EVIDENCE BASED DISEASE PREVENTION (EBDP) PROGRAMS

The Senior Alliance®
Area Agency on Aging 1-C

June 18, 2015
Bethany Burge, Planning Manager
WHAT ARE EVIDENCE-BASED DISEASE PREVENTION PROGRAMS?

Programs proven to:

1. Increase self-efficacy
2. Promote health literacy
3. Decrease health service utilization
4. Enable participants to adopt healthy self-management behaviors

*Fidelity to the program models is very important!*
ADMINISTRATION ON AGING (AOA) APPROVED EBDP PROGRAMS

- Chronic Disease Self-Management Programs
- Care Management Programs
- Physical Activity Programs
- Nutrition Programs
- Fall Prevention Programs
Two thirds of all deaths each year are caused by the following four chronic conditions:

- Heart Disease
- Cancer
- Stroke
- Diabetes

HOW ARE HEALTH & WELLNESS PROGRAMS RELEVANT TO LOCAL COMMUNITIES?

- Center for Disease Control and Prevention (CDC) reports:
  - As of 2012, about half of all adults—117 million people—have one or more chronic health conditions.
  - 1 of 4 adults have two or more chronic health conditions, and about half of U.S. adults (47%) have at least one of the following major risk factors for heart disease or stroke: uncontrolled high blood pressure, uncontrolled high LDL cholesterol, or are current smokers.
  - Nearly 91% of older adults have at least one chronic condition, and 73% have at least two.
  - One out of three older adults (those aged 65 or older) falls each year but less than half talk to their healthcare providers about it.
  - Among older adults, falls are the leading cause of both fatal and nonfatal injuries.
  - In 2013, 2.5 million nonfatal falls among older adults were treated in emergency departments and more than 734,000 of these patients were hospitalized.
National Council on Aging (NCOA) indicates:

- Chronic diseases account for 75% of the money our nation spends on health care, yet only 1% of health dollars are spent on public efforts to improve overall health.

- In 2009 direct health care expenditures for chronic conditions in the United States totaled more than $262 billion.

- In 2013, the direct medical costs of falls, adjusted for inflation, were $34 billion.

http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html
Participating in EBDP programs can result in:

- Fewer emergency room visits ($100 per participant)
- Fewer hospitalizations ($490 per participant)
- A health care cost savings of approximately $590 per participant
WHERE’S THE PROOF?

Based on a review of published studies, PATH programs have demonstrated effectiveness through:

- Cost savings of $714 per person in emergency room visits and hospital utilization

- Health behavior improvement in exercise, cognitive symptom management, communication, and self-efficacy, including the ability to participate in one’s own care

- Workshop participation helps to reduce symptoms, increase self-management abilities and boost self-confidence.

- RCT subjects that participated in CDSMP, compared to those that did not:
  - Demonstrated significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations
  - They also spent fewer days in the hospital, and there was also a trend toward fewer outpatient visits and hospitalizations. These data yield a cost to savings ratio of approximately 1:4. Many of these results persist for as long as three years

http://www.ncoa.org/improve-health/center-for-healthy-aging/chronic-disease.html
TSA INVOLVEMENT

- Empowering Older Adults (EoA) Grant
  - CDSMP/ PATH, DSMP/DPATH, CPSMP/ CPPATH only
  - 2012-2015

- Michigan Health Endowment Fund
  - DSMP/DPATH & MOB only
  - 2015-2016
  - Catalyst for Enhanced Care Transitions Program

- Title III D Funding for EBDP

- Chair of the Southeastern Michigan Partners on the PATH Regional Group [http://semiregionalpath.wix.com/path](http://semiregionalpath.wix.com/path)
TSA SERVICE NETWORK

Programs Offered Directly:

- CDSMP
- DSMP
- CPSMP
- T-CARE

See the TSA Service Network for EBDP contractors

- Arthritis Foundation Exercise Program
- Diabetes Prevention Program
- Enhance Fitness
- Matter of Balance
- Tai Chi
WHAT IS THE CDSMP/PATH SUITE OF PROGRAMS?

- Chronic Disease Self-Management Program (CDSMP) also known as Personal Action Toward Health (PATH) developed by Stanford University
  - Suite of 3 programs
    - "Traditional" or "Regular" PATH (CDSMP)
    - Diabetes PATH (DSMP)
    - Chronic Pain PATH (CPSMP)
    - Online: Better Choices, Better Health
  - Co-led workshops held for 2.5 hours, once per week, for 6 weeks
  - One or both co-leaders are non-health professionals with a chronic condition

Goals of the program

1. Teach participants to become better self managers and active participants for and within their own health
2. Provide information and tools including nutrition and action planning to help individuals and caregivers manage symptoms related to a variety of health conditions
3. PATH is appropriate for not only individuals with chronic diseases, but caregivers, family members and friends
CAN YOU RELATE?

SYMPTOM CYCLE

- Poor Sleep
- Fatigue
- Shortness of Breath
- Depression
- Difficult Emotions
- Physical Limitations
- Pain
- Stress/Anxiety
GET ON THE **PATH** TO BETTER HEALTH!

**Parts of an Action Plan**

1. Something **YOU** want or decide to do
2. Achievable
3. Action-specific
4. Answer the questions:
   - What? (specific action)
   - How much? (time, distance, amount)
   - When? (time of day or which days of the week)
   - How often? (number of days in the week)
5. Confidence level of 7 or more
**PATH WORKSHOP OVERVIEW**

**Session One**
The Mind-Body Connection/Distraction
Getting a Good Night's Sleep
Introduction to Action Plans

**Session Two**
Feedback and Problem-Solving
Dealing with Difficult Emotions
Introduction to Physical Activity and Exercise
Preventing Falls and Improving Balance

**Session Three**
Making Decisions
Pain and Fatigue Management
Endurance Exercise
Relaxation: Body Scan

**Session Four**
Better Breathing
Healthy Eating
Communication Skills
Problem Solving

**Session Five**
Making Healthy Food Choices
Medication Usage
Making Informed Treatment Decisions
Dealing with Depression
Positive Thinking

**Session Six**
Working with your Health Care Professional and Health Care System
Weight Management
Looking Back and Planning for the Future
Diabetes self-management education and training (DSME/T)

1. A collaborative process through which people with diabetes gain the knowledge and skills needed to modify their behavior and successfully self-manage the disease and its related conditions.

2. This process incorporates the needs, goals, and life experiences of the person with diabetes and is guided by evidence-based standards.

3. DSME/T is Medicare reimbursable
   - Medicare Part B covers 10 hours of initial training for a beneficiary who has been diagnosed with diabetes.

4. Lifetime benefit (available only once after diagnosis)

National Standards for Diabetes Education and Support were designed to define quality diabetes self-management

The CDC-led National Diabetes Prevention Program is an evidence-based lifestyle change program for preventing type 2 diabetes.

National DPP Infographic: [Print Ready](#) [PDF-755KB]

The year-long program helps participants make real lifestyle changes such as eating healthier, including physical activity into their daily lives, and improving problem-solving and coping skills.

Participants meet with a trained lifestyle coach and a small group of people who are making lifestyle changes to prevent diabetes. Sessions are weekly for 6 months and then monthly for 6 months.

This proven program can help people with prediabetes and/or at risk for type 2 diabetes make achievable and realistic lifestyle changes and cut their risk of developing type 2 diabetes by 58 percent.

DPP is a contracted service of TSA.
Subjects covered include:

1. Techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional problems such as depression, anger, fear, and frustration
2. Appropriate exercise for maintaining and improving strength and endurance
3. Healthy eating
4. Appropriate use of medication
5. Working more effectively with health care providers

In a group setting, participants make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program.

Physicians, diabetes educators, dietitians, and other health professionals both at Stanford and in the community have reviewed all materials in the workshop.
## Workshop Overview

<table>
<thead>
<tr>
<th>Workshop Topic</th>
<th>Week 1</th>
<th>Week 2</th>
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The CPSMP was developed for people who have a primary or secondary diagnosis of chronic pain.

- Pain is defined as being chronic or long term when it lasts for longer than 3 to 6 months, or beyond the normal healing time of an injury.
- Examples of chronic pain conditions are: chronic musculo-skeletal pain (such as neck, shoulder, back pain, etc.), fibromyalgia, whiplash injuries, chronic regional pain syndromes, repetitive strain injury, chronic pelvic pain, post-surgical pain that lasts beyond 6 months, neuropathic pain (often caused by trauma), or neuralgias (such as post-herpetic pain, and trigeminal neuralgia), and post-stroke or central pain.
- The CPSMP may also benefit those who have conditions such as persistent headache, Crohn’s disease, irritable bowel syndrome, diabetic neuropathy, or those who experience severe muscular pain due to conditions such as multiple sclerosis.

Subjects covered include:

1. Techniques to deal with problems such as frustration, fatigue, isolation, and poor sleep.
2. Appropriate exercise for maintaining and improving strength, flexibility, and endurance.
3. Appropriate use of medications.
4. Pacing activity and rest.
5. How to evaluate new treatments.
<table>
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<th>Topic</th>
<th>Week 1</th>
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WHAT IS A MATTER OF BALANCE (MOB)?

- A structured group intervention utilizing a variety of activities to address physical, social, and cognitive factors affecting fear of falling and to learn fall prevention strategies.

- The activities include:
  - Group discussion
  - Problem-solving
  - Skill building
  - Assertiveness training
  - Sharing practical solutions
  - Exercise/strength training

- MOB was designed to benefit community-dwelling older adults who:
  - Are concerned about falls
  - Have sustained a fall in the past
  - Restrict activities because of concerns about falling
  - Are interested in improving flexibility, balance and strength
  - Are age 60 or older, ambulatory, and able to problem-solve
HIGHLIGHTS OF MOB

- Improve confidence of older adults to continue participation in meaningful activities
- Help older adults view falls and the fear of falling as controllable
- Teaches older adults to set realistic goals for increasing activity
- Teaches older adults how various changes to their environment can reduce fall risk factors using a home safety evaluation
- Promote exercise to increase strength and balance
- Reinforces that falls are NOT part of the normal aging process!
Goal of Healthy Eating:
- To increase self-efficacy and general well-being by improving participants' knowledge of nutritional choices that focus on heart and bone healthy foods as well as supportive physical activities.

Core competencies:
- Goal setting, problem solving and self-monitoring are used to optimize individual behavior change.

This program was developed in partnership by the National Council on Aging Center for Healthy Aging, the Lahey Clinic in Burlington, Massachusetts and Hebrew Senior Life in Boston.

http://www.ncoa.org/improve-health/center-for-healthy-aging/healthy-eating-for-successful.html#sthash.XOApiji8.dpuf
**T-CARE**

- T-CARE stands for "Tailored Caregiver Assessment and Referral"

- An evidence-based program designed to assess the specific needs of each caregiver and to design an individualized service program plan for the specific needs of the caregiver.

- The protocol is designed to assist care managers who work with family caregivers who care for their older adult relatives.

- TCARE® incorporates the core elements of care management into a manualized six-step guide.

- The major goal of TCARE® is to provide care managers with a set of steps that are needed to move from the assessment to the implementation of a care plan.

**Creating Confident Caregivers (CCC)**

- Targeted for caregivers who are caring for a family member living at home with a dementia (such as Alzheimer's disease).

- Creating Confident Caregivers highlights the university-tested Savvy Caregiver training program, and empowers caregivers with the key skills, knowledge, and sense of competence needed for "confident caregiving."
Tai Chi (TSA contracted service)

- Tai Ji Quan: Moving for Better Balance™ (TJQMBB) is an evidence-based fall prevention program for community-dwelling older adults

- The program consists of an 8-form core routine with built-in exercise variations and a subroutine of integrated therapeutic movements (Tai Ji Quan – Mini Therapeutic Movements®), which, collectively, comprise a set of simple yet functional Tai Ji Quan-based moves

- The program is delivered in two 1-hour sessions each week for 24 weeks. Each session consists of warm-up exercises; core practices, which include a mix of practice of forms, variations of forms, and mini-therapeutic movements; and brief cool-down exercises

- [http://www.ncoa.org/improve-health/center-for-healthy-aging/tai-chi-moving-for-better.html#sthash.HWP6ngGB.dpuf](http://www.ncoa.org/improve-health/center-for-healthy-aging/tai-chi-moving-for-better.html#sthash.HWP6ngGB.dpuf)
EnhanceFitness (TSA contracted service)

Formerly Lifetime Fitness, is an evidence-based, community-delivered exercise program proven to increase strength, boost activity levels, and elevate mood.

Certified EF instructors offer a program that focuses on stretching, flexibility, balance, low impact aerobics, and strength training exercises.

Typically classes meet three times a week for one hour.
EVIDENCE BASED PHYSICAL ACTIVITY PROGRAMS CONTINUED

- **Arthritis Foundation Exercise (TSA contracted service)**
  - A community-based recreational exercise program developed by the Arthritis Foundation
  - Trained AFEP instructors cover a variety of range-of-motion and endurance-building activities, relaxation techniques, and health education topics
  - All of the exercises can be modified to meet participant needs
  - The program's demonstrated benefits include improved functional ability, decreased depression, and increased confidence in one's ability to exercise
  - Classes typically meet two or three times per week for an hour
Better Choices, Better Health
- (Online CDSMP and DSMP)
- Free for clients to enroll
- Covers same material as the CDSMP/PATH through online group discussion
- Requires internet access

For more information visit: http://patienteducation.stanford.edu/internet/
HOW TO BECOME A LEADER

Leadership requirements:
- Effective communication and interpersonal skills
- Enthusiasm & Dependability
- Willingness to lead a small group
- Life experiences valued - with education or health care experience a plus
- Ability to perform range of motion and low-level endurance exercises
- Ability to carry up to 20 lbs.

How can you facilitate a workshop?

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<tr>
<th>Certified Matter of Balance Coach</th>
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<th>Training Results</th>
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<td>8 Hour Training</td>
<td>Agree to co-facilitate two Matter of Balance classes within one year of certification</td>
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REFERENCES/RESOURCES

- Administration on Aging (AoA)
  www.aoa.gov

- Michigan Partners on the PATH
  www.Mihealthyprograms.org

- National Council on Aging (NCOA)
  www.healthyagingprograms.org

- Stanford University
  www.patienteducation.Stanford.edu

- Michigan Department of Community Health (MDCH)
  http://www.michigan.gov/mdch/

- Aging & Adult Services Agency (formerly MI Office of Services to the Aging)
  http://www.michigan.gov/osa
QUESTIONS

Have a Healthful Day!

Bethany Burge, MS, OTR/L, CNP, CAPS
Planning Manager