

Chartbook: CDSME Program Data Highlights and Trends

Quarterly Report

September 2022



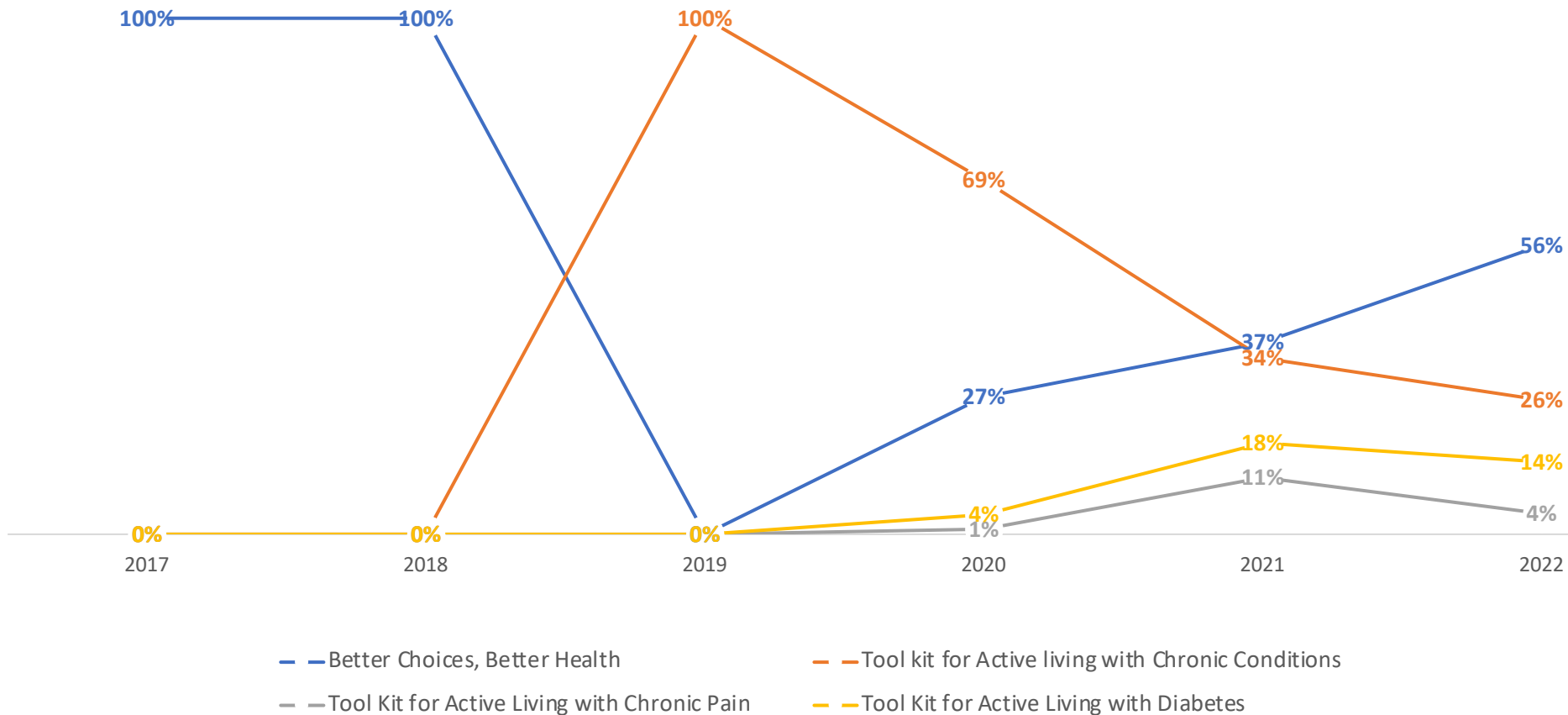
Program Growth & Trends

CDSME Program Changes 2010 to Present

Program	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	All Time
CDSMP														
Chronic Disease Self-Management Program (CDSMP)	81.87%	78.79%	77.46%	71.86%	67.73%	60.09%	56.62%	47.95%	38.65%	36.04%	32.41%	24.47%	26.57%	59.53%
Tomando Control de su Salud (Spanish CDSMP)	8.40%	8.12%	5.57%	6.73%	6.11%	5.91%	4.74%	3.71%	3.67%	3.15%	4.60%	4.75%	2.48%	5.55%
DSMP	90.27%	86.92%	83.03%	78.59%	73.84%	66.00%	61.36%	51.67%	42.32%	39.19%	37.01%	29.22%	29.05%	65.08%
Diabetes Self-Management Program (DSMP)	7.94%	10.56%	14.41%	17.20%	19.92%	26.08%	28.44%	30.82%	32.84%	28.28%	20.71%	22.30%	25.38%	21.29%
Programa de Manejo Personal de la Diabetes	0.97%	1.77%	1.05%	1.11%	2.14%	1.88%	1.81%	2.85%	3.10%	3.60%	3.37%	3.32%	4.86%	2.15%
	8.91%	12.33%	15.47%	18.32%	22.06%	27.96%	30.25%	33.66%	35.93%	31.89%	24.08%	25.61%	30.24%	23.44%
<i>Compared to all programs SMRC and non-SMRC.</i>														

- Prior to 2014, CDSMP (and Tomando Control de su Salud) accounted for 79% to 100% of all programs (of all types).
- The number of DSMP (and Programa de Manejo Personal de la Diabetes) programs has grown steadily, from accounting for 9% of all workshops in 2010 to 30% in 2022.
- In fact, in 2022 there was a near-equivalent number of CDSMP and DSMP programs being delivered.

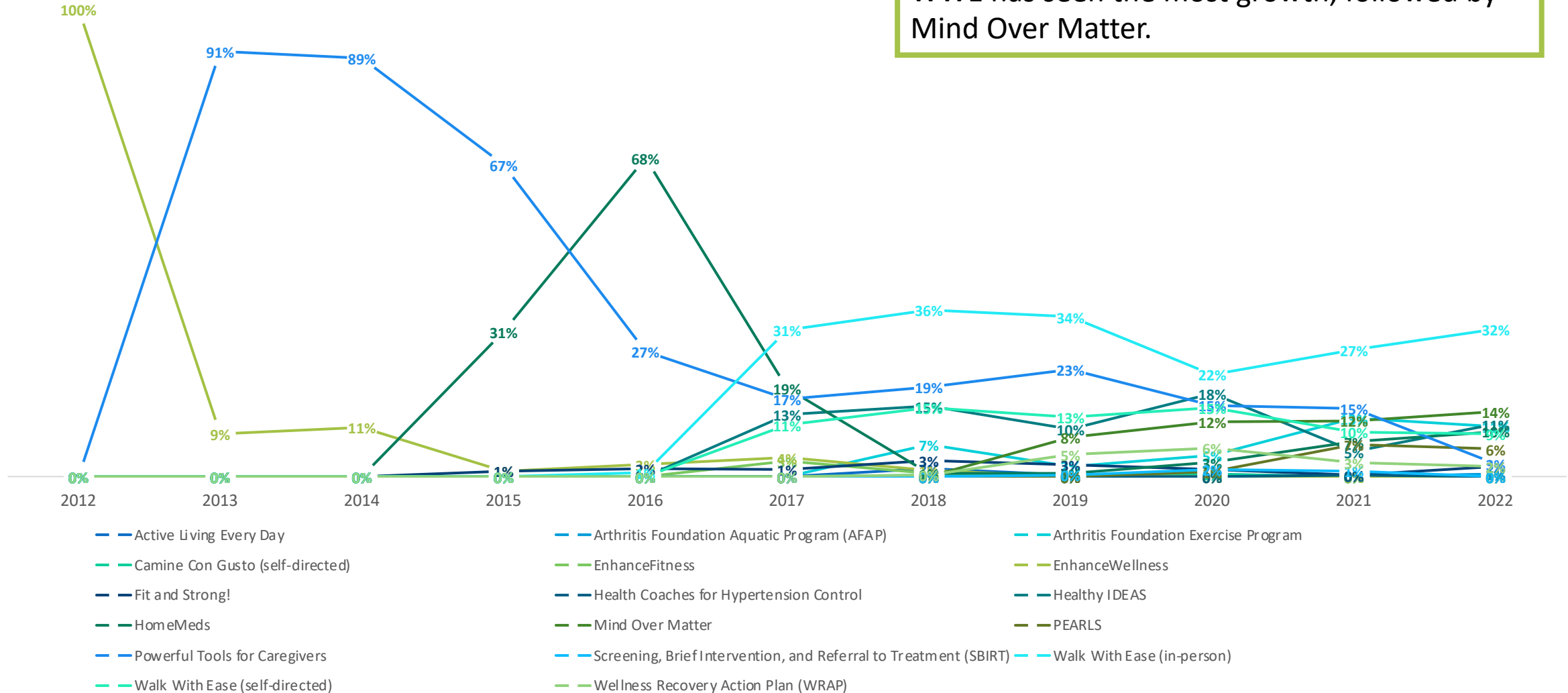
SMRC – Alternative Format Programs (n=393)



- Among SMRC program with ALTERNATE formats, the Tool Kit for Active Living with Chronic Conditions, saw a significant spike during 2019 and 2020, during the pandemic years.
- However, the online Better Choices Better Health accounted for the largest number of SMRC-alternative format programs in 2021 and 2022. *Need to examine whether data entry confusion accounts for this trend.*

NON-SMRC ALTERNATE

WWE has seen the most growth, followed by Mind Over Matter.

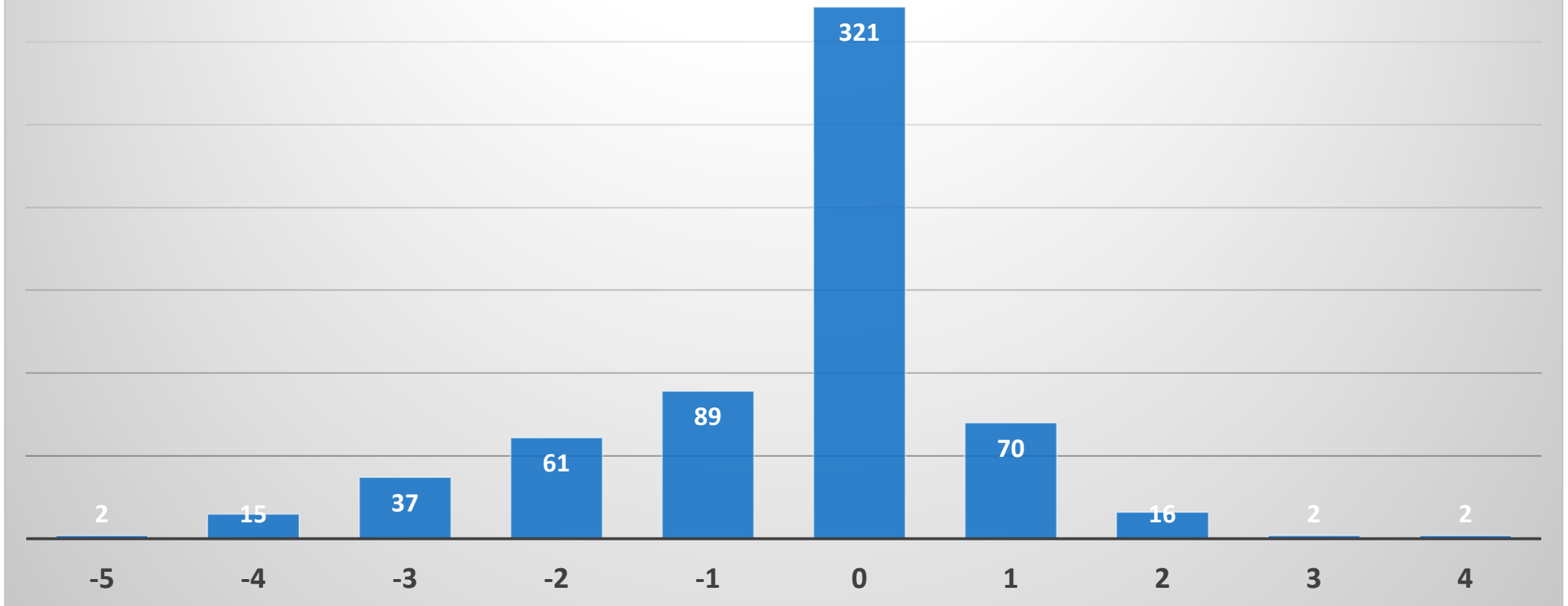




Program Impact on Social Isolation

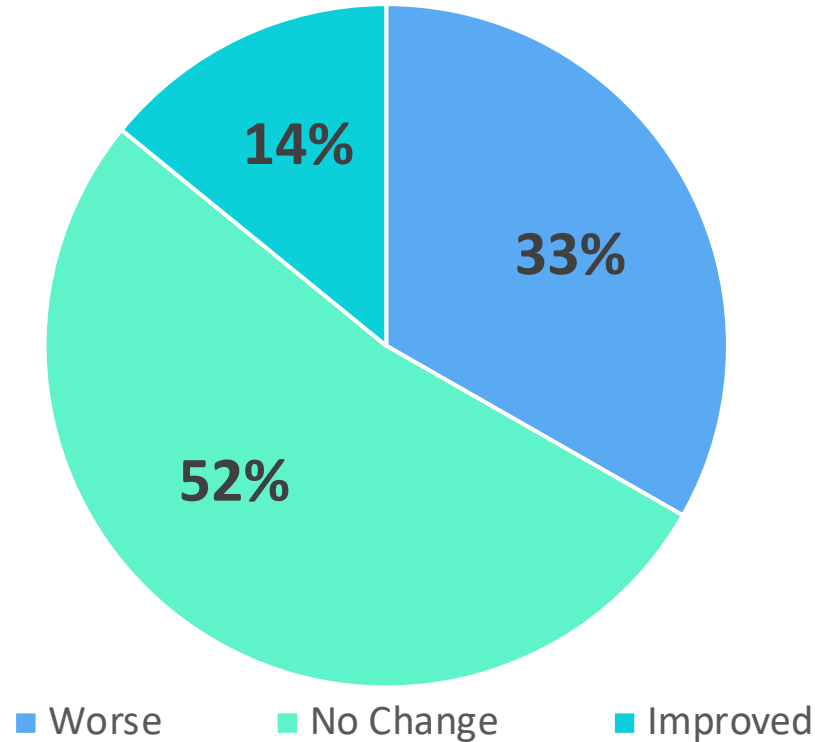
Number of Participants by Direction of Change in Loneliness (n= 615)

Number of Participants



- A total of 615 participants completed the pre- and post-test on loneliness / social isolation.
- 321 of 615 participants experienced no change in their score.
- Jan 2020 is first start date of any workshop with results for this question.

Distribution of Direction of Change in Loneliness (n=615)



- About half (52%) of participants with both pre and post test scores experienced no change in their loneliness score after completing their program.
- In fact, 33% scored worse on their loneliness score upon completing the program.
- About 15% improved at the end of the program.

Little Improvement in Loneliness

Workshop Type	Improvement		No Change		Worse		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Arthritis Foundation Exercise Program	3	13%	6	25%	15	63%	24	100%
Chronic Disease Self-Management Program (CDSMP)	36	20%	91	50%	54	30%	181	100%
Chronic Pain Self-Management Program (CPSMP)	16	21%	34	44%	28	36%	78	100%
Diabetes Self-Management Program (DSMP)	20	17%	66	57%	30	26%	116	100%
Programa de Manejo Personal de la Diabetes	3	6%	33	61%	18	33%	54	100%
Tomando Control de su Salud (Spanish CDSMP)	4	9%	12	27%	28	64%	44	100%
Tool kit for Active living with Chronic Conditions	2	6%	28	88%	2	6%	32	100%
Walk With Ease (in-person)	1	3%	15	52%	13	45%	29	100%
Workplace Chronic Disease Self-Management (wCDSMP)	1	5%	16	73%	5	23%	22	100%
Grand Total	90	15%	321	52%	204	33%	615	100%

- Greatest improvement in sense of loneliness/isolation was seen among CDSMP, CPSMP, and DSMP participants. Still, only 17 to 21% of these participants saw an improvement.
- No change was highest among persons who participated in the Toolkit for Active Living with Chronic Conditions (88%), a mostly self-directed, at-home program, followed by the Workplace CDSMP (73%).
- The Spanish CDSMP (Tomando Control De Su Salud) caused more participants to score worse on their loneliness scores at post-test than at baseline (64%), followed by the Arthritis Foundation Exercise Program (63%).
- Programs with a total of <10 participants was excluded from the table: AFAP, HealthyIDEAS, Spanish CPSMP, WWE (self-directed), Tool Kit for Active Living with Chronic Pain, CTS, Fit & Strong!, Took Kit for Active Living with Diabetes, WRAP



Evolution of Virtual & Alternate Program Formats

Modes of Delivery and Available Languages Summary

For specific information about a program or mode of delivery, select from the “**Programs**” tab on the main menu

Workshop	In person	Remote virtual	Tool kit	Tool Kit plus phone calls	Internet: via Canary Peers	Internet: via Vively	Spanish	Other Languages
Chronic Disease SM	✓	✓	✓	✓	✓	✓	All (except Canary Internet)	CDSM languages ▼
Workplace CDSMP	✓	✓		✓			All (for Tool Kit use English or Spanish CDSMP)	
Diabetes SM	✓	✓	✓	✓			All	Chinese, Korean
Chronic Pain SM	✓	✓	✓	✓			All (except Tool Kit)	Chinese, French Canadian
HIV Positive SM	✓	✓					All	
Cancer Thriving and	✓	✓					All	

<https://selfmanagementresource.com/programs/modes-of-delivery-and-languages/>

Virtual / Remote Programming Guidance

NCOA guidance to grantees during COVID...still relevant today:

- Virtual Programming Terminology
- <https://www.ncoa.org/article/covid-19-resource-guide-terminology-for-virtual-programming>
- Resource Guide for Remote Delivery of Programs & Grand Rounds:
- <https://www.ncoa.org/article/resource-guide-remote-delivery-of-evidence-based-programs>
- Program Guidance (from Developers) on Recommended/Approved Alternate Formats:
- <https://www.ncoa.org/article/tracking-health-promotion-program-guidance-during-covid-19>

Flexibility in the documentation of workshop type delivery and format is critical to capturing nuances and creative ways that grantees are engaging participants.

Guidance evolved quickly during pandemic. All necessary documentation is not always available in the database to accurately gauge a program's delivery approach, nor whether a specific participant can be counted as a completer.

Program / Workshop Format (optional, introduced in 2018)

- *Program Format:* For many years, organizations only tracked in-person programs in the National CDSME Database. With many programs now offered in multiple formats, NCOA is interested in monitoring differences in the demographic of participants who elect one format vs another; examining completion rates; and mapping the growth of these alternate program formats.
 - Under Workshop Format, select from the drop-down menu:
 - in person (group)
 - One-on-one
 - Online
 - Hybrid (mix of online + in-person)
 - Self-directed/at home



COVID-19 Impact

This workshop was impacted by COVID-19

--None--

How was the workshop impacted by COVID-19?

--None--

This Workshop was implemented virtually

--None--

If YES, workshop implemented virtually, what technology was used? Select all that apply.(Optional)

--None--

Hold Ctrl to select multiple Options

COVID Impact Questions

- Introduced in early 2020.
- Will sunset COVID questions in HAPID.
- Proposed revisions to format tracking in HAPID.

AE	AF	AG	AH	AI
This workshop was impacted by COVID-19	How was the workshop impacted by COVID-19?	This Workshop was implemented virtually	If YES, workshop implemented virtually, what technology was used? Select all that apply.(Optional)	If other technology, please name
Yes	Please use the following Options	Yes	Please use the following option:	Open Text
Options: Yes No	1. Canceled before the workshop began 2. Canceled midway during the workshop 3. Switched from In-person to virtual before the workshop began 4. Switched from In-person to virtual midway during the workshop	Options: Yes No	Facebook live Zoom One Click Other	

Draft of Proposed Revisions in New Database (HAPID)

Delivery Mode (select all that apply):

- 1) Group
- 2) Individual/Self-directed
- 3) Individual/One-on-One with Instructor or Therapist

Delivery location (select all that apply):

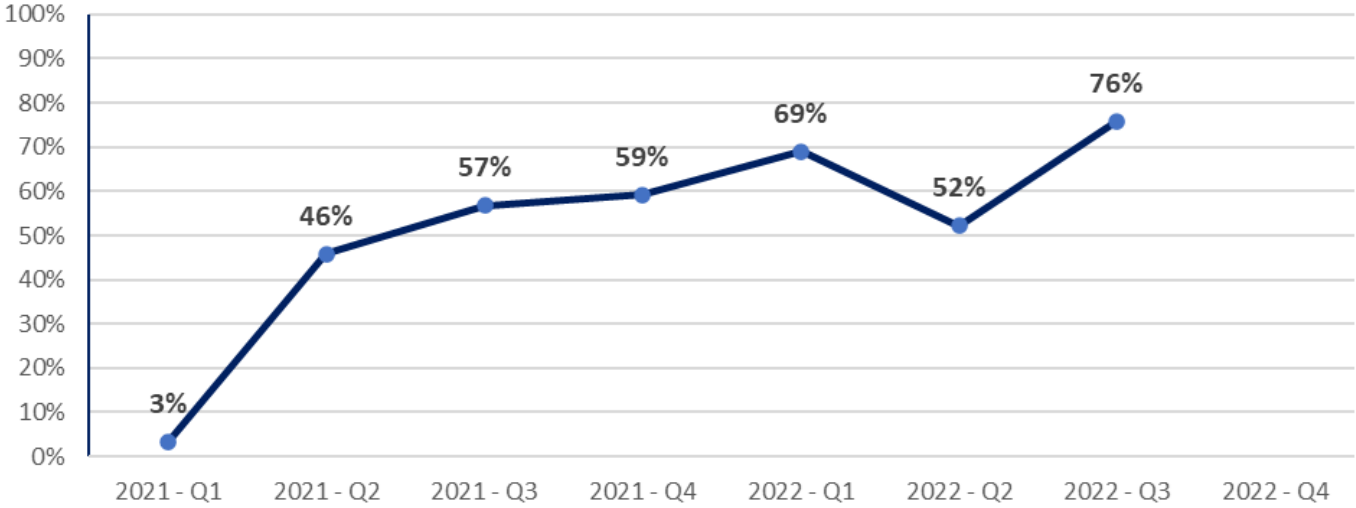
- 1) Community *and/or*
 - 2) In-home
- **Removing 'Hybrid' from "Delivery Location".*

Delivery technology & tools (select all that apply):

- 1) Phone
- 2) Video-conference
- 3) Tool kit
- 4) Online/Web

Technology

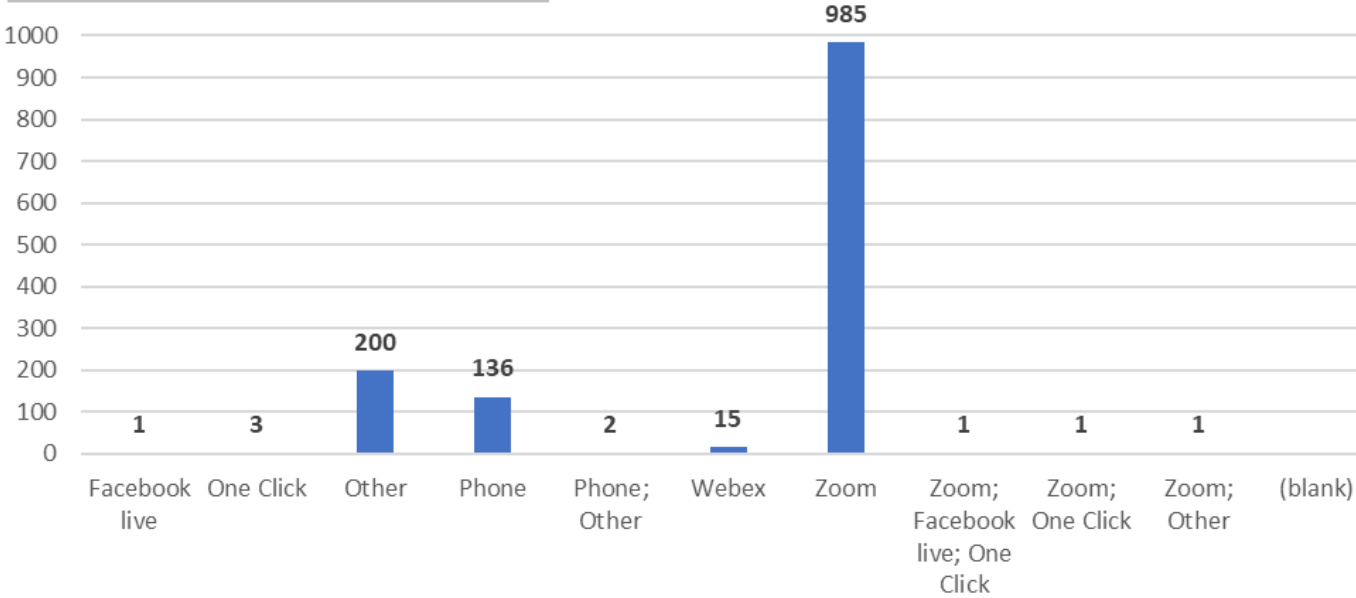
Percent of Workshops Held Virtually By Quarter (n = 1,095)



% of workshops held 'virtually' during COVID-19 period to date.

Zoom was most common technology used, followed by 'Other'.

Count of Technology used to implement workshop



Technology used to implement workshop

Data Guidance

Guidance for Entering Attendance Data for Tool Kits

<https://ncoa.org/article/data-collection-guidance-tool-kit-active-living-chronic-conditions>

Indicate a “1” in the “# of Encounters” field and skip the “Is Completed” question.

- Mail-only toolkits (no phone): Count individuals that receive a toolkit as participants only. No measure of completion required.
- Mailed toolkit (with optional weekly phone sessions): Individuals that attend at least one session are participants. Individuals that participate in 4/6 phone sessions are completers.

Other Categories Involving 'Tool Kit'
(write in)

Other Categories

Workshop Type	Conf Call + Tool Kit	Mailed toolkit	Telephone - Tool Kit	Toolkits	Grand Total
Chronic Disease Self-Management Program (CDSMP)	38	1	79	0	118
Chronic Pain Self-Management Program (CPSMP)	49	0	2	0	51
Diabetes Self-Management Program (DSMP)	31	0	2	0	33
Programa de Manejo Personal de la Diabetes	0	0	3	0	3
Tool kit for Active living with Chronic Conditions	0	0	0	2	2
Grand Total	118	1	86	2	207

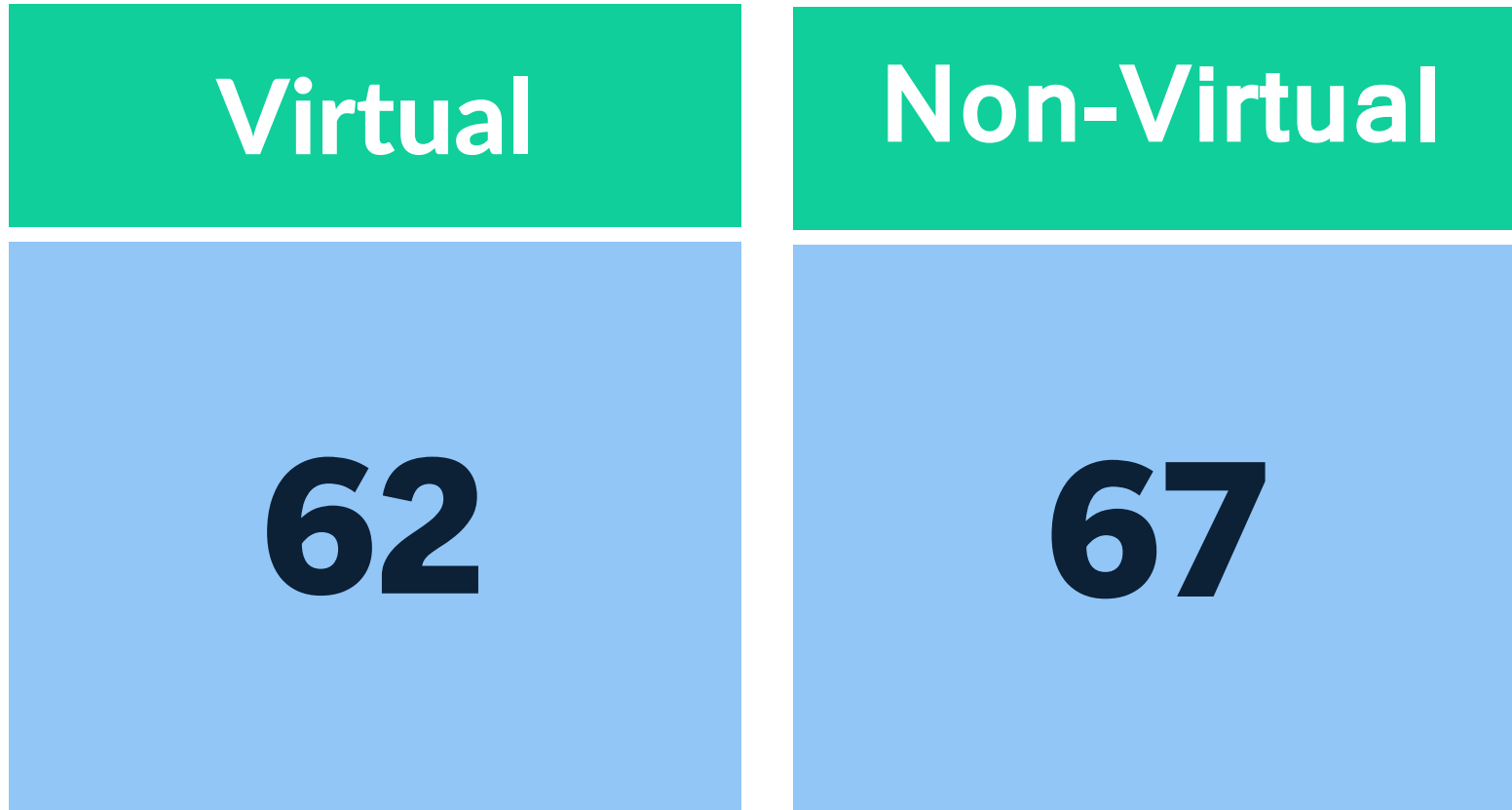
- **207** involved Toolkit in some way (see table ←)
- **248** Conference / teleconference / conf call + tool kit (table now shown)
- **259** phone calls (table not shown)

'If other technology used, please name':

- Total of 570 responses.
- 207 of the 570 'Other' responses involved the Toolkit (shown in table above).
- Despite the option to select 'Toolkit' in database, people identified it as the in-person 6-session CDSMP program, and then indicated toolkits as 'tech'/support.
- There is some confusion in data entry of Toolkits; 'virtual' vs taking CDSME (6 session) programs virtual.
- Detailed clean-up needs to wait until full HAPID launch to minimize interference with testing.

Average Age of Participants between Virtual and Non-Virtual Formats

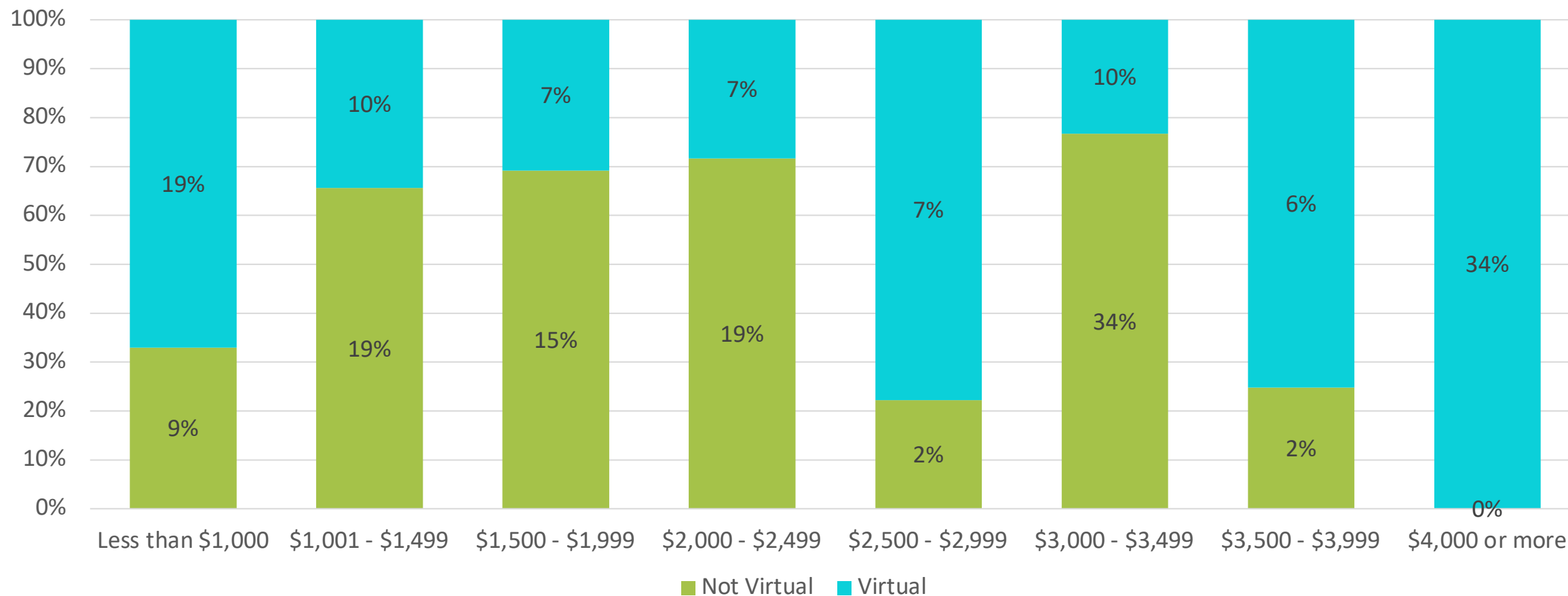
Average Age



Participants in Virtual programs were, on average, 5 years younger, than those in Non-virtual programs.

Income Differences

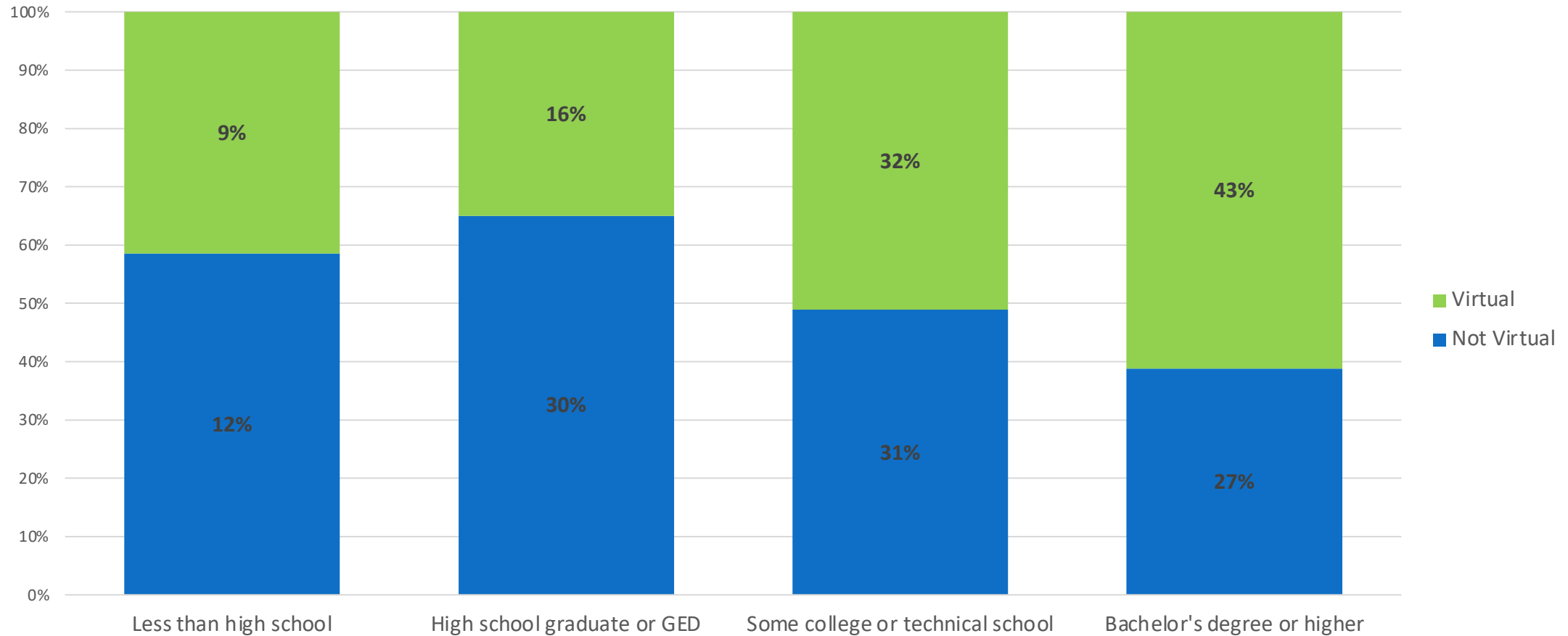
Income Difference Among Virtual Vs Non-Virtual Participants, n=750



- Participants with a household monthly income of \$2,000 or greater were more likely to participate in a virtual program (64%) vs a non-virtual program (57%).
- Participants with a household monthly income of <\$2,000 were less likely to participate in a virtual program (36%) than non-virtual program (43%).

Educational Differences

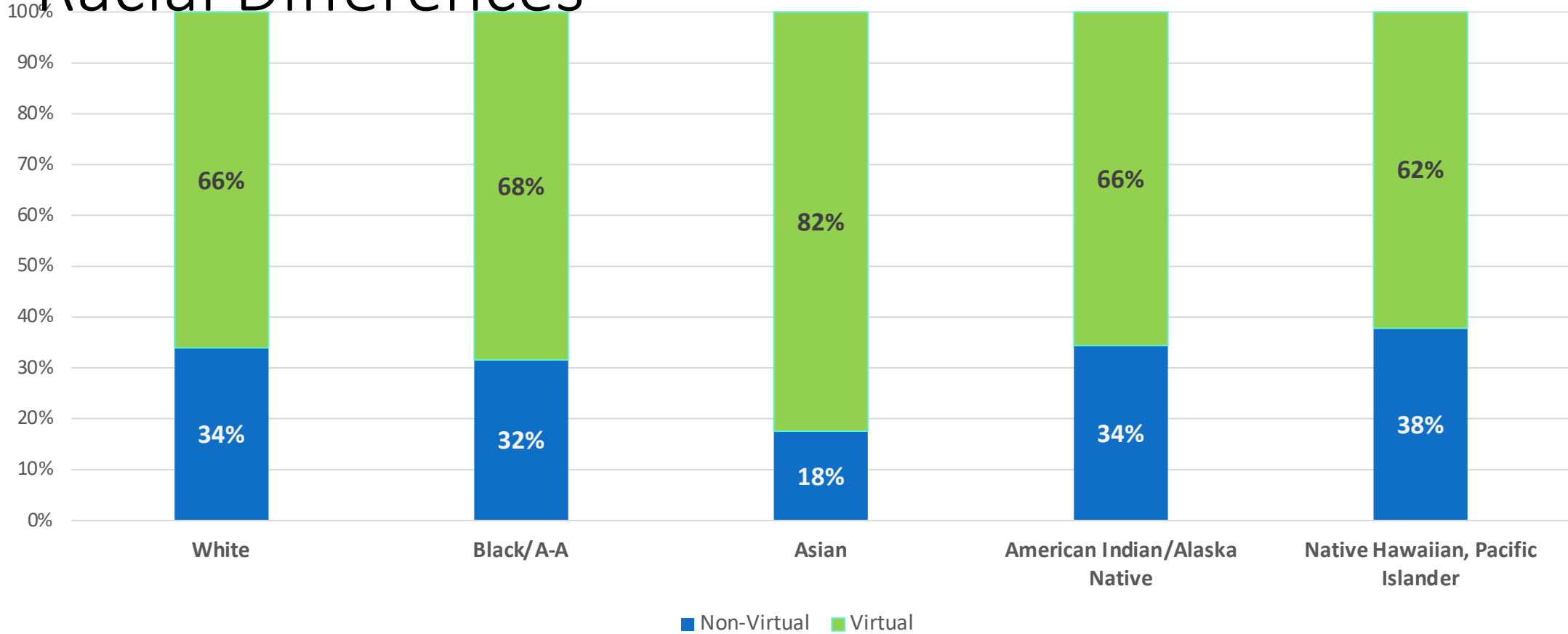
Educational Differences Among Virtual Vs Non-Virtual Participants, n=12,709



- 43% of college graduates participated in virtual programs, compared to only 9% of older adults with less than a high school education.

Racial Differences in Virtual Program Participation (n=13,008)

Racial Differences



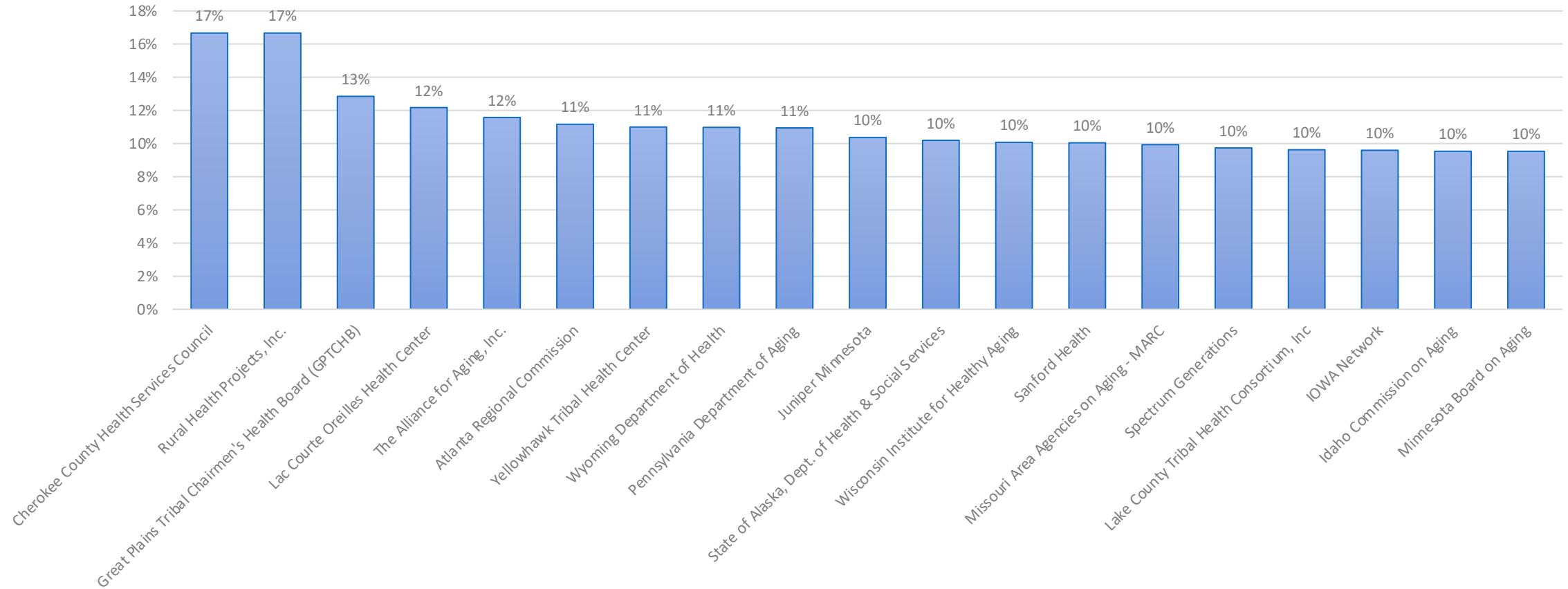
- The difference between participating in virtual vs non-virtual programs was most evident for Asian-Americans, though all racial groups gravitated toward virtual programs during the pandemic. Theory: Asian-American preference for virtual programming could be attributed to highly publicized racial profiling and hate crimes against Asian-Americans from COVID-19.
- **77% of 307** Hispanic/Latinos disclosing ethnicity enrolled in virtual programming over non-virtual.



**Medicaid Sample:
Data By Grantee
Performance**

Participants on Medicaid

% of Participants on Medicaid (2010 – 2022)



- 4 of the top 7 organizations with the highest proportion of participants on Medicaid are tribal grantees, or largely rural, such as the 'Rural Health Projects' (a non-ACL funded entity).
- In addition, the Alliance for Aging (in Florida), Atlanta Regional, Wyoming Department of Health, and Pennsylvania Department of Aging, have reported the highest proportion of participants on Medicaid.



**Where to Find
Research or Stats
from CDSME or Falls?**

Research from CDSME & Falls Prevention Databases?

CDSME & Falls Resource Pages:

<https://www.ncoa.org/article/research-on-evidence-based-programs>

- Peer-reviewed publications
- Recent presentations demonstrating new stats, trends, insights
- Quarterly data highlights
- Internal analyses that may be of interest to users, ACL, and others.
- Data sharing agreement for Research / Academic partners.

PowerBI

- Accessible by all Admin-level users now in CDSME through the 'Reports' tab.

