

# Communities as Part of the Delivery System

How Communities Can Help

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# Why focus on communities?

- ▶ People live more than 99 percent of their time outside of the traditional health care system.
- ▶ What they do outside the system largely determines their health, quality of life and use of the traditional health care system



# What is a community?

- ▶ All the people who are in a particular area
- ▶ A group of people who are considered as a unit because of their shared interest or background.



# Health Care has always been given outside of the traditional system

- ▶ Clubes de Madreas (Mother's Clubs)
- ▶ Alcoholics Anonymous
- ▶ Patient Organizations
- ▶ School Health
- ▶ Vaccination Programs
- ▶ TB Treatment
- ▶ Patient Groups On-line



# However, there are many problems with community health programs

- ▶ May or may not be effective (evidence-based)
- ▶ Mostly focused on children, youth and communicable diseases — today the major problem is chronic conditions and older populations
- ▶ Are not linked to the traditional system
- ▶ Are under-funded



# What is Evidenced-Based and how does this differ from Based on Evidence

## Evidence-Based

- ▶ Based on evidence
- ▶ One or more peer reviewed articles demonstrating effectiveness
- ▶ Replicated in at least two sites
- ▶ Systems for training and fidelity

## Based on Evidence

- ▶ What is taught is best scientific evidence. “Smoking is a risk factor for heart disease”



# Examples of Evidence-Based Programs for Chronic Conditions — Diabetes

- ▶ **Description:** a school-based health program in which family medicine residents trained healthy at-risk adolescents to become diabetes self-management coaches for family members with diabetes.
- ▶ **Methods:** 97 adolescents from 3 high schools serving primarily ethnic minority youth of low socioeconomic status. Physicians came to schools once a week for 8 weeks and trained 49 adolescents to become coaches. Student coaches and 48 nonparticipant students completed pre- and post-test intervention questionnaires.
- ▶ **Conclusions:** Overall, this program can increase diabetes knowledge and psychosocial assets of at-risk youth, and it holds promise to promote positive health behaviors among at-risk youth and their families.

Geffer, Liana, et al. "Training At-Risk Youth to Become Diabetes Self-management Coaches for Family Members Partnering Family Medicine Residents With Underserved Schools." *The Diabetes Educator* (2014): 0145721714549676.



# Examples of Evidence-Based Programs for Chronic Conditions — Diabetes Self-Management

- ▶ Six-weeks of group education given in the community or on-line by a pair of trained peer educators.
- ▶ In a one year study, 857 participants demonstrated significant improvements in HbA1c (-.45), depression, hypoglycemic symptoms, and medication adherence.

Lorig, Kate, et al. "A Diabetes Self-Management Program: 12-Month Outcome Sustainability From a Nonreinforced Pragmatic Trial." *Journal of Medical Internet Research* 18.12 (2016).





# Examples of Evidence-Based Programs for Chronic Conditions – Otago Falls Prevention

- ▶ The Otago Exercise Program (OEP) is a series of 17 strength and balance exercises delivered by a Physical Therapist or a Physical Therapy Assistant in the home, outpatient or community setting that reduces falls between 35 and 40% for frail older adults.

<http://www.med.unc.edu/aging/cgec/exercise-program>



# Examples of Evidence-Based Programs for Chronic Conditions — Exercise EnhancedFitness

- ▶ EnhancedFitness is a group physical activity program for older adults. The exercises have been packaged into a formal regimen focusing on fitness, stretching, low impact aerobics, strength training and balance. Classes are three times a week for an hour each taught by fitness instructors.
- ▶ At four months participants improved Up and Go, Chair Stand and Arm Curl and in a second study had fewer depressive symptom.



# Examples of Evidence-Based Programs for Chronic Conditions — Chronic Disease Self-Management

- ▶ Six weeks, 2.5 hours a week
- ▶ Led by 2 Peer Leaders
- ▶ Based in the community
- ▶ Standardized Leader training
- ▶ Structured teaching protocol
- ▶ 10-15 persons with different diseases
- ▶ Standardized materials
- ▶ Several topics each session
- ▶ Self-tailoring
- ▶ Evaluated in randomized trials



# Self-Management Programs Developed at Stanford

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# What it looks like



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# What is taught ?

- ▶ How to care for symptoms – pain, shortness of breath, stress, depression, sleep
- ▶ Exercise
- ▶ Healthy eating
- ▶ Medication management
- ▶ Communication with health professionals
- ▶ Action-planning
- ▶ Problem-solving
- ▶ Decision-making



# What is the evidence?



<http://patienteducation.stanford.edu>



# CDSMP: A National Translation Study

- ▶ 22 sites in U.S.A. delivered program (*English and Spanish*)
- ▶ More than 1,000 participants
- ▶ 40% underserved minorities
- ▶ Focused on better care, better outcomes, and lower cost

Ory, Marcia G., et al. *Medical Care* 51: 992, **2013**.



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# Better Behaviors

- ▶ Improved medication adherence
- ▶ Increased minutes of exercise
- ▶ Improved communication with physicians

12 Month Data



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Steps to Healthier Living™

# Better Health

- ▶ Improved depression
- ▶ Less fatigue/improved sleep
- ▶ Improved quality of life
- ▶ Fewer unhealthy physical days
- ▶ Fewer unhealthy mental health days
- ▶ Improved self-assessed health
- ▶ Lower A1C (*people with diabetes*)



# Lower Costs

- ▶ Reduced ER visits (5%) at 6 and 12 months
- ▶ Reduced hospitalizations (3%) at 6 months
- ▶ Potential net savings of \$364/participant and national savings of \$3.3 billion if 5% of adults with chronic condition reached

Ahn, SangNam: (2013): *BMC Public Health* 13.1 1141.



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# Social Prescribing

- ▶ Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.



# Does social prescribing work?

- ▶ The Bromley by Bow Centre in London is one of the oldest and best-known social prescribing projects. Staff at the Centre work with patients, often over several sessions, to help them get involved in more than 30 local services ranging from swimming lessons to legal advice.
- ▶ Two studies in England have shown reductions in National Health Service use and will pay for themselves in 18-24 months.

<https://www.kingsfund.org.uk/topics/primary-and-community-care/social-prescribing>



# Summary Message

- ▶ **Community Matters**
- ▶ **Just as in medical care, focus on evidence based community services**
- ▶ **Evidence-based community programs can be cost effective**
- ▶ **Community services cover the life-span**
- ▶ **Community services must be a funded and supported**



*Thank you!*

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