



Issue Brief

ADDRESS GROWING PROBLEM OF CHRONIC DISEASE THROUGH EARLIER INTERVENTION

Overview

Across the world, the nation and the state chronic disease exacts a high toll. According to the World Health Organization, “Chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are by far the leading cause of mortality in the world, representing 60% of all deaths.”¹ Closer to home, 59% of the Massachusetts population age 65 and over averages 3-4 chronic disease conditions. They are the leading cause of death and are currently related to 75% of all health care costs.² As Baby Boomers age, seniors are expected to comprise an ever increasing proportion of the population in Massachusetts. In the Metrowest region “the largest proportion of the populations in each of the towns is between the ages of 45 to 64 years.”³ What is called the “Silver Tsunami” will thereby put great demands on the health and social service infrastructure in the near future.

A common belief is that chronic diseases primarily impact those already out of the workforce. But according to the CDC, “chronic diseases affect the most productive years of life. At the household level, they cause loss of productivity and income from disability and death.”⁴ According to the 2009 Almanac of Chronic Disease, American workers experience high rates of chronic diseases. Worker productivity lost from missed workdays (absenteeism), and reduced effectiveness at work due to illness, is closely linked to problems with chronic illness. Almost 80% of workers have at least one chronic condition and 55% of workers have more than one.⁵

Due to the significant impact on economics – healthcare costs and workplace losses - as well as quality of life, it is important to understand earlier in life how to prevent chronic conditions. Most of these conditions are preventable. The CDC reports that although “chronic diseases are the most common and costly of all health problems,.. they are also the most preventable.” Currently most attention is focused on those who are already burdened by multiple chronic diseases, primarily those over 65, but a need exists to increase the participation of adults as early as age 45 – those who are also at risk to develop chronic diseases. One solution is to increase referrals by workplaces and healthcare providers to evidence-based programs for prevention and early intervention.

An array of programs already exist. Stanford University developed and now disseminates evidence-based chronic disease programs to educate consumers about prevention and early intervention and to encourage them to be an active partner in their health care. Programs such as Chronic Disease Self-Management Programs (CDSMP) and LIVESTRONG at the YMCA among others, are effective across chronic diseases, socioeconomic levels and educational levels, and the benefits persist over time.^{6,7}

A focus on prevention and early intervention – with an increased use of evidence-based programs - could reduce the rate and impact of these devastating illnesses.

Evidence Based Programs Available in Massachusetts

- ◆ My Life, My Health Self Management
- ◆ Diabetes Self Management
- ◆ Chronic Pain Self Management
- ◆ Healthy Eating for Successful Living
- ◆ A Matter of Balance
- ◆ Better Choice , Better Health
- ◆ Fit for Your Life
- ◆ Tai Chi
- ◆ LIVESTRONG at the YMCA
- ◆ YMCA's Diabetes Prevention

How Can Evidence-Based Programs Help?

Evidence-based chronic disease self-management programs (CDSMPs) offer proven ways to promote health and prevent disease. These programs focus on practical action and self-efficacy. They are based on research and offer tested program models for adults over the age of 18. In a period spanning 2 years, the Agency for Healthcare Research and Quality-funded researchers compared health behaviors, health status, and health services use in patients age 40 to 90 years (average age 65) who had completed the CDSMP . While there was a slight increase in disability, there was no loss of activity or role function after one year.⁸ And even at the end of year 2, evidence showed that these programs resulted in:

- Increased exercise
- Enhanced partnerships with physicians
- Improved psychological well-being
- No decline in activity
- Greater self-efficacy
- Fewer visits to physicians and emergency rooms
- Reduced healthcare expenditures

These programs are easy to access. They are offered free in diverse community settings such as senior centers, community based organizations, YMCAs, neighborhood health centers, libraries and medical practices.

CDSMPs include the following topics:

- ◆ Techniques to deal with problems such as frustration, fatigue, pain and isolation
- ◆ Appropriate exercise for maintaining and improving strength, flexibility and endurance
- ◆ Appropriate use of medications
- ◆ Communicating effectively with family, friends, and health professionals
- ◆ Nutrition
- ◆ How to evaluate new medical treatments



Massachusetts Medical Society (MMS)

Physicians in Massachusetts must play a key role in the dissemination of evidence-based self-management education to their patients to ensure they are connected with community services to support their healthy living goals.

A recommended three-tiered approach begins with a strong partnership with Massachusetts Medical Society (MMS) and its Communication Committee dedicated to informing physicians in Massachusetts about Self-Management Education opportunities in the community available to their patients.

“Experts agree that patient engagement through shared decision making can improve health outcomes while also achieving cost savings.”

March 2104 issue of Vital Signs;
Mass Medical Society Newsletter

Massachusetts Chamber of Commerce (MCC)

According to the MCC, it is critical that worksites support the health of their employees. “We know that preventing disease before it starts is critical to helping people lead longer healthier lives and keeping health care costs down.” The total lost economic output associated with the seven common chronic health problems totals \$1 trillion annually.

Considerable evidence shows return on investment in the neighborhood of about a \$3 for every \$1 invested in the program over a multi-year period.⁹

The growing prevalence of chronic disease nationally is especially hard on our nation’s employers, who need timely and relevant information about strategies to improve workforce health and to lower health care costs.

Tracey Moorhead, President & CEO, DMAA:
The Care Continuum Alliance

STRATEGIES FOR IMPROVEMENT

Recommendations for an improved knowledge of evidence programs to the MMS and MCC include:

Webinar - Offer a webinar through MMS for physicians and HR Managers to receive information on evidence based chronic disease prevention and support programs.

Newsletters - Utilize current membership communication systems to effectively reach the MCC and MMS members.

Physician Focus Cable Access Show - a monthly media and public information campaign that provides a wide variety of subjects in the Commonwealth. Physician Focus reaches 26,000 physicians, 275 communities and nearly 2 million households in Massachusetts each month through public access stations.

By referring employees and patients to evidence based programs individuals have an increased chance of preventing chronic diseases by better understanding the opportunities to enroll in these programs that are available in the communities in which they live and work.

“The urgent challenge facing all Americans to find a healthier lifestyle demands a fundamentally new and aggressive social response.”

Neil Nicoll, President & CEO, YMCA of the USA

Conclusion:

As people age, chronic conditions become more prevalent. Across the world and in Massachusetts, the number of people with multiple chronic conditions is on the rise. Chronic conditions increase morbidity and mortality, and are proven to impact individuals' productivity. Increased access to evidence-based chronic disease prevention programs at an earlier age can be a solution, and an important way to reduce the incidence of these diseases. Evidence-based programs are proven to provide measurable improvement in patient health outcomes. Our proposed recommendations focus on educating the medical community and Massachusetts employers to increase referrals to individuals at a younger age to evidence-based programs. We selected two major organizations to drive these interventions. The Massachusetts Medical Society (MMS) serves almost 26,000 affiliated physicians and is an imperative avenue to inform Massachusetts doctors about the importance of evidence-based programs for their patients. A large number of corporations are affiliated with the Massachusetts Chamber of Commerce (MCC) and they can provide access to evidence-based wellness programs in their workplaces. Preventing the onset of chronic conditions will reduce the burden of health care costs and assist individuals in leading productive and healthy lives.

Resources

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- 1 World Health Organization. "Chronic Diseases and Health Promotion." (<http://www.who.int/chp/en/>)
- 2 Ahn, et al. "The impact of chronic disease self-management programs: healthcare savings through a community-based intervention." *BMC Public Health*: 1141.
- 3 2013 MetroWest Community Health Assessment report
- 4 "The Power to Prevent, The Call to Control: At A Glance 2009." Published by the National Center for **Chronic Disease Prevention** and Health Promotion, Centers for Disease Control and Prevention. <http://www.cdc.gov/chronicdisease/resources/publications/AAG/chronic.htm>
- 5 Partnership to Fight Chronic Disease & the U.S. Workplace Wellness Alliance. "The Burden of Chronic Disease on Business and U.S. Competitiveness." *2009 Almanac of Chronic Disease*. Published by the Partnership to Fight Chronic Disease. <http://www.fightchronicdisease.org/resources/almanac-chronic-disease-0>
- 6 Ackermann, Ronald T. MD, MPH, et al. "Translating the Diabetes Prevention Program into the Community." *American Journal of Preventive Medicine* 35(4), 357–363, (2008).
- 7,8 Lorig KR, Ritter P, Stewart AL, Sobel DS, Brown BW, Bandura A, González VM, Laurent DD, Holman HR. "Chronic Disease Self-Management Program: 2-Year Health Status and Health Care Utilization Outcomes." *Medical Care*, 39(11), 1217-1223, 2001.
- 9 "Building a Stronger Base for Employee Wellness Programs"; Meeting Brief, 2011. Published by the National Institute for Health Care Management