



My Healthy Vermont's Self-Management Programs

Training Manual

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Implementation Guidelines

A step-by-step instruction to offer a Self-Management Program.

Step 1: Connect with a trained leader(s), confirm which SMP will be provided, on which dates, at which times, and in which location or virtually.

Each regional coordinator updates a list of the trained SMP facilitators in their HSA quarterly. This list is maintained by VDH and provided to new regional coordinators during orientation.

Sample Trained Leader List:

	A	B	C	D	E	F	G	H	I	J	K	L
	Hospital Service Area	Reg. Coord	Facilitator First name	Facilitator Last name	Facilitator Email	SMPs trained to lead (select from drop down, one training type per line)	Date Trained	Start date of last class offered	Training status (select from drop down)	Date Refreshed	Master Trainer	date trained as master trainer
1	Brattleboro	Becky Best	Andrea	Test	test@email.com	CPSMP	7/1/2019	8/24/2021	Up to Date		no	
2	Brattleboro	Becky Best	John	Sample	sample@email.com	DSMP	4/28/2021	1/15/2022	Up to Date		yes	10/1/2021

- A: Name of the Hospital Service Area
- B: Name of the Regional Coordinator
- C: Trained facilitator’s first name
- D: Trained facilitator’s last name
- E: Trained facilitator’s e-mail address
- F: The Self-Management Program the Facilitator is trained to lead

Drop down guide:

DPP	Diabetes Prevention Program
DSMP	Diabetes Self-Management Program
HCHC	Health Coaches for Hypertension Control
CDSMP	Chronic Disease Self-Management Program
CPSMP	Chronic Pain Self-Management Program
WRAP	Wellness Recovery Action Planning Program
TC	Tobacco Cessation

- G: Date the facilitator was originally trained to lead that specific SMP
- H: Start date of the last SMP the facilitator offered
- I: Training Status

Drop down guide:

Up to date	The facilitator is up to date on their SMP training
Needs Refresh	The facilitator needs to attend a refresher training
Refresh Scheduled	The refresher training has been scheduled

- J: Date the facilitator attended a refresher training session
- K: Indicate if the facilitator is also a Master Trainer for this specific SMP
- L: Date the facilitator was originally trained as a Master Trainer for this SMP

Step 2: request a Wufoo ID.

A unique ID number is assigned to each SMP offered. This number is obtained by completing the form found here: [New Workshop ID Request Form \(wufoo.com\)](http://www.wufoo.com). See sample below. Wufoo IDs are generated every Wednesday morning. You will receive your Wufoo ID number via e-mail and the SMP will be posted to MyHealthyVT.org. (See MHVT section for more information).

New Workshop ID Request Form

You will be assigned one from the Statewide Self-Management Program Team. Please look for confirmation email from Wufoo with workshop ID number.

Workshop ID

Regional Coordinator *
RC name here

H.S.A. *
Choose HSA

Is this workshop closed to the public? If so, please check below.
 Yes, please do not advertise on MyHealthyVT.org

Workshop Site (be specific - for website listing) *
Location name or zoom for virtual

Street Address of Workshop (include zip) *
Physical address, leave blank if virtual

Please check if you will offer an incentive with this workshop:
 Incentive

Incentive Type:
Please choose one

If not listed above, please note incentive here:

If this workshop is being offered in partnership, please type the name of the partner organization below:

Partner Organization Type
Choose from Drop Down

Other partner/organization:

Workshop Type *
Choose from Drop Down

Workshop Start Date *
MM / DD / YYYY

Workshop End Date *
MM / DD / YYYY

If DPP, Add date of 16th Week Below
MM / DD / YYYY

Day of Week *
Choose from Drop Down

Times: *

Leader 1: *
First and Last Name of Facilitator 1

Leader 2: (If DPP or TOBACCO, write n/a) *
First and Last Name of Facilitator 2

Notes/Comments
Any additional info

Submit

Step 3: Vermont Health Learn

Vermont Health Learn is an e-learning platform that can be used to share course materials and e-mail all participants together. Once you have the Wufoo ID you can reach out to Viki Delmas (Viki.Delmas@cvmc.org) and ask for the class to be added to VTHL. Note, not all SMPs are currently using VTHL, primarily DPP and HCHC but if you would like to try using it for another SMP connect with Viki to discuss. See VTHL section for more details.

Step 4: Advertise the SMP offering throughout your HSA

There are a variety of ways to advertise SMP offerings, some examples are:

- Front Porch Forum (See Communications Manual for samples)
- Hospital Facebook page (See Communications Manual for samples))
- Posting fliers around hospital, primary care, or other locations such as the library
- Connect with partners like the Community Health Team or SASH

Step 5: respond to any inquiries about the class

When someone interested in attending a class clicks on the “register” button they are prompted to complete a small registration form. Based on their zip code, that information is then sent to the Regional Coordinator for their area.

- If the class they are interested in attending is one that you are hosting in your area, reach out to them to discuss.
- If the class they are interested in is in another area, forward the interest e-mail, via secure encrypted e-mail, to the Regional Coordinator offering the class by checking the location of the class against the Regional Coordinator map.

Step 6: Complete the registration form

Once someone is ready to join an SMP, they must complete the registration form. There are several ways to do this:

- You can complete this form with them over the phone or in-person
- You can send them a paper copy to complete and return
- You can send them a PDF fillable form to complete digitally and return.

Step 7: Processing completed registration form

Upon receipt of the completed registration form you will enter the information:

- On the class attendance tracking sheet (see Data Collection for more information)
- Vermont Health Learn, if applicable (see Vermont Health Learn for more information)
 - Once information has been added to the course in Vermont Health Learn the participant will receive an e-mail from “Brightspace” welcoming them to the platform. To access, they will need to create a UN and PW. When they first enter VTHL they will be asked to reset their password. This can be confusing for some, and you may need to help them walk through this process.

Step 8: Welcome Participants

Send out a welcome email to class participants with information about the program, including the zoom link. An email is sent out prior to each session weekly with relevant class information, including the Zoom link. (Samples can be found in the RC Resource Hub on Vermont Health Learn)

Step 9: Provide technical assistance

Session 0 will be used for introduction to the program, checking on technology and answering any questions. Depending on the facilitator, the RC may need to also attend the sessions to provide technical support. Have this conversation with the facilitator prior to the start of the class. Participants may also need assistance with their VTHL access and password, as referenced above.

Step 10: Follow-up on attendance

After session 0, follow up with any participants who were registered but not in attendance to confirm that they still plan on attending program.

Step 11: Mail SMP supplies to participants

Each SMP has materials that the participant uses throughout the program. These materials vary by program. A full list of materials can be found in each program section of the SMP Workgroups 101 chapter of this manual, along with information on how to order materials. The purchase of materials and cost of mailing should be factored into your annual budget.

Step 12: Tracking attendance and data

Each SMP has an attendance and data tracking workbook provided by the Vermont Department of Health. These workbooks will be completed and submitted to the MyHealthyVT Data Administrator quarterly. The regional coordinator will complete this tracking sheet by adding the course ID, dates, facilitator, participant info, etc. This should be shared with the facilitator prior to session 1. The facilitator can use this sheet to track attendance and return to the Regional Coordinator to submit. Alternatively, some facilitators will send attendance sheets to the Regional Coordinator weekly, who will then document in the tracking workbook. Either option is acceptable but should be determined between the Regional Coordinator and the facilitator prior to the start of the program.

Step 13: Course completion

Send a certificate of completion to the participants who finished the program. (Fillable document can be found in the RC Resource Hub on Vermont Health Learn)



Step 14: Evaluation

Mail or email post-program evaluation to participants and ask them to complete and return to the Regional Coordinator. (document can be found in the RC Resource Hub on Vermont Health Learn)

Step 15: Data submission

The MyHealthyVT Data Administrator will request SMP data quarterly. Submit data by emailing data tracking workbooks to the MyHealthyVT Data Administrator. If the workshop has not ended when data is due for submission, please submit the workbook with all available data up to the time of submission, and then continue to use the same workbook to track data for the

remainder of the workshop. When the next quarterly submission is requested, the updated workbook can be submitted again.

Implementation Guidelines Checklist

To Do	Timeline
Set annual or semi-annual Schedule	Sept for Oct-March March for April-September
Step 1: Connect with Facilitators- confirm which SMP will be provided, on which dates, at which times, and in which location or virtually.	Sept for Oct-March March for April-September
Step 2: Request a Wufoo ID.	Quarterly or 3 months prior to workshop start date
Step 3: Vermont Health Learn	2-3 months prior to workshop start date
Step 4: Advertise the SMP Offerings Throughout Your HSA	2-3 months prior to workshop start date
Step 5: Respond to Any Inquiries About the Workshop	0-3 months prior to workshop start date
Step 6: Complete the Registration Form	0-2 month prior to workshop start date
Step 7: Process Completed Registration Forms	0-1 month prior to workshop start date
Step 8: Welcome Participants	1 month prior to workshop start date
Step 9: Provide technical assistance	ongoing
Step 10: Follow-up on Attendance	0-1 month prior
Step 11: Mail/email SMP Supplies to Participants	2-3 weeks prior to workshop start date
Step 12: Track Attendance and Data	Throughout the course of the workshop
Step 13: Workshop Completion	1-2 weeks post workshop end date
Step 14: Evaluation	Within one week of workshop end date
Step 15: Data Submission	At least quarterly

Vermont Health Learn

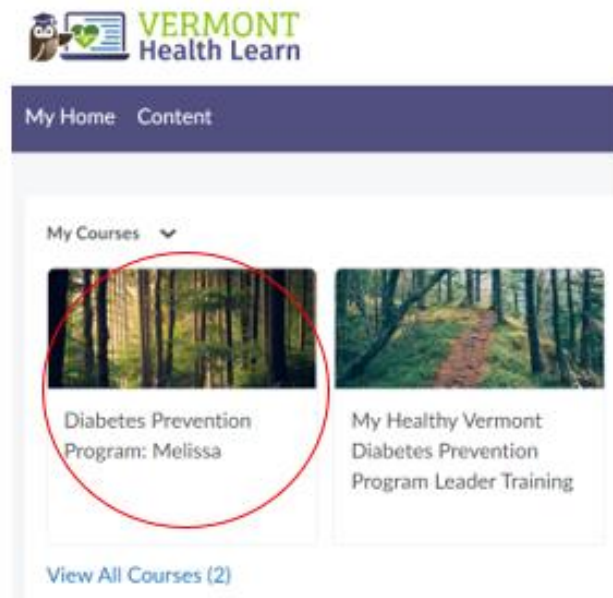
Vermont Health Learn is an e-learning system that allows you to easily share materials and e-mail your entire class at once.

Regional Coordinator Tasks for a new Self-Management Program.

After your course has been created in Vermont Health Learn, you will need to customize your course. This is a step-by-step guide to course customization.

Step 1: Upload your class schedule into Session 0

- a) Open the class you wish to customize by clicking on it

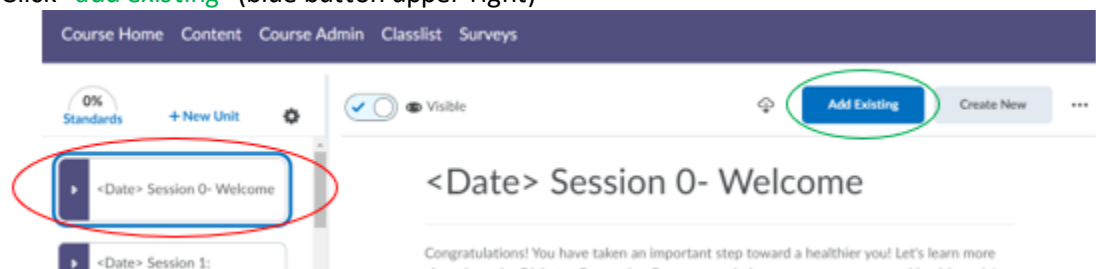


- b) Click on “Content” in the purple banner

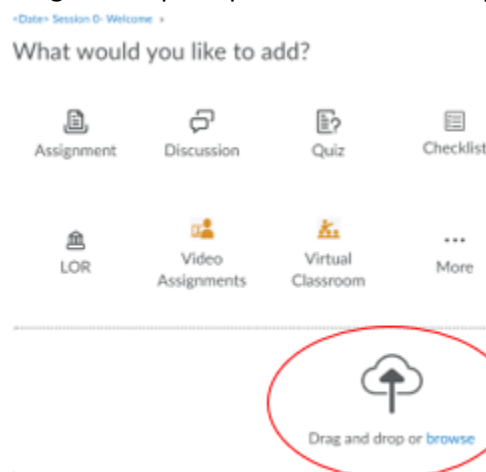


c) Click on **Session 0** in the left menu, then

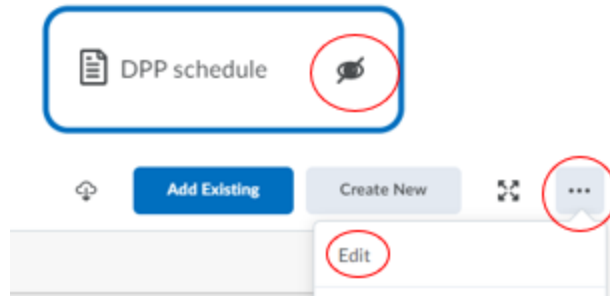
i. Click “add existing” (blue button upper right)



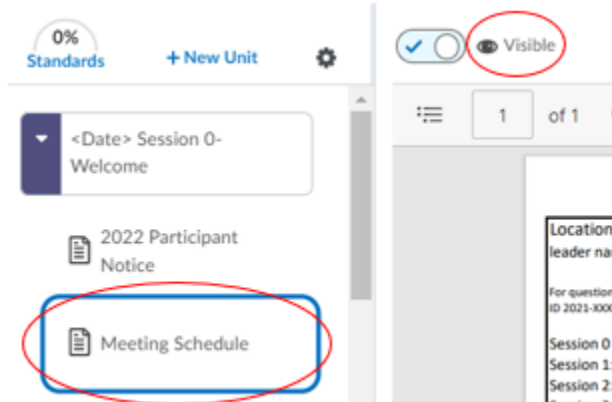
ii. Drag and drop or upload schedule from your computer into the dotted box



iii. Toggle the “eye” to make it visible. You can rename the file by clicking the ellipses (...) in the upper right corner and choosing “edit”

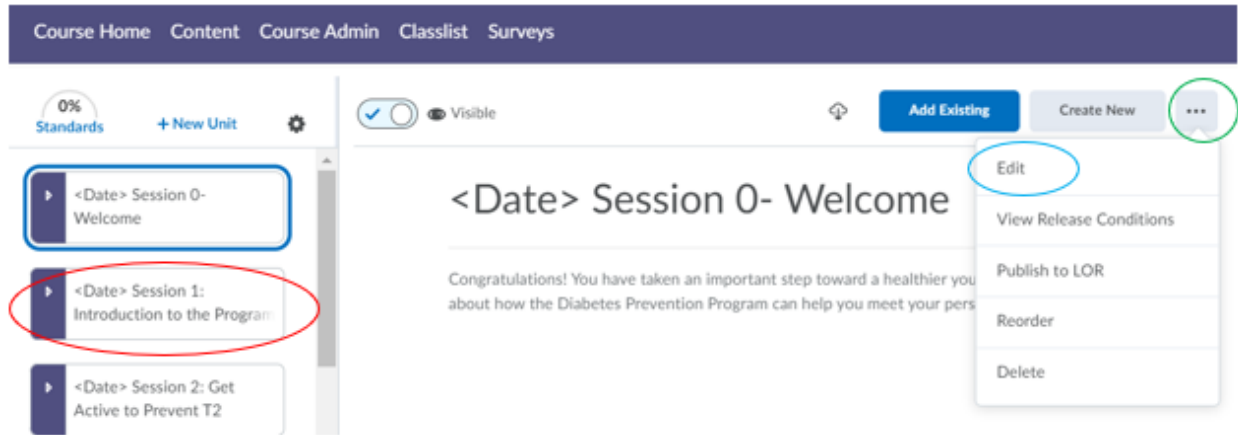


- d) Click on the sample schedule and hide it from your learners by toggling the “eye” button to hidden. (note: you can also rearrange the sessions by clicking and dragging them up and down).



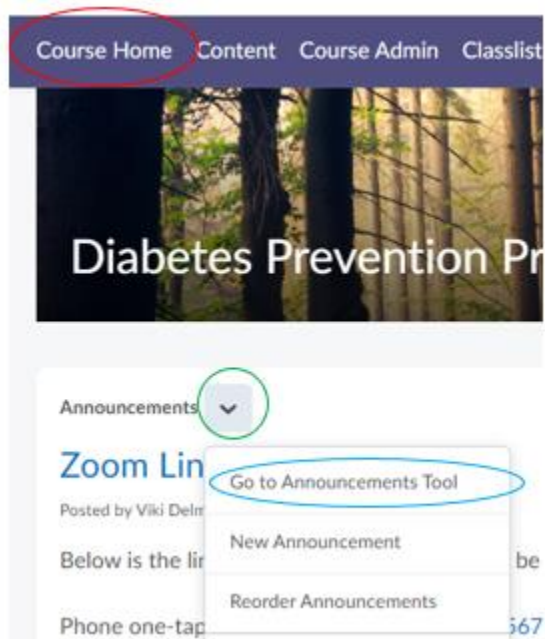
Step 2: Edit each session title to add the date of the session

- a) Click on **session**
- b) Select “edit” from the ellipses (...) dropdown
- c) Replace <date> with the date that session will be held (repeat for all sessions).
 - i. This makes it easier for participants to remember and find the current session materials

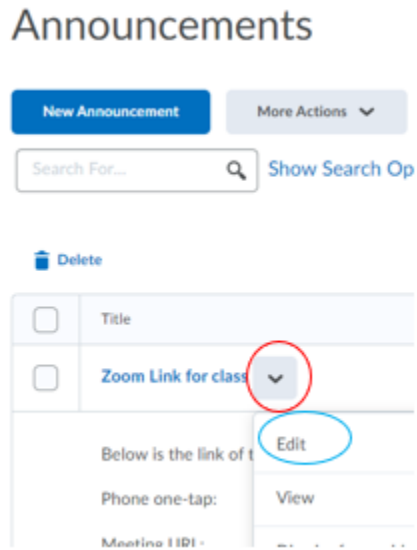


Step 3: Add the Zoom link (or other meeting platform link) in the Announcements

- Go to [Course Home](#)
- Using the [carrot](#) in “Announcements” [go to announcements tool](#)



- c) Select the **carrot** next to the zoom link for class and then **Edit** the existing Zoom Link announcement using the down carrot



- d) Highlight and delete sample, then enter your link specific message

Edit Announcement - Zoom Link for class

General

Headline*

Zoom Link for class

Content*

Paragraph ▾ B I U ▾ A ▾ ▾ ▾ ▾ ▾ ▾ ▾ ▾ ▾ ▾ ▾ ▾

Below is the link of the Zoom meeting we will be using for the class

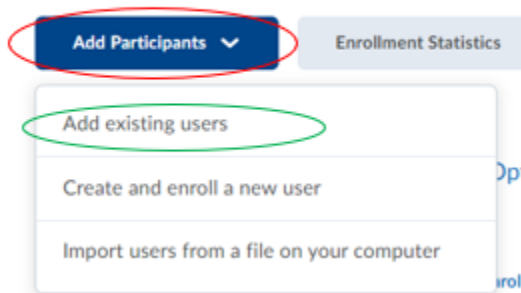
Phone one-tap: US: +13126266799..1234567890# or +1 301 715 8592

Step 4: Add your participants to the Class list *only do this when you are done with the major edits for the class to minimize disruption for your participants*****

- a) Go to Class list in the Purple banner

- b) **Add participants** (blue button)
- c) **Add existing users** (from dropdown)

Classlist



- d) Search for your participants by last name

Add Existing Users

Enrollment Options

Set all roles to:

Send: Send Enrollment email

Add Existing Users

[Hide Search Options](#)

Search In

***most of the time, the name will not be found. This means that they have not taken a class on the VTHL platform. Make a note and continue searching for your participants. You will add all the new participants in a later step.*

No Search Results [Clear Search](#)

- e) For an existing participant click the box next to the participant you wish to add and set role as “learner”

<input type="checkbox"/>	Last Name, First Name	Org Defined ID	Role
<input type="checkbox"/>	Test, Rorie		-- Select a Role --
<input checked="" type="checkbox"/>	Test, Barre		-- Select a Role --
<input type="checkbox"/>	BernierTest, Marie		-- Select a Role -- Learner Learner (restricted downloads)

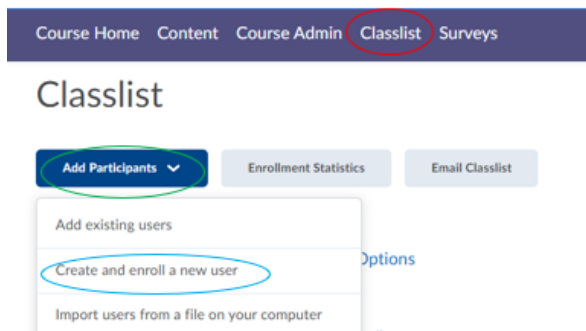
- f) Enroll Selected Users (Blue button at bottom)



- g) Repeat for each participant

Step 5: add new user to class list

- a) Go to **class list** in Purple Banner
- b) **Add Participants** (blue button)
- c) **Create and enroll a new user**



***ensure all fields are blank before starting. If you have your login information saved on your computer, it will automatically fill in your information in username and password fields. Delete before you create a new user.*

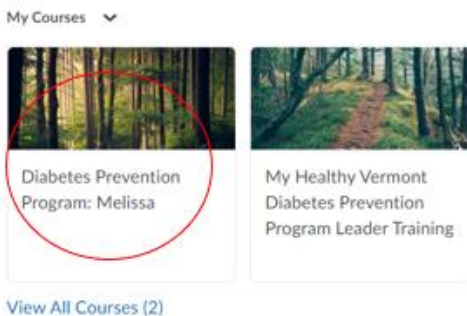
- d) Enter Participant Data into First Name, Last Name, and e-mail Fields **ONLY, DO NOT ENTER A USER NAME OR PASSWORD**. Set the role as Learner and select “enroll” if that is the last participant you will be entering, or “enroll and new” if you have more to enter.

The screenshot shows a user enrollment form with the following fields and options:

- First Name ***: Text input field containing "Mary".
- Last Name ***: Text input field containing "Test".
- Username**: Text input field (empty).
- Email ***: Text input field containing "mtest@email.com".
- Role ***: Dropdown menu with options: "-- Select a Role --", "Learner", and "Learner (restricted downloads)". The "Learner" option is selected and circled in red.
- Force password change on login**: checkbox.
- Send Enrollment email**: checkbox.
- Buttons**: "Enroll" (blue), "Enroll & New" (grey), and "Cancel" (grey). Both "Enroll" and "Enroll & New" are circled in red.
- View password requirements**: A link next to the Role dropdown.

Accessing Survey Data

Step 1: Select the program you would like to review.



Step 2: Go to “Course Admin” in purple banner

Step 3: Select "Surveys"

Step 4: click the down carrot for the survey you wish to see

Step 5: select "statistics" from the menu

Manage Surveys Question Library

New Survey Edit Categories More Actions

Bulk Edit

<input type="checkbox"/>	Current Surveys	
<input type="checkbox"/>	Session 1 Check-in	▼
<input type="checkbox"/>	Session 2 Check-in	Edit
<input type="checkbox"/>	Session 3 Check-in	Hide from Users
<input type="checkbox"/>	Session 4 Check-in	Preview
<input type="checkbox"/>	Session 4 Check-in	Reports
<input type="checkbox"/>	Session 5 Check-in	Statistics

Step 6: You will be able to view all users that completed the survey, click the participant survey you would like to review.

<input type="checkbox"/>	Last Name ▲, First Name, Id	Completed
<input type="checkbox"/>	Test, Barre	
<input type="checkbox"/>	attempt 1	Apr 15, 2022 10:25 AM
	completion summary	

Step 7: record the data on your data spreadsheet

Step 8: click close and return to the survey results list (step 5)

Attempt 1

Barre Test

Available: Always Available

Written: Apr 15, 2022 10:24 AM

[Survey Event Log](#)


Question 1

What is your current weight?

191

Close

Alternately, you may be able to choose "surveys", if present, from the purple banner and skip to Step 3.

 VERMONT Health Learn :: Diabetes Prevention Program:

[Course Home](#) [Content](#) [Course Admin](#) [Classlist](#) [Surveys](#)

Note: your leader will still need to communicate which participants attended each session

Viewing participant responses to weekly check-ins.

Step 1: Select the program you would like to review

My Courses ▾



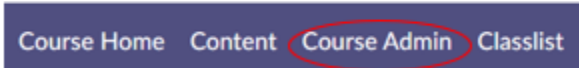
Diabetes Prevention
Program: Melissa



My Healthy Vermont
Diabetes Prevention
Program Leader Training

[View All Courses \(2\)](#)

Step 2: Go to “Course Admin” in purple banner



Step 3: select “quizzes”

Course Administration

Category	Name
----------	------

Site Setup

■ [Course Offering Information](#)

Site Resources

📖 [Book Management](#)

📅 [Calendar](#)

🔧 [Course Builder](#)

👤 [External Lear](#)

🔗 [Links](#)

📅 [Manage Date](#)

Learner Management

📊 [Class Progress](#)

📋 [Classlist](#)

Assessment

📄 [Assignments](#)

🏆 [Awards](#)

📌 [Competencies](#)

📊 [Grades](#)

📝 [Quizzes](#)

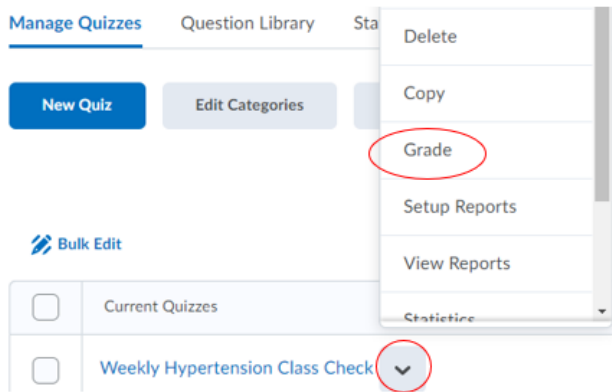
📄 [Rubrics](#)

📋 [Standards](#)

📄 [Surveys](#)

Step 4: click the down carrot for the check in you would like to review.

Step 5: select “grade” from the menu



Step 6: select the participant and attempt you would like to review.

<input type="checkbox"/>	First Name ▾, Last Name	Completed	Score	Grade	Status
<input type="checkbox"/>	Annie Test				
<input type="checkbox"/>	attempt 1	Aug 11, 2021 8:02 PM	0 / 10	0 %	Pending evaluation

Step 7: record the data on your data spreadsheet, then select back to view others

Question 1

Your Weight Today:

202 lbs 08/11/21

Save Time
8:02 PM

Score
 / 1 (not auto-graded)

[Expand question feedback](#)

Question 2

Your Blood Pressure This Week:

b/p 120/89 08/11/21

Save Time
8:02 PM

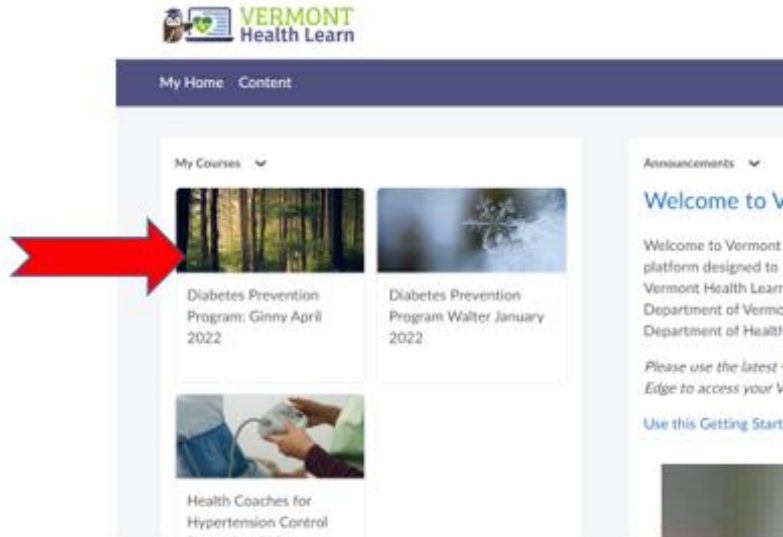
Score
 / 1 (not auto-graded)

Instructions to share with Self-Management Program participants using VTHL

Step 1: Logging in to your class

After logging in to Vermont Health Learn, you will see the page below (there may only be one class on your page). If you don't see a page like this, make sure you are logging into www.vthl.org/d2l/login

Double click on the class you want to enter.



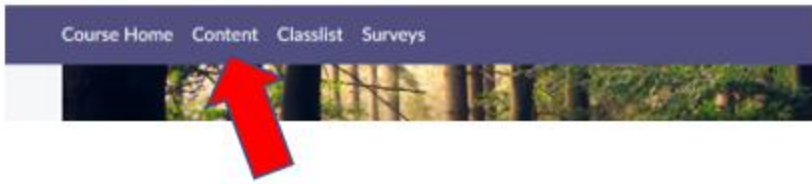
Step 2: Joining the online program

Click the zoom link to join your SMP at your scheduled meeting time.



Step 3: Accessing program materials

To access course materials, go to "content" on the purple banner



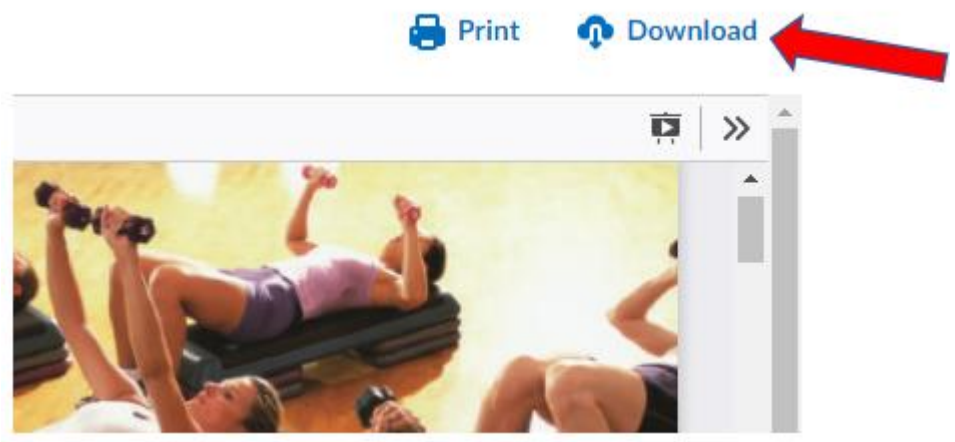
Select the Session you want to see and select the document you want to access:

- 4-5-2022 Session 0- Welcome Completed 0/5 ▶
- 4-12-2022 Session 1: Introduction to the Program Completed 1/5 ▶
- 4-19-2022 Session 2: Get Active to Prevent T2 Completed 0/4 ▼

Launch Unit

- Session 2 Check-in
- Module 2 Get Active to Prevent T2
- Action Plan.docx ←
- Eligible PDD Action Plan

Download the document and save to your computer or print it out (you may have to scroll across the page to find these options)



Self-Management Registration Form

Each self-management workshop participant is asked to complete the following intake Workshop Registration Form. This form provides valuable information to help us better serve our participants as well as information that we must report to both the Centers for Disease Control and Prevention (CDC) as well as with the State of Vermont Agency of Human Services (AHS) and Blueprint Program. All information reported is deidentified, meaning that names and contact information has been removed. This information also allows us to review demographic information to ensure our workshops are being offered to people of all backgrounds and locations equitably.



Workshop Registration Form

Welcome to My Healthy VT – Vermont's free self-management programs. Please fill out this form to help us get to know you better so we can best meet your health needs.

About You

Which workshop would you like to attend?

- | | |
|---|---|
| <input type="checkbox"/> Quit Smoking (FreshStart) | <input type="checkbox"/> Emotional Wellness (Wrap) |
| <input type="checkbox"/> Diabetes Management | <input type="checkbox"/> Chronic Pain Management |
| <input type="checkbox"/> Diabetes Prevention | <input type="checkbox"/> Hypertension Management (HCHC) |
| <input type="checkbox"/> Chronic Disease Management | |

Name:

Date of Birth (MM/DD/YYYY):

What is your preferred primary language?

- | | | | |
|----------------------------------|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Somali | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Karen | <input type="checkbox"/> Spanish | <input type="text"/> |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Maay Maay | <input type="checkbox"/> Swahili | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Nepali | <input type="checkbox"/> Vietnamese | |

Do you need an interpreter?

- Yes No

Please enter your contact information below:

Mailing address:

Town: State: Zip Code:

Email: Phone:

How would you prefer we contact you?

- Phone Email Mail

MY HEALTHY VERMONT

What is your highest level of education?

- Less than high school
- High school diploma or GED
- Some college (1-3 years)
- College graduate or higher (4 years or more)
- Prefer not to answer

How would you describe your gender identity?

- Male
- Female
- Transgender man
- Transgender woman
- Another gender identity
- Prefer not to answer

What was your sex assigned at birth?

- Male
- Female
- Prefer not to answer

What race or races do you identify with?

- White
- Black/African American
- Asian
- American Indian or Alaska native
- Native Hawaiian or Pacific Islander
- Don't know or prefer not to answer

Are you of Latino or Hispanic origin?

- Yes
- No
- Don't know or prefer not to answer

Health Information

Primary Care Provider:

Primary Care Office/Medical Home:

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

- Yes
- No

Do you have serious difficulty walking or climbing stairs?

- Yes
- No

Please list any accommodations you require during the workshop:

Hearing About the Workshop(s)

Please help us know where to focus our efforts so more Vermonters know about these free workshops.

Where did you first learn about the workshop(s)?

- | | |
|---|--|
| <input type="checkbox"/> Healthcare professional | <input type="checkbox"/> BlueCross BlueShield of Vermont |
| <input type="checkbox"/> Dental care professional | <input type="checkbox"/> Wellness fair |
| <input type="checkbox"/> Family or friend | <input type="checkbox"/> Online (Google, Facebook, Instagram) |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Front Porch Forum |
| <input type="checkbox"/> SASH | <input type="checkbox"/> Printed materials (newspaper, pamphlet, poster) |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> My Healthy VT Website | |

Did a healthcare professional ask you to join this workshop?

- | | |
|--|--|
| <input type="checkbox"/> Yes, a doctor | <input type="checkbox"/> Yes, another health care professional |
| <input type="checkbox"/> Yes, a pharmacist | <input type="checkbox"/> No |

What most motivated you to sign up for this workshop?

- | | |
|--|---|
| <input type="checkbox"/> Healthcare professional | <input type="checkbox"/> Friend or family member |
| <input type="checkbox"/> Blood test results | <input type="checkbox"/> I've participated before and wanted to participate again |
| <input type="checkbox"/> Prediabetes risk test result | <input type="checkbox"/> Media advertisements |
| <input type="checkbox"/> Someone at a community-based organization | |

This section is only completed by participants of the Diabetes Prevention Workshops.



For Diabetes Prevention Workshop Only

If you are registering for the My Healthy VT Diabetes Prevention Workshop (also known as National Diabetes Prevention Program or Prevent T2), please answer the following questions:

How old are you? < 40 (0 points) 40 - 49 (1 point) 50 - 59 (2 points) 60 or < (3 points)			Height			
			Weight (lbs.)			
What was your sex assigned at birth? Male (1 point) Female (0 points)			4'10"	119-142	143-190	191+
			4'11"	124-147	148-197	198+
If you have ever been pregnant, have you ever been diagnosed with gestational diabetes? Yes (1 point) No (0 points)			5'0"	128-152	153-203	204+
			5'1"	132-157	158-210	211+
Do you have a mother, father, sister or brother with diabetes? Yes (1 point) No (0 points)			5'2"	136-163	164-217	218+
			5'3"	141-168	169-224	225+
Have you ever been diagnosed with high blood pressure? Yes (1 point) No (0 points)			5'4"	145-173	174-231	232+
			5'5"	150-179	180-239	240+
Are you physically active? Yes (0 points) No (1 point)			5'6"	155-185	186-246	247+
			5'7"	159-190	191-254	255+
What is your weight category? Height? _____	See height and weight chart to the right.		5'8"	164-196	197-261	262+
			5'9"	169-202	203-269	270+
TOTAL SCORE:			5'10"	174-208	209-277	278+
			5'11"	179-214	215-285	286+
If your score is 5 or higher you are at increased risk for having prediabetes and are at high risk for type 2 diabetes.			6'0"	84-220	221-293	294+
			6'1"	185-225	227-301	302+
			6'2"	194-232	233-310	311+
			6'3"	200-239	240-318	319+
			6'4"	205-245	246-327	328+

1 Point 2 Points 3 Points
 If you weigh less than the 1 Point column (0 points)

Internal Use Only

Blood Value Diagnosis Qualification:

- A1c: _____ (5.7%-6.4%)
- Glucose tolerance test with 75g load (140-199mg/dl)
- Fasting blood sugar: _____ (100-125 mg/dl)
- Previous diagnosis of Gestational Diabetes (GDM)

This section is only completed by participants of the Quit Smoking workshops.



For Quit Smoking Workshop Only

If you are registering for a My Healthy VT Quit Smoking workshop (FreshStart), please answer the following questions:

What type of quit smoking support are you looking for?

- In-person group One-on-one counseling

What types of tobacco products do you currently use, or have you used most recently?

- Cigarettes Cigars/cigarillos
 Pipe Chew
 E-cigarettes/Juul/Vape Other: _____

How many tobacco products do you use daily?

- _____ cigarettes per day _____ number of times chewing tobacco used per day
_____ pipe fills per day _____ amount of e-juice used per day
_____ e-cigarettes/Juul/vape times per day _____ amount of other used per day: _____
_____ cigars/cigarillos per day

At what age did you start smoking, vaping, Juuling or using tobacco regularly? _____

How soon after waking up do you use tobacco?

- Within 5 minutes After 31 – 60 minutes
 Within 6 – 30 minutes After 1 hour

What ways have you tried to quit tobacco in the past?

- E-cigarette Chantix Cutting back
 Nicotine patches Zyban or Wellbutrin Quitline/802 Quits
 Nicotine lozenges Acupuncture In-person support
 Nicotine nasal spray Hypnosis I have not tried to quit before
 Nicotine gum Cold turkey Other: _____
 Nicotine inhaler

If you've tried to quit, what was the date of your most recent attempt? (mm/yyyy): _____

What was the last date you used a tobacco product? (mm/yyyy): _____

What is your goal quit date? (mm/yyyy): _____

This section is given to ALL participants, regardless of workshop type.

MY HEALTHY VERMONT

Notice to Participants — *Please Read Carefully*

As part of your involvement in this workshop, your name, contact information, and requested accommodations will be shared with the My Healthy VT Regional Coordinator and Workshop Leader for communication purposes and to ensure we provide accommodations.

Also, the Health Insurance Portability and Accountability Act (HIPAA) requires any information collected about you under the program to be kept safe and private. This means your information will only be used or shared in ways that are allowed by HIPAA.

The My Healthy VT Regional Coordinator will share your information with the State of Vermont. Here is how the State of Vermont might use this information:

- To send reports to the Centers for Disease Control and Prevention (CDC) for monitoring program success. Personal identifying information, such as names and other contact information, will not be included.
- To look at the health care services you used before and after the program to see if your health care needs changed.
- To review your demographic information in order to ensure the program is serving people of all backgrounds equitably.
- To better understand the health needs of your community and increase availability of programs like this to the regions they are most needed.
- To contact you for more information about your experiences.

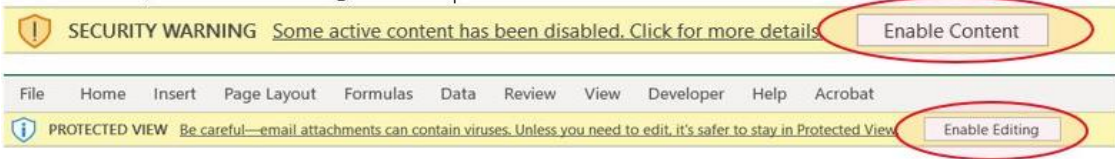
If you have any questions, please reach out to your My Healthy VT Regional Coordinator.

Thank you!

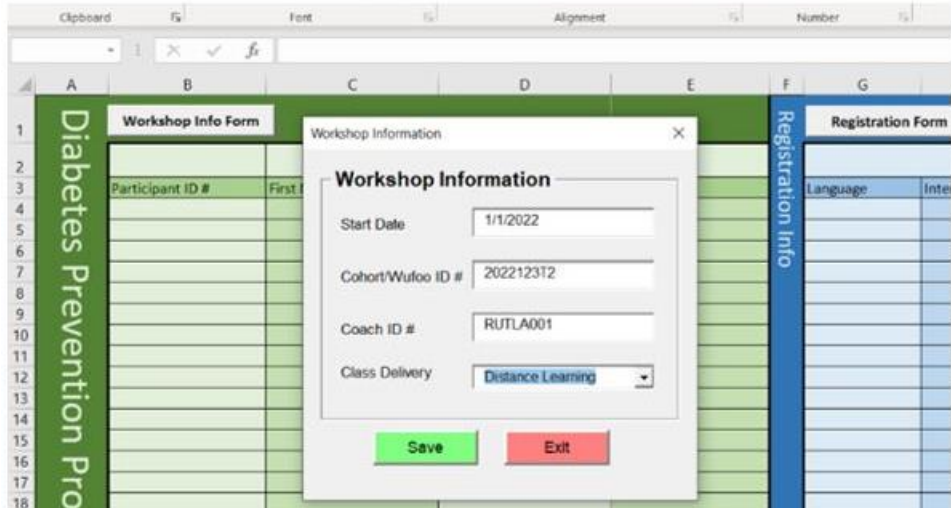
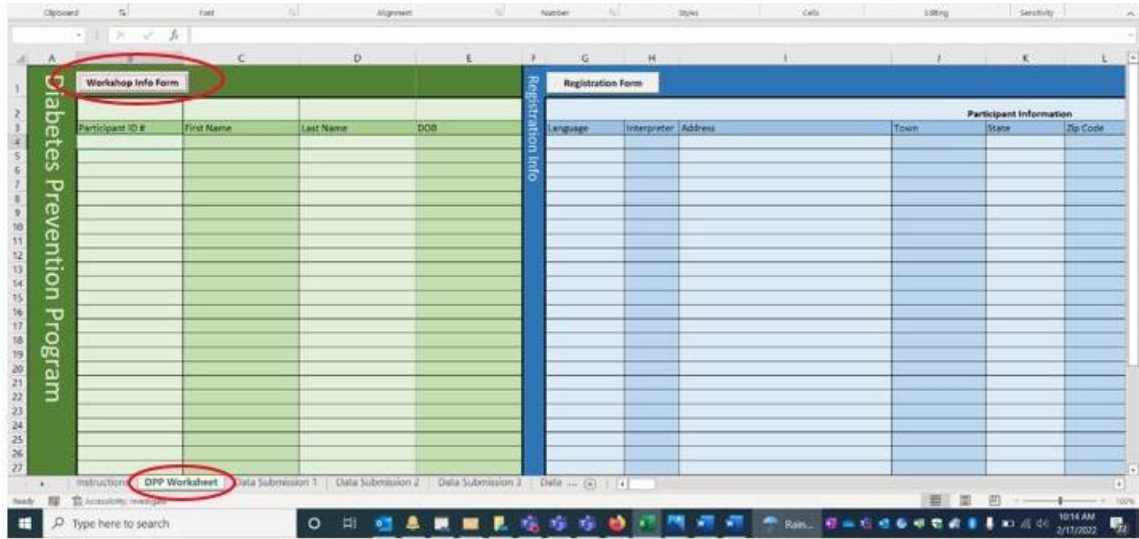
Data Collection and Submission

Data Collection

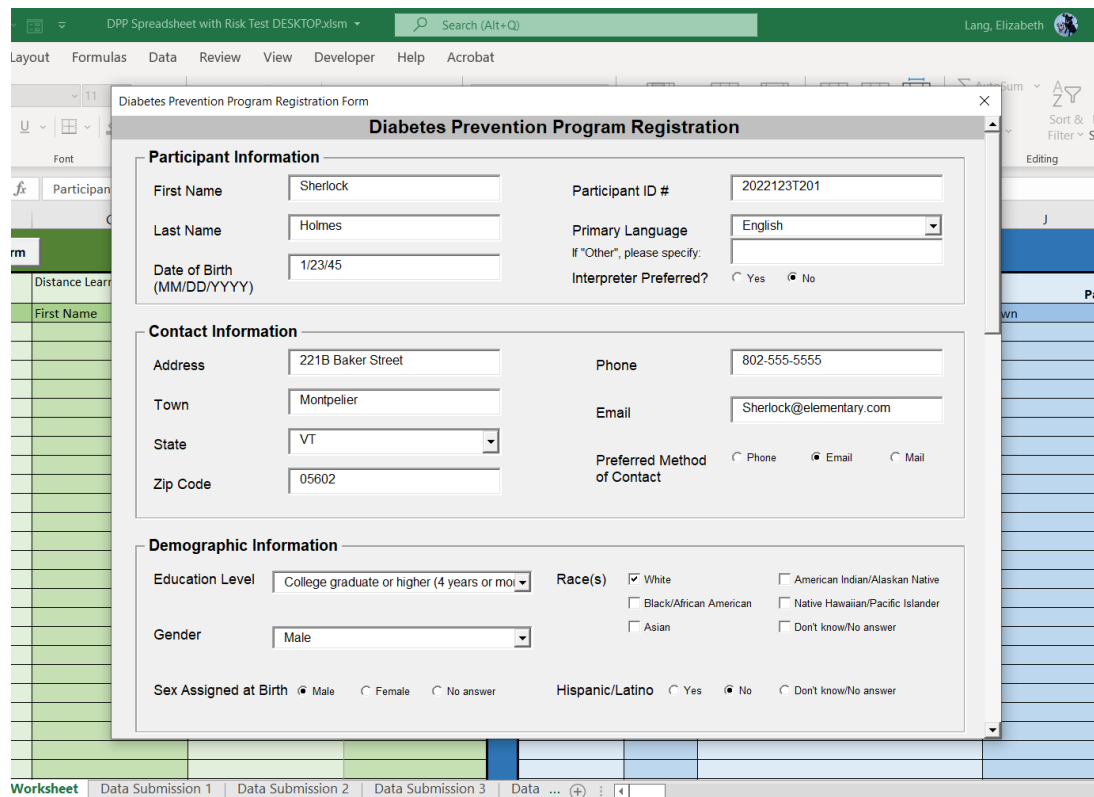
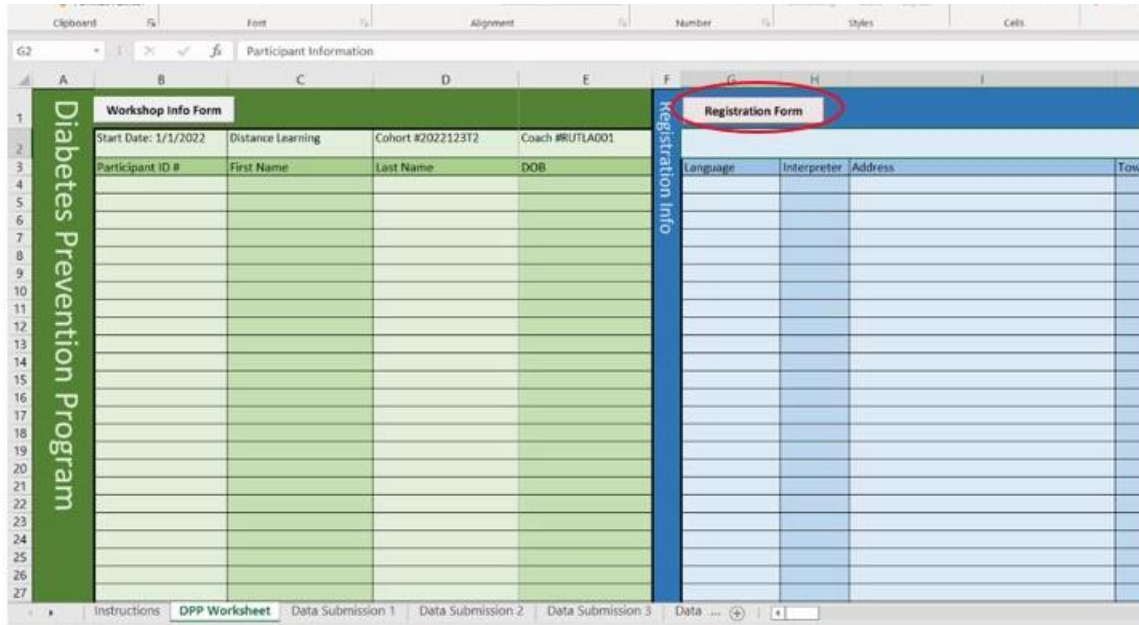
When you open a Data Tracking Workbook file, you may get some security warnings near the top of your Excel screen. Before you can use the workbook, you will need to respond to these warnings by clicking the “Enable Content” and/or “Enable Editing” buttons.



To begin, open the tab with the name of the workshop (i.e., “DPP Worksheet”). Click “Workshop Info Form” button; this will bring up a form allowing you to fill in workshop information (start date, cohort, etc.). Fill in the requested information and click the Save button, then the Exit button to close the form.



Click on “Registration Form” to fill in registration information for each participant; you may need to scroll down to complete all form fields.



Diabetes Prevention Program Registration Form

Health Information

Primary Care Provider: Dr. John Watson

Primary Care Office/Medical Home: Watson Health

Difficulty concentrating/Remembering? Yes No

Difficulty walking/Climbing stairs? Yes No

Any accommodations needed? None.

Referral Information

Where did you first learn about the workshop? Healthcare professional

(If "Other", please specify):

Did a healthcare professional ask you to join this workshop? Yes, a doctor

What most motivated you to sign up? Healthcare professional

Prediabetes Risk Determination

Weight (lbs): 220

Height (in): 72

Prediabetes Diagnosed by...

A1c Result? Yes No

Glucose Tolerance Test? Yes No

If yes, enter A1c value:

Hx of Gestational Diabetes? Yes No

Fasting Blood Glucose? Yes No

Prediabetes Risk Test

Once information for an individual participant is filled in, click the "Save" button on the form to save the participant's data into the worksheet and automatically reset the form. If you need to clear the form and start over without saving, the "Reset Form" button will clear all fields. When you have completed entering all participant information, you can click the "Exit" button to close the form. Make sure to save your work.

Diabetes Prevention Program Registration Form

Prediabetes Risk Test

Age

<40 years (0 points) Points: 3

40 - 49 years (1 point)

50 - 59 years (2 points)

>60 years (3 points)

Sex at Birth

Male (1 point) Points: 1

Female (0 points)

Ever had Gestational Diabetes?

Yes (1 point) Points: 0

No (0 points)

Parent/Sibling with Diabetes?

Yes (1 point) Points: 1

No (0 points)

High Blood Pressure?

Yes (1 point) Points: 1

No (0 points)

Physically Active?

Yes (0 points) Points: 1

No (1 point)

Weight Category

(Use chart at right) Points: 1

Calculate Total 8

(5 or higher indicates increased risk of prediabetes)

Height	Weight (lbs.)		
4'10"	119-142	143-190	191+
4'11"	124-147	148-197	198+
5'0"	128-152	153-203	204+
5'1"	132-157	158-210	211+
5'2"	136-163	164-217	218+
5'3"	141-168	169-224	225+
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5'7"	159-190	191-254	255+
5'8"	164-196	197-261	262+
5'9"	169-202	203-269	270+
5'10"	174-208	209-277	278+
5'11"	179-214	215-285	286+
6'0"	184-220	221-293	294+
6'1"	189-226	227-301	302+
6'2"	194-232	233-310	311+
6'3"	200-239	240-318	319+
6'4"	205-245	246-327	328+

1 Point 2 Points 3 Points

You weigh less than the 1 Point column (0 points)

Save Reset Form Exit

Scroll to the right on the worksheet to find and fill in data for each workshop session.

Click on the “Date” field to type in the date.

For some workshops, some of these fields contain drop-down menus – when you click within these fields a drop-down arrow will appear, allowing you to see and choose from the drop-down menu within.

The screenshot shows a spreadsheet with columns labeled AP, AQ, AR, AS, AT, AU, and AV. A green header row contains the text 'Core Sessions'. Below this is a table titled 'Session 1' with columns: Date, Delivery Mode, Make-up?, Food Log, Weight (lbs), Phys Activity Min, and Date. The first row of data has '01/01/2022' in the Date column. The 'Delivery Mode' cell is highlighted with a red circle, and a drop-down menu is open, showing options: 'In-person', 'Online', and 'Distance Learning' (which is highlighted in blue).

For other fields, you may click on the cell to type data in. Make sure to save your work after entering data.

The screenshot shows the same spreadsheet as above, but now with data entered. The 'Delivery Mode' is 'Distance Learning', 'Make-up?' is 'No', 'Food Log' is 'No', 'Weight (lbs)' is '220', and 'Phys Activity Min' is '60.00'. The 'Date' column still contains '01/01/2022'. The 'Food Log' cell has a small drop-down arrow visible.

Data Submission

The MyHealthyVT Data Administrator will request data submissions quarterly. To submit data, please email entire data tracking workbook to the MyHealthyVT VDH Health Data Administrator **using secure or encrypted email** since protected health information may be included. *MyHealthyVT VDH Health Data Administrator email: elizabeth.lang@vermont.gov.*

The screenshot shows an email composition window. The 'To' field contains 'elizabeth.lang@vermont.gov'. The 'Subject' field contains '[secure] Rutland DPP Oct 2021'. An attachment is shown with an Excel icon, labeled 'DPP_Rutland_Jan 2021.xlsx' and '9 KB'.