



### Program Overview

Kate Lorig, RN, DrPH, and her colleagues at Stanford University originally developed the Chronic Disease Self Management Program, known in South Carolina as “Better Choices, Better Health”, in 1996. The program is a workshop given for two and a half hours once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. The workshops are led by two trained leaders who may be lay leaders or health professionals, and one of whom has a chronic health condition. Topics covered include: 1) techniques to deal with problems such as frustration, fatigue, and pain, 2) appropriate exercise for maintaining/improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) effective communication with family and health professionals, 5) nutrition, and 6) how to evaluate new treatments. Classes are highly interactive, where mutual support and success build participants’ confidence in their ability to manage their health and maintain active and fulfilling lives. The program is now offered in over 40 states in the US and in over 40 countries world-wide.

### Chronic Disease Self Management Program Evaluation Studies At-A-Glance

<b>Lorig, Ritter, &amp; Jacques, 2005</b>	Replication study, targeting participants of Hispanic ethnicity (N=445)	<i>4-month follow-up:</i> <ul style="list-style-type: none"> <li>■ ↑ self-reported health</li> <li>■ ↓ shortness of breath, pain</li> <li>■ ↓ mental stress</li> </ul> <i>12-month follow-up</i> <ul style="list-style-type: none"> <li>■ ↓ hospital days</li> </ul>
<b>Lorig, Ritter, &amp; Gonzales, 2003</b>	Quasi-experimental pre-test post-test design (N=551)	<i>4-month &amp; 12-month follow-up:</i> <ul style="list-style-type: none"> <li>■ ↑ self-reported health, health status</li> <li>■ ↑ health behaviors, self-efficacy</li> <li>■ ↓ ED visits</li> <li>■ ↓ distress, fatigue, pain</li> </ul>
<b>Ritter et al., 2002</b>	Dissemination/replication study (N=489)	<i>12-month follow-up:</i> <ul style="list-style-type: none"> <li>■ ↑ health status, health behaviors</li> <li>■ ↓ ED visits, outpatient visits</li> </ul> 1-yr. cost savings estimated at \$900 per participant
<b>Lorig et al., 2001</b>	Longitudinal follow-up to randomized trial listed below (N=831)	<i>12-month &amp; 24-month follow-up:</i> <ul style="list-style-type: none"> <li>■ ↑ Self-efficacy</li> <li>■ ↓ ED visits, outpatient visits</li> <li>■ ↓ Health distress, fatigue</li> </ul>
<b>Lorig et al., 1999</b>	Randomized controlled trial (N=952)	<i>6-month follow-up:</i> <ul style="list-style-type: none"> <li>■ ↑ health status, health distress</li> <li>■ ↓ Hospitalizations, days in hospital</li> </ul> Cost savings at \$750 per participant

## References

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