



AN INITIATIVE OF THE N.C. CENTER FOR HEALTH & WELLNESS AT UNC ASHEVILLE

# Introduction to the “Living Healthy” Chronic Disease Self Management Component of the Healthy Aging NC Resource Center

Jeanne Dairaghi, Chronic Disease Self Management Project Manager

## Objectives:



Jeanne Dairaghi, Chronic Disease  
Self Management Project Manager

- a) Describe the Healthy Aging NC Resource Center of the NC Center for Health and Wellness
- b) Introduce myself and the Living Healthy Chronic Disease Self Management Education component
- c) Explain the services and resources of the Healthy Aging NC Resource Center



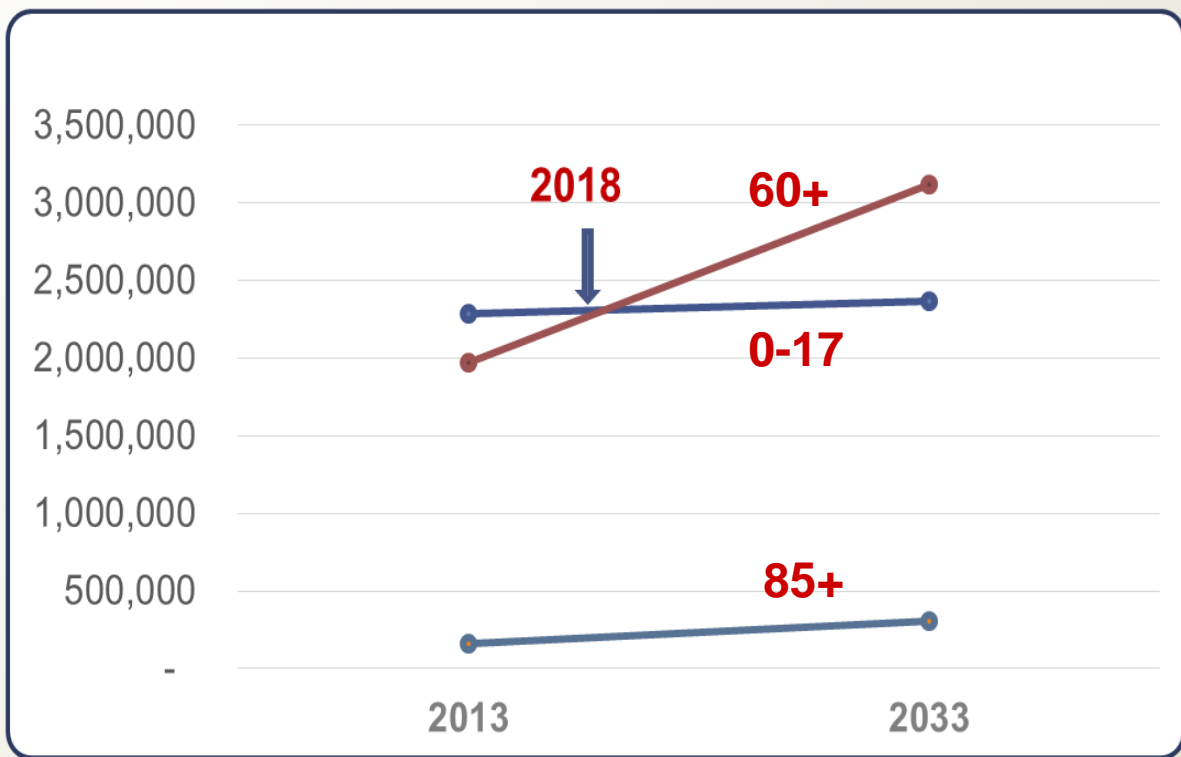
Mission:

*Develop equitable opportunities that lead to healthy North Carolina Communities.*

NCCHW works to impact policy, build capacity, and ignite community initiatives by working through a web of cross sector relationships organized around building healthier places throughout the state.



# By 2018, NC will have more people 60+ than ages 0-17



Prepared by Swarna Reddy, NC DAAS

Source: NC State Data Center, 10/1/2014

# The Prevalence of Chronic Disease in NC

## Leading causes of death, 65 and over, 2013

Rank	Cause of Death	Number of Deaths	%
1	Cancer	14,985	22.6%
2	Diseases of the heart	14,900	22.5%
3	Chronic lower respiratory diseases	4,516	6.8%
4	Cerebrovascular disease	4,004	6.0%
5	Alzheimer's disease	2,863	4.3%
6	Diabetes mellitus	1,861	2.8%

### Number of people 65+ with:

- ✓ **One chronic disease – 82%**
- ✓ **2 or more chronic diseases – 54%**

# The Burden of Chronic Conditions in NC

Medicaid Claims Data: January 1, 2012 - December 31, 2012

	Individuals	Total Cost	Cost per Person
Costly chronic conditions among older adults (age 65+) in NC			
HYPERTENSION	95,281	\$ 319,326,886.10	\$ 3,351.42
DIABETES	52,239	\$ 199,216,638.54	\$ 3,813.56
ARTHRITIS	4,313	\$ 15,547,650.30	\$ 3,604.83
Average cost of treating a NC adult (age 18+) with multiple chronic conditions	229,254	\$ 3,412,126,618.20	\$ 14,883.61



## Objectives of Healthy Aging NC:

- Increase the number of participants in evidence-based self-management education programs and raise awareness of them
- Create the systems to embed these programs into an integrated, sustainable program network
- Move towards a healthier environment with improved health care utilization, increased self-efficacy and self-management, and better health status



## Evidence-Based Programs

- Evidence-based programs (EBPs) offer proven ways to promote health and prevent disease among older adults.
- They are based on research and provide documented health benefits. Older adults who participate in EBPs can lower their risk of chronic diseases and falls—or improve long-term effects of chronic diseases or falls.
- Many EBPs allow for more efficient use of available community and health care resources as they use trained lay leaders and/or coaches





## Chronic Disease Self-Management Programs

Chronic Disease Self Management Program (CDSMP)

Tomando Control de su Salud (Spanish CDSMP)

Diabetes Self Management Program (DSMP)

Chronic Pain Self Management Program (CPSMP)

Positive Self Management Program (PSMP)

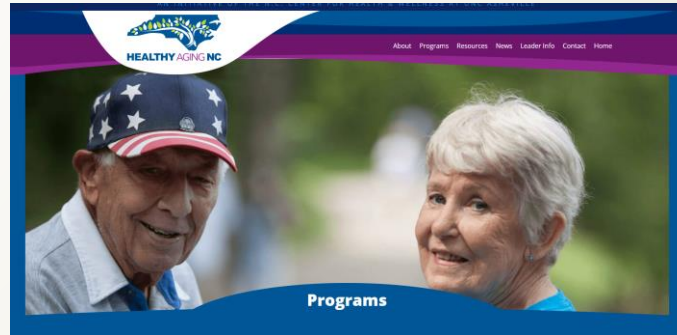
# “Living Healthy” Chronic Disease Self-Management Education (CDSME) Programs

- ▶ Interactive Workshops
  - ▶ Once weekly for 6 weeks
  - ▶ 2 ½ hours session
  - ▶ 8 – 15 participants/workshop
  - ▶ Led by 2 trained facilitators
  - ▶ Focus on skill-building



# Website:

## [www.healthyagingnc.com](http://www.healthyagingnc.com)



- Details about evidence-based healthy aging programs offered in North Carolina
- Ability to register for workshops on the website
- Downloadable tools and resources
- Up-to-date news about healthy aging

# Training Academy



- Collaboration with the Centralina Area Agency on Aging
- Reduced-cost Master Trainings throughout the state and on-line
- Resource development
- Master Trainer and lay leader support

# Data Management



- Required CDSME data collection forms include:
  - Program Information Cover Sheet
  - Attendance Log
  - Participant Information Survey

*<http://healthyagingnc.com/resources/trainer-resources/>*
- Send to [healthyagingncinfo@gmail.com](mailto:healthyagingncinfo@gmail.com) or mail to NC Center for Health & Wellness, Attention: Janice Self, UNC Asheville, 1 University Heights, CPO 4010, Asheville, NC 28804.

# Innovative Pilot Activities



Expansion efforts with DSMP and CPSMP, with minority and ethnic population outreach, and with rural county employers – Land of Sky Area Agency on Aging

Closed Loop Referral Process within a Federally Qualified Health Center (FQHC) – WNC Community Health Services

Cultural competence and health equity training– NC Office on Minority Health and Health Disparities

Increased outreach and recruitment to those with disabilities, including better understanding of accessibility and accommodations – NC Office on Disability and Health

# Disability Status, 65 and over

	<b>With a disability</b>	<b>Percent with a disability</b>
Population 65 years and over	478,429	38.1%
With a hearing difficulty	191,945	15.3%
With a vision difficulty	95,071	7.6%
With a cognitive difficulty	126,733	10.1%
With an ambulatory difficulty	313,867	25.0%
With a self-care difficulty	113,725	9.1%
With an independent living difficulty	208,169	16.6%

\* Civilian non-Institutionalized population

Source: American Community Survey 2009-2013. Table S1810

Prepared by Swarna Reddy, NC DAAS

# Disability Impacts ALL of US

A Snapshot of Disability in the United States



## Disability and COMMUNITIES

Disability is especially common in these groups:

<b>women</b> <b>1 in 4</b> women have a disability	<b>minorities</b> <b>3 in 10</b> non-Hispanic blacks have a disability
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**Disability Costs**  
**\$400 billion** per year in Healthcare Expenditures

## Disability and LIVELIHOOD

Nearly half of those with an annual household income of less than **\$15,000** REPORTED A DISABILITY

**1 in 3** unemployed adults who are able to work REPORTED A DISABILITY

**4 in 10** adults who have not completed high school REPORTED A DISABILITY

## Disability and HEALTH

Adults living with disabilities are more likely to:

	With Disabilities	Without Disabilities
<b>BE OBESE</b>	38.4%	24.4%
<b>SMOKE</b>	30.3%	16.7%
<b>HAVE HIGH BLOOD PRESSURE</b>	41.7%	26.3%
<b>BE INACTIVE</b>	36.3%	23.9%

Adults living with disabilities are **3X** more likely to have heart disease, stroke, diabetes, or cancer

22% of adults in the U.S. have some type of disability

Adults living with disabilities are 3x more likely to have heart disease, stroke, diabetes, or cancer

[www.cdc.gov](http://www.cdc.gov)



## “Underserved Populations”: Minority and ethnic, low- income, rural populations



Some racial and ethnic groups have worse health than others. These health disparities do not have a single cause, but many complex and connected causes, including the following:

- Social determinants
- Environment and community conditions
- Behaviors
- Health care access

([www.cdc.gov](http://www.cdc.gov))

# NC Partnerships



- NC Division of Aging and Adult Services
- Area Agencies on Aging (AAAs)
- Clinical-Community Outreach
  - Federally Qualified Health Centers (FQHCs)
  - Hospital Systems
- Centers for Independent Living
- NC 211 database
- Local Health Departments
- NCCHW Culture of Results
- Senior Centers
- Faith Communities
- NC Department of Health and Human Services
- Coalitions
- National Council on Aging Learning Collaborative
- ...and more...



**HEALTHY AGING NC**

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## Contact Information

[www.healthyagingnc.com](http://www.healthyagingnc.com)

[www.facebook.com/HealthyAgingNC/](https://www.facebook.com/HealthyAgingNC/)

Jeanne Dairaghi, Project Manager  
Chronic Disease Self Management Education  
jdairagh@unca.edu  
828-250-3992

