Living Well Alabama

Chronic Disease Self-Management Program

An Evidenced-Based Self-Management Workshop developed at Stanford University

Business Plan

2012-2015

Living Well Alabama

A Collaboration between:

Alabama Department of Senior Services

&

Alabama Department of Public Health

Mary Anne Ledford, MPH, RD,/LD, CHES
Senior Nutritionist/Grant Manager/Master Trainer
Programs and Planning Division
Alabama Department of Senior Services
770 Washington Ave.
RSA Plaza, Suite 570
PO Box 301851
Montgomery, AL 36130
(334) 242-5788

Jonathan Edwards
Program Manager/Master Trainer
Chronic Disease Self Management Program
Alabama Department of Public Health
201 Monroe Street, Suite 983
Montgomery, AL 36104
(334)206-5605

TABLE OF CONTENTS

Table of Contents

Executive Summary--2

Program Description--3

Operations---5

Marketing Plan---7

Organizational Design--8

Financials---9

Strategic Partnerships/Sustainability---10

References---11

Appendices--

A Coverage Map--13

B Workshops In Progress---14

C Marketing Brochure--15

D Staff Profiles---

E Testimonials--

Executive Summary

Developed by Stanford University's Patient Education Research Center, the Chronic Disease Self Management Program (CDSMP), also known as *Living Well Alabama* (LWA), is a six week workshop that takes place once a week for two and a half hours. CDSMP is facilitated by two non-health professional leaders who are living with chronic illnesses themselves. These workshops take place in community settings, such as senior centers, churches, and hospitals. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives. It is the process in which the program is taught that makes it effective.

Living Well Alabama will network with a diverse group of organizations. In many cases these networks will not be sustainable. This plan outlines a strategy for sustaining CDSMP in Alabama beyond federal funding.

Program Description

Chronic disease is the primary cause of disability and the major reason for an individual to seek healthcare. It accounts for over seventy percent of all healthcare expenditures. With U.S. healthcare consuming 17.9 percent of GDP, Living Well Alabama seeks to instill knowledge in program participants that will promote better self management, while also decreasing healthcare expenditure in the state.

The Objectives

The objective of this program is to expand the capacity of *Living Well Alabama* by embedding it into the health and long-term care services and support systems in Alabama. By September 1, 2015, LWA projects to achieve the following goals:

- Significantly increase the number of older and/or disabled adults with chronic conditions who complete evidence-based Chronic Disease Self Management Programs (CDSMP) to maintain or improve their health status
- Increase the capacity to sustain quality self-management programs through systems of regional coordination, fidelity monitoring, identification of sustainable funding sources, and expanded reimbursement options
- Maintain a centralized structure between the Alabama Department of Public Health and Alabama Department of Senior Services
- Access Medicare and Medicaid, mental health, disabled, Native American, low English literacy, and other adult populations with chronic health conditions into systems and organizations that can sustain CDSMP beyond AoA funding

The Purpose

The Living Well Alabama program educates those with chronic diseases on:

- Self-management, brainstorming, problem-solving, goal setting, and making action plans
- Building confidence about the ability to maintain a healthy lifestyle
- Techniques that will guide individuals in communicating more effectively with family, friends, and health professionals about their conditions
- Appropriate nutrition and physical activity

The Outcome

This program has several benefits for participants, healthcare providers, and employers, such as:

Benefits	Participant/ Patient	Healthcare Provider	Employer
Saves nearly $350 per patient	✓		✓
Meets Triple AIMS	✓	✓	
Reduces hospital readmissions	✓	✓	✓
May reduce health insurance costs	✓		✓
Improves patient engagement	✓	✓	
Improves patient satisfaction	✓	✓	

The Opportunity

- Living Well Alabama seeks to partner with organizations that are interested in affording the opportunity of a healthier lifestyle to individuals with chronic conditions. These organizations will be considered grantees under the AoA CDSME grant and will receive funding through a partnership with ADPH or ADSS.
- Living Well Alabama seeks to partner with physicians to create a referral system. This coordination will expand the program by offering the program to individuals who have already identified their chronic illness.
- Living Well Alabama seeks to partner with non-health professionals in the community who are somehow affected by chronic disease(s). Interested individuals may attend a four-day training to become lay leaders, in which they can administer CDSMP workshops in their community.

Living Well Alabama

Operations

Services

Living Well Alabama is an evidence-based program supported by self-efficacy learning/motivational and social cognitive behavioral theories. The skill sets, which are brainstorming, problem-solving, goal settings, and making action plans, are taught by two lay leaders who are non-health professional and affected by chronic illnesses in some way. Subject covered included:

- Techniques to deal with problems such as frustration, fatigue, pain, and isolation
- Appropriate exercise for maintaining and improving strength, flexibility, and endurance
- Techniques to learn better breathing
- Using guided imagery and relaxation techniques
- Appropriate use of medications
- Communicating effectively with family, friends, and health professionals
- Nutrition
- Evaluating new treatments

Workshop Overview						
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Overview of chronic health conditions	✓					
Using your mind to manage symptoms	✓		✓		✓	✓
Getting a good night's sleep	✓					
Making an action plan	✓	✓	✓	✓	✓	✓
Feedback and problem-solving		✓	✓	✓	✓	✓
Dealing with difficult emotions		✓				
Physical activity and exercise		✓	✓			
Preventing falls		✓				
Making decisions			✓			
Pain and fatigue management			✓			
Better breathing				✓		
Healthy eating				✓	✓	
Communication skills				✓		
Medication usage					✓	
Making informed treatment decisions					✓	
Dealing with depression					✓	
Working with your health care provider						✓
Weight management						✓
Future plans						✓

Research & Development

The Chronic Disease Self Management Program has been studied extensively by several individuals. Each finding has demonstrated some improvement of the participant's health.

Study	Pain	Fatigue	Depression	Exercise	Self-Efficacy	Health Distress	Communication with Physicians	Health Status
Lorig, Sobel, et al. (2001)	✓	✓	✓	✓	✓	✓	✓	✓
Kennedy, Reeves, et al. (2007)		✓	✓	✓	✓	✓	✓	✓
Lorig, Ritter, & Gonzalez (2003)	✓	✓		✓	✓	✓	✓	✓
McGowan (1998)	✓	✓	✓		✓	✓	✓	
Lorig, Ritter, & Jacquez (2005)	✓			✓	✓	✓	✓	✓
Sobel, Lorig, & Hobbs (2002)		✓			✓	✓	✓	✓
Lorig, Ritter, et al. (2001)		✓		✓		✓	✓	✓
Lorig, Sobel, et al. (1999)		✓		✓			✓	✓

Study	ER Visits	Outpatient Visits	Hospital Days	Hospital Nights	Cost Savings Ratio
Lorig, Ritter, et al. (2001)	Reduced	Reduced	N/A	N/A	N/A
Sobel, Lorig, & Hobbs (2002)	0.2 Fewer	2.5 Fewer	.97 Fewer	.8 Fewer	1:4
McGowan (1998)	N/A	1.95 Fewer	.16 Fewer	1.54 Fewer	N/A
Lorig, Sobel, et al. (2001)	0.1 Fewer	.4 Fewer	.5 Fewer	N/A	1:4

Marketing Plan

Projected Growth

While Living Well Alabama hopes to cover each county in the state by August 31, 2015, the expansion will be measured by the number of participants that complete CDSMP workshops. It is expected that there will be two thousand completers by 2015.

Objective	Deadline
425 adults with chronic conditions will have completed the Living Well Alabama program.	August 31, 2013
625 adults with chronic conditions will have completed the Living Well Alabama program.	August 31, 2014
950 adults with chronic conditions will have completed the Living Well Alabama program.	August 31, 2015

Target Market

The targeted populations for this grant are: Medicare and Medicaid older adult populations, adults with severe mental illness, persons over age 18 with disabilities, Native American populations, low English literacy populations, and other adult populations with chronic health conditions. The targeted population to participate in Living Well Alabama/CDSMP must have at least one chronic condition, or be a family member, friend, or caregiver of someone with a chronic condition. Participants must have the stamina to participate in the 2-hour class and must have the cognitive function to participate. Outreach will be to adults with disabilities and chronic conditions in poor, underserved communities.

Marketing Strategies

Living Well Alabama plans to promote CDSMP by use of its program graduates. Program completers will be the best individuals to sell the program because they will have seen the difference that it has made in their health and overall lifestyle. Participants will be given a marketing brochure (Appendix __) to take to their physician upon completing the workshops. The goal of this marketing strategy is to make physicians knowledgeable about CDSMP and allow them to see the program working firsthand. Living Well Alabama seeks to gain a referral base from this approach that will lead to program expansion.

Living Well Alabama

Organizational Design

Program Structure

Living Well Alabama will be a centralized collaboration between the Alabama Department of Senior Services (ADSS) and Alabama Department of Public Health (ADPH). ADPH and ADSS will each have contracted grantees that are committed to providing a designated amount of workshops. These workshops are funded under the AoA grant. The program staff will continuously work to ensuring that the workshops are being conducted in the manner that Stanford University designed them, which yields the best possible outcome. Quality delivery will be controlled by performing fidelity checks on workshops. Living Well Alabama staff will also be responsible for ensuring that the program is sustainably expanded throughout the state.

Living Well Alabama

Alabama Department of Senior Services
Mary Anne Ledford, Grant Manager

- Alabama Tombigbee Regional Commission
- Retired Senior Volunteer Program
- Central Alabama Aging Consortium
- East Alabama Regional Planning & Development Commission
- Lee Russell Council Area Agency on Aging
- South Central Alabama Development Commission
- South Alabama Regional Planning Commission
- Southeast Alabama Regional Council on Aging
- Middle Alabama Area on Aging
- Sylacauga Alliance of Family Enhancement
- Northwest Alabama Council of Local Governments
- Top of Alabama Regional Council of Governments
- Jefferson, Blount, & St. Clair Mental Health

Alabama Department of Public Health
Jonathan Edwards, Program Manager

- The Dannon Project
- Central Alabama Veterans Healthcare Systems
- Montgomery Area Community Wellness Coalition
- MedNet West, Inc.
- Birmingham Healthy Start
- Alabama Department of Corrections

Financials

Living Well Alabama is funded by a grant from AoA through August 31, 2015. It is expected that there will be funds available through the entirety of this grant period to assist dependent network contractors with the cost of administering CDSMP workshops.

Cost Structure

Cost to facilitate one CDSMP workshop (20 participants).

Quantity	Cost Name	Cost Type	Unit Cost ($)	Cost ($)
1	*Stanford University license	Fixed	500.00	
2	Easel pads/Flips charts	Variable	39.21	39.21
1	Heavy Duty Tape Dispenser	Variable	2.32	2.32
1	Mr. Sketch Markers (8/set)	Variable	4.97	4.97
2	Instant Setup Easel	Fixed	15.71	31.42
20	Textbooks	Fixed	15.16	303.20
120 miles	Gas Mileage (20 miles each session)	Variable	0.57	68.40
TOTAL COST				**449.52**
*=Covered by Living Well Alabama for all contractors/grantees, for as long as federal funds are available				

$22.48 per participant

Strategic Partnerships/Sustainability

Living Well Alabama seeks to implement CDSMP across the state, ensuring that the program is supported by strong, ongoing revenue streams to allow people with chronic conditions access to a consistent and reliable resource. Contractors will play an important role in the execution and expansion of the Living Well program. The purpose of seeking to become sustainable through strategic partnership is to ensure that self-management programs are available and paid for statewide, long-term.

Dependent network contractors are organizations that will provide Living Well programs in various communities with funding support from state and federal agencies; the contracting networks will receive reimbursements for the expense of books, materials, and travel. Dependent contractors will likely be organizations that are interested in offering CDSMP but do not have the funds to support the program. Supporting state and federal agencies will furnish funds for these organizations, for as long as funding is available; it will be expected for these entities to design a plan in which their organization will plan to sustain CDSMP and become an independent network contractor.

Independent network contractors are organizations that have defined populations, such as Federally Qualified Health Centers, hospitals, senior centers, and prison systems. Among the availability of funds from state and federal agencies, the Living Well program will provide these contractors with a Stanford University CDSMP license, leader training, startup tools, and support/technical assistance. These entities will be likely to sustain because they will not be dependent upon funding from state and/or federal agencies.

References

Kennedy, Reeves, et al. The Effectiveness and Cost Effectiveness of a National Lay-Led Self-Care Support Programme for Patients with Long-Term Conditions: A Pragmatic Randomised Controlled Trial. Journal of Epidemiology and Community Health (UK), 2007; 61:254-261

Lorig, Ritter, and Gonzalez. Hispanic chronic disease self-management. Nursing Research, 2003, Nov/Dec, Vol 52, #6, pp 361-369.

Lorig, Ritter, et al. Chronic Disease Self-Management Program 2-Year Health Status and Health Care Utilization Outcomes. Medical Care. 2001, Vol 39, #11, pp1217-1223.

Lorig, Ritter, and Jacquez. Outcomes of Border Health Spanish/English Chronic Disease Self-management Programs. The Diabetes Educator; 2005, 31; pp 401-409.

Lorig, Sobel, et al. Evidence Suggesting That a Chronic Disease Self-Management Program Can Improve Health Status While Reducing Hospitalization. Effective Clinical Practice. 1999, Vol 37(1), pp 5-14.

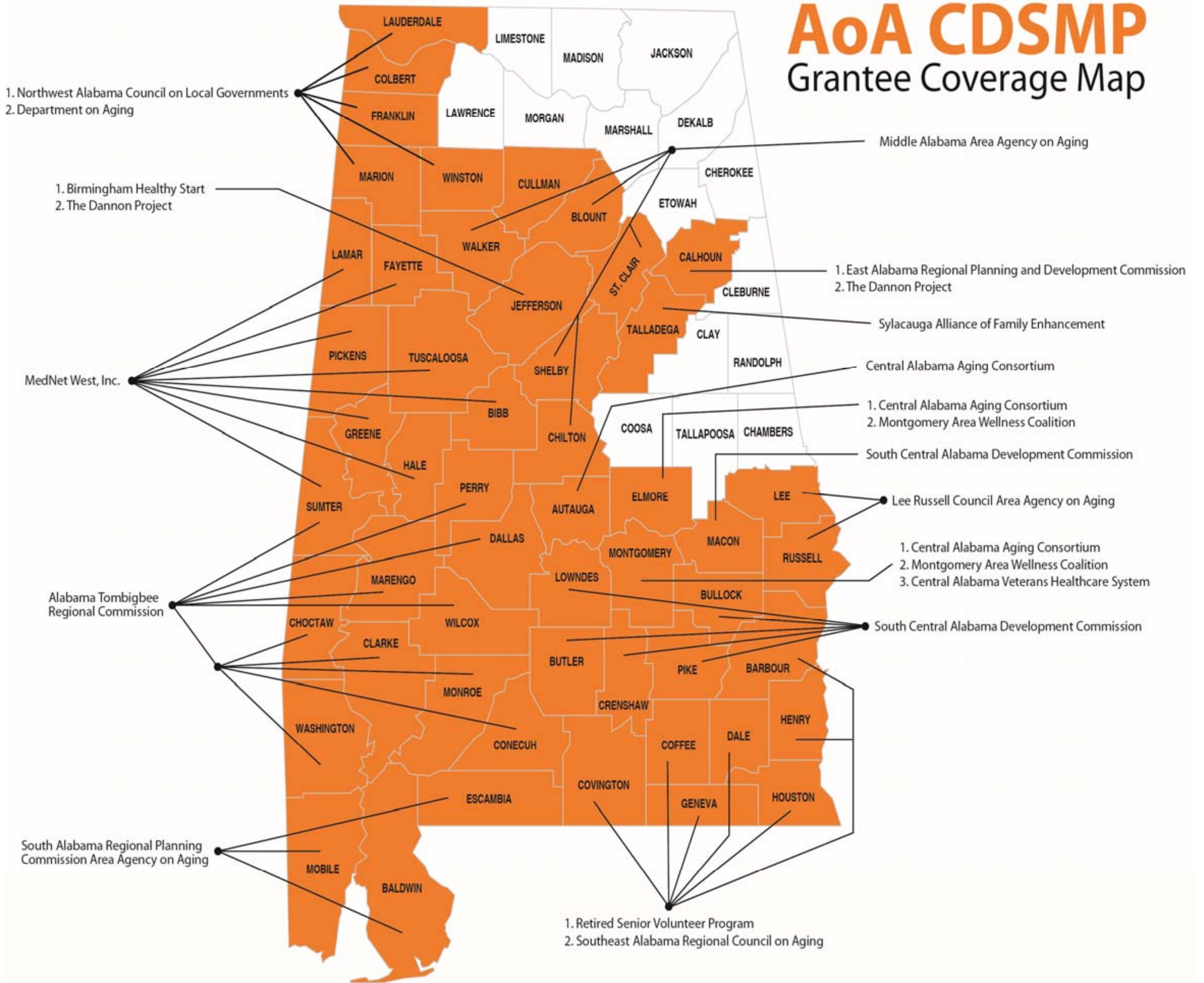
Lorig, Sobel, et al. Effect of a Self-Management Program on Patients with Chronic Disease. Effective Clinical Practice. 2001, acponline.org/journals/ecp/novdec01/lorig.htm

McGowan. Implementation and Evaluation of the Chronic Disease Self-Management Program in the Yukon. Yukon Chronic Disease Self-Management Program Evaluation, Fall 1998

Sobel, Lorig, and Hobbs. Chronic Disease Self-Management Program: From Development to Dissemination. The Permanente Journal, Spring 2002, Vol. 6, No. 2, pp 15-22.

Appendices

Appendix A



Appendix B

Workshop In Progress (as of 7/18/2013)

Organization	County	Start Date
The Dannon Project	Jefferson	6/13/2013
SARCOA	Henry	6/17/2013
SARCOA	Henry	6/17/2013
SARCOA	Geneva	6/17/2013
SARCOA	Geneva	6/17/2013
SARCOA	Houston	6/18/2013
SARCOA	Barbour	6/18/2013
SARCOA	Dale	6/18/2013
MedNet West	Tuscaloosa	7/8/2013
SCADC	Pike	7/9/2013
Central AL Aging Consortium	Montgomery	7/9/2013
SARCOA	Houston	7/10/2013
MedNet West	Tuscaloosa	7/12/2013
SCADC	Pike	7/22/2013
SCADC	Macon	7/22/2013
SCADC	Macon	7/24/2013
SCADC	Macon	7/24/2013
SCADC	Bullock	7/25/2013
SCADC	Butler	7/25/2013

Living Well Alabama

Alabama Quality Assurance Plan

I. Introduction

The purpose of this document is to describe components of the Living Well Alabama Chronic Disease Self -Management Education Quality Assurance Program. This program will outline an ongoing system for describing, measuring, and evaluating program activities to ensure that participants receive effective, quality services and that program goals are accomplished for the project cycle. This quality assurance plan will integrate continuous quality improvement and program fidelity.

II. Quality Assurance Plan

Living Well Alabama's, Quality Assurance Plan will guide continuous quality improvement and program fidelity.

A. Continuous Quality Improvement

Components of Continuous Quality Improvement	
Component	**Strategy**
Planning	• Coordinate and implement activities that will increase the number of older and/or disabled adults with chronic conditions who complete evidenced-based Chronic Disease Self-Management Programs to maintain or improve their health status. • Develop a centralized leadership structure between the Alabama Department of Public Health and Alabama Department of Senior Services to provide ongoing and continuous support for CDSMP providers and participants. • Review of project work plan goals, measurement of goals and status of meeting program objectives. Adjustments to the work plan will be written into the plan during the first month of every semi-annual period.
Ongoing Fidelity Monitoring	A three phase process will be integrated to monitor the fidelity in CDSMP workshops including: • **Phase 1**: Organizational Agreements that are inclusive of language that is relevant to the Stanford Fidelity Manual • **Phase 2:** Lay Leader Fidelity Training during the CDSM Lay Leader Training (including observation and evaluation of Lay Leaders)

	• **Phase 3:** Fidelity monitoring of workshops by Master Trainers
Semi Annual Evaluation	The Alabama QA Team will meet quarterly to discuss the results of monitoring activities. The QA team meetings will consist of a discussion of the following topics: • Assessment of current CDSMP group activities • Utilize NCOA Database to report on workshop participants, completers and demographics • Identify challenges or problems with program implementation to date • Identify program evaluation areas that need corrective action
Making Corrective Changes	• Review and discuss program evaluation areas that need to be followed up with corrective actions • Review upcoming activities and make adjustments to the program as needed

B. Program Fidelity

Program Fidelity
This component will place specific emphasis on the degree to which the Alabama Department of Senior Services and Alabama Department of Public Health adhere to evidenced based practices. ADSS and ADPH are also responsible for monitoring the overall compliance of sub grantees implementation of program activities to ensure compliance with the program developer's primary intent. ADSS and ADPH compliance with program fidelity will also ensure that participant benefits are consistent with the intended benefits.

III. Components of a Quality Assurance Plan

A. Designated Roles and Responsibilities

The Alabama Quality Assurance Plan will utilize RE-AIM model to monitor and evaluate program activities. The RE-AIM framework consists of five components including: **R**each; **E**ffectiveness; **A**doption; **I**mplementation and **M**aintenance. The ADPH plan will review and adapt the RE-AIM framework for use in monitoring the implementation of activities. **RE-AIM** can also be used to monitor the program inputs, outputs, planning process, program outcomes and long term program impact.

Living Well Alabama will have a Quality Improvement Team that will be responsible for monitoring the overall quality assurance, quality improvement and fidelity of program activities. The Alabama QI Team will consist of the following individuals:

ADPH Staffing Roles	Responsibilities
ADPH QA Program Monitor: Elana M. Parker Merriweather	• Finalize the development and implementation of the Quality Assurance Plan. • Identify prospective participants to serve on the Quality Assurance Team • Develop and implement a Quality Assurance Training Module for new CDSMP sub grantees • Coordinate and conduct QA meetings with QA Team • Provide oral and written updates to the Program Coordinator on all QA activities • Develop a QA Training manual for sub grantees • Schedule a quarterly QA meeting in July for QA Team and project partners.
ADPH Project Director: Jonathan Edwards	• Monitor the overall implementation of project activities • Provide administrative and programmatic oversight of project activities • Assist with the development and implementation of the QA plan. • Collect process, outcome and impact evaluation data to include in program reports • Assist with program monitoring to assure compliance with evidenced based practices • Assist with fidelity monitoring of project activities
ADSS Grant Manager: Mary Anne Ledford, MPH	• Monitor the overall implementation of PHHP- CDSME grant activities • Provide administrative and programmatic oversight of grant activities • Compliance monitoring of Memorandums of Understanding between ADSS, AAAs and JBS Mental Health Services • Assist with the development and implementation of the QA plan. • Collect process, outcome and impact evaluation data to include in grant reports • Assist with grant monitoring to assure compliance with evidenced based practices • Assist with fidelity monitoring of project activities
ADSS and ADPH Master Trainers	• Fidelity Monitoring of local Lay Leaders

B. Proposed Quality Assurance Timeline

Quality Assurance Activities		
Quarter 1	**QA Tasks**	**Person (s) Responsible**
February – May	• Coordinate monthly QA Team Meeting with all project partners • Begin reviewing semi-annual report instructions • Begin developing CDSMP Site Implementation Packet for sub grantees • Begin initiating contact with prospective partners in various regions of the state	Jonathan Edwards Mary Anne Ledford Elana M. Parker- Merriweather Julia Sosa Jabari Sullen
June – July	• Conduct quarterly QA Team Meeting with all grantee partners • Continue to provide technical assistance and support to sub grantees as needed • Begin utilizing the site implementation packet with sub grantees • Participate in QA fidelity monitoring visits with CDSMP sub grantees • Begin compiling and reviewing data for the semi annual report	Jonathan Edwards Mary Anne Ledford Elana M. Parker- Merriweather Julia Sosa
July – August	**Develop and Submit the Semi Annual Report**	Mary Anne Ledford Jonathan Edwards
April - September	• Update Work Plan Based on Evaluations	Mary Anne Ledford Jonathan Edwards
Ongoing	• Fidelity Checks and Program Monitoring	ADSS and ADPH Master Trainers

IV. Framework for Quality Assurance

<table>
<tr><th colspan="2">FRAMEWORK FOR QUALITY ASSURANCE</th></tr>
<tr><th>QA Component</th><th>Process and Outcome Monitoring Strategy</th></tr>
<tr><td>Reach

Lay Leaders
Master Trainers
NCOA Data Reports
Maps</td><td>How many people are we trying to reach during the 3 year project cycle? 2000 people (Y1 = 425, Y2 = 625, Y3 = 950)

Who is our target population? Low income, minority, rural communities, limited English proficient, underserved or older populations with one or more chronic conditions.

Standard program workshop data? (Ex. # of workshops started and completed, location, # of sessions, attendance information (# of participants enrolled, # of sessions attended, and #of participants who complete a workshop.)

Demographic Data? (Ex. Age, gender, race, ethnicity, health data, chronic conditions, geographical mapping, *blood pressure, *glucose, * cholesterol, * functional status). * May be available from select partners</td></tr>
<tr><td>Effectiveness

Workshop Evaluations, goals, measurable objectives.

# of Lay Leaders Trained

# of Lay Leaders Certified

Review of Lay Leader Evaluation Forms

NCOA Technical Assistance
(what type of information are they requesting on CDSMP's effectiveness?)</td><td>Fidelity Monitoring and Outcomes Evaluation Strategy

Evaluate CDSME goals via measureable outcomes from the statewide workplan

How well is the program being implemented?

Are we meeting our quarterly grant objectives and reach capacity?

Have we successfully trained the grantees on the overall implementation of the program?

How will lay leaders be certified subsequent to training?

How will fidelity checks be planned and coordinated with each grantee?

How will program fidelity be documented and reported for each grantee</td></tr>
<tr><td>Adoption</td><td>Assess ADSS, ADPH and key stakeholders for readiness to reach the target population.</td></tr>
</table>

	How many organizations are licensed and have trained leaders to support program continuation? *Identify where the target population lives. (What is the statewide coverage capacity for the program?)* *What are the implementation sites for project activities?* *Which sites have adopted the CDSME program and can the identified sites reach the target population?* *Are new leaders being recruited, trained and retained? Are new program sites being identified? Is other organizational staff involved with the program coordination and administrative oversight of program activities?*
Implementation	***Alabama Department of Senior Services*** *--* *Review existing standardized fidelity protocols developed to monitor adherence to CDSM program elements.* *Identify key elements of the program that need to be monitored by reviewing existing program data including completer rates and input from staff.* *Designate QA staff to participate in periodic monitoring of training and workshops.*
Maintenance	*Create a draft program sustainability questionnaire for each grantee. How will each grantee document and reflect ongoing sustainability?* *What strategies are grantee's using to market the program?* *Do collaborative partners have a proposed sustainability plan? Have external funding resources been identified to assist with sustainability?* *What type of marketing activities will be implemented and how are referrals being tracked? (Ex. Social media, flyers, newsletters, print media, mass distribution, press release/media release).* *Assess and determine agency activities including: sustainability plans; staffing; number of workshops offered; number of completers: and external funding sources obtained.*

The QA plan will review and consider integrating the following tools for use during the project cycle:

- Fidelity Checklist – http://patienteducation.stanford.edu/

- NCOA Module 4: Assuring Program Quality- www.healthyagingprograms.org.

Living Well Alabama (CDSMP) Fidelity Coaching Session Tool

CLASS START DATE:		DATE:	
LOCATION:			
SESSION NUMBER:		COACH (MASTER TRAINER):	
LEADER NAMES:	1. 2.	# OF ATTENDEES: (__ of __ registered)	

ENVIRONMENT			
		YES	**NO**
1.	Can the participants see and hear what is being presented?		
2.	Is there adequate lighting?		
3.	Is the room comfortable?		
4.	Is the room quiet and without distractions?		
5.	Is the seating plan correct (circle or horseshoe, not lecture style)?		
6.	Is the room accessible for people with disabilities?		
7.	Did the leader have all of the necessary equipment and materials?		
8.	Is the facility/location easy to find and accessible with ease of parking?		
Comments:			

FEEDBACK/PROBLEM SOLVING			
		YES	**NO**
1.	Did the leader ask for a volunteer first, rather than calling on participants?		
2.	Did the leader assist participants in using the problem-solving process?		
3.	Did the leader deal with any "yes-but" participants appropriately during problem solving process?		
4.	Did the leader positively reinforce group members when they had successful action plans and/or when they were successful self-managers?		
5.	Did the leader keep conversations on track during feedback/problem solving?		

Comments:

BRAINSTORMING			
		YES	**NO**
1.	During the brainstorm, did the leader foster an environment that allowed for a free flow of ideas from the participants (i.e., did not allow discussion, questions or comments while ideas are flowing)?		
2.	Were the brainstorm charts titled clearly?		
2.	Did the leader use various techniques? (e.g., rephrasing the questions, re-explaining brainstorming or using silence)?		
3.	Did the leader ask for a volunteer first, rather than calling on people?		
4.	Did the leader write down the ideas in the contributor's own words?		
5.	If the leader shortened or rephrased the contributor's idea during a brainstorm, did he or she ask permission first?		
6.	Did the leader read the completed list back to the group?		
7.	Did the leader use teamwork in facilitating the brainstorm (e.g., one facilitator repeat comments for the scribe to control speed of brainstorm)?		
Comments:			

ACTION PLANS			
		YES	**NO**
1.	Did the leader encourage participants to make an action plan, using all 5 parts of an action plan?		
2.	Did the leader model two different action plans (e.g., one related to physical activity and one related to the topic covered in class or non-physical activity goal)?		
3.	Did the leader model his or her action plan first?		
4.	Did the leader model a realistic action plan?		
5.	Did the leader model a confidence level of 7 or above?		
6.	Did the leader assist the participants in using the problem-solving process, if needed?		
Comments:			

GENERAL PROGRAM DELIVERY			
		YES	**NO**
1.	Did the leader deliver the program content as outlined in the Leader's Manual?		
2.	Was the information presented at a level the participants could understand?		
3.	Was the length of the presentation adequate for the material presented?		
4.	Was modeling used appropriately?		
5.	Did the leader answer questions from the group appropriately?		
6.	Did the leader and co- leader work cooperatively together?		
7.	Did the leader have a positive, relaxed non-verbal manner?		
8.	Did the leader positively handle individuals who need special attention (e.g., people with challenging behaviors, people with visual impairments?		
9.	Were charts properly prepared and used appropriately for each activity?		
10.	Did the leader give out the homework assignment?		
11.	Did the leader complete the class in the allotted 2.5 hour time frame?		
12.	Did the leader read the closing to end the session?		
13.	Was the leader available after class for participants to approach if needed?		
14.	Did the program start and end on time?		
Comments:			

Additional Comments/Recommendations Made:

*** See last page for leader follow-up recommendations --**

PLEASE COMPLETE

FOLLOW-UP for Leader #1 **Name of leader:**	
Fidelity Coaches: ***Please check one of the following action items***	
A. Follow-up recommended in 2 years. This leader does not need another coaching session this year. Minimal, if any, improvements needed and discussed.	
B. Areas needing improvement were identified and discussed during coaching session with successful response by leader. Follow-up recommended within one year.	
C. Leader had some SIGNIFICANT areas needing improvement and should have follow-up fidelity coaching at next workshop. Leader should ask Statewide Coordinator to initiate and conduct a conversation with leader and local coordinator.	
D. Leader should be removed by Statewide Coordinator This leader has had repeated significant areas of needed improvements with no improvements to date.	

Comments:	
FOLLOW-UP for Leader #2 **Name of leader:**	
Fidelity Coaches: *Please check one of the following action items*	
A. Follow-up recommended in 2 years. This leader <u>does</u> <u>not</u> need another coaching session this year. Minimal, if any, improvements needed and discussed.	
B. Areas needing improvement were identified and discussed during coaching session with successful response by leader. Follow-up recommended within one year.	
C. Leader had some SIGNIFICANT areas needing improvement and should have follow-up fidelity coaching at next workshop. Leader should ask Statewide Coordinator to initiate and conduct a conversation with leader and local coordinator.	
D. Leader should be removed by Statewide Coordinator This leader has had repeated significant areas of needed improvements with no improvements to date.	

Comments:

This fidelity tool was adapted, with permission, from the Wisconsin Institute for Healthy Aging.

Chronic Disease Self Management Program

Quality Assurance Check

August 2013 for Year One CDSME

Planning		
	Yes	No
1. Has LWA implemented activities that will increase the number of older and/or disabled adults with chronic conditions who complete CDSMP to maintain or improve their health status?	X	
Notes:		
2. Has LWA developed a structure between ADSS and ADPH to provide ongoing and continuous support for CDSMP providers and participants?	X	
Notes: Now in physical location		
3. Has LWA reviewed project work plan goals, measurement of goals and status of meeting program objectives?	X	
Notes: Recieved MOA, and sent budget for next year.		

Ongoing Fidelity Monitoring		
	Yes	No
1. Has the three phase process to monitor the fidelity in CDSMP workshops been integrated? Including:		
• Organizational agreements that are inclusive of language that is relevant to the Stanford Fidelity Manual	X	
• Lay Leader Fidelity Training during Lay Leader Training	X	
• Fidelity Monitoring of workshops by Master Trainers	X	
Notes: Report sent with workshops and QA's		

Semi Annual Evaluation		
	Yes	No
1. Has the QA team met at least quarterly to discuss the results of monitoring activities? Including: • Assessment of current CDSMP group activities • Utilizing NCOA database to report on workshop participants • Identifying challenges or problems with program implementation • Identifying program evaluation areas that need corrective action		
Notes: Was a part of semi-annual report		

Making Corrective Changes		
	Yes	No
1. Has the LWA staff reviewed and discussed program evaluation areas that need to be followed up with corrective actions?		
Notes:		
2. Has LWA reviewed upcoming activities and made adjustments to the program, as needed?		
Notes:		

Reach		
	Yes	No
1. Did LWA reach 425 individuals during year 1?	X	
Notes: NCOA Database		
1. Did LWA reach the targeted population? (low income, minority, rural communities, limited English proficient, underserved or older populations with one or more chronic conditions)	X	
Notes: NCOA Database Had Tomando control Lay leader training		
2. Did LWA keep a record of standard program workshop data? (# of workshops started and completed, location, attendance information, etc.)	X	
Notes: NCOA Database		
3. Did LWA keep a record of demographic data? (age, gender, race, chronic conditions, etc.)	X	
Notes: NCOA Database		

Effectiveness		
	Yes	No
1. Has LWA evaluated CDSME goals from the workplan?		
Notes:		
2. Is LWA implementing the program well? How?	X	
Notes: All main objective goals have been achieved or began. One exception the Poarch Creek Indians.		

3. Is LWA meeting the quarterly grant objectives and reach capacity?	X	
Notes:		
4. Has LWA successfully trained the grantees on the overall implementation of the program	X	
Notes: MedNet West, Inc. The Dannon Project Montgomery Area Wellness Coaltion		
5. Has LWA designed a method for Lay Leaders to be certified subsequent to training? How?	X	
Notes: 61 Lay Leaders trained		
6. Has LWA planned a method for coordinating with grantees on fidelity checks? How?	X	
Notes: Site visits Gantee's report upcoming workshops QA team meeting to determine where and when visits should occur		
7. Has LWA designed a method for documenting and reporting fidelity for each grantee? How?	X	
Notes: QA form has been developed, and is being tracked in database 19 QA check performed so far		

Adoption
1. How many organizations are licensed and have trained leaders to support program continuation?
Notes: ADPH multi-program license $1500
2. Where in the state does the target population live?
Notes: Grantee map

3. What are the implementation sites for project activities?
Notes: NCOA Website
4. Are new leaders being recruited, trained, and retained at program sites? Is other organizational staff involved with the program coordination and administrative oversight of program activities?
Notes: On-going

Implementation (performing fidelity checks)

Maintenance		
	Yes	No
1. Has LWA created a draft program sustainability Follow-up		X
Notes:		
2. Do grantees have strategies to market the program?	X	
Notes: What is your marketing Strategy?		
3. Do partners have a proposed sustainability plan?		X
Notes: Integrated CDSME into their client health education curriculum. Continue work with VA		

4. Are marketing activities being implemented? If so, how are referrals tracked?		
Notes:		
5. Assess agency activities including: sustainability plans, staffing, number of workshops offered, number of completers, and external funding sources.		
Notes:		