emailing the file, delete it from the desktop.
8. If you have any additional questions, reach out to Joani Schmeling ([jschmeling@phmc.org](mailto:jschmeling@phmc.org)).

## Workshop Wizard

Workshop Wizard is a web-based platform that is utilized by both HPC and contracted partners within their network to house all workshops, participants, Lay Leaders, and workshop data. This platform is HIPAA secure and also has the capabilities to provide bi-directional referrals between connected organizations and allow for a mapping plug-in to be integrated into an external website to allow for the public to locate available programs and workshops in their area. The sections below outline how to create a workshop, add workshop participants, complete necessary participant workshop surveys, and track attendance in the Workshop Wizard platform.

### General Steps

1. Create a Workshop
2. Add Participants to workshop.
  - a. For each participant, fill out patient data by filling out surveys.
3. Track participant attendance under My Workshops

### Preparation to create a Workshop

1. Click on **Configuration**
2. Select the curriculum you want to create a workshop for
3. Under the **General** tab, for the **Default Participant Panel**, select **CDSME- Version 2**
4. For **Regular Survey**, select **ACL CDSME- Version 1**
  - a. This will ensure the surveys with intake information and post-workshop survey come up for every participant.
5. Under the **My Workshops Data**, in the **Available Columns**, select **Attended Session and Session Note**.
  - a. Do not forget to **Save Changes** at the bottom.

### Creating a Workshop

1. Confirm that the Site and Organization of the workshop is in the system.
2. Click on **Workshops/Trainings** in the left column.
3. Under the **General** tab, select **Add Workshop**
4. Select and fill out appropriate information for the following:
  - a. Curriculum
  - b. Site
  - c. Start Date
  - d. End Date
  - e. Days
  - f. Delivery Method
5. Under the Export Tab, select:
  - a. Site

- b. Title
- c. Start
- d. End
- e. Days of week
- f. Time
- g. Number of Participants
- h. Number of Completers

### Adding Participants

1. Click on **Participants** in the left column.
2. Under the **General Tab**, Select **Add Participant**
3. Select appropriate **Curriculum** and **Workshop**

4. Fill out individual participants demographic information under the **Other** tab.

5. Then fill out **ACL CDSME- Pre and Session 1 Form**

Session 1 Form		Other
ACL CDSME—Pre		ACL CDSME—Post
Save Changes		Cancel Changes
Add Participant		Delete Participant
01	Health	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input checked="" type="radio"/> No answer given
02	Manage health	<input type="text"/> 1-10
03	Feel lonely	<input type="radio"/> Always <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never <input checked="" type="radio"/> No answer given
Save Changes		Cancel Changes
Add Participant		Delete Participant

ACL CDSME—Pre		ACL CDSME—Post
Session 1 Form		Other
Save Changes		Cancel Changes
Add Participant		Delete Participant
		Standard CDSME
Batch ID:		<input type="text"/>
Participant ID:		<input type="text"/>
(1) Referred by Doc:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> No Answer Given	
(2) Age Or DOB:	Age: <input type="text"/> OR Date of Birth: <input type="text"/>	
(3) Gender:	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> No Answer Given	
(4) Hispanic:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> No Answer Given	
(5) Race:	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hawaiian <input type="checkbox"/> White <input type="text"/>	
(6) Disability:	Hearing: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> No Answer Given Visual: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> No Answer Given	
(8) Household:	Live Alone: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> No Answer Given OR People in Household: <input type="text"/>	
(9) Education:	<input type="text"/>	
(10) Served in Military:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> No Answer Given	
(11) Caretaker:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> No Answer Given	
(13) Chronic Conditions:	<input type="checkbox"/> Anxiety <input type="checkbox"/> Chronic Pain <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Kidney <input type="checkbox"/> Asthma <input type="checkbox"/> Alzheimers <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Hypertension <input type="checkbox"/> MS <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Depression <input type="checkbox"/> Stroke <input type="checkbox"/> Diabetes (not pre-diabetes) <input type="checkbox"/> Arthritis <input type="checkbox"/> Heart Disease	
	Other: <input type="text"/>	
	<input type="checkbox"/> None	
(14-16) Disability:	Memory: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> No Answer Given Difficulty Running Errands: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> No Answer Given Walking: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> No Answer Given Difficulty Dressing: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> No Answer Given	
Insurance:	Primary Carrier: <input type="text"/> Secondary Carrier: <input type="text"/>	
Participant Funding:		<input type="text"/>
Save Changes		Cancel Changes
Add Participant		Delete Participant

6. After the workshop, fill out **ACL CDSME- Post**

Session 1 Form		Other
ACL CDSME—Pre	ACL CDSME—Post	
<input type="button" value="Save Changes"/> <input type="button" value="Cancel Changes"/> <input type="button" value="Add Participant"/> <input type="button" value="Delete Participant"/>		
01	Health	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input checked="" type="radio"/> No answer given
02	Manage health	<input type="text" value=""/> 1-10
03	Feel lonely	<input type="radio"/> Always <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never <input checked="" type="radio"/> No answer given
04	Curriculum	<input type="radio"/> Very Satisfied <input type="radio"/> Satisfied <input type="radio"/> Okay <input type="radio"/> Dissatisfied <input type="radio"/> Very Dissatisfied <input checked="" type="radio"/> No answer given
05	Location	<input type="radio"/> Very Satisfied <input type="radio"/> Satisfied <input type="radio"/> Okay <input type="radio"/> Dissatisfied <input type="radio"/> Very Dissatisfied <input checked="" type="radio"/> No answer given
06	Time	<input type="radio"/> Very Satisfied <input type="radio"/> Satisfied <input type="radio"/> Okay <input type="radio"/> Dissatisfied <input type="radio"/> Very Dissatisfied <input checked="" type="radio"/> No answer given
07	Leader	<input type="radio"/> Very Satisfied <input type="radio"/> Satisfied <input type="radio"/> Okay <input type="radio"/> Dissatisfied <input type="radio"/> Very Dissatisfied <input checked="" type="radio"/> No answer given
<input type="button" value="Save Changes"/> <input type="button" value="Cancel Changes"/> <input type="button" value="Add Participant"/> <input type="button" value="Delete Participant"/>		



### Tracking Participant Attendance

1. Click on **My Workshops** in the left column.
2. Under **Manage Workshop Sessions** tab, click on **Enter Session Data**
3. There are 2 ways to track participant data:
  - a. Using each session
  - b. Using each participant

Print Roster | Manage Workshop Sessions | Participant Info Status

Choose a Session Or Participant:

Use this session:

- Oct 7, 22
- Oct 14, 22
- Oct 21, 22
- Oct 28, 22
- Nov 4, 22
- Nov 11, 22
- Nov 18, 22

Use this participant:

Add a new session

Add several sessions

<< Prev      Next >>

4. Fill out attendance information.  
Method 1:

Print Roster | Manage Workshop Sessions | Participant Info Status

Enter the session information:

Nov 18, 22    Sort By: First Name    Leaders: [dropdown]

First Name	Last Name	Attended Session	Session Time
[blacked out]	[blacked out]	<input checked="" type="checkbox"/>	
[blacked out]	[blacked out]	<input type="checkbox"/>	
[blacked out]	[blacked out]	<input type="checkbox"/>	
[blacked out]	[blacked out]	<input checked="" type="checkbox"/>	
[blacked out]	[blacked out]	<input type="checkbox"/>	

Add Participant

Edit All 3 Participants      << Prev      Save Changes

## Method 2:

The screenshot shows a web application interface for managing workshop sessions. At the top, there are tabs for 'Print Roster', 'Manage Workshop Sessions', and 'Participant Info Status'. Below the tabs is a header 'Enter the session information'. A 'Participant' field is visible. The main content is a table with the following columns: 'Session Date', 'Attended Session', and 'Session Data'. The table contains the following data:

Session Date	Attended Session	Session Data
Oct 7, 22	<input checked="" type="checkbox"/>	
Oct 14, 22	<input checked="" type="checkbox"/>	
Oct 21, 22	<input checked="" type="checkbox"/>	
Oct 28, 22	<input checked="" type="checkbox"/>	
Nov 4, 22	<input checked="" type="checkbox"/>	
Nov 11, 22	<input checked="" type="checkbox"/>	
Nov 18, 22	<input checked="" type="checkbox"/>	

At the bottom of the interface, there are three buttons: 'Edit Participant', 'Print', and 'Save Changes'.

- Export participant roster by clicking on the **Print Roster** tab, clicking on the desired workshop, and selecting the **Print** button.

## Public Website/Map

- Use Appendix G in Workshop Wizard User Guide
- Sites are positioned on the map based on the address for the site that was entered on the Sites Tab.
  - Can also create calendar and registration/enrollment form access.

## Data Reporting

CDSME and Falls Prevention grantee organizations submit data to the NCOA database through the data import process, using the CDSME or Falls templates, or via direct entry into the HAPID platform should be aware of the following requirements:

- ACL and NCOA request that data submissions to NCOA occur **AT LEAST** once per quarter. Grantees with smaller total grant targets (<500) may submit smaller batches of data more frequently, if desired. For example, every other month or once they reach 4 workshops or 100 participants.
- Regular data submissions allow NCOA and ACL to get the most current view of your progress in meeting your grant's goals and overall program activity.
  - Monthly reports from NCOA to ACL will only report out what is visible in the databases.
  - Semi-annual reports you provide to ACL should only reflect what is visible in the database, and not be altered.
- If an organization is having difficulties with data uploads or data entry, they should connect with the NCOA technical assistance liaison for support.

- Additionally, communication between the staff/lay leaders entering the session data and the data evaluation team responsible for uploading should be in regular communication to ensure that all data is getting entered and reported.
- The data evaluation team and the program manager should be in regular communication to ensure that data is getting entered, reported, and uploaded in a timely manner.
  - Any issues or glitches with the upload should be reported to the program manager immediately.

For HPC, all data entered into Survey Monkey is extracted and sent to PHMC Research and Evaluation Group for formatting and uploading to the NCOA database. For each workshop, the data collected from participants must be reported weekly and all Survey Monkey surveys must be completed.

### Post Workshop Responsibilities

A look at attendance logs can reveal registration and retention problems. Generally, 70% of those who attend the first day of a workshop should attend 4 or more of the six sessions. If the percentage is lower, suspect a problem which is probably NOT due to participant motivation.

Low attendance might indicate any or all of the following:

- A logistics problem at a particular site (access issues, transportation problems, parking issues, time and days workshops are scheduled)
- A recruitment problem where more targeted recruitment is necessary.
- A Leader problem

It is important to follow up with and call participants that dropped out of a workshop as it can provide you with valuable information but require careful planning and skill. It is highly recommended that the person making the calls is from the same cultural or ethnic background and not be the Leader who facilitated the workshop. This call can potentially be made by the program coordinator or manager overseeing the logistics of the workshops. These calls provide the participants with a chance to discuss why they were potentially dissatisfied with the workshop and what suggestions that may have to improve the program and program delivery.

Leaders should also utilize participant satisfaction surveys. These are anonymous, simple, and short surveys at the end of the workshop series that can reveal participants opinions about how much they learned, how useful they found what they learned, the Leaders, and other aspects of the class such as punctuality, physical environment, location, schedule, and registration process. Participant satisfaction surveys can be developed and distributed to collect this information.<sup>4</sup>

<sup>4</sup> [https://selfmanagementresource.com/wp-content/uploads/FidelityManual\\_2019.pdf](https://selfmanagementresource.com/wp-content/uploads/FidelityManual_2019.pdf)

## Scheduling/Rescheduling/Canceling Workshops

When scheduling workshops, keep in mind the workshop timings and locations must be convenient for the participants, otherwise, it may result in poor results and attendance. Consult with potential participants to identify the most suitable dates, times, and place to conduct the workshop.

Some recommendations for scheduling times:

- Daytime workshops work best for older participants, but this may not always be true.
- It is best to schedule workshops at least 3-4 months in advance so you get enough time to recruit participants and find leaders.
- Keep in mind Saturdays and Sundays may work better for some groups of people.
- Avoid scheduling workshops on or around major holidays.

Some recommendations for choosing workshop sites are:

- Workshop sites should be known or familiar to participants and easily accessible including for those disabled.
- Sites should have good lighting and near public transport for easy access.
- The chosen site must be safe and acceptable by participants.

If the leader must cancel a workshop, the leader must offer times and dates to reschedule the session.<sup>4</sup>

## Adding Sites and Organizations

HPC currently holds an Umbrella License through the Self-Management Resource Center, which would allow for HPC to add additional organizations and sites to offer SMRC programs at their location. HPC would be responsible for ensuring fidelity of the programs offered, providing training of Lay Leaders, and reporting of program outcomes, but the organizations could schedule programs, identify individuals to complete the Lay Leader training, and recruit at their discretion.

Organizations interested in joining HPC's license would need to enter into a contractual agreement, most likely through a Memorandum of Understanding (MOU) to share data regarding workshop participants and completion status. HPC would report this information on behalf of the organization to program funders. Program supplies, including participant materials, would depending on available funding and supply would either be provided by HPC or would need to be purchased by the organization. HPC would also conduct fidelity checks to ensure that trained Lay Leaders are facilitating the program under correct standards as outlined by SMRC. This same procedure would apply for organizations interested in offering the Walk With Ease program at their facility, although the fidelity checks by HPC would not be required.

<sup>4</sup> [https://selfmanagementresource.com/wp-content/uploads/FidelityManual\\_2019.pdf](https://selfmanagementresource.com/wp-content/uploads/FidelityManual_2019.pdf)

## Referrals

Referrals from programs can come from a variety of sources, including from providers, organizations, or from potential participants themselves. It's important to understand the referral pathway to ensure that all necessary information needed for program enrollment is being collected, as well as ensuring that providers who refer patients to programs are informed of referral status, including whether a patient was successfully enrolled in or completed a program.

### Health Referral Hub

The Health Referral Hub is a free health service that connects Pennsylvanians to chronic disease prevention and management programs throughout the commonwealth by either self or healthcare provider referral.

Interested in learning more about health programs and services in your area? Connect with a bilingual call agent today by calling **1-855-344-2844** or emailing [programinfo@phmc.org](mailto:programinfo@phmc.org). The call center operates Monday-Friday from 9am-4pm and can accommodate callers in English or Spanish. All communication complies with HIPAA for protection of personal health information. Interested individuals and providers can also visit the Health Referral Hub website ([makeachoice.org](http://makeachoice.org)) to learn more about available programs and services, or to make a referral.

Callers, including providers and potential participants, who call into the Health Referral Hub are assisted in finding the best programming for their individual needs based on their in-person, group virtual, or independent online learning preferences, language, and location. The Health Referral Hub partners with health education and disease self-management programs throughout the state.

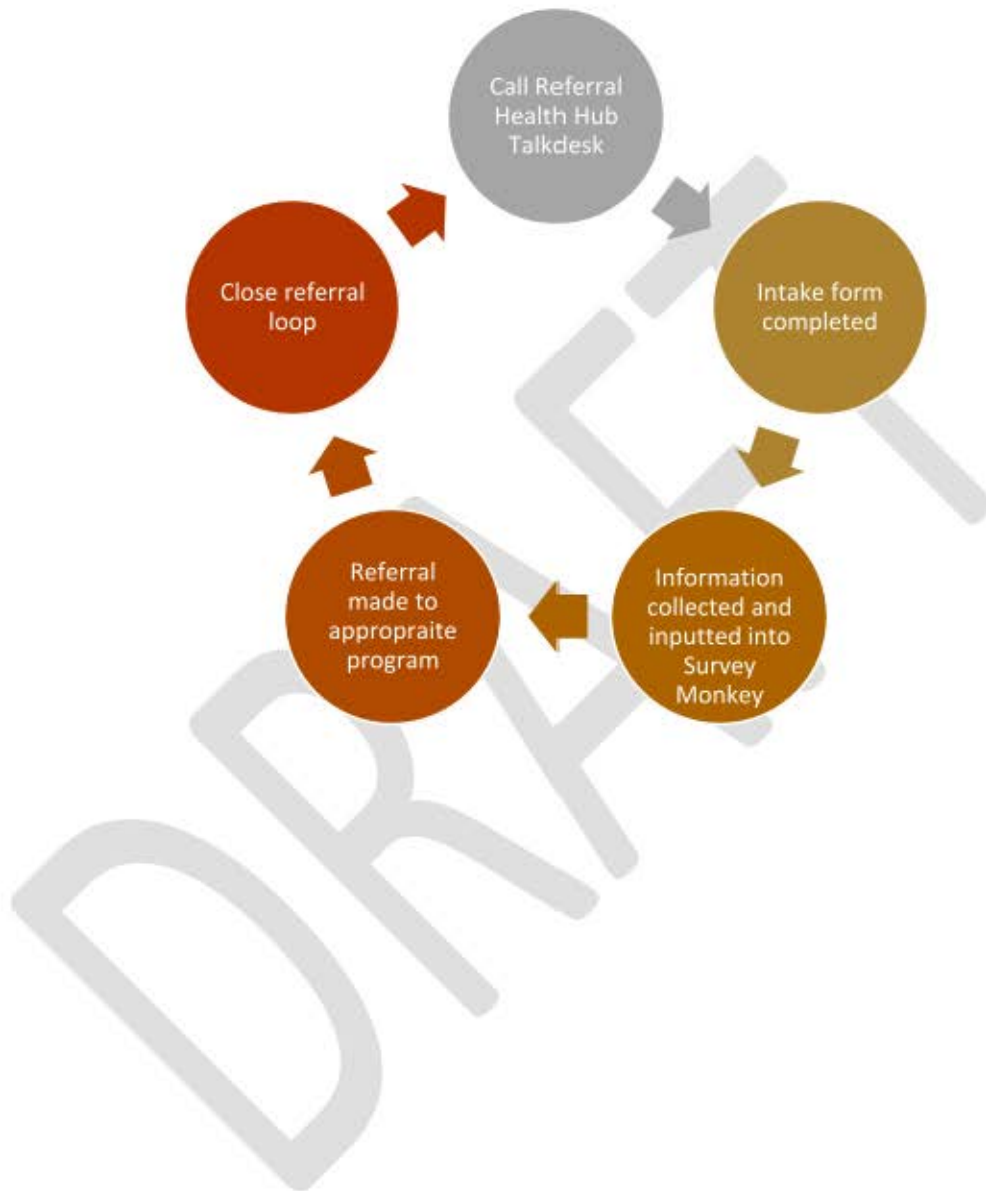
Currently the Health Referral Hub is connecting interested participants to CDC-Recognized National Diabetes Prevention Programs, diabetes, chronic disease, and chronic pain self-management, and Walk With Ease programs.

### Provider Notification

To ensure that providers of workshop participants are being informed of participation in a program, it's important to ensure that there is communication regarding referrals and closing any referral loops. This can be done through template letters or memos generated through Workshop Wizard that can provide information about a participant's status and progress through a workshop or program. Those can then be either provided to the participant to share with their provider or if the provider's contact information was collected, that information can be shared directly with the provider.

For cohorts through the PHMC Health Network, all participant information must be completed and entered into the EMR system EPIC to close the referral loop. This process is specific to the referrals done through the PHMC Health Network. See Appendix C for sample patient note that should be entered into EPIC.

### Referral Hub Workflow



## Appendix

### Appendix A: Evidence-Based Disease Self-Management Programs Lay Leader Qualifications, Roles, and Responsibilities

#### Lay Leader's Role

**Lay Leaders** are authorized to facilitate Self-Management Resource Center Workshops. Lay Leaders do not train other leaders, only facilitate workshops. To become a Lay Leader, one must satisfactorily complete a Lay Leader training (full training or cross-training) with a certified Master Trainer and have satisfactorily facilitated at least one series of 6 workshops within 12 months after training. Preferable if this happens within 6 months of training. To remain certified, Leaders must facilitate one 6-week workshop series every 12 months from date of training.

Source: [www.selfmanagementresource.com](http://www.selfmanagementresource.com)

#### Lay Leaders will:

1. Lead community workshops with another certified, trained Lay Leader (Co-facilitation)
2. Serve as a peer educator, also called a Lay Leader, demonstrating skills and activities following the Self-Management Resource Center (SMRC) model. Health Promotion Council holds a license with SMRC.
3. Participate in refresher and update trainings when available.

#### Qualifications:

- Good communication and interpersonal skills
- Non-judgmental
- Dependable, consistent, and on time (in person or virtually)
- Ability to encourage others.
- Positive role model for workshop participants
- Willing to share personal information and experiences with others.
- Have a dependable car or access to reliable transportation.
- Ability to follow a script and fluently read aloud text written at a 10<sup>th</sup> grade level in the language of the program.
- Willing to try new approaches to situations presented during workshops.
- Empathy toward a person with one or more chronic health conditions
- Understands the importance and purpose of maintaining the curriculum's fidelity.
- Must respect participant confidentiality.
- Optimistic about a person's ability to make changes.
- Ability to build rapport and work with small groups of people.
- Belief in the SMRC program and its benefits

### Training and Certification Requirements

- Successfully complete necessary trainings to become certified as a Lay Leader to facilitate the Self-Management Resource Center:
  - Attend ALL required training sessions (either virtually or in-person) and satisfactorily complete two practice teachings during training.
  - Complete necessary cross-trainings to lead Chronic Pain, Diabetes or any other program if applicable.
- Commit to co-facilitate an in-person or virtual workshop within 6 months of being trained and certified.
- Commit to facilitating at least one six-week workshop in the next year with the assistance of a Master Trainer
  - To remain active as a Lay Leader, they must facilitate at least one 6-week workshop (all six 2.5-hour sessions) every 12 months, using the last day of their training as the anniversary date.
- Willing and available to attend an update session, if unable to train within six months from the original date of training
- To remain an active, certified leader, must facilitate one workshop each year per program certified to teach.

### Job Responsibilities:

- Arrive at least 30 minutes earlier to set up room for in- person program delivery.
- If virtual program, join/start the Zoom meeting at least 15 minutes earlier than scheduled to manage any technical issues.
- Monitor and report attendance of participants and collect evaluation forms from participants when required.
- Participate in quality assurance checks and refresher courses as scheduled.
- Set up classrooms and clean up after sessions (when in-person delivery)
- Maintain all class materials and equipment throughout the six-week workshop.
- Provide at least 24 hours-notice to program coordinator if unable to make a workshop session due to illness or emergency and make the effort to find a replacement leader.
- Deliver the number of workshops for which lay leader is contracted.



## Appendix B: Participant Survey- Pre and Post

Batch ID:

Participant ID:

1. Referred by Doc:

Yes  No  No Answer Given

2. Age: OR Date of Birth:

3. Gender:

Male  Female  No Answer Given

4. Hispanic:

Yes  No  No Answer Given

5. Race:

American Indian  Asian  African American

Hawaiian  White

6. Disability:

Hearing:  Yes  No  No Answer Given

Visual:  Yes  No  No Answer Given

7. Household:

Live Alone:

People in Household:

8. Education:

Some elementary, middle, or high school

High school graduate or GED

Some college or technical school

College 4 years or more

9. Served in Military:

Yes  No

10. Caretaker:

Yes  No

11. Chronic Conditions:

- |                                       |                                        |                                                      |
|---------------------------------------|----------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Anxiety      | <input type="checkbox"/> Chronic Pain  | <input type="checkbox"/> High Cholesterol            |
| <input type="checkbox"/> Kidney       | <input type="checkbox"/> Asthma        | <input type="checkbox"/> Alzheimer's                 |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Cancer        | <input type="checkbox"/> Obesity                     |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> MS            | <input type="checkbox"/> Schizophrenia               |
| <input type="checkbox"/> Depression   | <input type="checkbox"/> Stroke        | <input type="checkbox"/> Diabetes (non-pre-diabetes) |
| <input type="checkbox"/> Arthritis    | <input type="checkbox"/> heart disease | <input type="checkbox"/> None                        |
|                                       |                                        | <input type="checkbox"/> Other:                      |

12. Disability:

- Memory:  Yes  No  No Answer Given
- Difficulty Running Errands:  Yes  No  No Answer Given
- Walking:  Yes  No  No Answer Given
- Difficulty Dressing:  Yes  No  No Answer Given

13. Insurance:

- Primary Carrier:
- Secondary Carrier:
- Participant Funding:

**First Session:**

1. Health:
- Excellent  Very Good  Good  Fair  Poor  No Answer Given
2. Manage Health: 1-10:
3. Feel Lonely:
- Always  Often  Sometimes  Rarely  Never  No Answer Given

**Last Session:**

1. Health:
- Excellent  Very Good  Good  Fair  Poor  No Answer Given
2. Manage Health: 1-10:
3. Feel Lonely:
- Always  Often  Sometimes  Rarely  Never  No Answer Given
4. Curriculum:
- Very Satisfied  Satisfied  Okay  Dissatisfied  Very Satisfied  No Answer Given

5. Location:

Very Satisfied Given     Satisfied     Okay     Dissatisfied     Very Satisfied     No Answer

6. Time:

Very Satisfied Given     Satisfied     Okay     Dissatisfied     Very Satisfied     No Answer

7. Leader:

Very Satisfied Given     Satisfied     Okay     Dissatisfied     Very Satisfied     No Answer

### Appendix C: EPIC Patient Note Template

[Patient Name] was referred to [program (diabetes self-management; dpp; chronic disease; chronic pain; walk with ease; nutrition education)] on [date referral received by HPC staff] by [Provider Name].

Patient was contacted and successfully enrolled in [program enrolled in] that started on [date scheduled].

Attempted contact with the patient was made and HPC staff was unable to enroll them into [program] due to [reason(s) for why patient did not enroll such as inactive phone number/voicemails not returned/spoke to patient but patient not interested/etc.]

## Appendix D: Licensing

### Nonprofit Organizations and Public Agencies

#### Single Agency Licenses:

- \$550 license, which provides for 2 Leader trainings and 20 workshops OR
- \$1,650 license, which provides for 3 Leader trainings and 60 workshops.

If you need to purchase additional workshops, you may do so at the prevailing rate, which is \$28 per workshop.

If you need to purchase additional Leader trainings, you may do so at the prevailing rate, which is either:

- \$220 per Leader Training if you do not accept any paying participants OR
- \$400 per Leader Training if you accept any paying participants.

#### Umbrella Licenses

- \$9,000 license, which includes 3 Leader trainings and 250 workshops OR
- \$13,500 license, which includes 4 Leader trainings and 500 workshops.

All covered agencies must be named on the license and agencies added or deleted after the issue of the license must be reported to SMRC.

If you need to purchase additional workshops, you may do so at the prevailing rate which is \$28 per workshop.

If you need to purchase additional Leader Trainings, you may do so at the prevailing rate which is either:

- \$220 per Leader training if you do not accept any paying participants OR
- \$400 per Leader training if you accept any paying participants.

### Private and Public Companies

To discuss a license for Private and Public Companies, contact Nieves Michel at [licensing@selfmanagementresource.com](mailto:licensing@selfmanagementresource.com), or phone 1-650-242-8040 Ext 406.

Appendix E: Health Referral Hub Promotional Flyer

**CALL THE HEALTH REFERRAL HUB TODAY**

**YOU COULD BE**  
**ELIGIBLE FOR FREE**  
**HEALTH COACHING**

Programs available for:

- Diabetes Prevention
- Diabetes Self-Management
- Chronic Disease Self-Management
- Arthritis/Musculoskeletal Pain and Disorders

**CONNECT WITH A TEAM MEMBER**

 **215-608-1477**  
**(call or text)**

 **programinfo@phmc.org**