

Age + Action

June 17–20, 2019 | Washington, DC

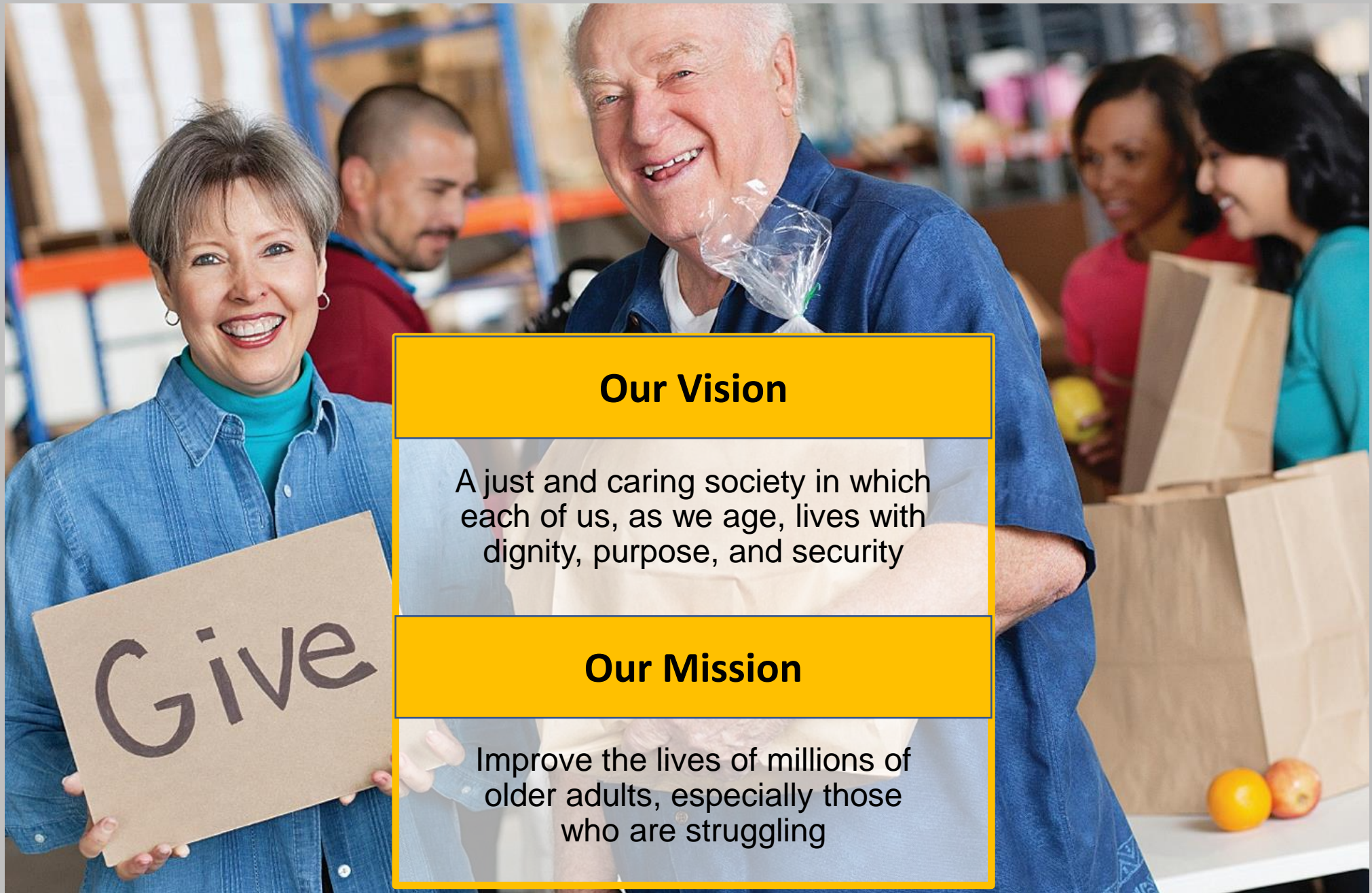
ncoa

National Council on Aging

DATA TRENDS, PUBLICATIONS, AND IMPLICATIONS FROM THE NATIONAL CDSME AND FALLS PREVENTION DATABASES

Chelsea Gilchrist, Thomas Eagen, & Angelica Herrera-Venson |
June 17, 2019

#AgeAction2019 | #WeAgeWell



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

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

Administration for Community Living Falls Prevention & CDSME Grantees

Funding

- CDSME: American Recovery and Reinvestment Act (2010-2011) and ACA Prevention and Public Health Fund (2012-Present)
- Falls Prevention: ACA Prevention and Public Health Fund (2014-Present)

Grant Goals

- Significantly increase the number of older adults and adults with disabilities at risk of falls who participate in evidence-based community programs to reduce falls and falls risks.
- Build partnerships and/or secure contracts with the health care sector and identify innovative funding *arrangements* that can support these evidence-based falls prevention programs while embedding the programs into an integrated, sustainable, evidence-based prevention program network.

Administration for Community Living Falls Prevention & CDSME Grantees

- Grantees must collect required program and participant data
 - Data collection forms are approved by Office of Management and Budget
 - Includes data on host and program implementation site, leaders/instructors, attendance log
- Participant self-reported data
 - Falls Prevention: Pre- and post-program surveys
 - CDSME: Pre-program survey and one post-program question

Technical Assistance Activities



One-on-One Support

- Tailored technical assistance based on your needs



Networking & Peer Learning

- Work groups
- Learning Collaboratives
- Listservs for professionals



Online Tools and Resources

- Ongoing webinars
- Best practices from organizations across the country



National Databases

- Data collection & management
- CDSME & falls prevention

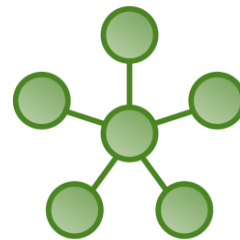
National Falls Prevention Database By the Numbers

27



States

733



Host Orgs

4,048



Impl. Sites

7,315



Workshops

92,974



Participants

Falls Prevention Programs

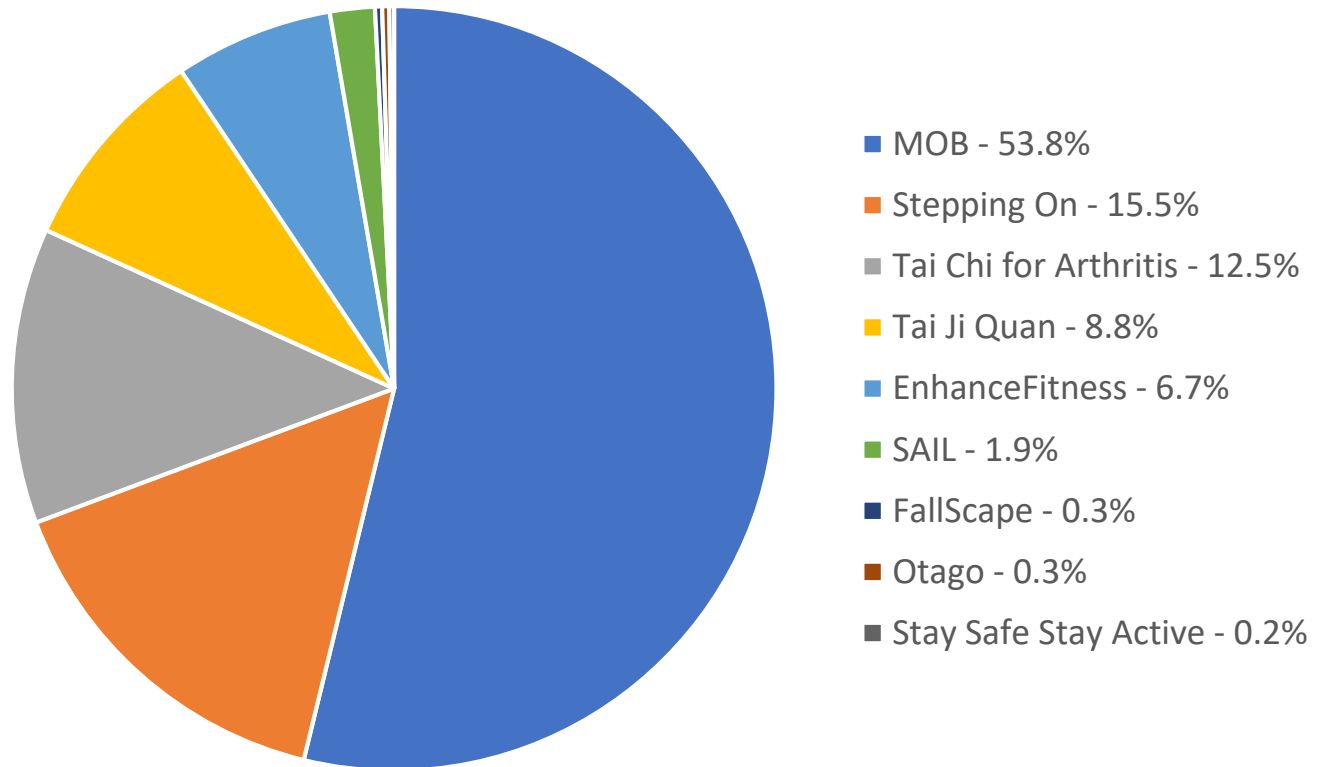


- A Matter of Balance
- CAPABLE
- EnhanceFitness
- FallScape
- Fit & Strong
- Otago Exercise Program
- Tai Chi for Arthritis
- Stepping On
- Stay Active and Independent for Life
- Stay Safe, Stay Active
- Tai Ji Quan: Moving for Better Balance
- YMCA Moving for Better Balance

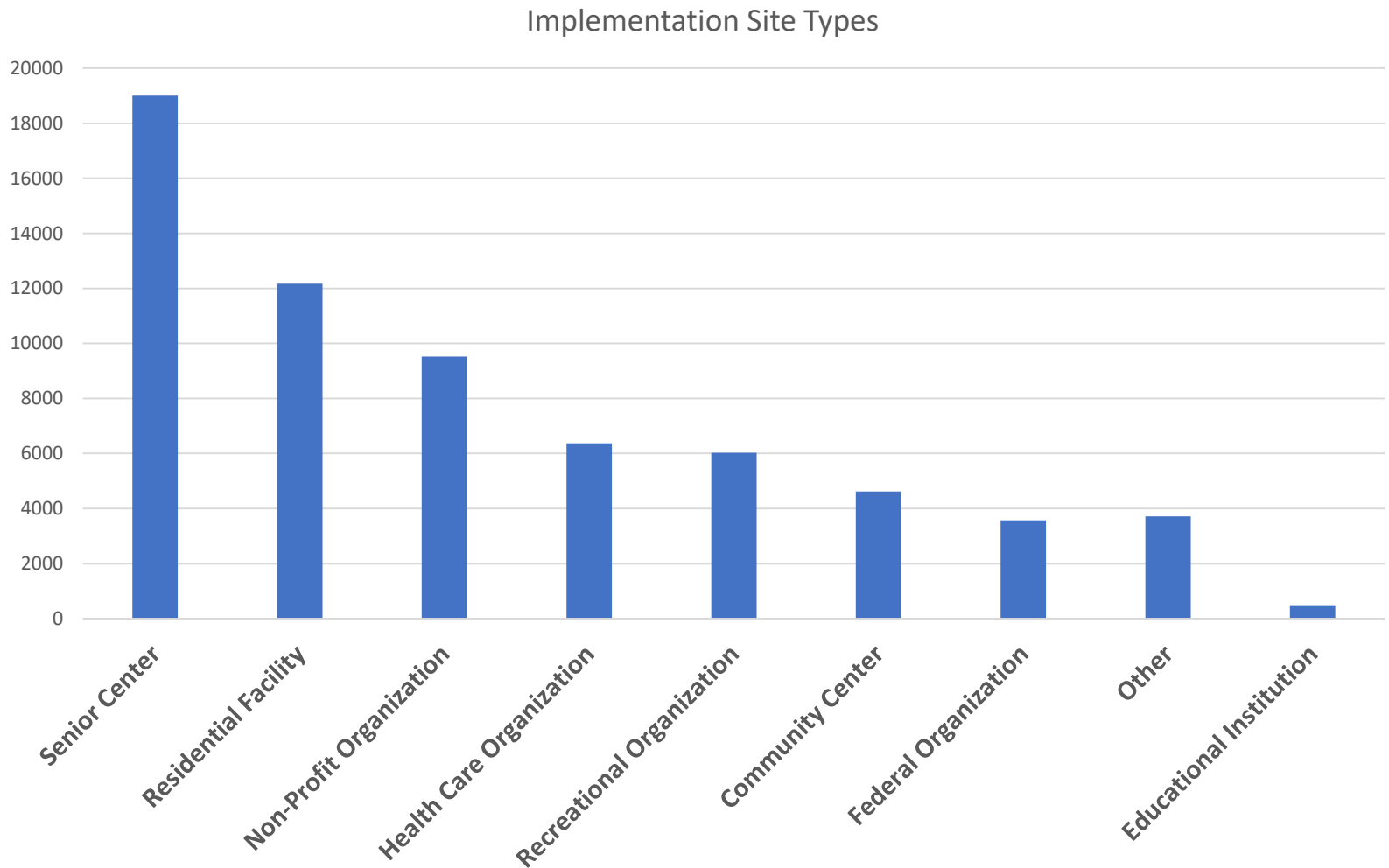
Not an exhaustive list.

Distribution of Falls Prevention Programs in the Database

Program Distribution



Implementation Site Types

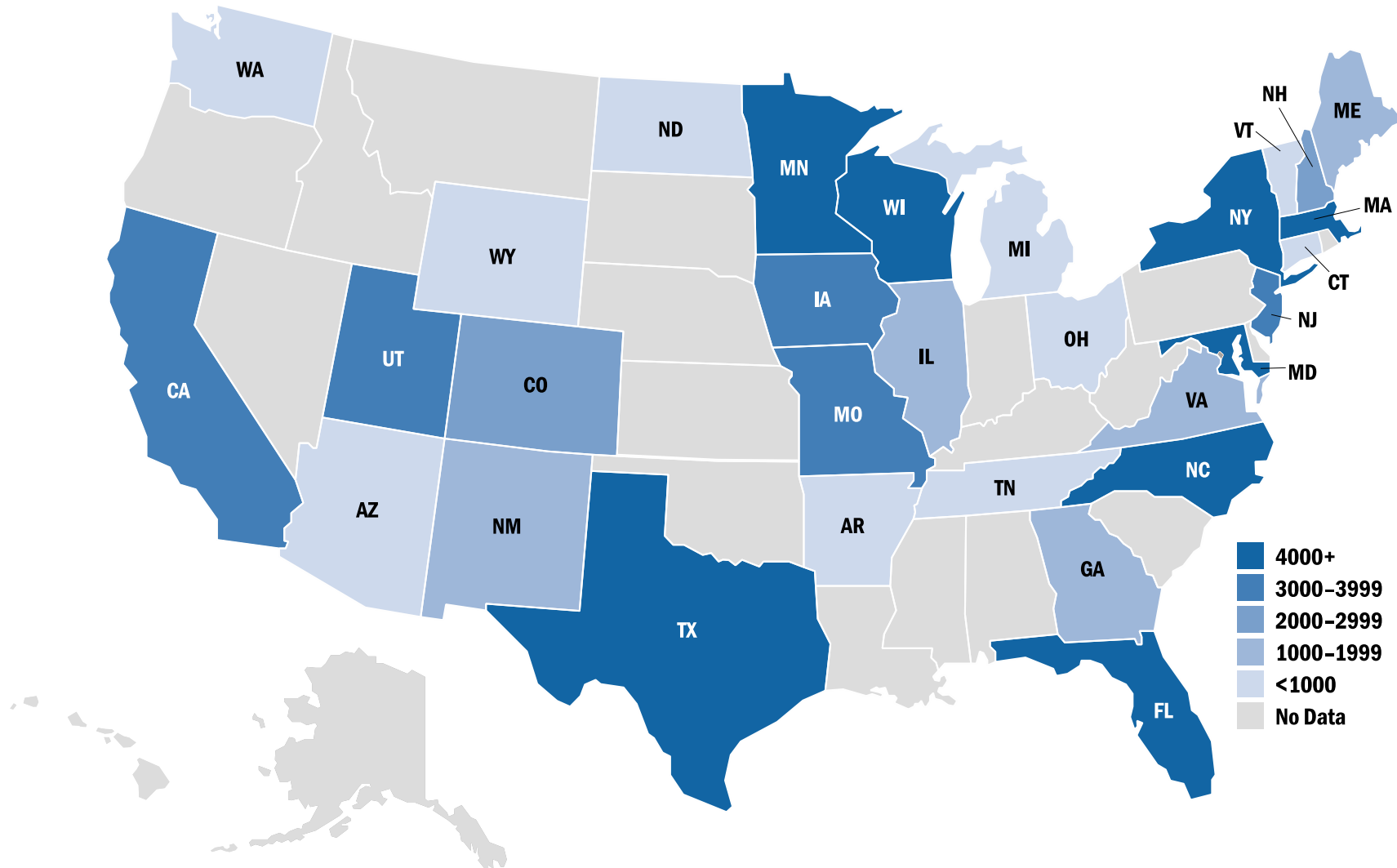


Workshop Languages

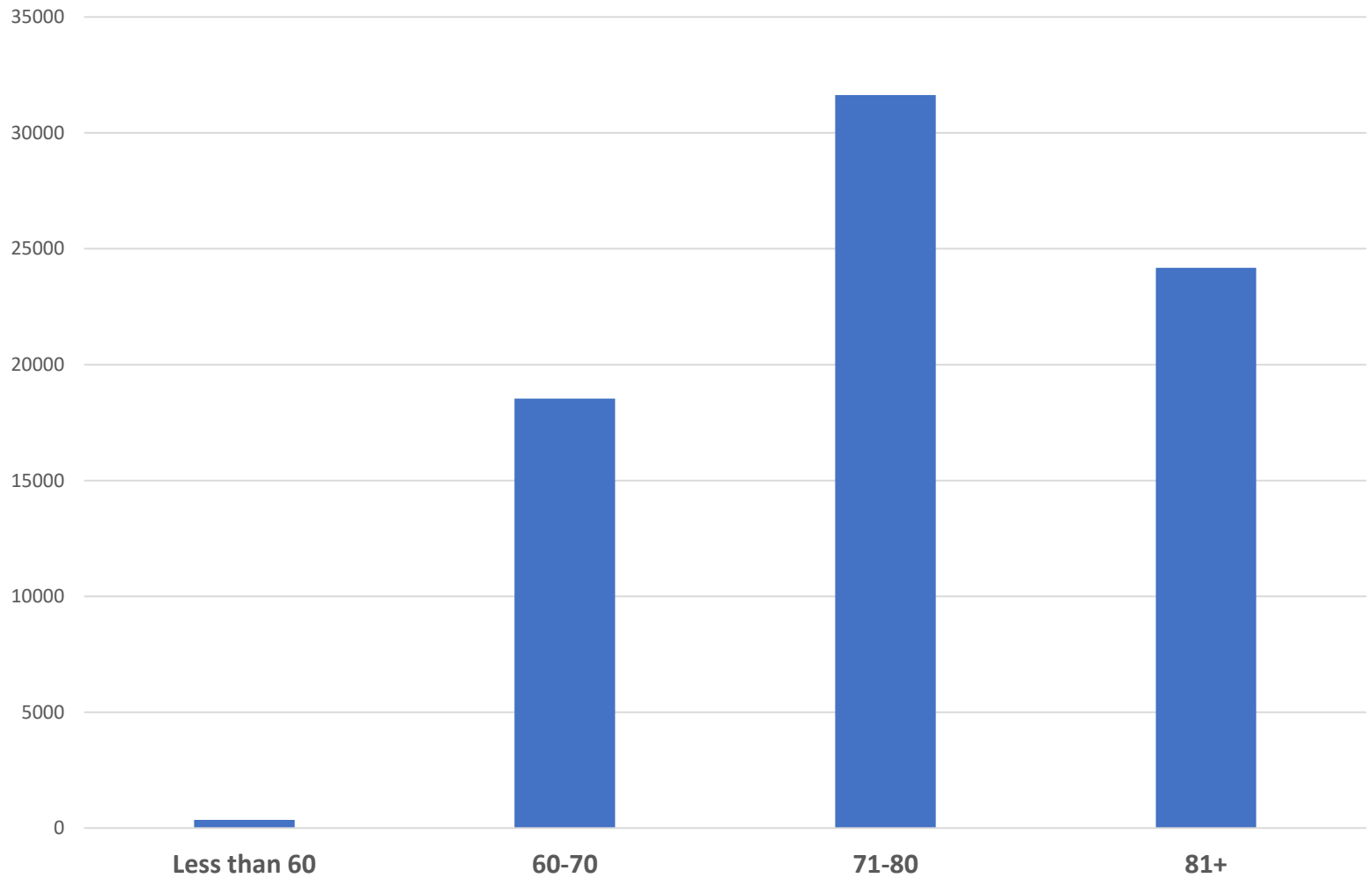
- Braille
- Cambodian
- Chinese
- English
- Hmong
- Korean
- Navajo
- Portuguese
- Spanish
- Vietnamese

CHINESE
AMERICAN
SERVICE
LEAGUE
KAM L. LIU
BUILDING

Participant Distribution by State in the Database



Participants by Age Categories



Participant Characteristics

Average Age:	76 years	Disability:	37%
Female:	81%	Two or More Falls Past 3 Months:	7,411 participants
Hispanic Ethnicity:	6%	Two or More Chronic Conditions:	30,964 participants
Race:	African-American (8%) American Indian/Alaska Native (2%) Asian (3%) White (86%) Multiracial (1%)	In Poor or Fair Health:	17%
Education:	High School or less (33%) Some College (30%) College Graduate (37%)	Fearful of Falling Before Attending Program:	50%
Lives Alone	48%	Program Reduced Fear of Falling:	89%

Health and Fall-Related Variables

- Self-reported health
- Chronic health conditions
- Limitations due to disability
- Healthcare referral
- Fear of falling
- Social engagement limitation due to concern about falling
- Falls self-efficacy
- Falls and injuries from falls, in past 3 months and following program completion
- Actions taken to reduce falls risk (post-test only)

Not an exhaustive list.

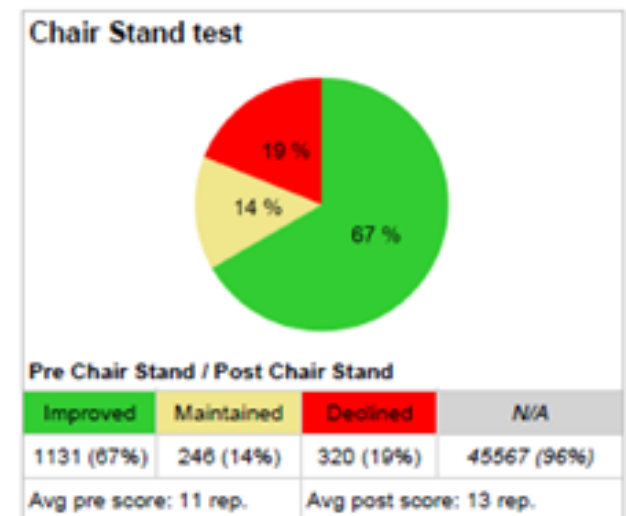
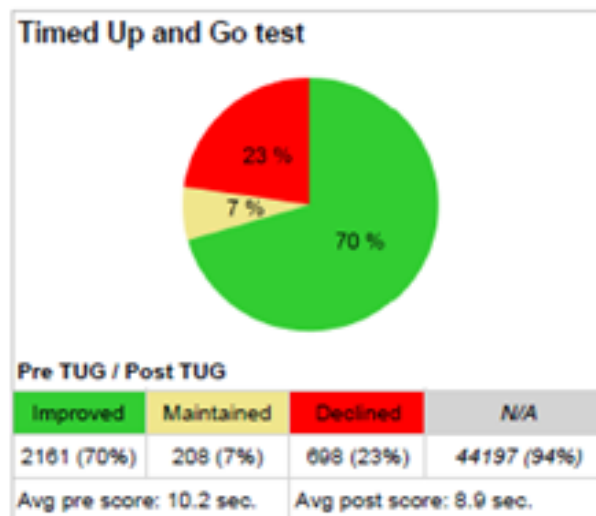
Optional and New Data Fields

Optional Data Fields

- Income (Less than \$1,000 - \$4,000 or more)
- Caregiver status
- Zip code
- Type of health insurance (E.g., Medicare, Humana)
- Referral source—Facebook ad
- Have you taken this falls prevention program before?
- Have you taken a falls prevention program before? If yes, please indicate program name.
- Timed Up and Go Test
- Chair Stand Test

New Data Fields

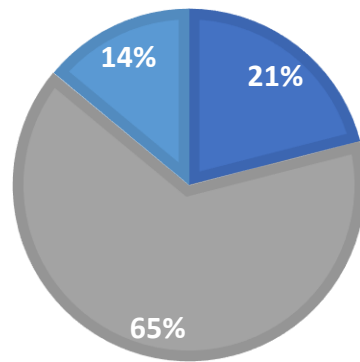
- Location of fall
- Hospitalization
- Physical activity level



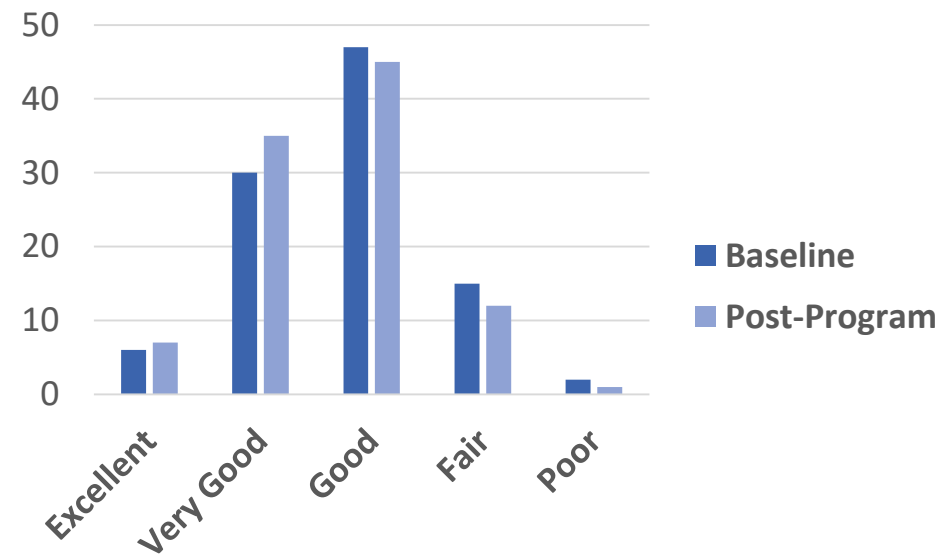
Program Outcomes

GENERAL HEALTH CHANGE

■ Improved ■ Maintained ■ Declined



GENERAL HEALTH

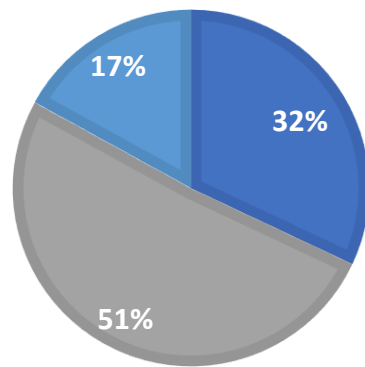


On average, there was a statistically significant ($p < .001$) improvement in self-reported general health following program participation.

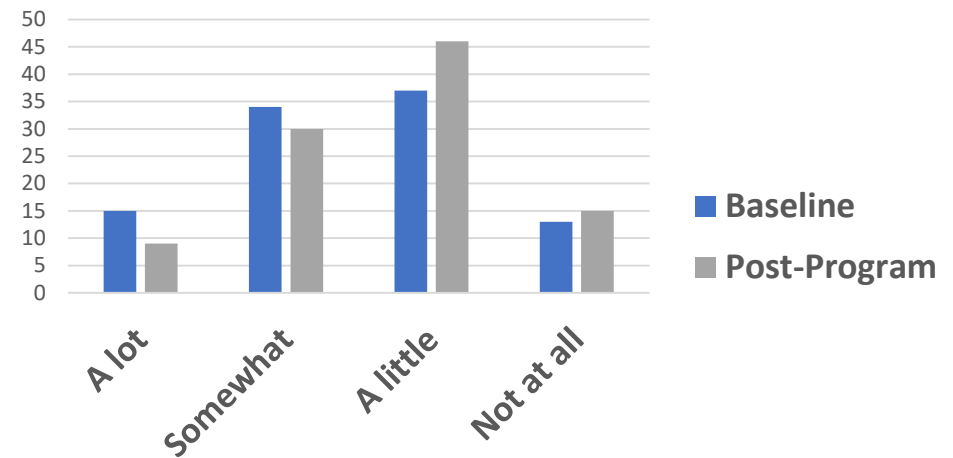
Program Outcomes

FEAR OF FALLING CHANGE

■ Improved ■ Maintained ■ Declined



FEAR OF FALLING CHANGE

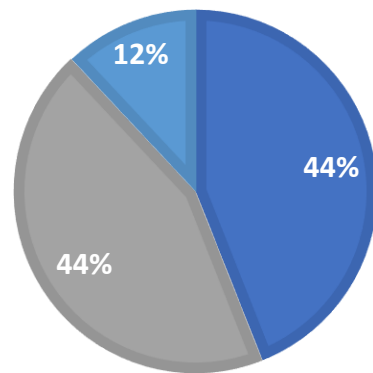


On average, there was a statistically significant ($p < .001$) improvement in self-reported fear of falling following program participation.

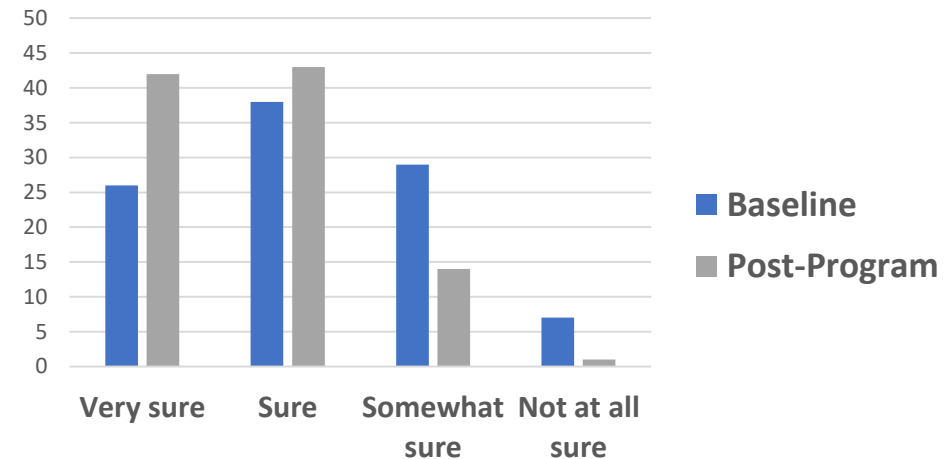
Program Outcomes

ABILITY TO REDUCE FALLS CHANGE

■ Improved ■ Maintained ■ Declined



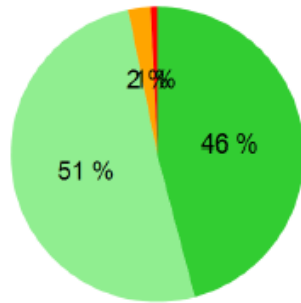
ABILITY TO REDUCE FALLS CHANGE



On average, there was a statistically significant ($p < .001$) improvement in self-reported ability to reduce falls following program participation.

Program Outcomes

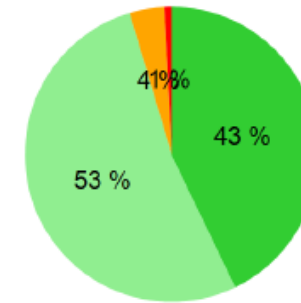
More comfortable talking to health care provider



- / Post Q7a

Strongly agree	Agree	Disagree	Strongly disagree	N/A
19295 (46%)	21421 (51%)	1051 (2%)	292 (1%)	5205 (11%)

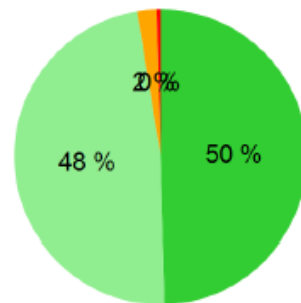
More comfortable talking to family and friends about falling



- / Post Q7b

Strongly agree	Agree	Disagree	Strongly disagree	N/A
18184 (43%)	22289 (53%)	1640 (4%)	320 (1%)	4831 (10%)

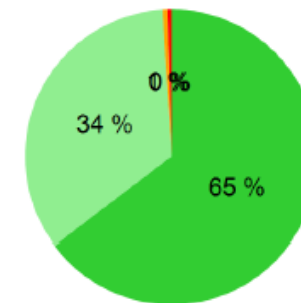
More comfortable increasing activity



- / Post Q7c

Strongly agree	Agree	Disagree	Strongly disagree	N/A
21113 (50%)	20394 (48%)	897 (2%)	186 (0%)	4674 (10%)

Plan to continue exercising

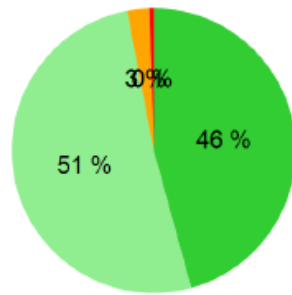


- / Post Q7d

Strongly agree	Agree	Disagree	Strongly disagree	N/A
24324 (65%)	12927 (34%)	198 (1%)	168 (0%)	9647 (20%)

Program Outcomes

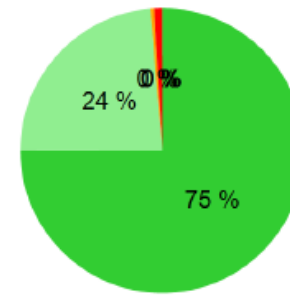
Feel more satisfied with life



- / Post Q7e

Strongly agree	Agree	Disagree	Strongly disagree	N/A
18914 (46%)	21196 (51%)	1041 (3%)	200 (0%)	5913 (13%)

Would recommend program to friend or relative



- / Post Q7f

Strongly agree	Agree	Disagree	Strongly disagree	N/A
32362 (75%)	10182 (24%)	193 (0%)	378 (1%)	4142 (9%)

Research from the National Falls Prevention Database: Program Dissemination in Rural Areas

Smith et al. (2018) examined national program delivery in rural areas.

- 12.7% of program participants lived in a non-metro adjacent area.
- 5.5% of program participants lived in a non-metro non-adjacent area.

Primary implementation sites included:

- Senior centers (26%)
- Residential facilities (20%)
- Health care organizations (13%)
- Faith-based organizations (9%)

Workshop attendance/retention was consistent across rurality (~70%).

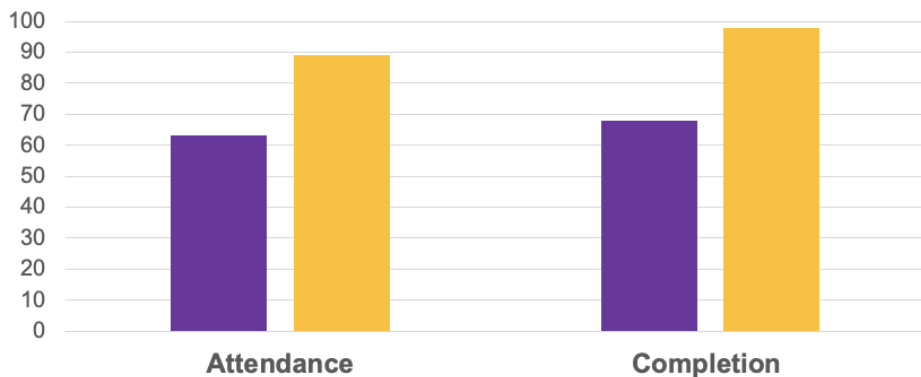
Reference: Smith, M.L., Towne, S.D., Herrera-Venson, A., Cameron, K., Horel, S.A., Ory, M.G., ... & Skowronski, S. (2018). Delivery of Fall Prevention Interventions for At-Risk Older Adults in Rural Areas: Findings from a National Dissemination. *International Journal of Environmental Research and Public Health*. 15, 12.

Research from the National Falls Prevention Database: Participants with Long-Term Disabilities

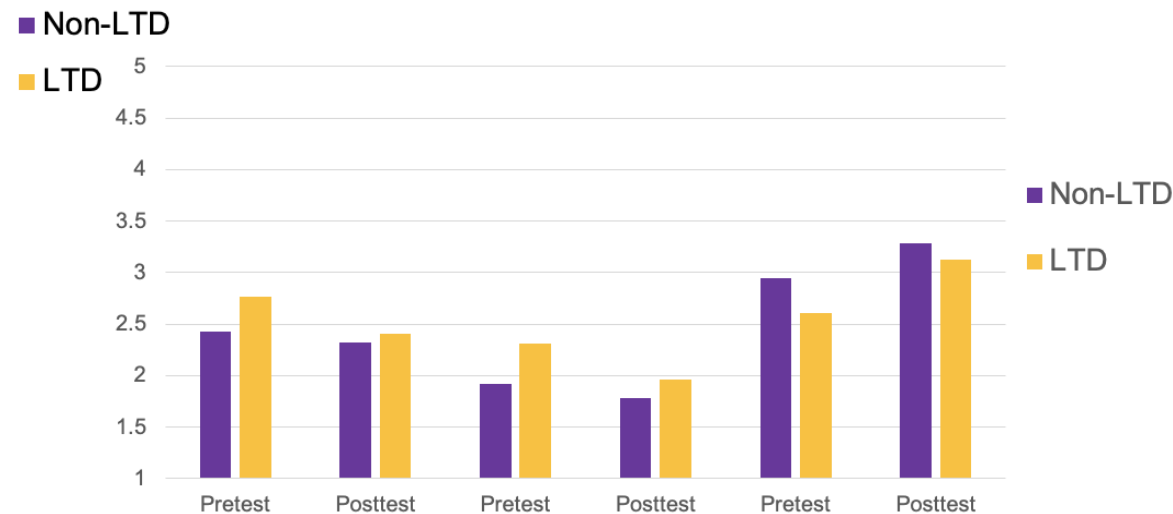
Eagen et al. (2019) compared participation in two falls programs in individuals with and without long-term disabilities (LTD).

- Significantly higher attendance and rates of completion among those with LTD
- Significant change in falls risk factors among both groups.
 - Greater rate of change observed in LTD group.

Reach



Effectiveness



Reference: Eagen, T. J., Teshale, S., Herrera-Venson, A. P., Ordway, A., & Caldwell, J. (2018). Participation in Two Evidence-Based Falls Prevention Programs by Adults Aging With a Long-Term Disability: Case-Control Study of Reach and Effectiveness. *Journal of Aging and Health*.

Leveraging Your Data



NCOA Infographic:

Program Impact and Return on Investment

Florida

Falls Prevention Programs Save Money and Lives

Since **2014** more than **7014** older adults and adults with disabilities have participated in Falls Prevention programs.



Evidence-Based Falls Prevention Programs target older adults and adults with disabilities who are at risk.

82% over age 60

29% are disabled

46% live alone

29% have more than one chronic condition

Top three chronic conditions in **Florida** are Arthritis, Heart Disease, and Diabetes.

To learn more, visit www.ncoa.org/fallsprevention



National Council on Aging

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Benefits to older adults in

FL

Health Care Dollar Savings

\$3,347,462

saved through falls prevention programs for older Floridians

14%

reduction in the number of falls

43%

improved balance

50%

improved ability to reduce falls

71%

exercised at home

8%

had medications reviewed

22%

made changes to home to reduce falls risk

2016-2017

Healthy Living, Healthy Aging By-the-Numbers

A biennial review of evidence-based prevention programs offered through a statewide network of provider partners and supported by the Wisconsin Institute for Healthy Aging



WIHA supports the Wisconsin Aging Advocacy Network's state budget request to provide a permanent \$870,000 annual budget appropriation to make researched and proven health promotion programs available and accessible in counties and tribes statewide and for a statewide clearinghouse and support center.

The Wisconsin Institute for Healthy Aging is a non-profit organization dedicated to the research and spread of evidence-based programs that promote better health and cost-saving through self-management as people age.

Wisconsin Institute for Healthy Aging
(608) 243-5691
Betsy Abramson, Executive Director
betsy.abramson@wihealthyaging.org

2016 & 2017

8,180

Total Program Participants

819

Total Workshops Held

363

New Program Leaders Trained

67 Counties **5** Tribes

Number of Wisconsin Counties & Tribes Holding Workshops

Managing Chronic Conditions

Living Well with Chronic Conditions is a 6-week (once-a-week) evidence-based intervention proven to improve well-being and decrease health care utilization through self-management in people with diabetes. The programs are delivered by trained leaders and are available in both English and Spanish.



Costs & Prevalence of Chronic Conditions in Wisconsin

80% of older adults have at least one chronic condition.

National Council on Aging (2018)

Over half of Wisconsin adults (59%) – 2.5 million people — are living with at least one chronic condition.

Behavioral Risk Factor Surveillance System (2015)

Chronic diseases account for 75% of the money spent on health care in the U.S.

National Council on Aging (2018)

Approximately 1 in 5 (22%) people with chronic conditions are hospitalized each year in Wisconsin.

Wisconsin Hospitalization Data (2014)

Nationally, the average hospital charge for a person with 1 or more chronic conditions is \$37,311.

Hospital Utilization, Cost, and Mortality for Adults With Multiple Chronic Conditions, Nationwide Inpatient Sample (2009)



1,307 Living Well participants
 x \$714 in average avoided hospitalization and ED costs per person in the first year post-intervention
 = **\$933,196** hospitalizations and ED charges avoided

In 2016 and 2017, 1,307 people took the Living Well workshop in Wisconsin.

Research has demonstrated that, on average, individuals who complete Living Well with Chronic Conditions avoid \$714 per person in hospital and emergency department (ED) charges in the first year following the intervention.

Over the coming biennium, with the addition of the requested state budget appropriation:

Estimated increase in program participants: 10% (to 2,115) over the biennium.

Total Emergency Department & Hospital Charges That Could Be Avoided = **\$1,725,840** in the first year post-intervention

10/2018



Preventing Falls

Stepping On is a 7-week (once-a-week) evidence-based intervention proven to decrease the incidence of falls in older people. In addition to practicing balance and strength exercises, participants learn about the role vision, medication, and footwear can play in falls. They also learn strategies for avoiding or eliminating fall hazards to better navigate inside and outside the home.



Costs & Prevalence of Falls in Wisconsin

from DSH WISH Data

37,157 People went to an emergency department (ED) due to a fall in 2014

\$3,076 Average charge per ED visit due to a fall

\$114,293,055

ED charges due to falls in 2014

17,234 People were hospitalized due to a fall in 2014

\$34,854 Average charge per hospitalization due to a fall

\$600,667,061

hospital charges due to falls in 2014

Stepping On Outcomes

31% reduction in falls for people who complete Stepping On

(2016 & 2017) Stepping On Activity



4,384 Stepping On participants
 x 25%
 = **1,096** would likely have fallen
 x 31% falls avoided
 = **\$261,460** ED Charges Avoided
 +
\$2,962,590 Hospital charges avoided
\$3,224,050 Total Charges Avoided

In 2016 and 2017, 4,384 people took a Stepping On workshop in Wisconsin. We know that 1 in 4 people age 65 or older fall every year so we could expect that 1,096 people would have fallen. By participating in Stepping On, 31% of those falls were avoided (340 falls). If we assume that only half (170) of those people who avoided a fall would have needed medical care and, of those, half (85) visited the emergency department (ED) while the other half (85) were hospitalized, we have avoided \$261,460 in ED charges (based on an average charge of \$3,076) and \$2,962,590 in hospital charges (based on an average charge of \$34,854).

Over the coming biennium (using the same assumptions as above), with the addition of the requested state budget appropriation:

Estimated increase in program participants: 10% (to 4,822)

Falls avoided: 374

Total Emergency Department & Hospital Charges That Could Be Avoided =

\$3,546,228 in the first year post-intervention
 \$287,379 in ED charges + \$3,258,849 in hospital charges

10/2018



Wisconsin Institute for Healthy Aging: “Healthy Living, Healthy Aging By the Numbers”

4,384

Stepping On participants
x 25%

= 1,096

would likely have fallen
x 31%

= 340

falls avoided

\$261,460

ED Charges Avoided

+

\$2,962,590

Hospital charges avoided

\$3,224,050

Total Charges Avoided

In 2016 and 2017, **4,384** people took a Stepping On workshop in Wisconsin.

We know that **1 in 4 people** age 65 or older fall every year so we could expect that **1,096 people would have fallen**. By participating in Stepping On, **31%** of those falls were avoided (**340 falls**). If we assume that only half (**170**) of those people who avoided a fall would have needed medical care and, of those, half (**85**) visited the emergency department (ED) while the other half (**85**) were hospitalized, we have avoided **\$261,460** in ED charges (based on an average charge of \$3,076) and **\$2,962,590** in hospital charges (based on an average charge of \$34,854).

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Wisconsin Institute for Healthy Aging: “Healthy Living, Healthy Aging By the Numbers”



Rush University Medical Center: Customized Value Proposition for Health Plans

Data from OMB-Approved Fields

- **Behavior Change**
 - Home safety modifications
 - Talked to a family member or friend about how I can reduce my risk of falling
 - Talked to a health care provider about how I can reduce my risk of falling
 - Had vision checked
 - Had medications reviewed by a health care provider or pharmacist
 - Participated in another fall prevention program in my community
- **Location of Fall**
- **Social Engagement**
- **Physical Activity Level**
- **Satisfaction from Program**
 - Feel more satisfied with life
 - Would recommend program to friend
- **Program Effectiveness**

Leverage Optional Data Fields

Target Special Populations

- Income (Less than \$1,000 - \$4,000 or more)
- Caregiver status
- Zip code
- Chronic conditions

Track Participants Across Programs

- Have you taken this falls prevention program before?
- Have you taken a falls prevention program before? If yes, please indicate program name.

Chronic Disease Self-Management (CDSME) Program Database

Self-Management Resource Center (formerly Stanford) Chronic Disease Self-Management Programs



- Chronic Disease Self-Management Program
- Tomando Control de Su Salud
- Cancer: Thriving and Surviving
- Chronic Pain Self-Management
- Diabetes Self-Management
- Programa de Manejo Personal de su Salud
- Positive Self-Management Program for HIV
- Better Choices, Better Health® online
- ToolKit for Active Living with Chronic Conditions (self-directed)
- Workplace Chronic Disease Self-Management Program

Not an exhaustive list.

Additional Programs in National CDSME Database



- Active Living Every Day
- Camine Con Gusto (in person)
- EnhanceFitness
- EnhanceWellness
- HomeMeds
- Health Coaches for Hypertension Control
- Living Well in the Community
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Program to Encourage Active, Rewarding Lives (PEARLS)
- Walk With Ease (in-person)
- Walk With Ease (self-directed)
- Wellness Recovery Action Plan (WRAP)

CDSME Program – By the Numbers



Figure 1. National CDSME Database Program Reach and Usage (3/1/2010 – 5/31/2019)

National Chronic Disease Self-Management Education Resource Center: Program Highlights and Charts

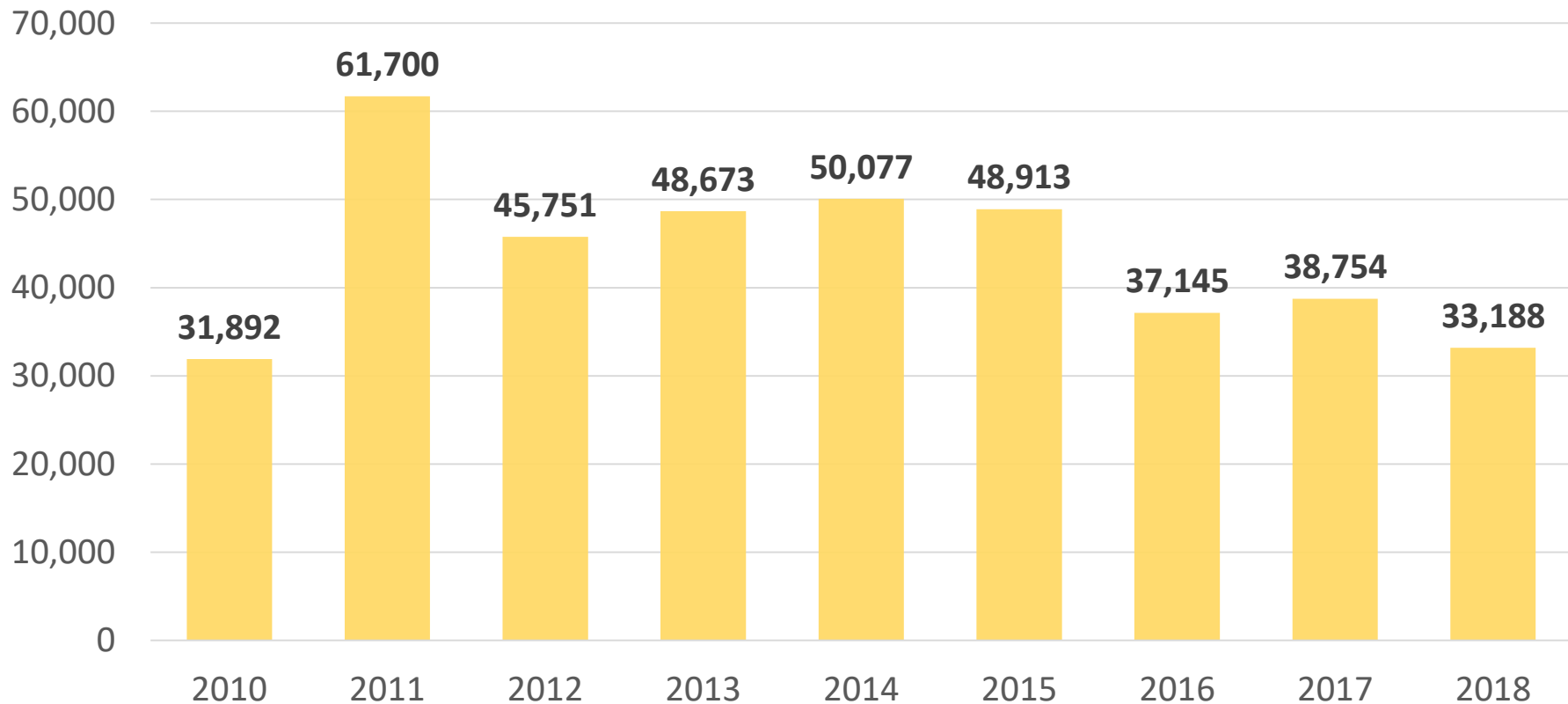
Explore this quarterly update of data housed in the National Chronic Disease Self-Management Education Database. It includes national data on the number of participants, workshops, trends, and stats from 2010 to present.

[Download Document](#)



<https://d2mkcg26uvq1cz.cloudfront.net/wp-content/uploads/CDSME-Quarterly-Data-Highlights-January-2019.pdf>

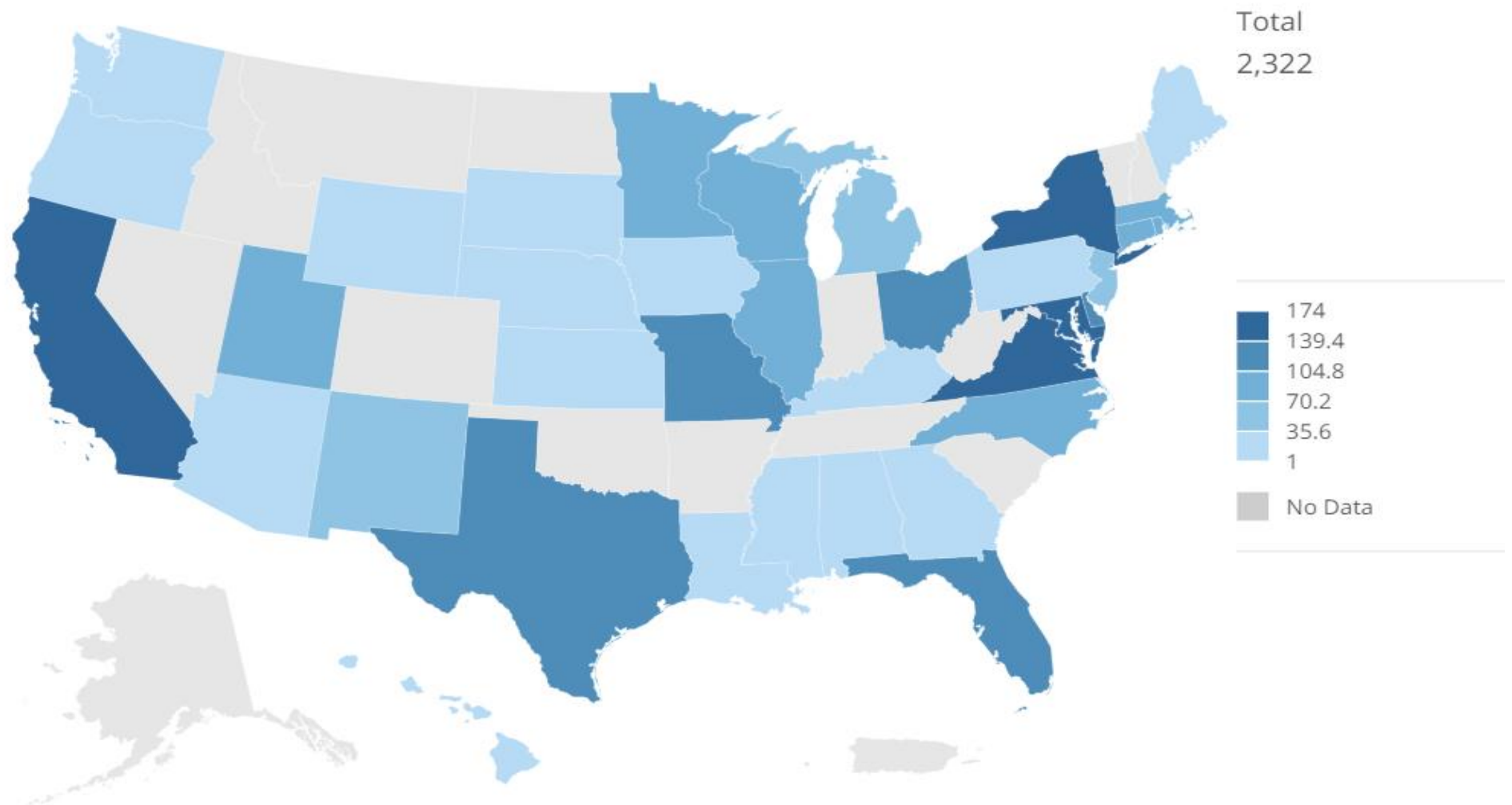
Number of Participants



The # of grantees and grantee target goals for enrollment varies by year, which contribute to variation in yearly totals.

Figure 3. Total Number of Participants Enrolled By Calendar Year (1/1/2010 to 12/31/2018)

Workshops Delivered In Past 12 Months



Change in Programming

- Just five years ago (2013), the Chronic Disease Self-Management Program (CDSMP) accounted for 72% of programs reported by organizations to the National CDSME Database.
- In 2018, that proportion has dropped substantially to 42%.
- Every year, more organizations are adding an array of evidence-based programs to improve physical activity, better manage depression symptoms, or manage medication to address the multiple health concerns and offer variety to older adults.

	2013	2018
CDSMP, n	33369	9917
CDSMP, %	71.5%	41.6%
Total	46683	23818

Figure 6. Change in Programming Over the Years (CDSMP vs Other Programs), between 2013 and 2018

Completion Rates

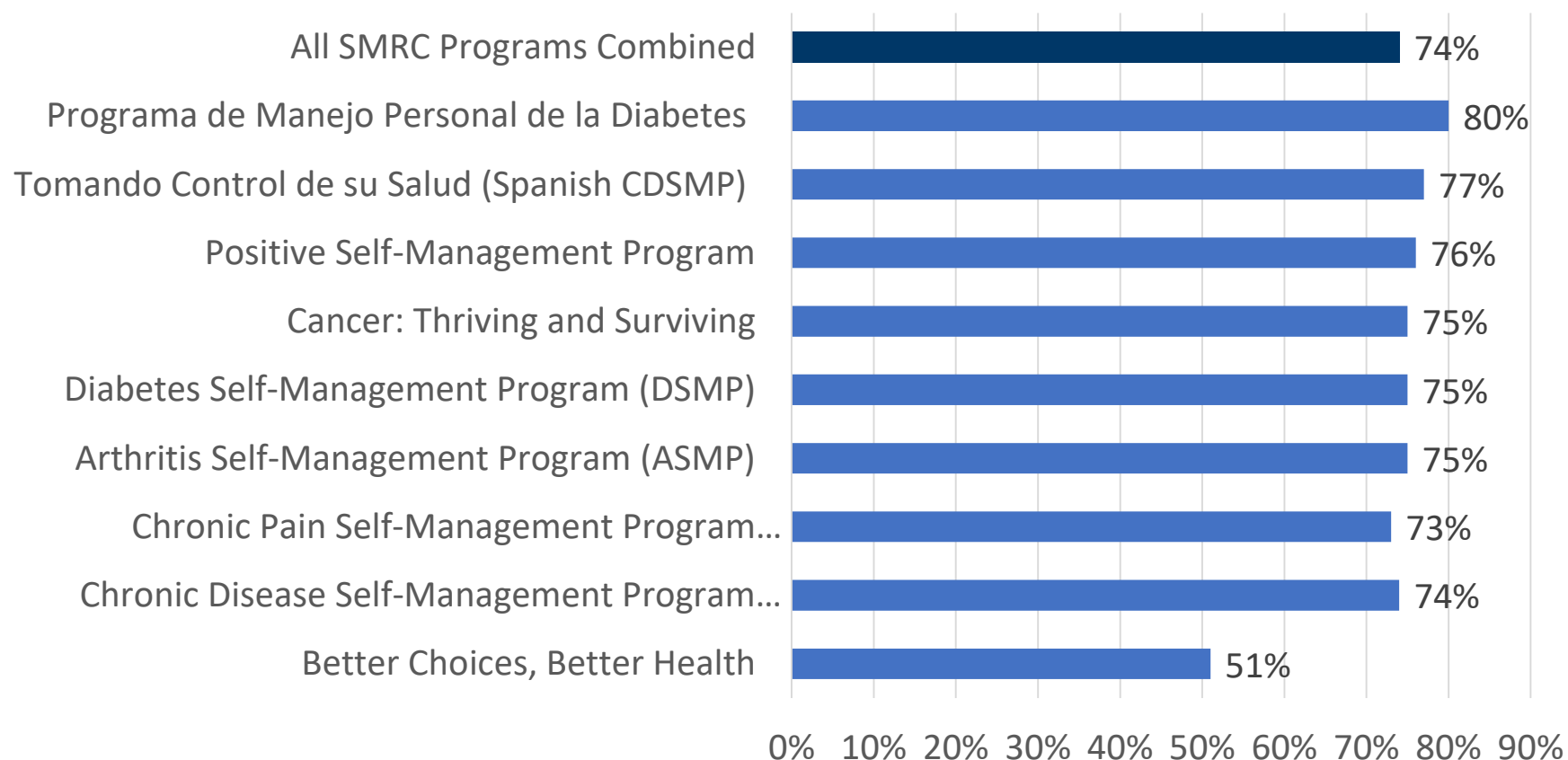


Figure 8. Completion Rates for All SMRC CDSME Program Types, 3/1/2010 to 1/29/2019; n=383,473

Program Participant Demographics

	CDSME	General Older Adult Population
Average Age:	65 years	n/a
Female:	76%	56%
Race/Ethnicity:	<ul style="list-style-type: none"> • White (70%) • African-American (24%) • Hispanic (15%) • Asian (4%) • Native Hawaiian/Pacific Islander (.8%) 	<ul style="list-style-type: none"> • White (77%) • African-American (9%) • Hispanic (8%) • Asian (4%) • Native Hawaiian/Pacific Islander (.1%)
Education	56% have some college or higher	30%
Caregiver	25%	19%
In Poor or Fair Health	30%	22%
Disability:	31%	35%
Two or More Chronic Conditions:	59%	70%
Top Chronic Health Conditions:	<ul style="list-style-type: none"> • Hypertension (41%) • Hyperlipidemia (33%) • Arthritis/Rheumatic disease (36%) • Diabetes (36%) • Heart disease (13%) • Anxiety/Depression (21%) 	<ul style="list-style-type: none"> • Hypertension (58%) • Hyperlipidemia (48%) • Arthritis (31%) • Ischemic heart disease (29%) • Diabetes (27%)
Lives Alone:	40%	20%
Referred by physician	14%	n/a
Confidence managing chronic condition after workshop	8 of 10	n/a

Figure 9. National CDSME Program Participant Demographics Compared to General Older Adult Population; n=383,433 (Rev. 1/3/2019)

Chronic Health Conditions

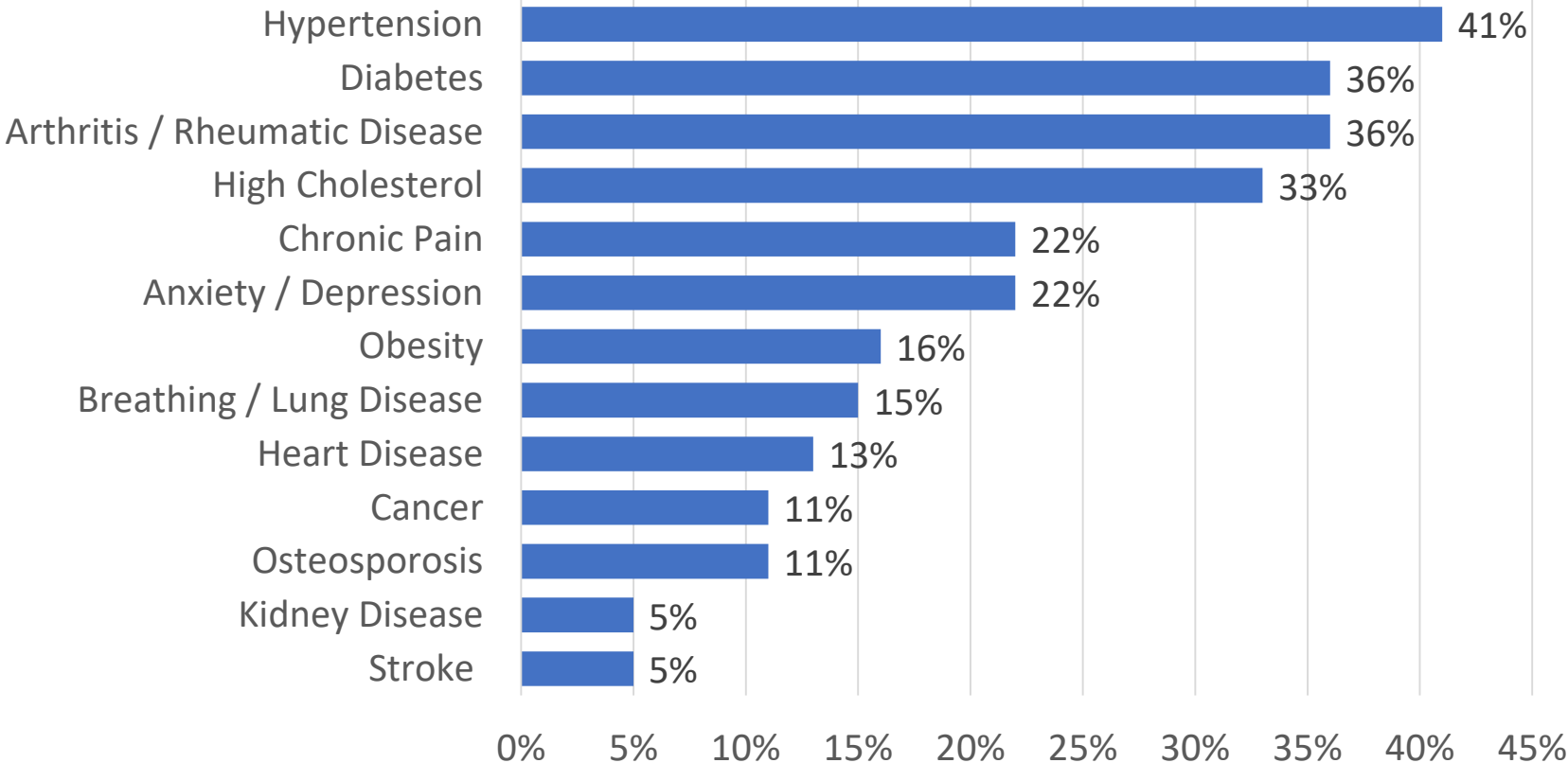


Figure 10. Most common chronic health conditions among participants enrolled in the National CDSME Database (n=383,473)

Most Common Languages

arabic asl chinese english gujarati hindi
korean navajo portuguese russian somali
spanish tongan vietnamese

Confidence Managing Chronic Condition *(upon completion of program)*

Confidence Managing Chronic Condition Last 52 Weeks ▾

12528 Participants (Avg: 8.3)

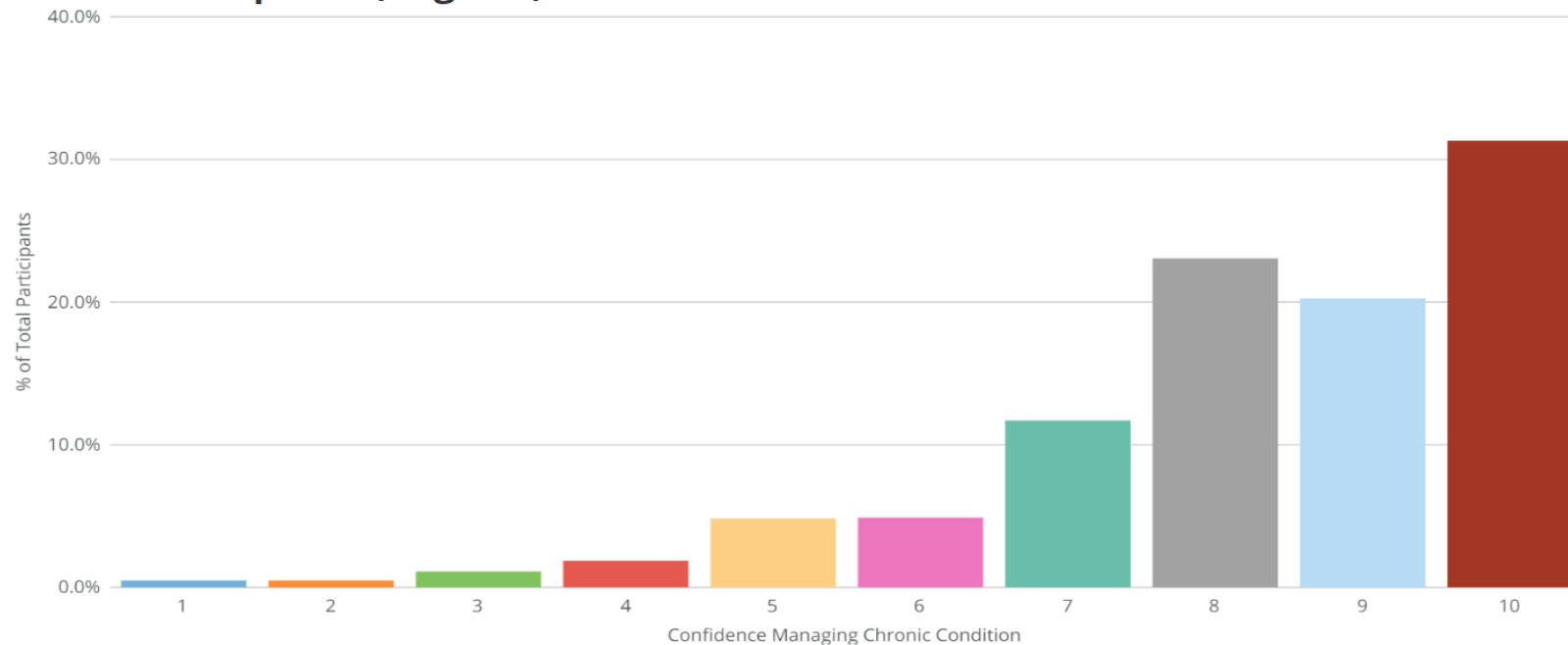


Figure 13. Percent distribution of participants' post-program completion rating on their confidence in managing their chronic health conditions (n=12,528), (1/30/2018 to 1/29/2019)

Most Common Implementation Site Types by Race/Ethnicity

	Hispanic %	Black/African- American %	Asian American %	American Indian %	White %
Health care organizations	31.7	16.6	20.3	22.8	23.7
Senior centers	18.3	21.9	24.1	16.9	21.7
Faith-based organizations	7.8	12.3	3.7	5.1	6.6
Residential facility	11.5	18.6	18.6	14.5	17.7
Other	10.3	11.6	7.7	16.4	10.8
Tribal center	--	--	--	7.1	--

Figure 16. Location of most common implementation site (venue) for all workshops by race and ethnicity (n=356,427)

Program Leaders Activity Across SMRC Programs (n=28,666 workshops)

- CPSMP programs have program have the highest average number of workshops per leader.

	Average # of Workshops Delivered by Program Leaders	No. of Workshops	SD	Total # of Leaders
Chronic Pain Self-Management Program (CPSMP)	9.9	889	12.4	531
Cancer: Thriving and Surviving	8.9	101	10.3	69
Diabetes Self-Management Program (DSMP)	8.4	5677	10.5	2793
Programa de Manejo Personal de la Diabetes	7.7	479	7.6	279
Tomando Control de su Salud (Spanish CDSMP)	7.4	1956	9.4	888
Chronic Disease Self-Management Program (CDSMP)	6.4	20453	8.6	9508
TOTAL	6.9	28666	9.1	4560

Average # of Workshops Delivered by Program Leaders – *by Employment Status*

	Average # of Workshops Delivered by Program Leaders	# of Workshops
Employment Type Not Stated	6.55	18204
Staff	8.44	7390
Volunteer	5.94	3961

Figure 19. Average No. of Workshops Delivered by Program Leaders (n=29,555)

[Tip Sheet: Strategies to Improve Leader Retention for Chronic Disease Self-Management Education](https://www.ncoa.org/resources/tip-sheet-strategies-to-improve-leader-retention-for-chronic-disease-self-management-education/)

<https://www.ncoa.org/resources/tip-sheet-strategies-to-improve-leader-retention-for-chronic-disease-self-management-education/>

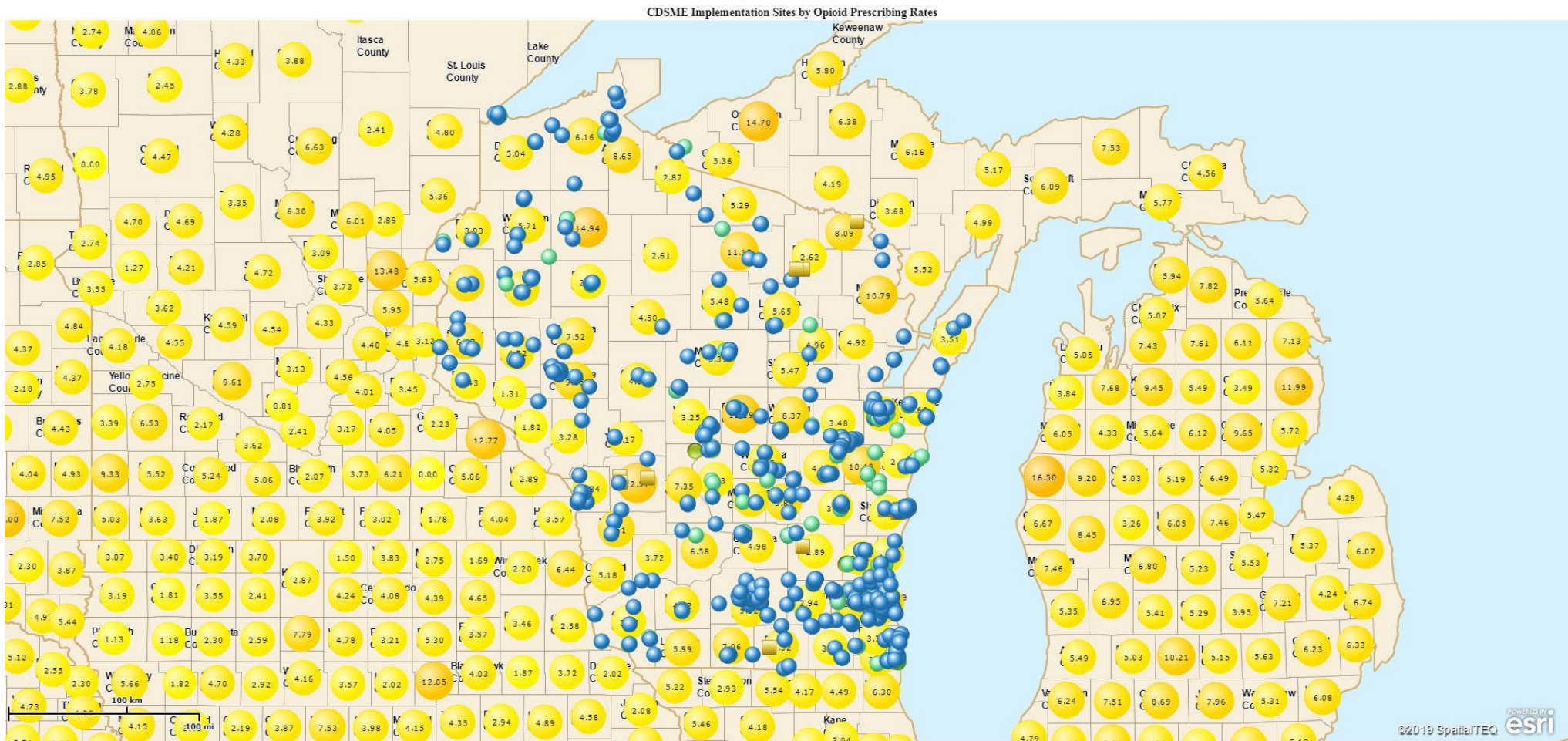
New Data Fields & Optional Items

- Possible New Additions/Changes to Future CDSME Data Collection Tools
- Self-rated Health (pre & post)
- Confidence in Managing Chronic Conditions (pre & post)
- Expanded questions on disability

Optional Items

<https://www.ncoa.org/resources/national-chronic-disease-self-management-education-resource-center-program-highlights-and-charts/>

Opioid Prescription Rates by County with Program Delivery Sites (Ex. Wisconsin)



Research from National CDSME Database- 2018 - 2019

Rural Reach of CDSME Programs

- PAPER: Smith, M.L., et al (2017). Dissemination of Chronic Disease Self-Management Education (CDSME) programs in the United States: Intervention Delivery by Rurality. *International Journal of Environmental Research and Public Health*

Chronic Pain Self-Management Program

- POSTER: Influence of Disease Profiles on Chronic Pain Self-Management Program (CPSMP) Attendance (Smith, M.L, et al, 2018, APHA)
- PAPER: *In Preparation*

Diabetes Programs – Hispanic/Latino participation

- PAPER SUBMITTED: Mendez-Luck, C., Participation of Latinos in the Diabetes Self-Management Program & Programa de Manejo Personal de la Diabetes, Innovations on Aging
- PRESENTATION: Herrera-Venson, A.P. et al, Participation of Latinos in the Diabetes Self-Management Program & Programa de Manejo Personal de la Diabetes, GSA, 2018

Research from National CDSME Database- 2018 - 2019

Disability x Chronic Diseases

- POSTER: Influence of Disability and Disease on Chronic Disease Self-Management Education (CDSME) Program Attendance. Smith, M.L et al, 2017, APHA.

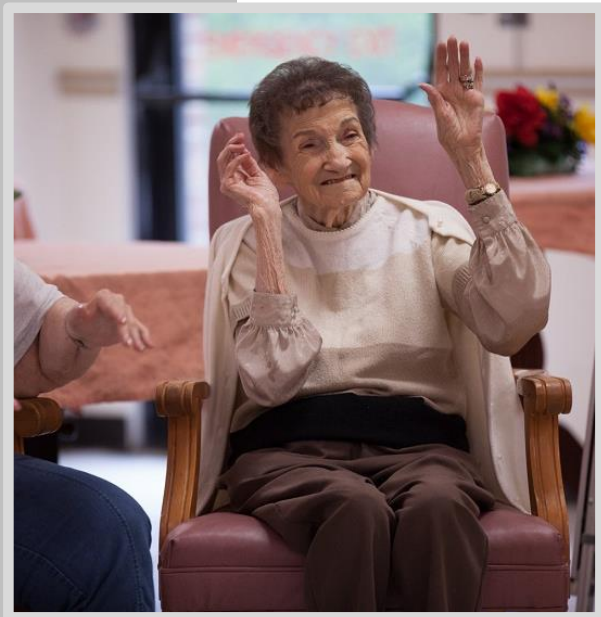
Caregiving Trends

- POSTER: Caregiver Participation in Chronic Disease Self-Management Education Programs: Findings from a National Study. Smith, M.L. GSA, 2018.

Health Disparities

- PRESENTATION: Disease diagnoses x racial / ethnic variation in chronic disease self-management programs . Herrera-Venson, et al. Healthy Aging Summit, 2018. Herrera-Venson, et al.

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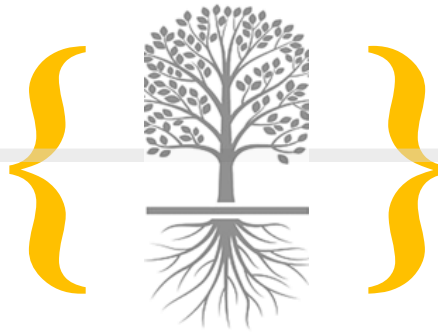
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Thank You

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- **Thomas Eagen** thomas.eagen@ncoa.org
- **Angelica Herrera-Venson** angelica.herrera-venson@ncoa.org

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