



MINI-GRANT PROGRAM CHRONIC DISEASE SELF-MANAGEMENT PROGRAM

Mini-Grant Objective and Overview:

- Provide up to \$1,000 in start-up funding and technical assistance to family physicians, family medicine clinics, and family medicine residency programs to pilot the Chronic Disease Self-Management Program for patients.
- Funding may be used for stipends to volunteer leaders, administrative time, staff to attend the four day leader training, workshop refreshments and beverages, meeting room rental, participant incentives, outreach to patients, printing and postage, and other related expenses.
- Mini-grants are administered by the Minnesota Academy of Family Physicians Foundation through a funding contract with the Minnesota Department of Health.

About the Program:

The Chronic Disease Self-Management Program (CDSMP) is a lay-led participant education program for adults experiencing chronic health conditions such as hypertension, arthritis, heart disease, stroke, lung disease, and diabetes. Developed 20 years ago by Stanford University Patient Education Research Center, the program focuses on problems common to individuals suffering from chronic conditions.

Participants meet for two hours over six consecutive weeks. They learn information and practical skills for: managing pain and fatigue, healthy eating, physical activity, making informed treatment choices and talking with their doctor and family about their health concerns. Most importantly, individually and together participants will gain confidence, motivation and find the practical solutions they need to manage the challenges of living with a chronic health condition. Each week participants set individual action plans and report back to the group the following week. (The program does not replace the physician-patient care plan but seeks to enhance the care plan.)

CDSMP participants used fewer health care services (less hospital and physician services) than they used before participating in the program (Lorig et al., 1999; Lorig et al., 2001a). After one year, Lorig et al. (2001a) found participants had significant improvements in energy, health status, social and role activities and self-efficacy; less fatigue or health distress; fewer visits to the emergency room, and no decline in activity or role functions, even though there was a slight increase in disability after one year (see evidence-based resources in packet).

How to Apply:

Contact Lynn Balfour at the MAFP Foundation to indicate your interest, learn more, and network with other physicians offering the program: foundation@mafp.org or 952-542-0130 (800-999-8198).

For more information about the program, please review the DVD, materials or visit:

<http://patienteducation.stanford.edu/> or <http://www.mnhealthyaging.org/SMCC/CDSMP.aspx>