



Take Control of Your Health!

Session Zero Script

My name is _____ and this is _____. We are from _____ and we are here to tell you about *Living Well*, a workshop for people who have ongoing health problems, also known as chronic conditions, and for people who are caregivers for someone with ongoing health problems.

Some of the examples of ongoing health problems are:

(You do not need to list all of the conditions, choose 5 - 6 that may be of interest to your group)

- Heart disease
- High blood pressure
- Diabetes
- Osteoporosis
- Lung diseases
- Arthritis
- Asthma
- Cancer
- Depression
- Fibromyalgia
- Congestive Heart Failure
- COPD
- Parkinson's disease
- Anxiety
- and many others

These conditions may cause pain, fatigue, isolation and emotional distress. Living a healthy life with ongoing health problems includes working to overcome the physical and emotional concerns caused by your condition. This means that you can put yourself in control of your condition and use tools that can help you manage your ongoing health problems.

Living Well will give you methods and tools to help you take care of your ongoing health problems. During the workshop you will build confidence, knowledge and skills to better manage your daily health by:

- Solving problems
- Dealing with difficult emotions
- Managing stress and learning relaxation techniques
- Controlling pain
- Eating healthy

- Communicating better with others
 - o Family, friends and health care providers
- Managing medications
- Fighting fatigue and frustration

Living Well does not address each ongoing health problem individually. Most people who have chronic conditions have similar concerns and problems. *Living Well* helps people understand how to cope with their conditions, including the physical and emotional complications that go along with ongoing health problems.

This program was developed by Stanford University. In one study, the *Living Well* (CDSMP) workshop was provided to approximately 1,000 people who had heart disease, lung disease, a stroke or arthritis. After their participation in the workshop, these people were followed for 3 years. The study looked at:

- Changes in pain, fatigue, shortness of breath and depression
- Visits to physicians, emergency rooms and hospitalization
- Level of confidence in managing health conditions
- Use of self-management behaviors in taking medications, doing physical activity, eating healthy foods, using community resources and communicating with doctors
- Managing stress

The results of this study showed that people who participated in this workshop did better in all of the areas when compared to those who did not attend the workshop.

Living Well meets once a week for six weeks. Each session lasts approximately two (2) hours and includes a break. The workshop will have 8-15 people in each group. This is a fun and interactive workshop with a number of activities that are completed with other participants.

We would like to offer this workshop to you on _____ (day), _____ (time), starting _____ (date). [Know the ending date _____]

If you are interested in attending *Living Well*, please

[Three options: 1) sign the sheet or 2) fill out contact form 3) have a contact onsite]

- 1) Write your name on the form that is being passed around the room (*You can use the Registration Form. If you need something with bigger spaces, please feel free to modify or design your own.*)
- 2) Fill out the ½ sheet with your information so that we can contact you about the upcoming workshop
- 3) Contact _____ (name of on-site person) to be placed on the workshop roster

Does anyone have questions or comments about *Living Well*?

(wait 15-20 seconds to see if anyone comes up with a question)

****See below, if time allows**

Thank you for inviting us to meet with you today. We look forward to seeing all of you again during the workshop.

[You can ask those who want to take the workshop to fill out the Participant Information Survey and the Pre-Questionnaire. The person may also take the paperwork with them to fill out and bring to the first workshop session. You can mail out the survey and questionnaire to the provided address from the info sheet.]

****If you have more time, or if the contact would like the group to participate in action planning, see below.**

One of the activities that you will do in *Living Well* is to work on individual action plans. [Show chart and explain the action planning steps]

Parts of an Action Plan

1. Something YOU want to do (not what someone else thinks you should do, or what you think you should do)
2. Achievable (something you can expect to be able to do this week)
3. Action-specific (for example, losing weight is not an action or behavior, but avoiding snacks between meals is; losing weight is the result of actions)
4. Answer the questions:

What? (Walking or avoiding snacks)

How much? (Walking 4 blocks)

When? (After dinner on Monday, Wednesday and Friday)

How often? (4 times - try to avoid every day, it is better to have succeeded when you say you will do something 3 times rather than to feel that you have failed if you've done it 6 times; you feel even better if you do it 7 times when you've said you'll do it 3 or 5 times!!)

5. Confidence level of 7 or more (ask yourself, "on a scale of 0 = no confidence to 10 = total confidence, how confident am I that I will complete the ENTIRE action plan?" If you rate your confidence below a 7, you might want to look at the barriers and consider reworking your action plan so that it's something you are confident that you can accomplish. It's important that you succeed!!)

Presenters should ask each other what the other person's action plan is for that week (modeling).

Ask for volunteers to talk about their action plan that includes something that they would like to do for a healthy life.

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