Health Promotion and Disease Prevention: Chronic Disease Self-Management and Behavioral Health

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National Council on Aging
Improving the lives of 10 million older adults by 2020
National Council on Aging Objectives

- Learn about Chronic Disease Self-Management Education (CDSME) Programs and how these programs can be used to empower Native Elders with chronic conditions
- Understand the goals and strategies of the New Mexico Department of Health’s CDSME grant from ACL
- Identify resources and opportunities for collaboration in New Mexico and other states related to CDSME Programs
- Learn about community-based programs that address depression and substance misuse/abuse
- Discuss how CDSME and behavioral health programs can be implemented in your Tribal Communities
National Council on Aging Overview

Who We Are:
NCOA is a respected national leader and trusted partner to help people aged 60+ meet the challenges of aging

Our Vision:
A just and caring society in which each of us, as we age, lives with dignity, purpose, and security

Our Mission:
Improve the lives of millions of older adults, especially those who are struggling

Our Social Impact Goal:
Improve the health and economic security of 10 million older adults by 2020
NCOA’s Center for Healthy Aging

- **Goal**: Increase the quality and years of healthy life for older adults and adults with disabilities

- **Two national resource centers funded by the Administration for Community Living**
  - Chronic Disease Self-Management Education (CDSME)
  - Falls Prevention

- **Other key areas**: behavioral health, physical activity, immunizations, oral health

CDSMP at Yellowhawk Tribal Health Center
National CDSME Resource Center
National CDSME Resource Center Goals

Assist the national network of CDSME partners with substantially increasing the number of older adults and adults with disabilities who complete evidence-based CDSME programs.

Strengthen and expand integrated, sustainable evidence-based prevention program networks within states/regions/tribal entities to provide evidence-based CDSME programs.
Tribal organizations funded by ACL

For Chronic Disease Self-Management Education:

- Great Plains Tribal Chairmen’s Health Board, South Dakota
- Lac Courte Oreilles Band of Lake Superior Chippewa Indians, Wisconsin
- Lake County Tribal Health, California
- Sokaogon Chippewa Community, Wisconsin
- Yellowhawk Tribal Health Center, South Dakota
10 Common Chronic Conditions for Adults 65+

Quick Facts

80% have have at least 1 chronic condition
68% have 2 or more chronic conditions

Hypertension (High Blood Pressure) 58%
High Cholesterol 47%
Arthritis 31%
Ischemic Heart Disease (or Coronary Heart Disease) 29%
Diabetes 27%

Chronic Kidney Disease 18%
Heart Failure 14%
Depression 14%
Alzheimer’s Disease and Dementia 11%
Chronic Obstructive Pulmonary Disease 11%

Source: Centers for Medicare & Medicaid Services. Chronic Conditions Prevalence State/County Table: All Fee-for-Service Beneficiaries, 2015
Why Managing Chronic Disease Is Important

- 80% of older adults have at least one chronic disease
  - Nearly 2 of every 3 have multiple chronic conditions
- Chronic conditions have a significant impact on quality of life and daily functioning
- Chronic conditions are expensive
  - 95% of health care costs for older Americans are for chronic diseases
    - Spending escalating with the increase in chronic diseases and the aging population
    - Many out-of-pocket costs
- Fragmented care, especially for patients with multiple chronic conditions, makes conditions difficult to manage
- Primary focus has been on “sick care,” rather than prevention
Overview of CDSME Programs

- Patients gain the knowledge, skills, and necessary support to take control of their health and make healthy lifestyle changes
- Developed at Stanford University
- 6 workshop sessions held once a week
- Each session 2 1/2 hours, highly interactive
- Co-facilitated by two trained leaders, one of whom has an ongoing health condition
- Core content:
  - Symptom management/social role function
  - Exercises to build self-efficacy
  - Goal setting and action plans
  - Problem solving to overcome challenges
Chronic Disease Self-Management Programs

- Better Choices, Better Health® online programs for CDSMP, Arthritis, and Diabetes
- Cancer: Thriving and Surviving
- **Chronic Disease Self-Management – English and Spanish**
- Chronic Pain Self-Management
- **Diabetes Self-Management – English and Spanish**
- EnhanceWellness
- Positive Self-Management Program for HIV
- Support programs focused on depression, medication management, physical activity, and more

CDSMP completer at the Yellowhawk Tribal Health Center
Session Topics

- Action Planning
- Managing Pain and Fatigue
- Fitness/Exercise
- Getting a Good Night’s Sleep

- Problem-solving
- Dealing with Difficult Emotions
- Healthy Eating/Weight Management
- Working with Health Professionals

- Decision Making
- Better Breathing
- Communication
- Medication Management Rx and OTC
The Secret Ingredient: Why CDSME Works

Self-Efficacy
People who believed there was nothing they could do to help themselves didn’t improve.
BUT...
Those with confidence in their ability to make changes improved.
Online CDSME – Better Choices, Better Health (BCBH)

- Developed by Stanford University Patient Education Research Center
- Offered by Canary Health, exclusive provider of online CDSME
- Used by more than 72,500 participants in 2017
- Proven effective to help people living with chronic conditions
BCBH Significantly Impacts Diabetes Outcomes

- 1,299 person study (1,000 online) conducted with Anthem
- Two peer-reviewed articles published reporting on results at 6 and 12 months
- Results
  - Decreased AIC by 0.93% at 6 months and 1.27% at 12 months (for those with AIC >9% at study start)
  - Decreased frequent hypoglycemic symptoms
  - Improved depressive symptoms
  - Improved medication adherence
  - Increased exercise - 43 minutes per week
  - Savings of $816 per person in hospital and ED costs in the first year following the intervention

Benefits of CDSME

- **Patients** gain the knowledge, skills, and necessary support to take control of their health and make healthy lifestyle changes.
- **Community-based organizations** successfully address the impact of chronic diseases on the lives of older adults and improve their quality of life.
- **Health care providers** activate patients to participate in their medical plan of care to achieve better health.
- **The national health care system** will be more effective and efficient; CDSME can help achieve the Triple Aim.
Better Health
• Better self-assessed health and quality of life
• Fewer sick days
• More active
• Less depression
• Improved symptom management

Better Care
• Improved communication with physicians
• Improved medication compliance
• Increased health literacy

Lower Costs
• Decreased ER visits and hospitalizations ($364 net savings per person)

CDSME Meets the Goals of the Triple Aim of Health Care
Evidence Based Programs Result in Improved Health

CDSME Programs are scientifically proven effective in supporting improved outcomes for participants:

- Participant education ignites participant activation
- Participant activation increases self management practices
- Increased self management leads to more preventative health practices/better health status
Northwest Regional Council’s Wisdom Warriors

- CDSMP completers are designated as Wisdom Warriors.
- Meet monthly for educational activities.
- Participants receive a *Wisdom Bag* signifying their commitment to their health and are rewarded with pony beads and charms to celebrate accomplishments.
- Wisdom Warriors is implemented in 20 of the 29 tribes in Washington, Alaska, California, Oklahoma, Oregon, and more!
Successes from the Yellowhawk Tribal Health Center, California

- Implementing CDSMP
- Plan to reach 225 participants in Umatilla County, CA.
- Using innovative marketing and recruitment strategies including reaching out to participants through Head Start meetings.
- Trained members of several local tribes in Wisdom Warriors.

Second cohort of leaders trained in Wisdom Warriors at Yellowhawk Tribal Health Center.
Successes from the Lac Courte Oreilles Health Center, Wisconsin

- Plan to engage 70 local elders in Diabetes Self-Management Program workshops.
- Developed a partnership with the Lac Courte Oreilles Department of Aging and neighboring tribes to recruit tribal elders to workshops.
- Identify potential patients through the diabetes registry at the health center.
- Include participant note and feedback on program participation in the health center electronic medical record.
- Utilized local transportation assistance to support participants in attending the workshop sessions.

Healthy Living with Diabetes Workshop Series Starting Soon!

January is right around the corner..... have you thought about a New Year’s Resolution? How about investing time in your health by learning diabetes self-management skills in a group setting? The next Healthy Living with Diabetes workshop series will begin in January 2017. Healthy Living with Diabetes is a 6
Resource Highlights
Best Practices

Best Practices Toolkit: Resources from the Field

A centralized location for sharing resources from across the U.S. to foster the expansion and sustainability of CDSME programs. The toolkit includes over 200 resources!

Resources for Chronic Disease Self-Management Education

Visit https://www.ncoa.org/center-for-healthy-aging/cdsme-resource-center/ for:

- Blog posts about managing chronic conditions
- Information about malnutrition and ongoing health conditions
- A list of self-management programs
- Information about online CDSMP

10 Common Chronic Conditions for Adults 65+

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Source: Centers for Medicare & Medicaid Services, Chronic Conditions Prevalence State/County Table: All Fee for Service Beneficiaries, 2015
Engaging American Indian/Alaska Native Adults in Chronic Disease Self-Management Education

This tip sheet provides an overview of health disparities in chronic diseases among American Indians/Alaska Natives (AI/AN) and discusses effective strategies for increasing access to chronic disease self-management education (CDSME) programs to improve their health status. It highlights the Wisdom Warriors program in Washington and summarizes activities of current and former grantees funded by the Administration for Community Living (ACL) to expand and sustain CDSME programs in their states, including tribal communities.

Health Disparities

The AI/AN population experiences poorer health status than the general United States population and carries a much heavier burden of chronic illness. One in five of 5.4 million AI/ANs have two or more chronic conditions, and heart disease and cancer are the leading causes of death. Other chronic conditions, such as obesity, heart disease, and University’s Chronic Disease Self-Management Program (CDSMP), have been proven to help people with chronic conditions manage their health and improve their quality of life. Research has shown that CDSMP significantly improves self-reported health, communication with doctors, and appropriate medication use, while lowering health care costs. When provided in a culturally

Connecting the Dots: Working Together to Increase Access to Chronic Disease and Diabetes Management in Tribal Communities

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Program Manager, Diabetes Prevention and Control Program
Title VI Cluster Training
Albuquerque, New Mexico
Thursday, March 1, 2018
Diabetes Prevention and Control Program

Goal: Prevent complications, disabilities and burden associated with diabetes and related chronic conditions
Primary Strategy: Increase participation in, access to, reach and effectiveness of evidence-based chronic disease and diabetes self-management programs.

• Supportive Strategy 1: Educate members of the health care team about diabetes and chronic disease management programs.

• Supportive Strategy 2: Increase the reach, capacity, and sustainability of evidence-based chronic disease and diabetes self-management programs.
Available Self-Management Programs

• Chronic Disease Self-Management Program (CDSMP) *For adults who have one or more chronic health condition*

• Diabetes Self-Management Program (DSMP) *For adults who have type 2 diabetes*
Increasing Access to Evidence-Based Self-Management Programs – Key Factors:

- Delivery Infrastructure/Capacity
- Partnerships
- Centralized, Coordinated Logistical Processes
- Sustainability
Delivery Infrastructure/Capacity

• Building and maintaining a strong and competent workforce
  ▪ *Certified master trainers and workshop leaders*
  ▪ Training
  ▪ Recruitment and retention

• Delivery system partners

• Support mechanisms
Partnerships

• Native American Partnership (NAP)
• New Mexico Department of Health Office of Tribal Liaison
• Indian Area Agency on Aging
• Navajo Area Agency on Aging
• New Mexico Department of Health Office of Community Health Workers
• New Mexico Diabetes Advisory Council
• New Mexico Aging and Long-Term Services Department
Centralized, Coordinated Logistical Processes

- Marketing
  - Consistent messaging
  - Materials

- Referral and Enrollment
  - New Mexico’s New Centralized Referral and Data System

- Retention
Sustainability

- Demonstrating value
- Integrating with other initiatives
- Exploring financing models
- Expanding sustainable financing
  - Health plan coverage
  - Foundation and private funding
Paths to Health NM: Tools for Healthier Living

(505) 850 - 0176

or

(575) 703 - 2343
Chronic Disease Self-Management Education Programs

Learn new skills that will help you feel better!
The Chronic Disease Self-Management Education Programs (CDSMP) is a group of free self-management programs for adults of all ages, including those with disabilities, who are living with one or more chronic health condition that requires daily self-management. Conditions may include arthritis, chronic pain, asthma, cancer, HIV, diabetes, high blood pressure or heart disease.

What free programs are available?
- Chronic Disease Self-Management Program (CDSMP)
  For adults who have one or more chronic health condition
- Diabetes Self-Management Program (DSMP)
  For adults who have type 2 diabetes
- Cancer: Thriving and Surviving Program (CTSP)
  For adults who have cancer or are in remission
- Chronic Pain Self-Management Program (CPSPM)
  For adults who are managing chronic pain
- Positive Self-Management Program (PSMP) for HIV
  For adults who are managing HIV
  All programs are available in Spanish.

What are these workshops like?
All workshops are led by two trained leaders, at least one of whom has a chronic health condition. All workshops are taught in community settings such as churches, hospitals, senior centers and workplaces. Participants meet for 2.5 hours once a week for six weeks. Workshops are highly participatory and focus on skill-building and support to help develop participants’ confidence in their ability to manage their health.

Why is self-management important?
A national study of the CDSMP in 2015, which included New Mexico sites, found that many participants reported positive, significant improvements, including:

**Better Health**
- Better quality of life
- Less depression
- More active lives
- Fewer sick days

**Better Care**
- Improved communication with doctors
- Improved medication adherence
- Improved health literacy

**Lower Health Costs**
- $714 per person saving in emergency room visits and hospital utilization
- Potential saving of $5.6 billion by reaching 10% of Americans with one or more conditions

What skills are taught during workshops?
- Feedback, problem-solving and goal-setting
- Making an action plan
- Medication usage
- Healthy eating and weight management
- Dealing with depression
- Preventing falls and improving balance
- Reading nutrition labels
- Relaxation techniques and getting a good night’s sleep
- Introduction to physical activity and exercise
- Preventing or delaying complications
- Preventing low blood sugar
- Strategies for sick days
- Pain and fatigue management
- Communication skills and working with your healthcare team
- Making decisions about treatment

About Paths to Health NM: Tools for Healthier Living
The CDSMP are among several programs offered through Paths to Health NM. All programs are designed to help adults gain the confidence and skills they need to better manage or prevent chronic health conditions or injuries. Paths to Health NM is supported by the New Mexico Department of Health. These programs have been proven to work and improve quality of life.

Join, learn and take control.
Call Paths to Health NM
(505) 850-0176 or (575) 703-2343

What Participants Are Saying...

"I’m surprised at how much I learned about a lot of different things, not just checking my blood sugar levels. I especially like the part about communication and sick days."

"I came out of the program with a new view of how I should live my life. I am now on track. I am drinking much more water, am learning Tai Chi and am looking at all there is to do and learn out there. This program has given me many ideas to adjust to my pain and live a healthy satisfying life."

"I took this workshop myself as a 52-year cancer survivor. My quality of life has improved tremendously and I wish I’d taken this course sooner. I highly recommend the workshop to survivors and caregivers to make the journey from surviving to thriving."

January 2018
Past and Current Efforts with Tribal Communities

• Santa Clara Pueblo
• San Ildefonso Pueblo
• Laguna Pueblo
• Jemez Pueblo
• Navajo Nation
Successes and Key Lessons Learned

• Identifying a “Champion”
• Rapport
• Trust
• Communication
• Traditions
• Partnerships

• Time
• Flexibility
• Outreach
• Cultural sensitivity
• Ownership
• Empowered
Thank You!

Questions?

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Behavioral Health
Background

- 40-55% of adults 65+ drink alcohol regularly; up to 15% may be problem drinkers.
- Alcohol and prescription drug misuse affects as many as 17% of older Americans.
- Up to 19% of older adults are affected by the combination of alcohol and medication misuse.
- About 25% of older adults use psychoactive medications that have a potential to be misused and abused.
- Older adults are more likely to take prescribed psychoactive medications for longer periods of time than younger adults.
- 11% of women > 60 years old misuse prescription medication.

Sources: 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions III; SAMHSA; NIAAA
Drinking Guidelines

- Adults over age 65 who are healthy and do not take medications should not have more than:
  - 1 drink on a given day
  - 7 drinks in a week

- Drinking more than these amounts puts people at risk of serious alcohol problems.

- With certain health problems or if taking certain medications, drink less or not at all.

(Source: NIAAA, SAMHSA)
Standard Drinks

12 fl oz of regular beer = 8–9 fl oz of malt liquor (shown in a 12 oz glass) = 5 fl oz of table wine = 1.5 fl oz shot of 80-proof distilled spirits (gin, rum, tequila, vodka, whiskey, etc.)

- about 5% alcohol
- about 7% alcohol
- about 12% alcohol
- 40% alcohol

The percent of “pure” alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.
Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- **Screening** quickly assesses the severity of substance use and identifies the appropriate level of treatment.

- **Brief intervention** focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

- **Referral to treatment** provides those identified as needing more extensive treatment with access to specialty care.

(www.samhsa.gov/sbirt)
SBIRT Continued

- **Primary Goal**: Reducing and preventing related health consequences, disease, accidents and injuries associated with risky use.
  - **NOT** to identify alcohol- or other drug-dependent individuals.
- **Screens for all types of substance use**, not just dependencies.
- **Provides information and assistance** tailored to the individual and his or her needs.
- **Intervening early** with individuals at moderate risk is effective in reducing substance use, in preventing health and other related consequences, and in saving healthcare costs.
Get Connected! Toolkit

- For health and aging services providers to learn more about alcohol and medication misuse and mental health issues in older adults
- Designed to help providers undertake health promotion, advance prevention messages and education, and undertake screening and referral for mental health issues and the misuse of alcohol and medications
- Helps coordinate these efforts and link your organization and the older adults you serve to other valuable community-based and national resources.
PEARLS Program

Depression Care Management

• Active screening for depression
• Measurement-based outcomes
• Trained depression care manager
  • Brief, evidence-based interventions
  • Education / self-management support
• Psychiatrist role re-defined

6 – 8 hour long sessions over a 4 – 5 month period
What makes PEARLS unique?

- Participant-driven, practical, “here and now”
- Outside traditional mental health settings
- Home- and community-based
- Multiple chronic conditions/self-management
- Developed with and utilizes existing service-provision programs
- Team-based approach
- Aims to improve quality of life as well as reducing depressive symptoms
PEARLS RCT #1 (older adults) Study Results
6-months (N=138)

Depression improvements continued at 12-mths (6-mths after the program ended).

Healthy IDEAS: Program Goals

- Detect and reduce the severity of depressive symptoms in older adults through existing community-based case management services
- Reach underserved populations
- Train agency staff to deliver an evidence-based intervention for depression to older adults
- Improve linkage between community aging service providers and health /mental health professionals

Identifying Depression
Empowering Activities for Seniors
Healthy IDEAS: Program Delivery

- Embedded in ongoing assessment & routine of existing case management programs
  - Usually NOT mental health professionals (case managers/social workers)

- 2-day Training/Certified Trainer
  - Screening
  - Education
  - Link to primary or mental health care
  - Behavioral activation
  - Re-screening

- Mental health experts essential to back-up leadership as first line & support case managers (COACH(ING))
Healthy IDEAS: Core Program Components

• Step 1: Screening

• Step 2: Education

• Step 3: Referral & Linkage

• Step 4: Behavioral Activation
  • Empowering older adults to manage their depressive symptoms by engaging in meaningful, positive activities.

• Step 5: Re-assessment with ongoing case-management
Healthy IDEAS: Core Program Components Continued

• Step 5: Reassess Client’s Progress
  • Readminister PHQ-9
  • Review accomplishments/progress
  • Follow-up with tracking data

• Prevention--
  • What if I feel low again?
  • How do I self-manage?
  • What has made me feel better in the past?
Healthy IDEAS: Benefits to Clients

- Reduction in severity of depressive symptoms
- Reduction of self-reported pain
- Increased knowledge of how to get help for depression
- Increased level of activity
- Increased knowledge of how to manage depressive symptoms
Resources

- SAMHSA SBIRT Resource page
  - www.samhsa.gov/sbirt/resources
- Florida BRITE Project
  - brite.fmhi.usf.edu/BRITE.htm
- Screening Instruments
  - www.store.samhsa.gov/shin/content/SMA02-3621/SMA02-3621.pdf
- Behavioral Health Treatment Locator
  - https://findtreatment.samhsa.gov/
- CMS SBIRT Fact Sheet
  - www.integration.samhsa.gov/sbirt/SBIRT_Factsheet_ICN904084.pdf
- Healthy IDEAS National website
  - http://healthyideasprograms.org/
NCOA Resources – www.ncoa.org/cha

- **Sign up** for the Center for Healthy Aging e-newsletter
- **Follow @NCOAging** on social media
- **E-mail healthyaging@ncoa.org** to join our CDSME and falls prevention listservs.
- **Share** NCOA’s free, trusted tools with older adults:
  - [BenefitsCheckUp.org](http://BenefitsCheckUp.org)
  - [EconomicCheckUp.org](http://EconomicCheckUp.org)
  - [MyMedicareMatters.org](http://MyMedicareMatters.org)
Our job is to support you

- Have you implemented evidence-based health promotion programs?
- Have you had challenges implementing evidence-based health programs?
- Are there resources that would help you serve your elders?
- Any questions?
Thank you

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