



# *My Life, My Health* Master Training

## Chronic Disease Self-Management Program (CDSMP)

**When:** September 12<sup>th</sup>, 13<sup>th</sup>, 14<sup>th</sup>, 15<sup>th</sup> and 16<sup>th</sup>

**Where:** Springfield Marriott Hotel, 2 Boland Way, Springfield, MA 01115

**Time:** Four all day trainings from 9:00 A.M. to 4:30 P.M.; one half day (9/16/11)

The Massachusetts Department of Public Health (DPH) is pleased to announce it is offering a 4.5 day **Master Training** in the evidence-based Stanford University's Chronic Disease Self-Management Program. Funding and scholarships for this training are provided through the National Association of Chronic Disease Directors under the Arthritis Intervention Dissemination Grant. The cost of the training is \$1,000, scholarships and accommodations are available for those meeting specific criteria outlined below.

**Who should sign up for this training program?** Individuals who are actively certified as CDSMP Leaders and successfully complete the Master Training course will be able to provide leader training and support to peer leaders in the Western or Southeastern regions of Massachusetts.

### Training Details:

- Training is 4.5 consecutive days. In order to become a master trainer, successful completion of the course and **attendance for the full 4.5 days is required.**
- Registration is limited to **twenty-two** individuals.
- The course will be co-taught by two T-trainers certified by Stanford University in CDSMP.
- All associated materials will be supplied.

Agencies will be required to sign a Memorandum of Understanding that assures that all trainees will: 1) conduct at least two *My Life, My Health* courses; 2) provide at least one leaders training; 3) perform and submit all required program evaluations; and 4) participate in a regional CDSMP coalition.

**To receive an application or for more information**, please contact Bridget Landers at DPH's Healthy Aging and Disability Unit at **617-624-5540** or e-mail: [Bridget.Landers@state.ma.us](mailto:Bridget.Landers@state.ma.us).

**Note: all applications must be received by Friday, August 26, 2011**

The Commonwealth of Massachusetts



Department of Public Health
Executive Office of Elder Affairs



My Life, My Health

Stanford University's Chronic Disease Self-Management Program (CDSMP)
An Evidence-Based Health Promotion Program

CDSMP Master Training Application Form

Training Dates: September 12 -16, 2011
Springfield Marriott Hotel, 2 Boland Way, Springfield, MA

Please complete all three sections of this application.

Section I: Contact Information

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Section II: Trainee Information, etc.

1. Names of Trainees: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

2. Do any of your trainees have a chronic health problem? (Note: helpful but not a requirement)

\_\_\_ No \_\_\_ Yes

3. Are your trainees certified as a CDSMP Leaders?

\_\_\_ No \_\_\_ Yes If no, describe the potential leaders' experience related to group health education.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

4. In order to participate in this training, there must be an affiliation with an organization that is licensed by Stanford University to deliver CDSMP. Please indicate the status of your organization:

\_\_\_ My organization holds a current Stanford CDSMP license (*please attach a copy of license*).

\_\_\_ My organization is partnering with an organization that holds a current Stanford CDSMP license, and has a letter of agreement describing our partnerships (*please attach letter of agreement and license*).

\_\_\_ My organization has applied for a Stanford CDSMP license and expects to complete the paperwork before the master training begins (*please attach a copy of the application*).

For more information regarding program licensure, please refer to the following website:

<http://patienteducation.stanford.edu/licensing/> or contact the Stanford University Patient Education Research Center at (650) 723-7935.

5. Do any of your trainees have special requests for accommodation? \_\_\_ No \_\_\_ Yes (please explain)

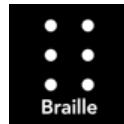
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Dietary Requests: \_\_\_\_\_

Disability Accommodations: \_\_\_\_\_

If you are deaf or hard of hearing, or are a person with a disability who requires accommodation, please contact: Bridget Landers, Telephone: (617) 624-5540, Fax: 617-624-5075, E-mail: [Bridget.Landers@state.ma.us](mailto:Bridget.Landers@state.ma.us) or TTY Number: 617-624-5992 as soon as possible.



### Section III: Organizational Assessment

**Please assess your organization's ability to do the following:**

1. Offer participant workshops at times and places that are convenient for the target population.

\_\_\_ Yes \_\_\_ No \_\_\_ Unsure (comments) \_\_\_\_\_

2. Recruit and retain lay leaders by providing necessary guidelines and supports.

\_\_\_ Yes \_\_\_ No \_\_\_ Unsure (comments) \_\_\_\_\_

3. Follow the requirements of the license agreement with Stanford Patient Education Research Center and abide by the terms of that agreement.

\_\_\_ Yes \_\_\_ No \_\_\_ Unsure (comments) \_\_\_\_\_

4. Adhere to the provisions of the Memorandum of Understanding between your organization and the Department of Public Health.

\_\_\_ Yes \_\_\_ No \_\_\_ Unsure (comments) \_\_\_\_\_

5. Maintain the capacity to fulfill record-keeping and evaluation requirements of the CDSMP (at minimum - demographics, attendance data. For those sites that need to track participant outcomes - pre-workshop, post-workshop questionnaires) and transmit data to MDPH after each training/workshop is completed.

Yes  No  Unsure (comments) \_\_\_\_\_

6. Provide program sustainability; a continuing commitment to offer CDSMP by creating an infrastructure for program coordination to include: leader and participant recruitment, marketing, an opportunity to participate in outcomes evaluation, and maintaining a plan to offer at least 2 classes per year.

Yes  No  Unsure (comments) \_\_\_\_\_

7. Market CDSMP to local community members, key community leaders, and health care providers to enhance participant recruitment.

Yes  No  Unsure (comments) \_\_\_\_\_

8. Collaborate with community organizations to build local capacity to offer CDSMP.

Yes  No  Unsure (comments) \_\_\_\_\_

9. Ensure all training/workshop facilities are accessible for people with disabilities.

Yes  No  Unsure (comments) \_\_\_\_\_

10. Ensure all trainings/workshops can provide accessible accommodations (i.e. sign language interpreters, large print, Braille, TTY) for people with disabilities upon request.

Yes  No  Unsure (comments) \_\_\_\_\_

Name of Person Authorized to sign for this Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Authorized Person/Date: \_\_\_\_\_

Please **e-mail or fax** the completed form to the attention of Program Coordinator, **Bridget Landers** at DPH's Healthy Aging and Disability Unit. Any questions, please call her at (617) 624-5540.

**E-mail:** [Bridget.Landers@state.ma.us](mailto:Bridget.Landers@state.ma.us)

**Fax:** 617 624-5075

**ALL APPLICATIONS MUST BE RECEIVED BY FRIDAY, AUGUST 26, 2011**