Oregon Department of Human Services (DHS) Living Well/CDSMP Logic Model Revised 11/06

Resources

DHS Master Trainers (cross-program partnership)

Listserv & Web site

DHS-trained master trainers & Spanish-language trainers

Other leaders & master trainers

Prototype for leader training (Stanford)

"Spread" partners (QIO and organizations sponsoring workshops)

Funding
- Books & materials
- Forum
- Care Model Grants
- Agency on Aging Grants

Stanford evaluation data & Oregon-specific data

Access to population through partners

Activities

Provide training opportunities
- Master Training
- Spanish/other language leader /master training

Encourage interaction & networking among leaders and MTs
- Web site & listserv
- Annual Forum
- Conf. calls & newsletter

Support MTs in recruiting and training new leaders
- Recruiting/advertising help
- Info on physician
- "How-to" logistical support for conducting leader training

Promote Living Well among "spread" partners
- Facilitate relationships between master trainers, leaders and local health systems

Care Model Grants
- Clinic/community linkages & referral

Outputs (and evaluation indicators)

Coverage of leaders & MTs across the state
- # of master trainings
- # MTs trained
- # leader trainings
- # leaders trained
- Geographic spread of MTs
- Geographic spread of leaders

Workshops held across the state in a variety of settings
- # of 6-class workshops
- Geographic spread of workshops
- Types of settings for workshops
- # and demographics of workshop participants
- # organizations sponsoring

Continuously active MTs and leaders
- # leader trainings taught by MTs
- # workshops taught by leaders

Increased clinical referrals to Living Well classes

Outcomes (Individual)

Measurable increase in self-management knowledge and skills
- Physical activity
- Cognitive symptom management
- Effective communication with health care team

Improved health status
- Improved general health
- Decreased health distress
- Decreased fatigue & disability
- Decreased limitations

**Improved quality of life for people with chronic disease*

**Increased responsibility (ownership) for health outcomes*

Impact (System)

Fewer hospital days

Fewer hospitalizations

Decreased outpatient visits

**System-wide cost savings*

**Delayed need for community-based or institutional long-term care*

*Anticipated outcomes that have not been evaluated by Stanford

External influences: increased general concern about the human and financial burden of chronic disease; increased appreciation of the need for chronic disease self-management; increased knowledge about the Chronic Care Model and Chronic Disease Self-Management in the public health & medical communities; decreased funding for community programs.