What is Evidence-based Health Promotion?

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Outline

1. Define health promotion, evidence, evidence-based health promotion
2. Consider the perceived advantages and disadvantages in evidence-based health promotion programming
3. Investigate the anatomy of an evidence-based health promotion program
   - illustration – *Chronic Disease Self-Management Program (CDSMP)*
   - illustration - *A Matter of Balance/Lay Leader Model*
4. Learn about resources for finding and implementing evidence-based health promotion programs

Definitions: *What is Health Promotion?*

- Process of planning, implementing, and evaluating:
  - programs that help individuals gain skills and adopt beneficial health behaviors
  - programs and policies at the community level that improve living conditions (physical environments) and encourage healthy, safe lifestyles
- Approaches (programs) that improve individual-level lifestyles and community–level living conditions

Definitions: *What is Evidence?*

- Evidence of a health issue
  - *Something should be done*
- Evidence that a program is effective in addressing the health issue
  - *This should be done*
- Evidence about the design, context, and attractiveness of program to participants and others
  - *This is how it should be done*

Sources of Evidence

- Data from intervention research studies
- “Translational” projects that take proven interventions and adapt them in real world settings
- Data from our programs

What is Evidence-Based Health Promotion?

A process of
planning,
implementing, and
evaluating programs
adapted from tested models or interventions
in order to address health issues at an individual level and at a community level

5 Crosscutting Tasks/Strategies of Evidence-based Health Promotion Programs

1. Individual level

- Using effective self-management approaches
- Employing assessment, goal setting, action planning, problem solving, follow-up techniques

2. Social and familial context

- Using peer support, peer health mentors, professional support, role modeling, sharing and feedback, reinforcement

Adapted from Nancy Whitelaw presentation, AHRQ Conference, 2006

5 Crosscutting Tasks/Strategies of Evidence-based Health Promotion Programs (continued)

3. Cultural context

- Focusing on the saliency, appeal and adaptation to community norms, language, customs, beliefs

4. Connections to health care

- Building partnerships with public health, health care providers, hospitals, health care systems

Adapted from Nancy Whitelaw presentation, AHRQ Conference, 2006

5 Crosscutting Tasks/Strategies of Evidence-based Health Promotion Programs (continued)

5. Outcomes focus

- Tracking social, mental, physical and functional changes
- Using objective and self-reported subjective measures

Perceived Disadvantages of Evidence-Based Approach

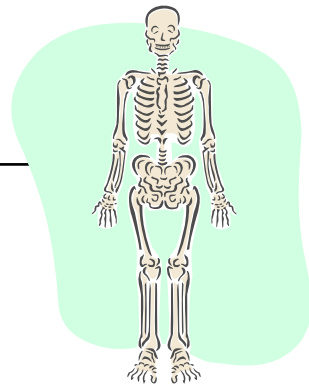
- Requires knowing where to find and how to understand/judge the “evidence”
- Feels like standardization of programs rather than site-specific tailoring
- Tools and processes are unfamiliar
- Difficult to build community support – many prefer “home grown” to “off the shelf”
- Can be expensive

Adapted from: Nancy Whitelaw, Director, NCOA Center on Healthy Aging

Perceived Advantages of Evidence-based Health Promotion

- Increases the likelihood of positive outcomes
- Leads to efficient use of resources
- Facilitates the spread of programs
- Facilitates the use of common performance measures
- Supports continuous quality improvement
- Makes it easier to justify funding
- Helps to establish partnerships –esp. with health care

Anatomy of an Evidence-based Program



1. Has a specific target population
2. Has specific, measurable goal(s)
3. Has a stated reasoning behind it and proven benefits
4. Describes a well-defined program structure and timeframe so others understand how the program works
5. Specifies staffing needs/skills
6. Specifies facility and equipment needs
7. Builds in program evaluation to measure program quality and health outcomes

Anatomy of an Evidence-based Program – Using *Chronic Disease Self Management Program (CDSMP)* as an example

1. Specific target population

- Designed to address chronic diseases such as asthma, bronchitis, emphysema, heart disease, diabetes and arthritis among adults
- Participants must be willing/able to attend group meetings, complete action plans

Anatomy of an Evidence-based Program – Using *CDSMP* as an example

2. Has specific, measurable goal(s)

- Increase knowledge about chronic disease
- Increase function and comfort through changes in health behaviors and coping strategies
- Change role of the "patient" from passive care recipient to active self-management
- Foster effective patient communication with physician

Anatomy of an Evidence-based Program – Using *CDSMP* as an example

3. Has *stated reasoning behind it* and proven benefits

- Self-cognitive theory that systematically uses strategies to enhance self-efficacy
  - Weekly action planning and feedback
  - Modeling of behaviors
  - Reinterpretation of symptoms
  - Group problem-solving
  - Skills mastery
  - Social persuasion and sharing
  - Individual decision-making

Anatomy of an Evidence-based Program – Using *CDSMP* as an example

3. Has stated reasoning behind it and *proven benefits*

- **Proven benefits:**
  - ▲ **Weekly minutes of exercise**
  - ▲ **Frequency of cognitive symptom management**
  - ▲ **Communication with physicians**
  - ▲ **Self-reported health**
  - ▼ **Health distress**
  - ▼ **Fatigue**
  - ▼ **Disability**
  - ▼ **Social/role activities limitations**
  - ▼ **Hospitalizations**

Lorig, K. et al. (1999). Evidence Suggesting that a Chronic Disease Self-Management Program Can Improve Health Status While Reducing Hospitalization: A Randomized Trial. Medical Care, 37(1) pp. 5-14.

Anatomy of an Evidence-based Program – Using *CDSMP* as an example

4. Has a well-defined program structure and timeframe

- Small peer-led groups of 10-16 people
- 6 weekly sessions
- Sessions last 2.5 hours
- Highly structured teaching protocol/script covering:
  - Understanding chronic disease, becoming an active self-manager, finding resources, understanding and managing symptoms, exercise, communications, sex and intimacy, healthy eating, managing medications, planning for the future
- Standardized participant materials (book)

Anatomy of an Evidence-based Program – Using *CDSMP* as an example

5. Specifies staffing needs/skill

- Standardized 20-hour training for leaders

6. Specifies facility and equipment needs

- Physical facility must have sufficient space for comfortable and private effective group interaction
- Clutter free, no drafts, adequate lighting
- Accessible and familiar facility

Anatomy of an Evidence-based Program – Using *CDSMP* as an example

7. Builds in program evaluation to measure program quality and health outcomes

Program Quality:

- Monitoring of instructors to ensure program is implemented according to protocols and script
- Satisfaction survey (of program, instructor)

Anatomy of an Evidence-based Program – Using *CDSMP* as an example

7. Builds in program evaluation to measure program quality and health outcomes

- *Health Outcomes*
  - *Health behaviors* (minutes of exercise, social/role limitations, cognitive symptom management, self-efficacy)
  - *Health status* (e.g., self-rated health, scales for pain and discomfort, energy fatigue, health distress)
  - *Health service utilization* (medical visits, hospitalizations)

Other Versions of CDSMP

- CDSMP Spanish version
- Arthritis self-management (English, Spanish)
- Tomando Control de Su Salud
- Tomando Control de Su Diabetes
- Positive Self-Management (HIV/Aids)
- Internet Self-Management (arthritis, CDSMP)

Source: Adapted from Kate Lorig presentation, AHRQ conference, 2006

Anatomy of an Evidence-based Program – Using *A Matter of Balance/Lay Leader Model* as an example

1. Specific target population

- 60 or older, ambulatory, able to problem-solve
- Concerned about falls
- Interested in improving flexibility, balance, and strength

Anatomy of an Evidence-based Program – Using *A Matter of Balance/Lay Leader Model* as an example

2. Has specific, measurable goal(s)

- Reduce fear of falling
- Stop the fear of falling cycle
- Increase activity levels among community-dwelling older adults

Anatomy of an Evidence-based Program – Using *A Matter of Balance/Lay Leader Model* as an example

3. Has *stated reasoning behind it* and proven benefits

- MOB acknowledges the risk of falling BUT emphasizes practical coping strategies.
- Self-cognitive theory that systematically uses strategies to enhance self-efficacy
- Group format provides an opportunity to learn from each other and to help each other deal with the shared problem of fear of falling.

Anatomy of an Evidence-based Program – Using *A Matter of Balance/Lay Leader Model* as an example

3. Has stated reasoning behind it and *proven benefits*

- ↑ Falls (prevention) Efficacy
- ↑ Falls Management
- ↑ Falls Control
- ↑ Exercise level
- ↓ Decrease in Monthly Falls

Healy, T., Peng, C., Haynes, M., McMahon, E., Botler, J., & Gross, L. (in press). The feasibility and effectiveness of translating *A Matter of Balance* into a volunteer lay leader model. *Journal of Applied Gerontology*.

Anatomy of an Evidence-based Program – Using *A Matter of Balance/Lay Leader Model* as an example

4. Has a well-defined program structure and timeframe

- Eight two-hour classes
- 10-12 participants (minimum of 8, maximum of 14)
- Program structure includes:
  - Group discussion
  - Problem-solving
  - Skill building
  - Assertiveness training
  - Exercise training
  - Sharing practical solutions
  - Cognitive restructuring
- Standardized participant materials (book)

Anatomy of an Evidence-based Program – Using *A Matter of Balance/Lay Leader Model* as an example

5. Specifies staffing needs/skill

- Eight hours of coach training; coach must facilitate two classes within one year to complete certification
- Coach Skills:
  - Good communication and interpersonal skills
  - Enthusiasm, dependability
  - Willingness to lead a small group
  - Interest in working with older adults
  - Life experiences valued, with education or health care experience a plus.
  - Ability to perform range of motion and low-level endurance exercises
  - Ability to carry up to 20 lbs.

Anatomy of an Evidence-based Program – Using *A Matter of Balance/Lay Leader Model* as an example

6. Specifies facility and equipment needs

- Enough space for each participant to move around comfortably
- Tables, preferably set up in a U-shape
- Chairs
- ADA accessible
- Space to set up snacks

Anatomy of an Evidence-based Program – Using *A Matter of Balance/Lay Leader Model* as an example

7. Builds in program evaluation to measure *program quality* and *health outcomes*

Program Quality:

- Monitoring of instructors to ensure program is implemented according to protocols and script
- Experienced coaches are paired with new coaches

7. Builds in program evaluation to measure program quality and health outcomes

Health Outcomes:

- Initial survey given (falls management, exercise levels, and background information)
- Last class survey; repeat of questions regarding falls management and exercise levels
- Last class evaluation (comfort in talking about fear of falling, changes made to environment, comfort in increasing activity levels, plans to increase activity levels, and background information)

Some Health Promotion Programs That Work

- The Enhanced Wellness Program
- The Enhanced Fitness Program
- Active Choices
- Active Living Every Day
- Fit and Strong
- A Matter of Balance
- Arthritis Foundation Exercise Program
- Arthritis Self-Help Program
- Chronic Disease Self-management Program
- Healthy Changes
- Healthy IDEAS

Source: A New Vision of Aging, Center for the Advancement of Health, March 2006)

LIVE WELL, LIVE LONG

Health Promotion & Disease Prevention for Older Adults

Health promotion strategies and materials developed by the American Society on Aging through a cooperative agreement with the Centers for Disease Control and Prevention.

HEALTHWORD FEATURE OF THE MONTH:
HOW TO FIND INFORMATION TO ASSESS THE HEALTH OF OLDER ADULTS IN YOUR COMMUNITY

A community assessment of the health issues or particular diseases affecting older adults in your area can help you develop health promotion initiatives, goals, and programs. A wealth of health-related data is readily available from published local, state, and national health statistics. Click here to continue.

SPOTLIGHT on DIABETES and PHYSICAL ACTIVITY

Health Promotion Modules:

BLUEPRINT FOR HEALTH PROMOTION
Media Tips
Please Sign in

STRATEGIES FOR COGNITIVE VITALITY
Please Sign in

OPTIMAL MEDICATION USE
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ROAD MAP TO DRIVING WELLNESS
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MENTAL WELLNESS


Center for Healthy Aging - model health programs for communities - Mozilla
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About Us
The Center for Healthy Aging (the Center) encourages and assists community-based organizations serving older adults to develop and implement evidence-based programs on:
health promotion
disease prevention
chronic disease self-management
The Center serves as a resource center for aging service providers to implement healthy aging programs. Resources provided include:
manuals
toolkits
research
examples of model health programs
links to websites on related health topics.
We are also a resource center for the Administration on Aging (AoA) Evidence-


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http://www.healthyagingprograms.org/content.asp?sectionid=8
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Print
Home Bookmarks Release Notes Plug-ins Extensions Support Mozilla Community
THE NATIONAL COUNCIL ON THE AGING
center for Healthy Aging
model health programs for communities
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What's New?
Health Topics
Community Programs
Evidence Based Programs (Grantee Profiles)
Model Programs
Best Practices
Coalitions
Resources
About Us
Community Programs
The following pages provide examples and models of community programs and practices that have been used for health promotion.
Evidence-based Programs
Model Programs
Best Practices
[return to the top of page]
http://www.healthyagingprograms.org/index.asp


File Edit View Go Bookmarks Tools Window Help
Back Forward Reload Stop
http://www.healthyagingprograms.org/content.asp?sectionid=81
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> Disabilities
> Health Promotion
> Falls Prevention
> Medication Management
> Mental Health
Resources by Health Topic
Chronic Disease
Disabilities
Falls Prevention
Health Promotion (general)
Medication Management
Mental Health
Nutrition
Physical Activity

Thank you!

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