

living a  
**healthy  
life** | with  
**chronic  
conditions**

*Central East Self-Management Training Program*

**Margery Konan**, LHIN Priority Project Manager  
*Self-Management Training for Consumers & Caregivers in Central East LHIN*

[www.healthylifeworkshop.ca](http://www.healthylifeworkshop.ca)



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Central East **LHIN**

CE LHIN Project  
announcement, 2008

# Self Management for Consumers/Caregivers

## Goals and Objectives

This Chronic Disease Self-Management Model (CDSM) will be introduced as the standard across the Central East region delivered in community and health care settings to approximately 3000 people over the next three years.

## Excerpt from original Project announcement from CE LHIN

### Activities

Working with the Central East Community Care Access Centre as the Lead Program Sponsor Agency, the Project Team will partner with existing agencies to educate and train individuals in the Stanford Chronic Disease Self Management Program. Master Trainers and Peer Leaders will ensure that training and education is provided to patients and their caregivers on how to manage their chronic condition including information on exercise, appropriate use of medications, communication with caregivers, family and friends and evaluating new treatments.

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# A Framework for Community Engagement & Local Health Planning

June 2006

While the Central East LHIN will be in constant communication and consultation with its communities, this Framework for Community Engagement goes well beyond thinking and talking together – but to a place where we will work together in developing solutions that we are proud of and accountable for. Through this process and the results it achieves, we will learn and educate, promote ownership, shared accountability and a commitment to common goals, and restore confidence in our public health care system. For we believe engaged communities are stronger and healthier communities.

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*Community engagement will shape the 'look and feel' of the Central East LHIN organization and culture.*

## Timeline of 17 CE LHIN Priority Projects initiated, 2008

Oct 2006: CE LHIN Integrated Health Services Plan

Feb 2007: Draft IHSP Work Plan

June 2007: Priority Projects Emerge from Symposium

Summer-Fall 2007: Priority Projects Formed through the Sponsorship of Planning Partners

Fall 2007: Priority Project Teams Complete Project Charters

Oct – Dec 2007: Board Approvals of Charters Sought

Jan 2008: Implementation



## Questions when we started (April 2008)...

- Will 3,000 consumers and caregivers be interested in self-management workshops?
- Can 3 staff (Manager, Coordinator, Admin) successfully coordinate 15 Peer Leader Training courses, 2 Master Trainings, and 100+ workshops?
- Is the CCAC a supportive home for a LHIN-wide self-management program?
- Will the various players “play together” in a consistent LHIN-wide program?
- Can we foster shared ownership and shared accountability for a LHIN-wide self-management program?

**We think the answers are... YES!**

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## Key Steps to Success

### Getting started with the Stanford Program

- Take inventory & build relationships with existing Peer Leaders and Master Trainers
- Share new vision & benefits of LHIN-wide program with organizations already licensed for CDSMP
- Train Peer Leaders first, then select most dedicated leaders for additional Master Training

### Engaging the community

- Build on readiness
- Invite partnerships and collaborations at all stages of the project implementation
- Assign dedicated staff to support and develop volunteers, and to sustain relationships & communications with partners

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## Key Steps to Success

### **Project Leadership involving community stakeholders**

- Establish Project Leadership Team – ours met every 2-3 weeks for Project’s first year (!)
- Ensure Checks & Balances – e.g. provided through governance roles at Project Leadership Team, CE LHIN, and CECCAC

### **Directions for the Future**

- Grow Diabetes & Chronic Pain Self-Management Programs - these help to reach new community partners (e.g. DEC’s, primary care), and new consumers & caregivers
- Align work toward CE LHIN Strategic AIMs
- Transition from “Project” to permanent program within Central East, funded by CE LHIN
- Develop new components of overall strategy for CDSM

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# CE LHIN Self Management Project Deliverables & Accomplishments

## Deliverables

- Introduction of a consistent Chronic Disease Self-Management Program (CDSMP) across the Central East LHIN
- Program Development and training coordination for English-speaking and Asian/other multi-cultural populations
- Establishment of a core group of Master Trainers and teams of Peer Leaders (target: 36 Master Trainers by March 2010)
- **Self-Management Training Sessions for people with chronic conditions and their caregivers (target participants: 400 by April 2009, 1400 by April 2010)**
- Education and consultation to promote integration of Self-Management Support within the practice of Health Service Providers

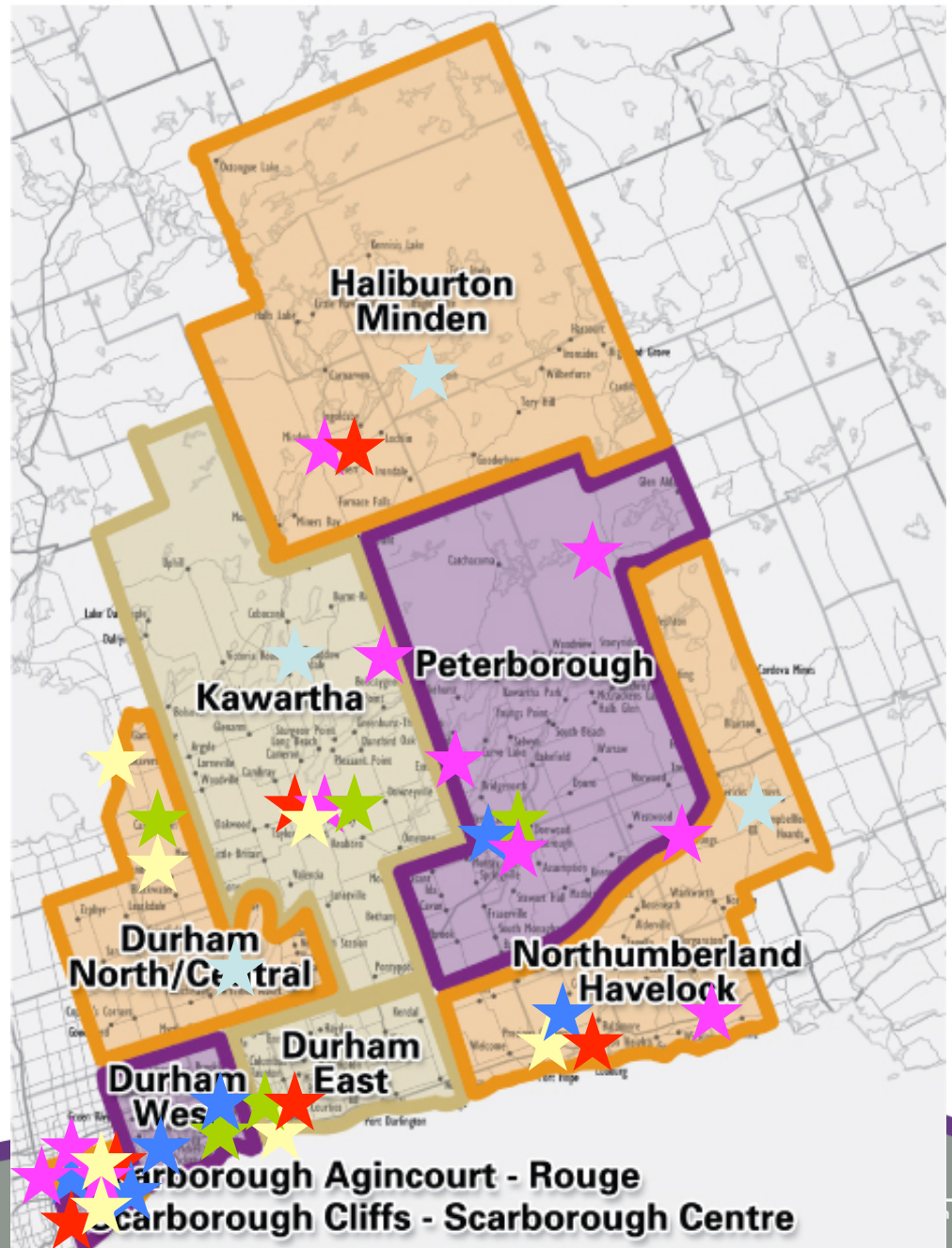
- ✓ **92** self-management workshops for consumers and caregivers Apr 2008 – Nov 2009
- ✓ **1200** participants
- ✓ Workshops in all 9 LHIN engagement zones.
- ✓ 38 workshops in Scarborough – **500 ppts**
- ✓ 18 workshops in Durham – **250 ppts**
- ✓ 36 workshops in North East – **450 ppts** (Haliburton-Minden, Kawarthas, Peterborough, Northumberland-Havelock)

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# Self-Management Workshops & Partners 2008-2009

-  Family Health Teams
-  Community Health Centres
-  Seniors Centres
-  Retirement Homes
-  Other Community Agencies
-  Hospitals

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## REGISTER for a Workshop Now!

Click here to find a workshop near  
you – or phone us toll free at  
1 866 971 5545



## Welcome to the FREE "Living a Healthy Life" workshop

- Would you like to feel better and do more of the activities you enjoy?
- Would you like to make changes around diet or exercise but you don't know where to start?
- Do you live with chronic pain, fatigue, or depression?
- Would you like to learn strategies for better managing your medications and communicating with your doctor?

### This program is for you!

The "Living a Healthy Life with Chronic Conditions" six-week self-management workshop empowers people to live well while dealing with conditions like diabetes, heart disease, arthritis, lung disease, and

Search this site...

[Search](#)

### Upcoming Workshops

**Durham**

Sep 14 - Oct 26, 6:00 pm - 8:30 pm

[Oshawa](#)

**Northumberland - Havelock**

Sep 15 - Oct 20, 1:30 pm - 4:00 pm

[Port Hope](#)

**Peterborough - Kawarthas - Haliburton**

Sep 15 - Oct 20, 9:00 am - 11:30 am

[Ennismore](#)

**Scarborough**

Sep 15 - Oct 20, 9:30 am - 12:00 pm

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"Living a Healthy Life" workshop

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your organization

# Sample Promotional Flyer for Self-Management workshop

*living a*  
**healthy life** *with*  
**chronic conditions**

*Central East Self-Management Training Program*

## Getting the most out of life with chronic conditions...

means better managing your health conditions,  
your emotions and your daily activities.  
The "Living a Healthy Life" workshop is for adults of all ages.

### **FREE** six-week workshop

(2½ hours per week for 6 weeks)

Scarborough • Durham • Kawartha Lakes  
Peterborough • Haliburton-Minden  
Northumberland-Havelock

You will receive a copy  
of the book "*Living a  
Healthy Life with  
Chronic Conditions.*"



Caregivers welcome.



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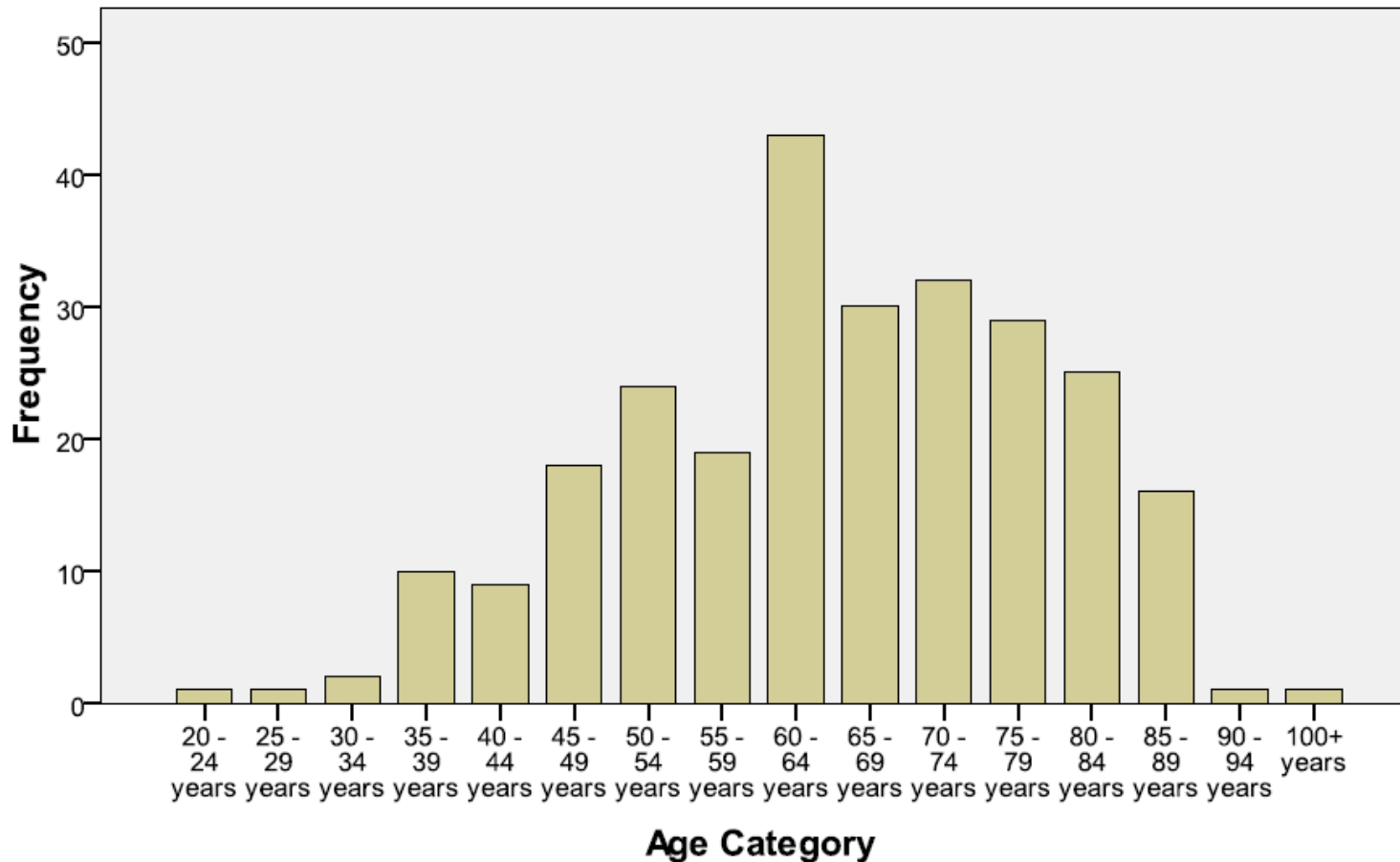
**How Participants are Referred to Self-Management** (n=485 responses from [www.healthylifeworkshop.ca](http://www.healthylifeworkshop.ca) participant registry: April – Nov '09)

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<b>Referral Source</b>	<b>Percent</b>	<b>Referral Source</b>	<b>Percent</b>
Flyer	19 %	Mental Health referral	2 %
Word of Mouth	16 %	Physiotherapist	2 %
Newspaper	12 %	Church	2 %
Other (unspecified)	9 %	Pharmacy	2 %
Community Agency	7 %	COPE Program	1 %
Doctor	6 %	Social Worker	1 %
Diabetes Centre	5 %	Web	1 %
Nurse	5 %	CCAC	1 %
Case Manager	4 %	Info Session	1 %

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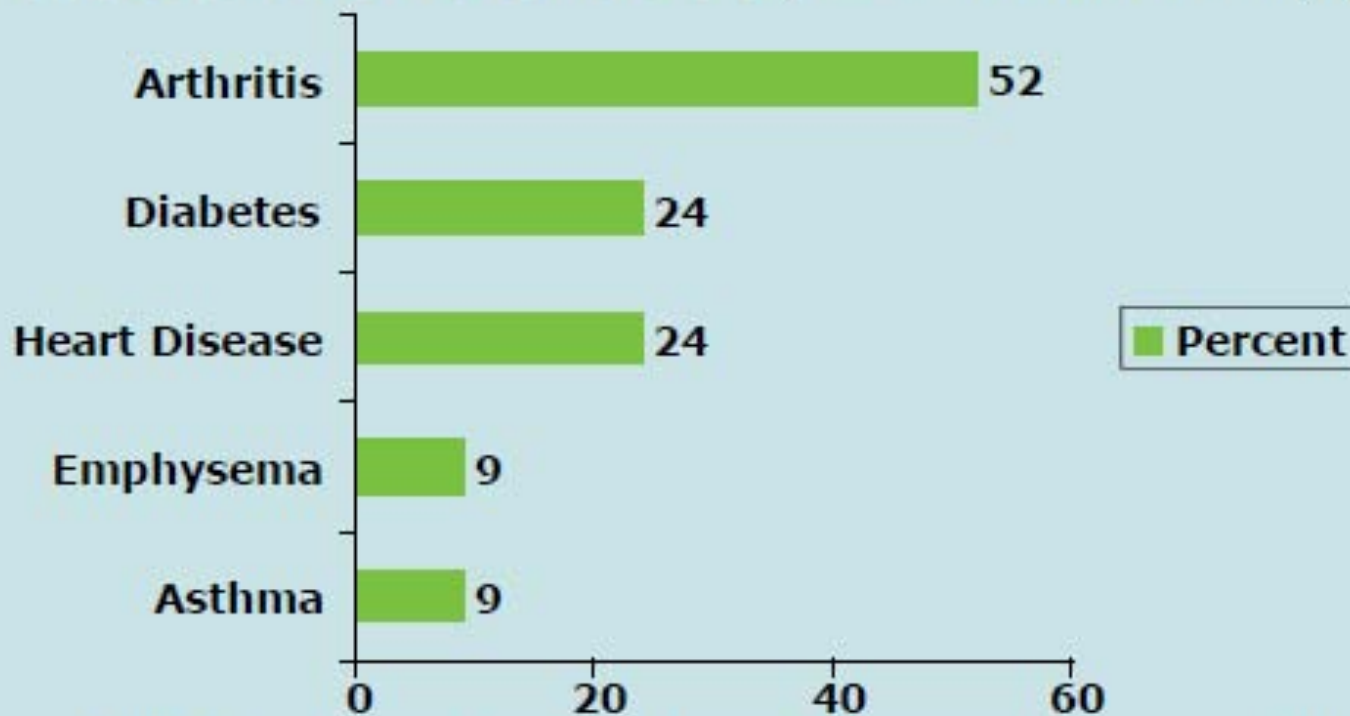
## Age Range of participants (n=277 surveys collected Sept '08 – July '09)



**Average age: 65.0 yrs; 76% female**

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## Percentage of Workshop Participants with selected Chronic Conditions (n=277 baseline surveys)



**Over 60% of participants reported more than one chronic condition.**

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## Quotes from Participants Telephoned 3-6 months post-workshop

- “Before, I was suggested to use the walker but I always resented the idea. Now I have swallowed my pride and I’m beginning to use it. I feel a long stronger with it.”
- “On a scale of 0 to 10, I am 9.5, very confident. I am not going to sit down in front of the tube. I get up to go for a walk. I go to the grocery store to buy groceries.”
- “I would definitely recommend it to a lot of people. I have already recommended it to many people. It teaches you how to live healthier. Now that I am a borderline diabetic I spend hours to read the labels. I am more aware because of the program.”
- “The most useful skill I got out of the program was how to manage my pain level better. I learnt how to approach things a little bit differently. I am still applying these skills. I do find that my attitude is better, which means I don’t suffer from depression.”

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**T-Trainers**  
train Master Trainers  
*4 certified for province of Ontario*

**Master Trainers**  
train Peer Leaders (in pairs)  
**18 Master Trainers to be trained each yr**

**Peer Leaders**  
lead Self-Management Workshops (in pairs)  
**Target: 225 leaders**

**1200 participants  
at Nov 2009**

**Participants**  
attend 6-week Workshop  
**Target: 1400 participants by Apr 2010**



*Central East Self-Management Training Program*

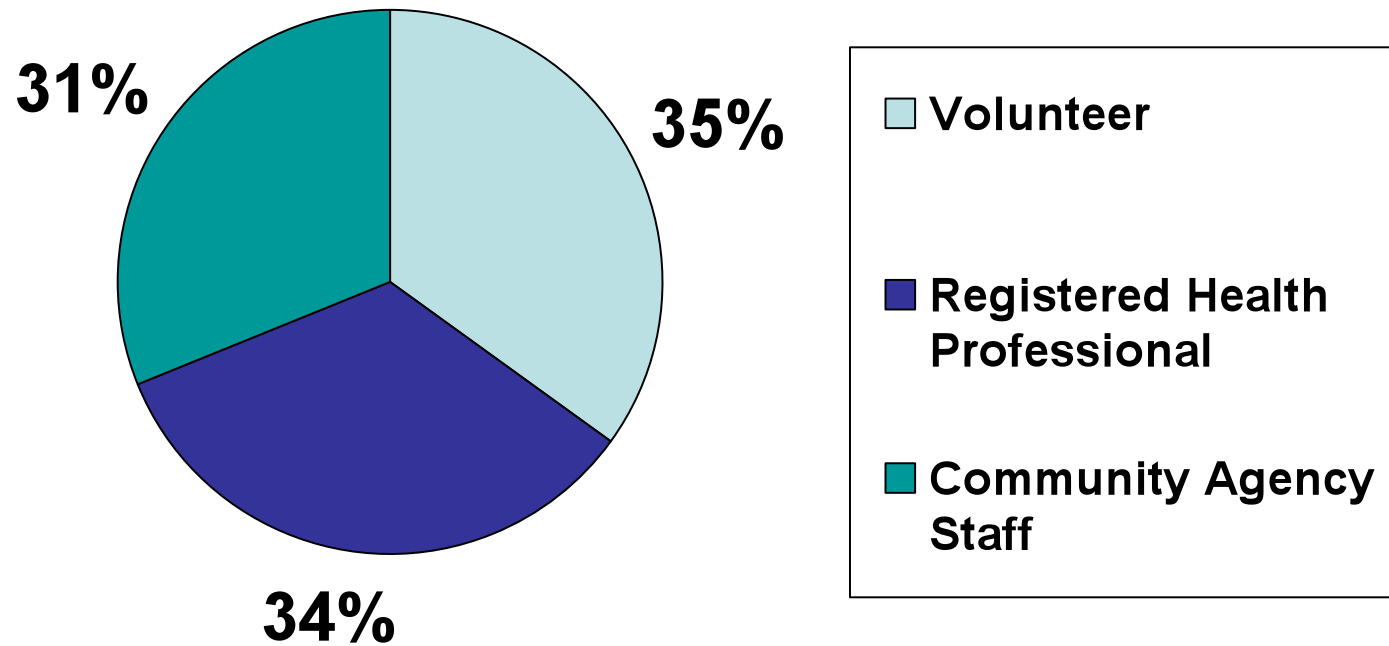
**20 Master Trainers  
Trained in 2008-09**

**Roster of 172 Peer  
Leaders at Nov 2009**

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## Composition of 172 Peer Leaders in Central East



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## Peer Leader & Master Trainer Retention

- Of 72 Peer Leader graduates in 2008-09, **54 (75%) have now led at least one workshop** in the Central East Self-Management Program.
- Of 135 Peer Leaders trained prior to August 2009, **93 (68%) have now led at least one workshop.**
- Within roster of 172 Leaders, only 17 (10%) are considered “inactive.”
- Of 20 Master Trainers trained in 2008-09, **19 (95%)** have completed the requirement of co-leading 2 community workshops to **receive Master Training authorization** from Stanford.
- Also, 16 of the 20 **(80%)** have used their Master Training to **deliver Peer Leader Training courses** for the Central East Self-Management Program.

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## Self-Management Project: Who's Who

Jeanne Thomas CE LHIN  
& Kathy Ramsay CECCAC

Margery Konan Lianos  
LHIN Priority Project Mgr

-Links to LHIN  
Project Managers  
CoP & 9 LHIN  
Collaboratives

Pam Cardwell  
Project Coordinator

Marisa Naval  
Project Admin Asst

# LHIN-Wide Self-Management Project Leadership Team

## Co-CHAIRS:

**Margot Fitzpatrick**, *Ross Memorial Hospital  
Health First Program, Lindsay*

**Diane Bennett**, *CECCAC*

## MEMBERS:

**Shannon Robinson**, *Haliburton Highlands FHT*

**Dana Turnham**, *Caregiver, Lakefield*

**Carole Dove**, *VON, Northumberland*

**Lisa Burden**, *CECCAC*

**Kerri Daley**, *Community Care Kawartha Lakes*

**Keri Semenko**, *Durham Region Diabetes Network*

**Cathy Vowles**, *Peer Leader, Oshawa*

**Joan Lesmond**, *Saint Elizabeth Health Care*

**Loretta Fernandes-Heaslip**, *Brock CHC*

**Mary Kim**, *T-Trainer, Scarborough*

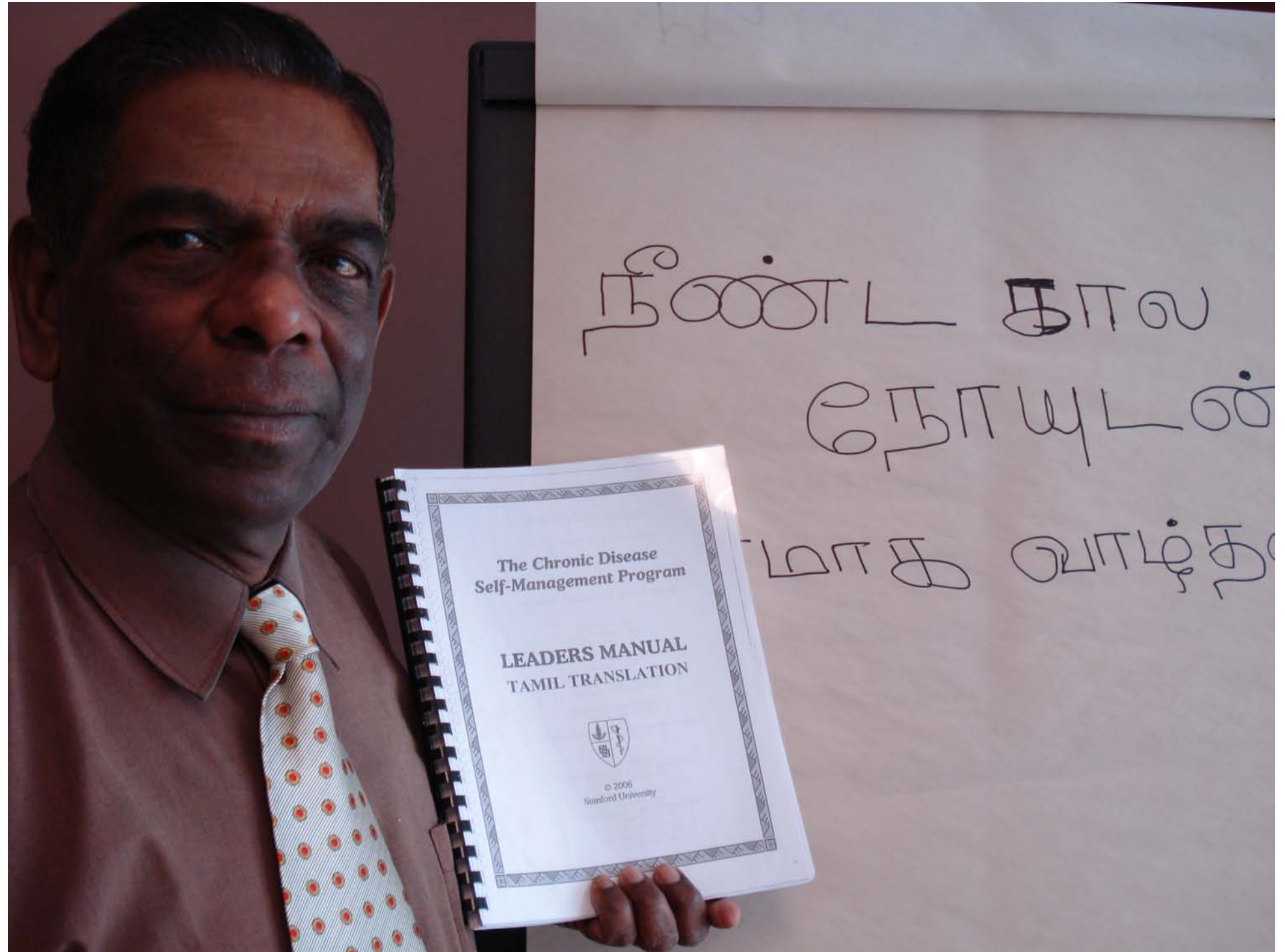
**Samuel Watt**, *Scarborough Hospital, Nephrology*

**Edith Lam**, *Carefirst Seniors*

**KY Liu**, *Yee Hong Centre for Geriatric Care*

**Parvathy Kanthasamy**, *Vasantham Tamil Seniors*

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The Chronic Disease  
Self-Management Program

**LEADERS MANUAL**  
TAMIL TRANSLATION



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Stanford University

நீண்ட கால

நோய்களில்

மிக விரைவில்



## Central East LHIN Vision

Engaged Communities	Healthy Communities
<p><b>People are supported and proactively engaged in</b></p> <ul style="list-style-type: none"> <li>• managing their own health and wellness</li> <li>• providing direction and solutions for their health care system and their LHIN</li> <li>• coordinating the delivery of timely health care services</li> </ul>	<ul style="list-style-type: none"> <li>• Supportive and sustainable environments that address the social determinants of health and cultural competency</li> <li>• Timely and equitable access to care</li> <li>• The health of the population has improved</li> </ul>
<p><b>Values:</b> Accountability. Responsiveness. Respect. Integrity. Innovation. Equity.</p>	

## Central East Self-Management Vision

**People with chronic conditions and their caregivers manage their health and quality of life with confidence.**

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## Contact Information

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