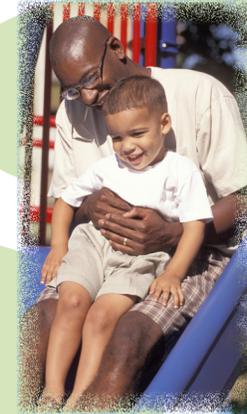


# Rhode Island Department of Health

## *PROVIDER RESOURCE GUIDE*

### for Patients with Chronic Conditions



Evidence-based supplemental health improvement services that support patients, families, providers, and the healthcare system in:

- **Disease management**
- **Self-management**
- **Patient activation**

Using a comprehensive approach to address:

- **Controlling and reducing weight**
- **Lowering cholesterol**
- **Lowering blood pressure**
- **Avoiding the onset of diabetes**
- **Improving management of diabetes**



**Rhode Island Department of Health  
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Providence, RI 02908**

HEALTH Information Line, 401-222-5960 / RI Relay 711

[www.health.ri.gov](http://www.health.ri.gov)

<http://www.health.ri.gov/chronicconditions/>

## CERTIFIED ASTHMA EDUCATOR (AE-C)

Certified Asthma Educators (AE-C) are RI Physicians, Physician Assistants, Nurses, Pharmacists, Respiratory Therapists, and Health Educators who possess the comprehensive knowledge of the pathophysiology and management of asthma. AE-Cs instruct patients on the optimal use of medications and delivery devices. They work with families to develop, implement, and monitor a customized asthma action plan to optimize the individual's self-management skills and become an activated patient. Individual sessions are in primary care practices statewide. Group sessions for pediatric patients and their families are available in English and Spanish through the *Draw A Breath Program* at Hasbro Children's Hospital.

**Nancy Sutton MS RD LDN, Deputy Team Lead, Asthma Control Program Manager,**  
**Nancy.Sutton@health.ri.gov, 401-222-4040**

## CARDIOVASCULAR OUTPATIENT EDUCATOR (CVDOE)

Cardiovascular Outpatient Educators (CVDOE) are RI Registered Dietitians, Nurses, and Pharmacists who are trained in cardiovascular disease education, disease-management skills, and motivational interviewing techniques and are certified in diabetes outpatient education. CVDOEs instruct patients to become active participants in controlling their heart disease to reduce complications and improve outcomes. Educators provide skill building on management of blood pressure, lipids, medication, and nutrition. Education is offered in either individual or group sessions and as an in-practice group visit through the TEAMWorks program. Services are available in English and Spanish. Please contact Deborah Newell for information on individual visits or availability of other languages. For information on group visits through the TEAMWorks program, please contact Susan Cesare.

**Deborah Newell RPh, CDOE Coordinator, Certified Diabetes Outpatient Educators Program,**  
**deborahnewell@gmail.com, 401-222-4421**

**Susan Cesare BSN, TEAMWorks Coordinator, Diabetes Prevention and Control Program,**  
**401-222-4851**

## CERTIFIED DIABETES OUTPATIENT EDUCATOR (CDOE)

Certified Diabetes Outpatient Educators (CDOE) are RI Registered Dietitians, Nurses, and Pharmacists who are trained in diabetes education, disease-management skills, and motivational interviewing techniques. CDOEs instruct patients to become active participants in controlling their diabetes to reduce complications and improve outcomes. CDOEs provide skill building for patients to better manage their glucose, lipids, and blood pressure levels. They also train patients on medication therapy management and the use of glucose monitors. Education is offered in either individual or group sessions and as an in-practice group visit through the TEAMWorks program. Services are available in English and Spanish. Please contact Deborah Newell for information on individual visits or availability of other languages. For information on group visits through the TEAMWorks program, please contact Susan Cesare.

**Deborah Newell RPh, CDOE Coordinator, Certified Diabetes Outpatient Educators Program,**  
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## LIVING WELL RHODE ISLAND

Living Well Rhode Island Chronic Disease Self Management Program is an evidence-based program developed at Stanford University Education Research Institute in 1996. The program is approved by the Administration on Aging, Centers of Disease Control and Prevention (CDC), and the National Council on Aging. LWRI offers workshops in English and Spanish in Chronic Disease Self-Management and Diabetes Self-Management. The goal of the LWRI program is to enable participants to manage their health including the impact the chronic condition has on their lives and emotions. Coping strategies such as action planning and feedback, behavior modeling, problem solving techniques, and decision making are practiced in the workshops which run 2.5 hours per week over a 6 week period at various sites throughout Rhode Island.

**Arlene Hartwell MEd CHES, Co-Coordinator, Arlene.Hartwell@health.ri.gov, 401-222-7636**  
**Maria Matias MSW, Co-Coordinator, Maria.Matias@health.ri.gov, 401-222-7623**

## YMCA DIABETES PREVENTION PROGRAM

The YMCA Diabetes Prevention Program is a 16-week course designed for those at high-risk of developing diabetes or have been diagnosed with pre-diabetes. This evidence-based program focuses on helping individuals make small sustainable behavior changes related to a healthy lifestyle. The outcome goals of the program include reducing body weight by 7% and increasing physical activity to 150 minutes per week. The program is offered at various Rhode Island locations through the Greater Providence YMCA.

**Neta Taylor-Post, Director of Healthcare Initiatives, YMCA of Greater Providence,**  
**ntaylorpost@gymca.org 401-427-1825**

## PEER RESOURCE SPECIALISTS

Resource Specialists are either family members raising children with special health care needs or individuals with a chronic care condition or a disability who have experience navigating a variety of systems and services. They are trained to provide peer-to-peer support, systems navigation, referrals, self advocacy skills, and assistance with care coordination for patients, and parents of children with special health care needs. Resource Specialists are located in primary care, specialty care, hospital, and community settings. Resource Specialists are part of the care team and have been shown to promote patient centered medical home, reduce emergency room use, increase use of community based resources, reduce inpatient admissions, and reduce of overall health care costs. Participating practices are required to provide comprehensive, patient-centered care for youth and adults with special healthcare needs regardless of insurance type (i.e. Medicaid or commercial coverage).

**Deborah Garneau MA, Chief, Office of Special Healthcare Needs,**  
**Deborah.Garneau@health.ri.gov, 401- 222-5929**

## WE CAN®

We Can! Ways to Enhance Children's Activity and Nutrition, is a public education outreach program designed to help children 8-13 years old stay at a healthy weight by improving food choices, increasing physical activity, and reducing screen time. We Can! Energize our Families: Parent Program is a 4-6 lesson curriculum delivered in a group setting. The program is a collaboration of four Institutes of the National Institutes of Health: National Heart, Lung, and Blood Institute, National Institute of Diabetes and Digestive and Kidney Diseases, National Institute of Child Health and Human Development, and the National Cancer Institute.

**Kathleen Henegan MPH, Email: Kathleen.Henegan@health.ri.gov, 401-222-2107**

## SHAPE UP RI

This health promotion program encourages Rhode Islanders to pursue healthy lifestyles through increased physical activity and better nutrition. Participants "compete" on teams and track their weight, exercise hours, fruit and vegetable intake, and pedometer steps over a 12-week period during a Spring challenge or an 8-week period during the Summer. A Kids program and Family Challenge are also part of the program which includes reduced TV watching and eating meals together as a family.

**Colin Murphy RN MBA, Executive Director, Email: colin@shapeupri.org , 401 421.0608**

## SILVERSNEAKERS®

The SilverSneakers® Fitness Program is an innovative health, exercise, and wellness program helping older adults live healthy, active lifestyles. SilverSneakers provides a basic fitness membership, signature SilverSneakers classes, assistance from a Senior Advisor, health education, fun social activities, and nationwide access to more than 10,000 locations. Older adults with diabetes who are enrolled in the SilverSneakers Fitness Program are admitted to the hospital less often, have lower inpatient care costs, and have significant reductions in their overall health care costs after only one year of active participation (according to a recent study published in Diabetes Care, the journal of the American Diabetes Association).

**For Rhode Island locations visit [www.silversneakers.com](http://www.silversneakers.com) or call 800-423-4632 / TYY 711.**