National Dissemination of Evidence-Based Programs for Older Adults in Low-Income Areas: Social Context for Fall Prevention and Disease Self-Management

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INTRODUCTION

- Economic insecurity impacts more than 25 million Americans aged 60 years and older, making free and low-cost health and wellness resources critical
  - Rural and inner-city locations experience persistently higher poverty rates
- Over 90% of older Americans have at least one chronic condition, while nearly 75% have two or more
  - Have stark public health consequences due to issues including polypharmacy, medication side-effects, and disease progression
  - Falls represent one consequence of chronic conditions and impact 1-in-4 older adults each year

An Emphasis on Evidence-Based Public Health

- Increase access to evidence-based health promotion programs (EBP)
- Identify essential programmatic elements for success
- Focus on implementation and dissemination issues
  - Expanding programs 'to scale'
  - Recruiting and retaining diverse participants
  - Ensuring fidelity and cost-effectiveness

Mandate of the Administration for Community Living (ACL)

- Grantees demonstrate capacity and ability to achieve health equity among disparately affected populations

Study Purpose

- Despite the widespread availability of EBP, a greater understanding is needed about the national reach of chronic disease self-management education (CDSME) and fall prevention programs in rural and disadvantaged communities

METHOD

- Data from two nationwide deliveries of EPB as part of the Patient Protection & Affordable Care Act (ACA)
  - Data collected from grantees between 2010 and 2017
  - Deemed highest-tier EBP for older adults, with effectiveness demonstrated through experimental or quasi-experimental studies
  - Delivered in a variety of community settings through the aging services network & public health system

Chronic Disease Self-Management Education (CDSME)

- Set of 11 CDSME programs (300,860 participants)
- Delivered by 83 grantees, spanning 47 states

Fall Prevention

- Set of 8 fall prevention programs (45,812 participants)
- Delivered by 40 grantees, spanning 20 states

Measures of Social Context

- Environmental Characteristics (delivery site)
  - Rurality: Rural-Urban Continuum Codes (RUCC)
  - Percent of population below federal poverty line
    - 200% FPL; 150% FPL; 100% FPL

RESULTS

- Total of 1,838 unique counties reached
  - 1,291 CDSME only; 86 Falls only; 461 Both

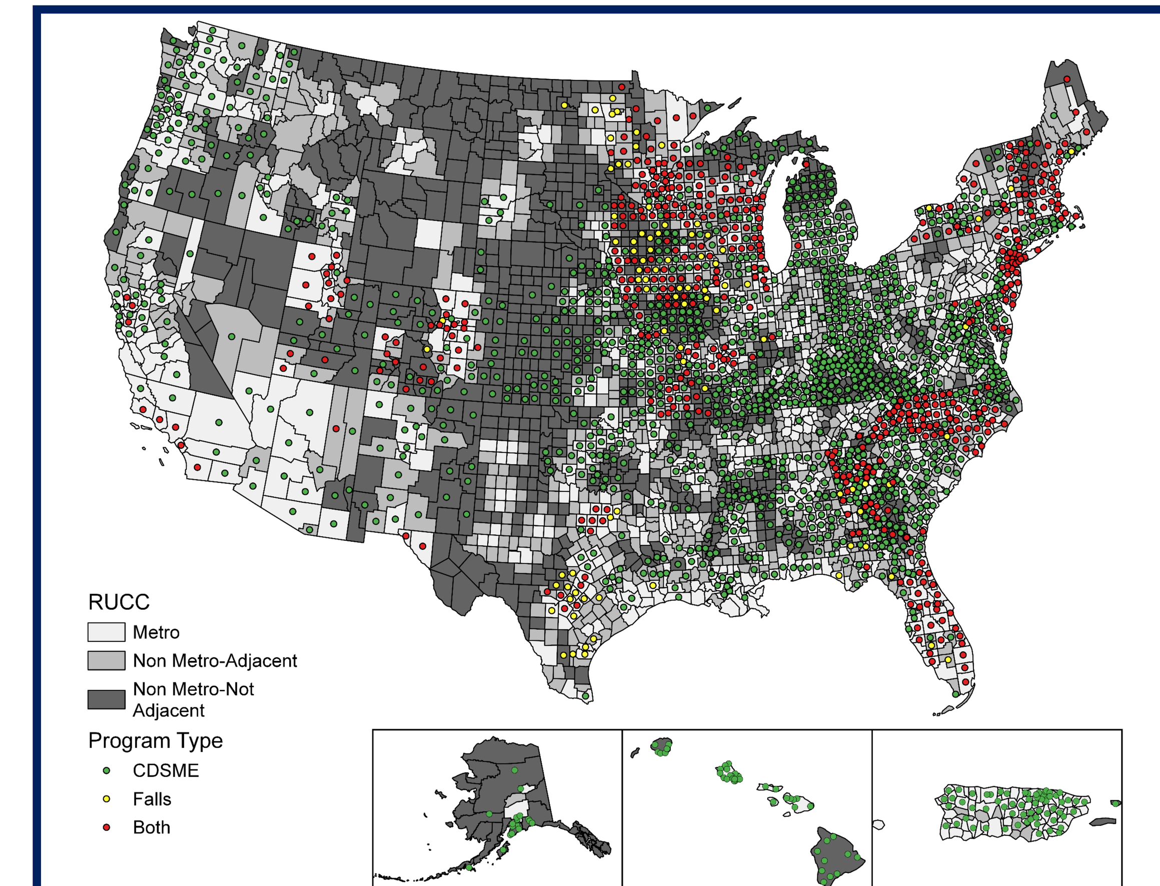
Chronic Disease Self-Management Education (CDSME)

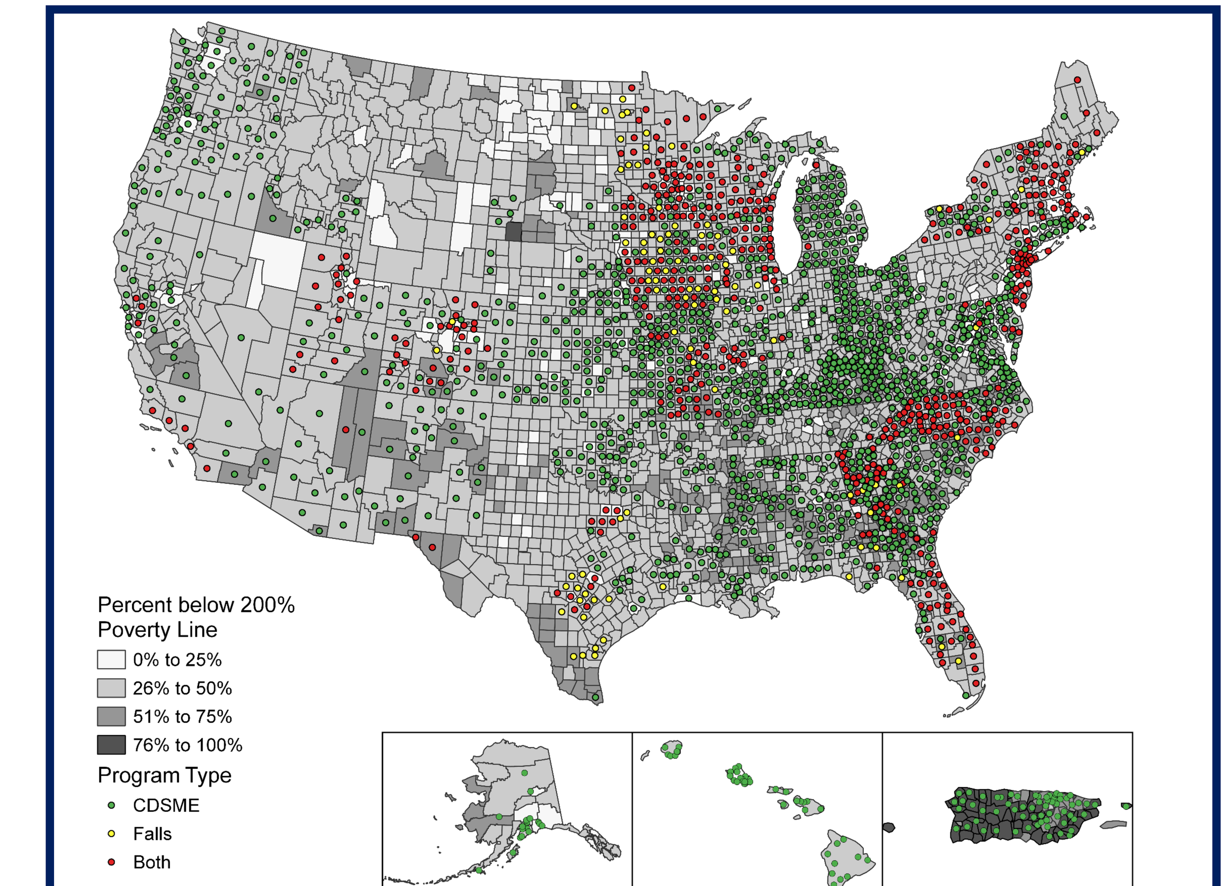
- 76% female; 16% Hispanic; 18% African American
- 18% delivered in rural areas
- 11% families ≤ 150% FPL; 20% families ≤ 200% FPL

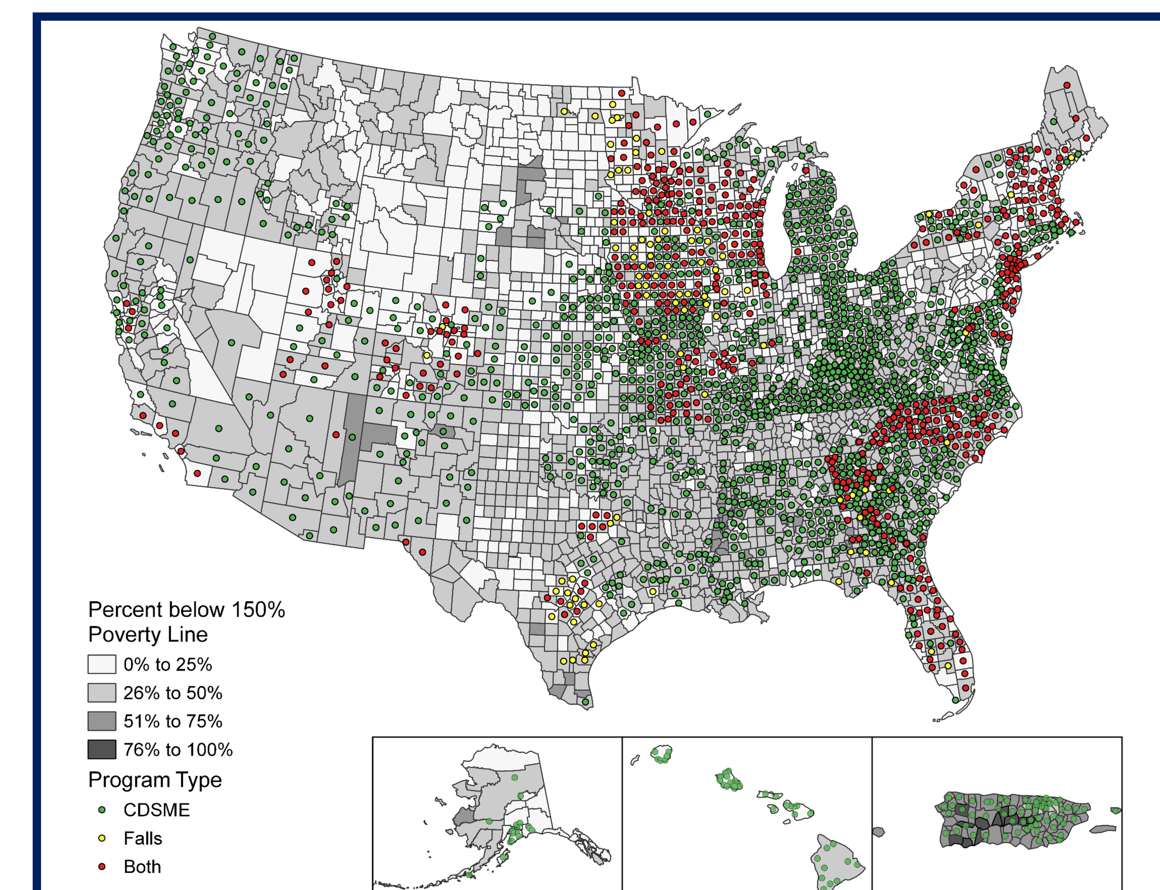
Fall Prevention

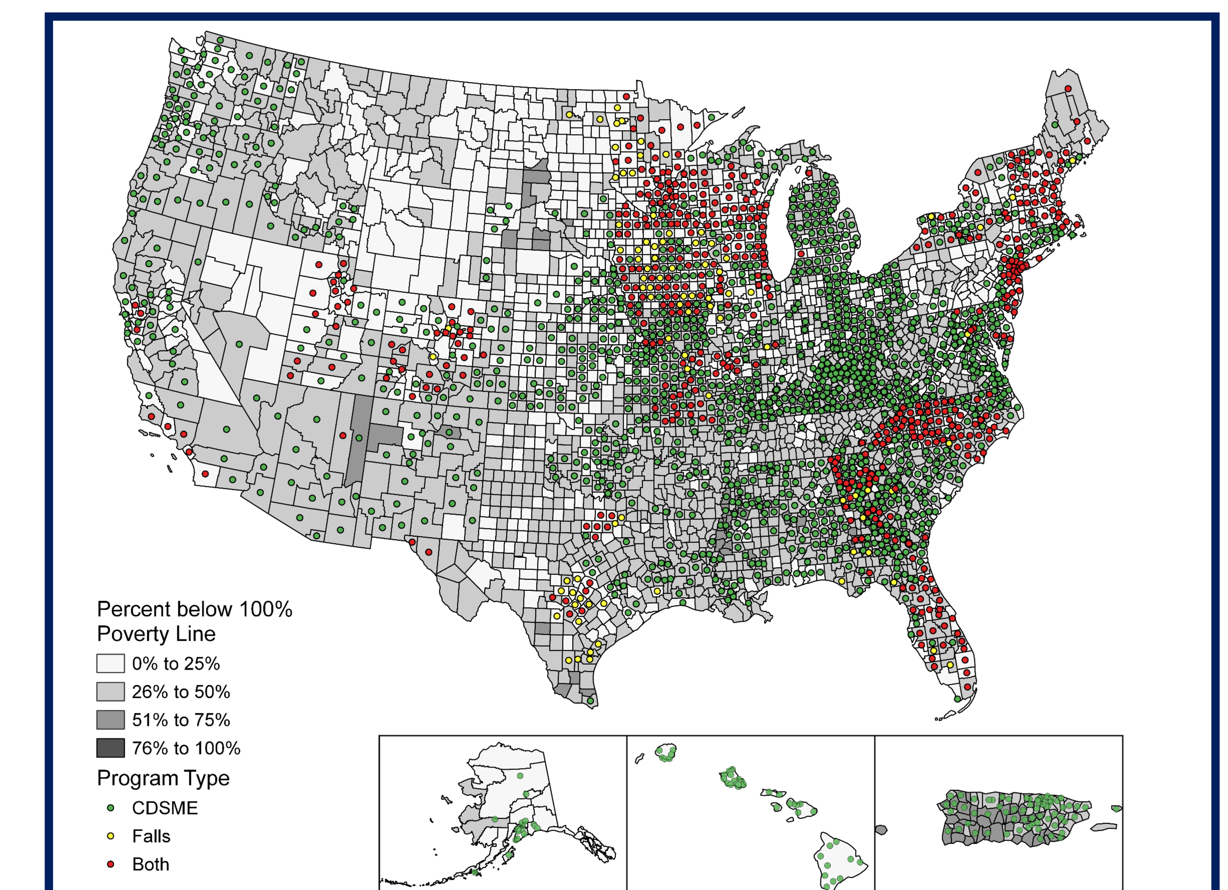
- 80% female; 6% Hispanic; 7% African American
- 19% delivered in rural areas
- 9% families ≤ 150% FPL; 18% families ≤ 200% FPL

RESULTS (continued)









CONCLUSIONS

- EPB have capacity to serve large numbers of diverse adults via an established and growing network of delivery sites
- Efforts are needed to expand delivery to serve more rural and disadvantaged communities
  - Community partnerships representing varied settings essential for participant recruitment and dissemination
- Multi-pronged strategies are needed (integrating technology)
- Improve delivery infrastructure through training capacity
- Continue monitoring/evaluating health outcomes and growth
- Advocate for continued federal funding to support EBP