Evidence-based Health Promotion & Disease Management: Beyond the Buzzwords

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Why are Evidence-based Programs Needed?
• The Baby Boomers are coming!

• Multiple chronic conditions are the new public health challenge

• Health care costs are skyrocketing
  – Chronic conditions account for 75% of health care costs

• Programs must prove their effectiveness
Projected “Boomers” Health in 2030:

- More than 6 of every 10 will be managing more than one chronic condition
- 14 million (1 out of 4) will be living with diabetes
- >21 million (1 out of 3) will be considered obese
  - Their health care will cost Medicare 34% more than others
- 26 million (1 out of 2) will have arthritis
  - Knee replacement surgeries will increase 800% by 2030

All chronic conditions and reduction of health risks involve self-management activities
The Challenges People Face

“All of my different health problems and conditions make it difficult for me to take better care of myself.”

- 31% Agree
- 58% Latinos
- 59% 4+ Chronic Conditions

“I need help learning how to take better care of my health in a way that works for me and my life.”

- 35% Agree
- 70% Latinos
- 47% 4+ Chronic Conditions
What are Evidence-based Health Promotion Programs?
Research Programs with Documented Positive Health Outcomes

Programs Delivered in the Community to Target Audiences that Yield the Same Positive Health Outcomes
A Variety of Programs

• Utilize proven programs with documented positive health outcomes

• Emphasize self-management and self-determination principles

• Address prevention and health disparities

• Are structured and scripted to protect fidelity
Some Evidence-based Health Promotion Programs

CHRONIC DISEASE SELF-MANAGEMENT

PHYSICAL ACTIVITY PROGRAMS
- Enhanced Fitness
- Enhanced Wellness
- Fit and Strong
- Healthy Moves
- Stepping On
- Tai Chi
- Active Living Every Day

DEPRESSION MANAGEMENT
- Healthy IDEAS
- PEARLS

FALL RISK REDUCTION
- Matter of Balance

NUTRITION
- Healthy Eating

DRUG AND ALCOHOL
- Prevention & Management of Alcohol Problems
- Medication Management Improvement System (MMIS)
CDSMP: The “Gold Standard”

• Improves health and quality of life
  – Benefits people at all SES and education levels
• Reduces health care costs
• Improvements and cost savings are sustained over time
• Findings documented over 20 years of research in a variety of settings
• Offered in many countries and in over 20 languages
The EBHP “Social Movement”

• 2001: Demonstration projects (4)

• 2003: Model projects (14) served 5,000 people
  – CDSMP, Falls, Depression, Physical Activity, Medication Management, and Nutrition

• 2006: AoA “Choices for Independence” moves into 24 states

• 2010: AoA ARRA Projects: 48 states/territories

• Since 2006, over 170,000 people have completed programs
Challenges to Program Expansion

• Tension between tailoring programs and maintaining fidelity to evidence-base

• Program funding
  – Health reform

• Reaching the most in need

• Culture change
Drivers for Expansion

• Promotes healthy aging for all

• Demonstrated outcomes, including cost savings

• Accessible, low cost community-based programs

• Recognizes the importance of self-determination

  “Nothing about them without them”

• Healthy people give back to our communities
Thanks to the National Council on Aging for Resources: 
www.ncoa.org/improve-health/cha

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