



Oklahoma Health Equity Campaign (OHEC)  
Partnership Meeting  
October 24, 2013

**Attendees:**

[VC= Video Conferencing]

Martha Alford, OSDH Muskogee County Health Department, (VC) Muskogee  
Nicole Amend, Blue Cross and Blue Shield of Oklahoma, (BCBS) (VC) Tulsa  
Colleen Bishop, Catholic Charities, OKC  
Karla Brown, OSDH Health Equity and Resource Opportunities Division, OKC  
Russell Burkhardt, Consultant, (VC) Tulsa  
Cordelia Clapp, OHEC Steering Committee Member, OKC  
Janette Cline, OSDH Community and Family Health Services, OKC  
John Corpolongo, OSDH Community and Family Health Services, OKC  
Rachel Deaton, Indian Nations Council of Governments, (INCOG) (VC) Tulsa  
John DeLara, OU College of Public Health, OKC  
Natalie Duncan, Community Advance, OKC  
Patricia Edmond, Mary Mahoney Community Health Center, OKC  
Sherry Ehrhart, Department of Human Services Aging Division, OKC  
Leslie Gelders, Oklahoma Department of Libraries, OKC  
Michael Hanegan, Department of Human Services, OKC  
Toni Hart, Northeast Area Health Education Center, (VC) Tulsa  
Hannah Hirsch, OU College of Public Health, OKC  
Tuan Phar, Huynh OU College of Public Health, OKC  
Dr. Lori Gore-Green, Southern Oklahoma Nutrition Program, (VC) Tulsa  
Maronda Johnson, Oklahoma City County Health Department, OKC  
Kristen King, Voices Organized in Civic Engagement (VOICE), OKC  
Karen LaPlante, Mental Health Association, (VC) Tulsa  
Jan Larsen, Church of Jesus Christ of Latter Day Saints, (LDS), OKC  
Allen Marks, Community Advance, OKC  
Matthew Mills, Miami Housing Authority, (VC) Miami  
Linda Morgan Clark, United Methodist Church Muskogee, (VC) Muskogee  
Latricia Morgan, OSDH, Center for Advancement of Wellness, OKC  
Staci Morris, Guiding Right, OKC  
Marisa New, OSDH Health Equity & Resource Opportunities Division, OKC  
Theodore Noel, Guiding Right, OKC  
Mary Overall, OAI Consulting, OKC  
Anita Patel, Parent Promise, OKC  
Richard Perry, OHEC Steering Committee Member, (VC) Tulsa  
Deborah Price, Salvation Army, OKC  
Lisa Red, Veteran's Health Administration, OKC  
Donald Richardson, Guiding Right, OKC  
Bud Scott, Oklahoma Farm and Food, OKC  
Gayle Semtur, OUHSC Oklahoma University Health Science Center, OKC  
Debra Shandy, OSDH Center for Advancement of Wellness, OKC  
Karole "Denise" Smith, Indian Health Services, OKC  
Beth Stephenson, Church of Jesus Christ of Latter Day Saints (LDS), OKC  
Dr. William Tabbernee, Conference of Churches, OKC  
Linda Thomas, OSDH Office of Minority Health, OKC  
William Tolbert, HUD U.S. Department of Housing, OKC

Yolanda Viewins, Private Citizen, OKC  
Nancy Wade, About the Father's Business, OKC  
Randy Wade, Chickasaw Nation Center, OKC  
Michael Hanegan, OKDHS, OKC  
Kent Wilkinson, Global Development and Consulting INC., OKC  
Bee Jay Zeober, Living Longer Living Stronger Trainer, (VC) Durant

**New Members:** Linda Morgan Clark, Juan DeLara, Natalie Duncan, Sherry Ehrhart, Hannah Hirsch, Tuan Phar Huynh, Maronda Johnson, Jan Larson, Allen Marks, Matthew Mills, Michael Bailey, Michael Hanegan, Staci Morris, Anita Patel, Lisa Red, Beth Stephenson, Yolanda Viewins, Nancy Wade, Randy Wade, Kent Wilkinson,

**Welcome/Introductions:** Marisa New

**OHEC Updates and announcements:**

- Food Security – Bud Scott, Oklahoma Progress, PLLS
- Health Literacy – Leslie Gelders, Ok Department of Libraries
- Housing – Matt Mills, Miami Housing Authority

### **Question and Answers:**

**1. Q: The Chronic Disease Self-Management Program is it a voluntary basis or could it be a referral from a physician?**

**A:** Everything that everyone does is voluntary. If I am prescribed a medicine it is voluntary on my part that I take it. The program is even voluntary in the correctional institutions. What happens is that people tell other people, and it frequently spreads through participants telling others about the program. Yes, you can get referrals from physicians, although getting physician referrals is very difficult. The reason it is difficult to get referrals from physicians is that they do not have the time to explain the program. What you really need to do is set up a system by which they can refer. The two systems that Kate has seen that work pretty well is one that is used in the federally funded health systems in Denver Co. As part of the electronic medical record, the Dr. can say to the patient we have this great program, can I have someone call you about it? The patient will almost always say yes, they put a note in the electronic medical record, that goes to a community agency which the calls the patient and talks to them about the program and tries to find a location for them to attend close to their home. There other program is in Humble County in Northern California, where they have actually gotten the physicians in the area to fax the referral to a central community agency in the area, and they call the people and get them involved. Every month all the doctors in the system get a record back of how many patients they referred as well as the number of patients the other doctors have referred. In that county 5 % of the people with chronic illnesses have taken the program.

**2. Q: What is the dropout rate for the program?**

**A:** The program considers course completion 4 out of 6 sessions. The reason is that sometimes life gets in the way. So we consider anyone who completes 4 out of the 6 sessions to have completed the program. The national percentage of people who complete the program is approximately 70-75%.

**3. Q: Do patients sign a contract that they will be committed to the program?**

**A:** There is no patient contract, and the reason why is a patient contract says that I am doing this for you, and one of the things that really make self-management different is that it is really for the individual. The person participating makes an action plan; it is theirs not the leaders. People hate the word contract, at one time we called our action plans contracts, and people did not like it because it was so legalistic.

**4. Q: How do you become a trainer or master trainer?**

**A:** There are three levels of trainers, 1<sup>st</sup> you have a leader, these are the people who teach the program to participants. Leaders attend a four day leaders training given by a master trainer. I believe it is given all over the state. To become a master trainer, you must attend a master training class, which is 4 ½ days training. These trainings are given at Stanford University, and some locations in other states. Unless you are serving a very large population you do not need master trainers. The biggest mistake that the program has made is training too many master trainers. Most of our master trainers have not trained leaders. It is very expensive to train master trainers. Kate is recommending that states and large organizations train only 3-4 master trainers. If you really want to have a master trainer you can look at the website at Stanford, [www.patienteducation.stanford.edu](http://www.patienteducation.stanford.edu), go to the training link. In Oklahoma we currently have 15 master trainers, and we are trying to partner together throughout the state to offer any future leader trainings. We will be introducing the Spanish version of the Chronic Disease Self- Management Program so we will be training additional trainers in that. ***Please contact Marisa New or Zach Root to see how this program can be implemented in your***

*community.*

**5. Q: What agencies are Zach Root and Marisa New with?**

**A:** Zach Root is with Oklahoma Department of Human Services Aging Division and Marisa New is with the Oklahoma State Department of Health, Health Equity and Resource Opportunities (HERO) Division.

**6. Q: If someone wanted to have a leaders training what would they have to do?**

**A:** (Zach Root, DHS Aging Services Division) we have a three year grant that goes through August 2015, and we are slated to schedule 2-3 leader trainings per year. So, if you have an interest in having a leaders training I will leave information at the table for you to pick up, or you can contact Marisa New or Zach Root to set up leader trainings.

**7. Q: Will the power point handouts be available? Can we get access to those?**

**A:** Yes, those will be available on our website, [www.okhealthequity.org](http://www.okhealthequity.org).

**8. Q: Can you talk about children with Chronic Disease? Does this program work for them?**

**A:** There is a kids program that was developed by Children's Hospital in Edmonton Canada. It seems to be a fairly good program. The problem is that sick kids do not want to go to groups. It is almost impossible to recruit kids for these groups. A lot of people have tried and they have not been very successful with it. I think that if you really want to reach kids you must do it with technology. We have not done the online self-management program with kids but it is something that I would love to try.

**9. Q: Would it be problematic to extend the workshop to 12 weeks instead of the 6 week format?**

**A:** Yes, there are two reasons. It really does not work that way. It is hard to hold people for 6 weeks much less 12 weeks. It would be a very hard sell. The problem with breaking the sessions up to 1 hour sessions is that the sessions are put together pretty carefully. If you did that you would only be doing an action plan every other week, with the feedback coming the weeks between. The sequencing of things in the program is pretty well thought out. It could be done, but it would take a lot of rewrite. It is not something that we at Stanford have decided to put our efforts into. We may at some point because we are frequently ask this question.

**10. Q: Kate can you comment on the fact that some people want to shorten the 6 week class format?**

**A:** Some people want to shorten the classes because they say that people won't sign up for a six-week class, but that is not true. We just had 100,000 people sign up for a six-week class, so it is not true that people won't sign up for a six week class. They have tried a variety of lengths of classes with other programs such as the arthritis program, but there seems to be a magic number with six sessions.

**11. Q: Is the internet program open to everyone or is it a pilot program open to certain states?**

**A:** The internet program is offered for several programs not only chronic disease. It is offered for Arthritis, Chronic Disease Self-Management, Diabetes, Cancer Survivors, and Building Better Caregivers. The programs are built on a similar platform; there is a learning center that is interactive, with pretty much the same content week by week that the course does. Each week in the learning center they are ask a variety of questions and the answers are posted in the discussion center which is a threaded bulletin board and everyone can see the problem and they can respond to each other's problems. The participants are known to each other by screen names. The real cores of the online program are these bulletin boards; each one will normally have 500-700 posts. The program is facilitated by two peer facilitators whose job is to keep things on track. There is a tool section where participants can keep track of calories, medication logs, all kinds of things that they can use. There is also a post office section where people can correspond individually. Stanford University has licensed all of their online courses to the National Council on Aging. So, if an organization wants to offer a course, they need to contact the National Council on Aging, [julie.kosteas@NCOA.org](mailto:julie.kosteas@NCOA.org).

**12. Q: Concerning the study on the number of Hispanic individuals, was the entire study completed only on the Hispanic population?**

**A:** The entire study started out with 550 individuals and at the end of the study with approximately 475 individuals. In order to take part in the study you had to be Spanish speaking. The study was done completely in Spanish.

**13. Q: Could you please give a couple examples of an action plan?**

**A:** An action plan might be

This week I will not eat between meals on Monday, Wednesday and Friday. This week I will walk around the block on Tuesday, Thursday and Saturday. This week I will clean out my closets for two hours on Sunday.

14. **Q: In your experience what is the best way to recruit participants?**  
**A:** Let's talk about a process instead of a best way to recruit. The process will work almost anywhere. Do not think about recruiting a group of people to go to a class on Thursday afternoon at Calvary Baptist Church, think about recruiting for the program. If you are in a geographic area, start putting together a data base of every single publicity source you can think of. Include neighborhood listservs, church bulletins, newsletters, and put in the contacts for those sources. So when you are giving a program at a specific location you go to your publicity lists about 2 months before the program and you look at all the publicity sources in the geographic area and you call up the contact people on your lists and ask them if they will do something for us. They will tell you what they will do. When you have someone to register for the course you get the name, address and if at all possible the email address. This info goes into your database, that person may not be able to go to your class on the specific date you have chosen, you say to them that when we have another class in the area we will contact you. It stays in the database for three years and every time there is a class in their area they received notification of the class. Every time I gave a talk in a community setting we would say at the start, OK, this is the advertisement. I have these clipboards here and during the talk if you think you would like to come to one of these programs or lead one of them we want you to put your contact information down. These clipboards need to circulate during the presentation. You don't put them at the back door for people to sign on their way out. If you circulate them during the presentation you will almost always leave the room with 2/3 of the people registered. If you put it at the back door you will leave with 10% of the people signed up. Your purpose is to get names, addresses and phone numbers so that you can call them in the following days to discuss the program.
15. **Q: How do you motivate people when they don't want to change?**  
**A:** That is very simple, it is their choice. When they don't want to change a lot of the time they are playing the "you are going to have to make me" game. You don't get any attention for not doing anything; you get attention for doing things. Most of the time when I tell someone that it is their choice, they are totally taken a back because they are used to someone trying to make them.
16. **Q: If a person is going through depression sometimes it is apparent that they don't want to change, so how do you motivate them?**  
**A:** If someone is depressed what I often say is "can you think of one small thing that you can do." Encourage them to not think of big things, but to focus on small things. They might say "Well I want to get dressed before noon one day this week. I will ask them how sure you are that you can get dressed one day this week are. So, tell us how it goes next week. Sometimes all you can do is to get people started. **Our motto is to go for the real, not the ideal.** The real can be as small as anyone wants it to be, baby steps, not the perfect. We just looked at a study of Hispanics that were clinically depressed and they did exceedingly well. People that were clinically depressed in our program did exceedingly well. They lowered their depression scores by 7 points, and 5 points is considered a clinical change.
17. **Q: Do you think it is beneficial to any self-management program such as a diabetes self-management program that is voluntary to require that they sign a contract before they receive any of their benefits they receive to stay healthy as a diabetic?**  
**A:** I don't know enough about Indian Health Services or their programs for me to comment about this. As a scientist I would say what I would probably do is try one group one way, then try another group the other way and see which groups A1C's changed the most.
18. **Q: What does a facility need to conduct a class?**  
**A:** [Two trained leaders plus] A facility needs is a room that will hold 15-20 people that is ADA accessible. That is pretty much all that is required. The leaders will bring with them everything they need to hold a workshop.
19. **Q: What type of liability does the trainer have while leading a self-management program?**  
**A:** That is something that you are going to have to check with the organization that handles the license for the program. Stanford University is very clear that the program has to be given by a licensed agency, and the reason for that is that Stanford is very clear that they do not have the liability. The organization giving the program should be covering the trainer. If there is real concern for this you should discuss this with the licensing agency.
20. **Q: Relating to adults with low level reading skills, how are they helped in a group?**  
**A:** They will not be able to read any better, but they are helped because they learn using oral and group interaction techniques the basic skills they need to deal with their chronic conditions. And they are given the confidence to be able to do this through the action planning, role playing and other techniques that are taught in the classes.
21. **Q: Has there been success having the sessions at federally qualified health clinics?**

**A:** I think you can do them at federally qualified clinics, but quite frankly, most of them are so busy that they don't have room for you. You are often better off holding them across the street at a church or other community building that is close by.

**22. Q: Can you give us an update on Medicaid and Medicare Reimbursements?**

**A:** At this point, there are only two types of reimbursement. You can get a Medicaid and Medicare waiver program started. This has been done in the state of Washington. The second is if the Diabetes program is given as part of a certified Diabetes program by the ADA or the AADE program then you can get reimbursement for Medicare for Diabetes. At the present time there are currently four places in the US that have completed certification and are getting reimbursement for the Stanford Diabetes program.

**ADDENDUM: Questions posed but due to limited time Dr. Lorig was unable to answer [until now]. Q:**

**What is the cost for leader training?**

**A:** Please contact Zach Root, OKDHS ASD, (405) 522-3121 or Marisa New, OSDH Health Equity & Resource Opportunities, (405) 271-9444, ext. 56410. They are coordinating statewide training.

**Q: Describe the process for training – Master Trainers and Leaders?**

**A:** During the trainings, participants take part in every activity, they also have two practice teaches and we go over with them lots of scenarios of things they might encounter and how to handle them. In addition, we discuss the reasons for both the activities and how the process for each works. These trainings are very scripted and standardized.

**Q: How are the Patient Education Grants funded?**

**A:** [From OKDHS ASD] The current CDSME grant program is funded through the Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs financed by 2012 Prevention and Public Health Funds and administered by the U.S. Administration on Aging. The statutory authority for cooperative agreements under this program is contained in Section 1701 (a)(3)(A-B), Section 1701(a)(4), and Section 1703(a)(4) of the Public Health Service Act; and Consolidated Appropriations Act, Fiscal Year 2012, Public Law 112-74; and the Patient Protection and Affordable Care Act, Public Law 111-148; and Title IV, Section 4002 of the Affordable Care Act (PPHF).

So, it is funded through federal funds but many of our partners are also using their own funds to sustain the program.

**Q: Are individuals patient referred only or strictly participating on a volunteer basis? A:**

Both but in both cases remember they are volunteers. You cannot force folks to come.

**Q: Are participants incentive to participate? A:**

Usually not but sometimes they get snacks.

**Q: Is there a charge for the class or program?**

**A:** At this time, all of our workshops are free to the public but in other states, participants have made donations to support future workshops. Others have charged small fees to support paying for the time and effort of their leaders.

**Q: Who designed your online program and created the content? A:**

Stanford created both the software and the content

**Q: How do we get these services to rural isolated areas it is difficult to get peer leaders, senior population may not have internet accessibility, transportation to larger communities with accessibility. It is difficult to get volunteer leaders.**

**A:** Figure out where rural people go and hold workshops there. No not everyone has Internet but more people than you think do. As of last June, 67.9% of people in Oklahoma use the Internet. Just because everyone are not doing something is no reason no one should.

**Q: The Native American Study where was that conducted?**

**A:** It was conducted by Stanford via the Internet and participants came from more than 50 tribes across the US.

**Closing Statement:** Marisa New, Oklahoma Health Equity Campaign and HERO Director