

# 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](http://www.ncoa.org/improve-health/cha)

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