An Investigation of the Chronic Disease Self-Management Program
Assessing CDSMP Facilitators’ Perceptions of the Program’s Effect

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INTRODUCTION
The rising numbers of older adults mean an increased need for chronic disease management programs. The use of community peer leaders and trainers is becoming more popular in light of rising health care costs, the lack of community health interventions, and the decrease in health resources.

- Chronic Disease Self-Management Program (CDSMP)
- Innovative, evidence-based program
- Actively uses community lay leaders
- Encourages strategic self-management skills training

The popularity of the CDSMP has prompted the need to explore the views, opinions, and beliefs of the services the leaders and trainers provide and how these perceptions affect their own quality of life.

METHODS
The data collection method involved a telephone interview protocol:

- Informed participant of the study’s purpose
- Participants were notified they may leave the study at any time
- Researcher obtained the participants views, opinions, and thoughts around being a leader of the CDSMP
- Interviews lasted less than 1 hour each

Data analysis focused on coding—in the tradition of content analysis—such that themes and commonalities were meaningfully identified.

RESULTS
RQ1: What are the perceptions of CDSMP facilitators towards the health benefits of the program?
Sub-question:
What are the perceptions of CDSMP facilitators toward their own health habits?
Themes:
The CDSMP program benefits health in general
The CDSMP program helps manage chronic disease
Facilitator health behaviors
- The CDSMP program benefits health in general
  Participant empowerment
  Learning a new useful skill
  Awareness of new abilities
Leader’s perception:
Useful stress reduction tools
Breathing techniques
Increased awareness of responsibility to model techniques
- The CDSMP program helps manage chronic disease
  Improvement seen during the 6 week program
Leader’s perception:
Gained control
No decline in current state of health
Medication management
- Facilitator health behaviors
  Scarce recall of past behaviors
  Perceptions of undesirable habits were few.
  Before facilitating the CDSMP, there was no consideration of current health habits.

RQ2: How has facilitating the CDSMP changed the health habits of the facilitator?
Sub-question:
What are the perspectives of CDSMP facilitators toward their own quality of life living with a chronic condition?
Themes & Sub-Themes:
Facilitators gained healthy habits
The program increased facilitators’ quality of life
- Facilitators gained healthy habits
  “I’m more aware.”
  “My diet has improved.”
  “The program might help facilitators the most.”
  Ease of integration and use
  Confidence improved in successfully completing tasks
  Gentle integration to habitual change
  Having “choices” to make healthier decisions
  Adopting model behavior
  Increased frequency in leading classes enhanced commitment to change.
  Trusted information
- The program increased facilitators’ quality of life
  “I love watching learners’ live improve.”
  “I’m less stressed.”
  Familiarity with concepts
  Adoption of techniques
  Self-fulfillment
  Integration in current role
  Socialization
  Pre-cursors for stress
  Coping mechanisms

CONCLUSIONS
- Will supplement to the body of knowledge on CDSMPs.
- Administrators of the program have a conceptual understanding of the benefits.
- May influence other leaders to adopt additional recruitment efforts.
- May decrease operating costs with the advent of peer volunteers.

CLINICAL IMPLICATIONS
- Sustainment
- Improvement
- Reduction of overall medical costs
- A deeper understanding of peer led interventions
- Promotion of effective leadership strategies
- Recruitment of new and old leaders
- Revitalization of old leaders that haven’t led in a while.

REFERENCES
All associated references can be found in the original document at: http://scholarworks.waldenu.edu/dissertations/3105/

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