

Massachusetts Healthy Aging Initiative

Joining Forces to Build Healthier Communities



Anita Albright, Director
Office of Healthy Aging

Massachusetts Department of
Public Health



Chronic Disease in MA

- While there are many chronic conditions that people in Massachusetts live with, these five place an overwhelming burden on our residents:
 - cancer
 - cardiovascular disease
 - diabetes
 - asthma
 - overweight/obesity

Leading Causes of Death by Race/Ethnicity, Persons Ages 55+ years Massachusetts: 2000-2006

White non-Hispanic

1. Heart Disease
2. Cancer
3. Stroke
4. CLRD¹
5. Influenza & Pneumonia

Asians non-Hispanics

1. Cancer
2. Heart Disease
3. Stroke
4. Diabetes
5. CLRD¹

Black non-Hispanic

1. Cancer
2. Heart Disease
3. Stroke
4. Diabetes
5. Nephritis

Hispanic

1. Heart Disease
2. Cancer
3. Stroke
4. Diabetes
5. CLRD¹

¹ Chronic Lower Respiratory Disease



Diabetes in Massachusetts

- 11.5% of persons aged 55-64,
- 18.2% of persons aged 65-74 and
- 17.1% of persons aged 75 and over
have **diabetes** (BRFSS 2008).



Heart Disease in MA

- 4% of persons aged 55-64,
- 9.8% of persons aged 65-74 and
- 13.6% of persons aged 75 and over
have had a heart attack (BRFSS 2008).



Obesity in MA (BMI > 30)

Persons: 55-64 years = 25.2%

65-74 years = 24.5%

75 and over = 15.0%

Being overweight is a risk factor for:

- **cardio vascular disease,**
- **cancer,**
- **asthma, and**
- **diabetes**



Modifiable Risk Factors for Chronic Disease

- ✓ nutrition
- ✓ activity patterns
- ✓ Tobacco, alcohol, and drug use



Approaches to Health Behavior Change

- ✓ Education
- ✓ Awareness
- ✓ Early Intervention



What's wrong with that?

- Knowledge alone does not alter behavior
- Individual behavior is determined to a large extent by social environment

Self-Management Programs

Behaviors are Modifiable.

Knowledge + Self-efficacy = **Behavior Change**

- better disease control.
- better health status.
- reduced preventable ER & hospital stays.
- reduced care costs.

**MDPH Healthy Aging Unit and
Executive Office of Elder Affairs
Healthy Aging Strategic Planning**

Stanford's Chronic Disease Self-Management Program

Massachusetts *My Life, My Health*

- Evidenced-based
- Comprehensive
- Six weekly 2 ½ hour workshops
- Topics & strategies are generic.
 - Bridges gaps in fragmented health care system.

My Life, My Health

- **Community setting enhances access, social & cost benefits.**
- **Trained peer leaders & potential further cost containment with community health workers.**
- **Welcomes caregivers as participants.**
- **Complements & supplements disease-specific education, providing additional time for patients to master healthy living behaviors.**

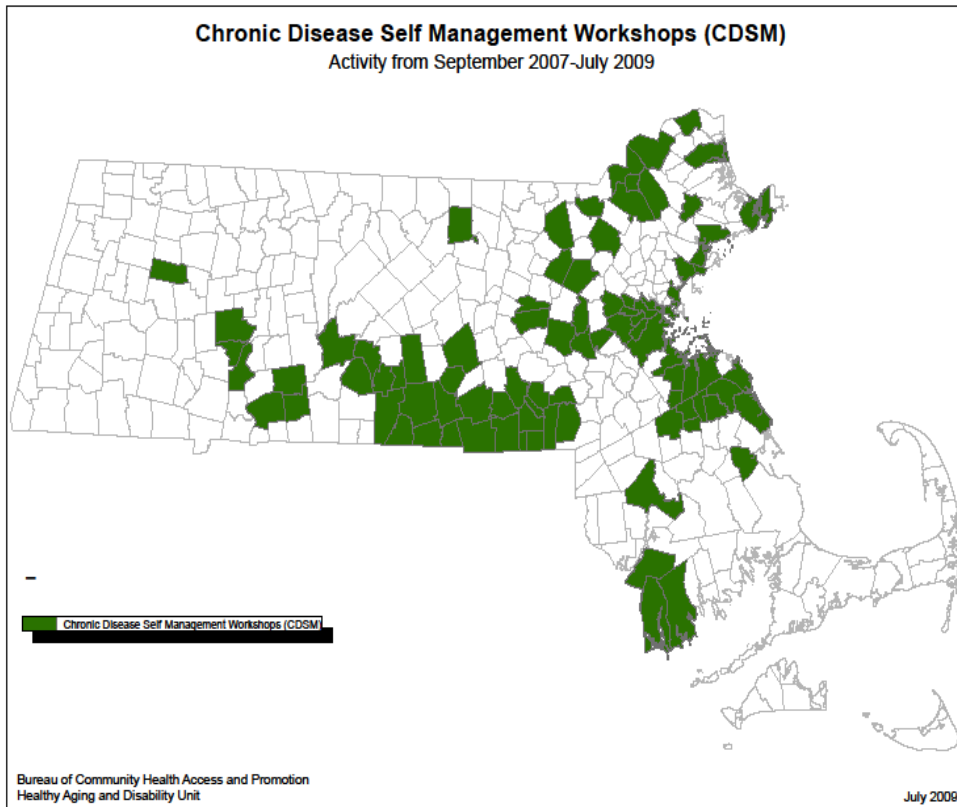
Skills Acquired

- Management of symptoms
- Goal setting techniques
- Decision taking skills
- Creation of mutual support systems
- Nutrition
- Exercise
- Treatment
- Pharmaceutical use
- Enhanced knowledge of chronic disease

My Life, My Health

Massachusetts Capacity May 2009

- 6 T-Trainers
- 76 Master Trainers
- 101 Group Leaders



Sustainability for Chronic Disease Self-Management Program

- State-wide infrastructure with policy cohesion & cooperative partnerships
- Community networks: access & capacity
- Funding: reimbursable benefit
- On-going marketing & recruitment: multiple referral pathways
- Monitoring & continuous quality improvement

*Challenges and Successes in Implementing the Chronic Disease Self-Management Program”, National Council On Aging,
www.healthyagingprograms.org/resources/CDSMPFinalReport.pdf*

MDPH and Elder Affairs since 2004

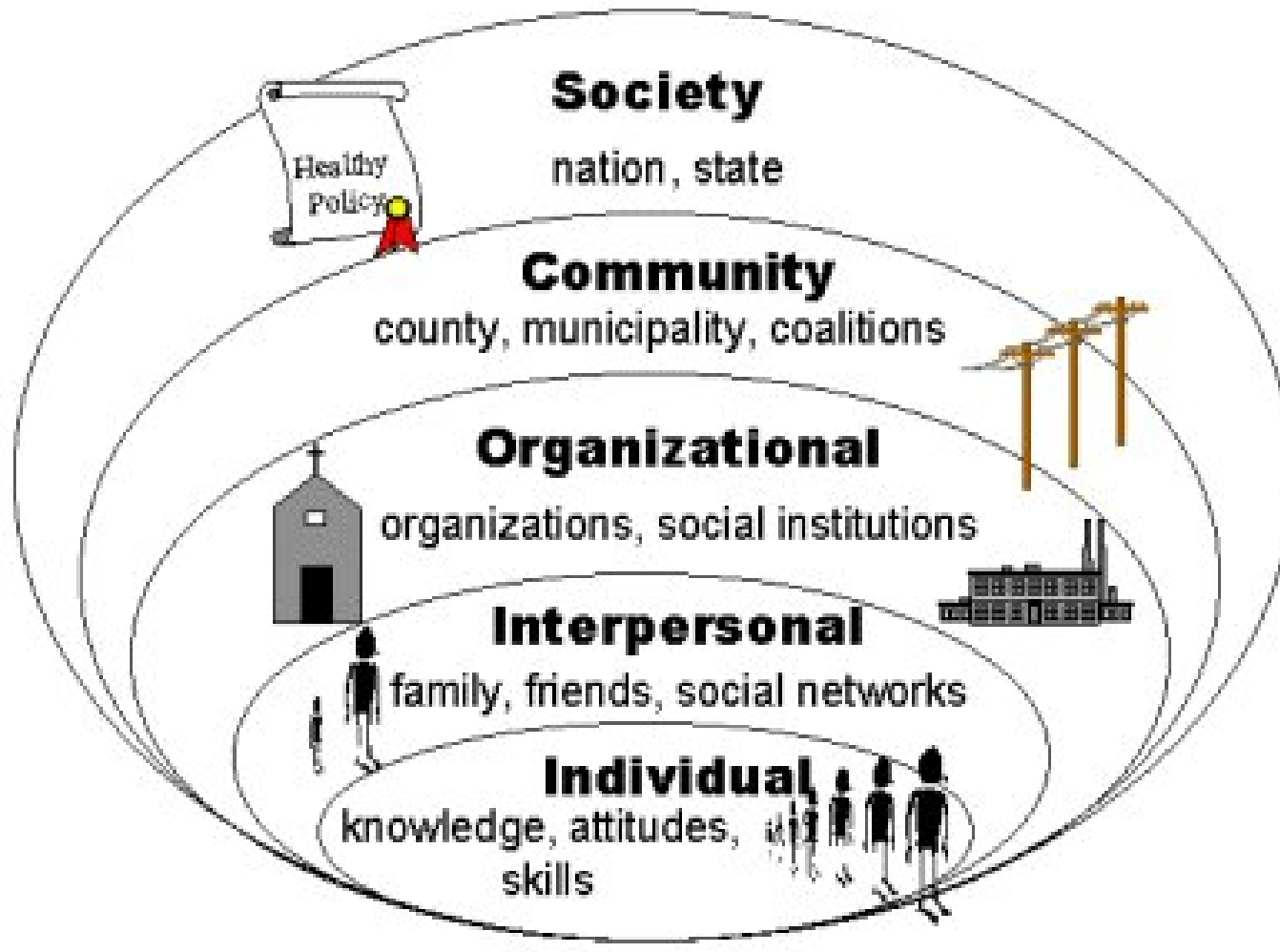
- Key Partners: Elder Services of the Merrimack Valley, Hebrew Senior Life & Action for Boston Community Development, MA Councils on Aging
- Goal: Strengthen integration of CDSMP in aging services and public health network
- US Administration on Aging Grant, National Council on Aging, CDC Arthritis Program, National Association of Chronic Disease Directors, and 27 other states with Empowering Older Adults grants

Public Health Goals for Chronic Condition Self-Management

- Support ability of aging and public health systems to work with communities to empower people to better manage their chronic conditions & adopt healthier lifestyles.
- Expand state-wide infrastructure for delivering *My Life, My Health*.
- Establish *My Life, My Health* as reimbursable insurance benefit.



Socio-Ecological Framework



Why policy and systems change?

- Supports at-risk individuals with one or more chronic conditions
- Creates a supportive environment to enable people to lead healthy lives
- Make healthy choices possible or easier
- Make social and physical environments health enhancing
- Provides building blocks for the sustainability of community-based health improvement