The Case for Chronic Disease Self-Management (CDSMP) in the Aging Public Housing Population
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Various studies have shown that public housing residents experience high rates of chronic conditions (Digenis-Bury, Brooks, Chen, Ostrem, & Horsburgh, 2008; Manjarrez, Popkin, & Guernsey, 2007). Older adults in particular are more likely to have chronic conditions than younger individuals, with almost 91% having one chronic condition and nearly 75% have two or more (Machlin, S., Cohen J. and Beauregard, K., 2008). Older adults represent a significant percentage of the population in public housing. In 2010, more than 318,000 seniors relied on public housing and supportive services, and elderly households (where the head of household or the spouse is age 62 or older) comprised 31% of the total assisted households (Center on Budget and Policy Priorities, 2012; U.S. Department of Housing and Urban Development, 2012). Approximately 27% of public housing seniors are 80 years or older (Council of Large Public Housing Authorities, 2009).

Minority elderly often have the greatest social, economic, and health care needs. Approximately 36% of public housing elderly households are Black, 22% are Hispanic, and 5% are Native American, Asian, Alaskan Native, Native Hawaiian, and other Pacific Islander (Center on Budget and Policy Priorities, 2012). The median annual income for an elderly household in public housing is $10,000, and 72% of seniors in public housing rely on Social Security payments as their primary source of income (Council of Large Public Housing Authorities, 2009). Regardless of race, ethnicity, or household income, however, people living in public housing are more likely to have poorer self-rated health and comorbid conditions (Parsons, Mezuk, Ratliff, & Lapane, 2011).

Chronic conditions in the older adult population are extremely costly for our health care system, accounting for 75 cents of every dollar spent on health care in the U.S. (Centers for Disease Control and Prevention, 2009). Approximately, 67% of Medicare dollars are spent on beneficiaries with five or more chronic conditions. Diabetes, arthritis, kidney diseases, hypertension, and mental disorders accounted for more than 1/3 of the growth in Medicare spending from 1987 to 2006 (Robert Wood Johnson Foundation, 2010; Thorpe, Ogden, & Galactionova, 2010). Elders in public housing are even more prone than community-dwelling older adults to have fatigue, cardiac conditions, stroke, hypertension, diabetes, arthritis, and psychiatric problems (Parsons, Mezuk, Ratliff, & Lapane, 2011). Despite these problematic health conditions, minority older adults are less likely to visit a doctor (Chapin, Nelson-Becker, Gordon, & Terrebonne, 2002).

The good news is that most chronic conditions are largely preventable and highly manageable. The World Health Organization estimates that eliminating three risk factors—poor diet, inactivity, and smoking—would prevent 80% of heart disease and stroke, 80% of type 2 diabetes, and 40% of cancer (World Health Organization, 2005). Addressing other key risk factors such as falls, alcohol and substance abuse, stress, and social isolation would also help to reduce the prevalence of chronic conditions. But many people, particularly those living in low-income public housing, often do not have the resources, tools or self-confidence in their ability to control their chronic conditions.
Benefits of the Chronic Disease Self-Management Program

To address these issues, various public housing facilities in the United States are now offering well-tested, federally-supported, evidence-based workshops. One highly successful program is the Chronic Disease Self-Management Program (CDSMP).

Developed at Stanford University in the early 1990s, CDSMP is a six-week course where individuals with chronic conditions such as heart disease, hypertension, cancer, stroke, arthritis, and diabetes gather to learn and practice problem-solving, coping, and communication skills. They discover lifestyle strategies for good health—including diet, exercise, medications, managing pain and fatigue, living with disability, and overcoming depression. In addition to CDSMP, Stanford University has developed disease-specific workshops including the Diabetes, Arthritis and Chronic Pain Self-Management Programs. These programs have been proven to be effective through more than 20 years of research supported by grants from the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Centers for Disease Control and Prevention (U.S. Administration on Aging, 2011).

The 2.5-hour classes, delivered over a six-week period, are highly interactive, confidence-building, and enjoyable, and are led by community-based facilitators who live with chronic conditions themselves and have received extensive training.

CDSMP has been extensively evaluated through repeated, randomized controlled trials. A review of major published studies found that CDSMP results in significant, measurable improvements in health and quality of life of people living with chronic conditions. (Lorig et al., 2001a; Sobel, Lorig, & Hobbs, 2002).

Researchers have also found that participants in the program:

- Experience fewer physician visits
- Decrease their overall disability
- Increase their exercise
- Develop better coping strategies and symptom management
- Communicate better with their physicians
- Improve their self-rated health, disability, social and role activities, and health distress
- Have more energy and less fatigue

The Chronic Disease Self-Management Program coaches patients in becoming an activated member of their health care team in partnership with their providers. As one CDSMP participant said, “I have developed a new relationship with my doctors. I’m not afraid to ask questions…I’m a member of the team.” The U.S. Department of Health and Human Services has recognized the importance of the self-management of chronic conditions, stating, “Even the highest quality provision of care to individuals with multiple chronic conditions alone will not guarantee improved health outcomes for this population. Individuals must be informed, motivated, and involved as partners in their own care. Self-care management can be important in managing risk factors that lead to the development of additional chronic conditions” (U.S. Department of Health and Human Services, 2010). Health care providers who are familiar with the program and its benefits are pleased to refer their patients to it; they know that CDSMP provides proven
benefits for their patients and builds their knowledge, skills, and confidence to manage problems across all conditions.

CDSMP offers many additional benefits to residents of public housing. The program requires no special facilities or equipment, so the workshops can be offered in available space at the public housing site. This helps to address barriers to access such as transportation and physical inability to travel to another location. Residents often feel more comfortable interacting with their neighbors and have reported experiencing less intimidation than when asking questions in other settings. Housing administrators have reported that the workshops help to improve resident relations, creating a more welcoming and supportive environment. Since the class is generally offered through grant or other support at no cost to the residents, low-income seniors can afford to attend without financial worry. To address language barriers, CDSMP is available in Spanish and more than 17 other languages. Additionally, CDSMP participants frequently form strong bonds during the workshops, so they often continue to meet after the workshops formally end.

Public housing facilities benefit from their residents taking CDSMP since the program helps participants to become more self-sufficient and independent. Case managers in public housing facilities report that CDSMP is more than just a six-week program; it has a long term impact in improving people’s lives. As one CDSMP public housing program administrator in Texas stated, “People find value in the workshops, and they do change their behavior.”

**Examples of Implementation of Evidence-Based Programs in Public Housing**

*Partners in Care Foundation, CA*

Los Angeles-based Partners in Care Foundation (Partners) has offered multiple evidence-based programs within public housing, including the Chronic Disease Self-Management Program (CDSMP), Tomando Control de su Salud (Spanish CDSMP), Arthritis Foundation Exercise Program, and Walk with Ease. Deciding which programs to offer is a two-pronged approach. Partners staff meet with housing provider (typically the activities coordinator or resident services coordinator) to learn about their population and its needs, and this information is coupled with the evidence-based programs available in that area.

Partners is currently using a top-down outreach method to embed CDSMP into large housing systems that have a strong infrastructure. They initiate contact with administrator level staff and above, garnering their interest, support, and approval of the program. Most of these administrators are responsible for multiple housing sites. Partners also collaborated with the California Association of Resident Services Coordinators, presenting on evidence-based programs at their statewide conference and regional meetings.

In Southern California, a mixed model of both internal and external workshop facilitators is being implemented, depending on the housing site. Partners has trained instructors affiliated with adult education within the Los Angeles Unified School District as CDSMP facilitators, and often these individuals are able to offer workshops in public housing settings (or at least partner with another trained leader). Housing communities like to use the programs as a way to welcome people from the community into their housing sites (recruiting beyond just residents), as this was perceived as a mechanism
to recruit new residents. Feedback was that participants really enjoyed the program, and long-term changes such as healthier eating and increased physical activity were observed. Additionally, CDSMP became a gateway to other evidence-based programs.

In addition to the researched benefits of these proven interventions, public housing staff noted that the programs also helped improve resident relations, allowing residents to get to know their neighbors better and creating a more welcoming and supportive environment.

San Antonio Housing Authority and Bexar County Area Agency on Aging, TX

The San Antonio Housing Authority (SAHA) and Bexar County Area Agency on Aging (AAA) partner to offer CDSMP and other evidence-based self-management programs to seniors. Case managers at the 33 Elderly and Disabled housing complexes choose the most appropriate programs for their residents. Eight case managers oversee these complexes, and each has a case load of about 400 residents. A representative from the AAA attended case manager meetings to build a relationship. Since a case manager’s role is to help residents become more self-sufficient, self-management programs can help meet that need. The SAHA’s lead case manager has been the biggest cheerleader; she started with the diabetes-specific version of CDSMP and now is hosting a fall risk prevention workshop. Both the case manager and residents see the benefit of these programs and want more. For residents, the benefits of the program spill over; for example, residents who used to be inactive are now outside gardening.

“I have been privileged to have these classes at our properties, and I have received great responses from residents. They tell me they feel very fortunate to be taking these classes in the comfort of their own community, and they feel they have accomplished a great goal after each class. Residents say they are learning about their disease and how to take better care of themselves and each day I see they try to make better choices.” SAHA Case Manager

One of the goals of the SAHA/AAA partnership is to train case managers. A key strategy to ensure residents have ongoing access to programs is to incorporate classes into the Elderly and Disabled Services (EDS) is to provide current Public Housing residents with valuable quality-of-life resources and services in an effort to improve the residents’ quality of life. Each household in an Elderly and Disabled community is offered an evaluation to determine their needs. Appropriate referrals are made to assist residents in maintaining their independence and the ability to age in place. Residents who are at risk or have a chronic condition would be encouraged to participate in self-management programs during their first year of residency. This approach is similar to current SAHA procedure that encourages residents who smoke to attend a smoking cessation program as all SAHA Public Housing properties are 100% smoke free.

“Due to the classes I have taken each week, I have learned a lot. I eat right, know how to deal with stress, and exercise more. But most of all, it has motivated me to finally quit smoking. I want to thank you for changing my life.” SAHA Participant

Workshop residents were mainly women (79%), with an average age of 64. Eighty-eight percent of the participants were Hispanic. The majority of residents reported having arthritis (60%), diabetes (67%), hypertension (67%), or depression (45%). Many residents were dually eligible for both Medicare and Medicaid.
Currently, Older Americans Act funds and local businesses provide support for training costs and materials.

*Supports and Services at Home, Vermont*

Evidence based programs are offered at public housing facilities in Vermont through Supports and Services at Home (SASH), as part of the Medicare Advanced Primary Care Practice Demonstration Project within the payment reform initiative for community health teams. Much of the funding comes through the Demonstration Project, with training and support coming from the Department of Vermont Health Access. Through SASH, a wellness nurse and case manager is in place for each 100 Medicare beneficiaries, and the system is organized around low-income public housing. The wellness nurse and case manager conduct health and wellness assessments, bring in evidence-based programs and wellness workshops, and assist with diets and nutrition. The program began with a pilot for 65 participants in a public housing site in Burlington. Many of the participants were over the age of 80, and the average number of medications taken was over five. In addition, participants had a high usage of the emergency department and inpatient care and they also were socially isolated. As part of SASH, an in-house case manager and wellness nurse conduct structural assessments, identify preventive services, and organize diet and exercise activities. After SASH began, there was a significant drop in use of the emergency department, drop in the length of inpatient stay, and a drop in the amount of time spent in transitional settings such as nursing homes.

CDSMP training is provided to SASH staff and also staff at the sites who administer programs, support residents after the programs are offered, and learn self-management techniques to help residents. In some cases, peer leaders who come from the surrounding community lead workshops and in a few instances, residents have been trained to lead workshops. Workshops may also be offered by hospitals or local staff, but the resident services coordinators identify which CDSME will be offered, depending on the needs of the residents at the site.

The housing sites are using a centralized registry to load information about participants so that a site manager can look across the population at a housing site, and target programming. The registry is also used for Patient-Centered Medical Homes and SASH, and is connected to Electronic Medical Records.

Implementing SASH has brought new resources into sites and the connection and forging of new relationships with other community organizations. The program offers the opportunity to pool resources; for example, SASH puts care dollars together with HUD and other funding streams. It also gives housing sites training and support they have not had in the past.

**Key Strategies for Successful Implementation of Evidence-Based Program in Public Housing**

Organizations that have successfully been offering the Chronic Disease Self-Management Program and other evidence-based disease and disability prevention programs in public housing recommend the following strategies:
• **Resources.** Some agencies have funding for training and others have resources for implementation, so working together can build a strong program. Look at what you have, then what others can leverage. For example, housing sites will have a place where workshops can be delivered; at the state level, look for the capacity for training, workforce development, and evaluation.

• **Connections.** Connect with staff at housing sites, especially resident service coordinators and case managers, who know the needs of the residents and are seen as a trusted source of information.
  o They can assist by promoting the programs to residents with chronic conditions and/or caregivers.
  o The housing staff’s role is to help residents become more self-sufficient.
  o The skills gained from EBPs, including CDSMP, support this goal.

• **Champions.** Identify a program champion within the housing site who can promote the program and its benefits to residents and staff. While housing sites are often eager to implement these types of programs, they may not have the necessary expertise to do so.

• **Innovation.** Allow for innovation to come from the ground up. Approach housing sites, talk to them about EBPs and their impact, and then develop plans together.

• **Simplicity.** Build a relationship between community-based organizations and public housing case managers and/or resident services coordinators to make offering workshops as easy as possible so all they need to do is to encourage residents to attend.
  o The workshops speak for themselves.
  o One recent participant in Pennsylvania said that she learned more from CDSMP in six weeks than she had in 23 years of going to different doctors.

• **Mission.** Recognize shared missions. Self-management workshops can help residents be more self-sufficient and independent. These evidence-based workshops do not just fill the calendar – they provide programs that have an impact.

**Partnership and Funding Opportunities**

By working with other organizations currently offering or supporting CDSMP, public housing managers have the opportunity to develop new partnerships and potentially tap into new sources of funding for the program.

• Public housing administrators in California are working with the California Association of Resident Services Coordinators, Menorah Housing, Southern California Presbyterian Homes, Telecu Housing, American Gold Star Mothers, Inc., and St. Mary Catholic Housing Corporation to implement CDSMP and other evidence-based programs at their sites. Funding support has been provided through the Administration on Aging and local community foundations. Housing facilities provide space for the workshops and in-kind snacks.
The Support and Services at Home (SASH) program grant (part of the Medicare Advance Primary Care Practice Demonstration Project) provides additional payments to medical homes and community health teams and is being used in many of the eight states that received the grant to support CDSMP in public housing. In those cases, local partnerships have been developed between public housing, local or area agencies on aging, PCMHs, local Visiting Nurse Associations, home health agencies, and others.

Area Agencies on Aging (AAA) can be a partner in providing evidence-based programs for residents.

How to Get Involved

CDSMP workshops are available in many areas of the country. To find out more about programs in your state, public housing managers or others with an interest can visit the National Council on Aging’s website to find the CDSMP point of contact in their state (http://www.ncoa.org/improve-health/center-for-healthy-aging/chronic-disease-1.html). An online version of the program is also available in some states. The state point of contact will have information on the availability of the online program.

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Resources

National Council on Aging—CDSMP and other evidence-based programs for health promotion and disease prevention:

Stanford University Chronic Disease Self-Management Program and other Stanford self-management programs:
http://www.patienteducation.stanford.edu

AHRQ: Chronic Disease Self-Management Program: A Toolkit for Hospitals:
http://www.innovations.ahrq.gov/content.aspx?id=3669

AHRQ: Preventing Disability in the Elderly with Chronic Disease
http://www.ahrq.gov/research/elderdis.htm
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The authors would like to acknowledge the contributions made by: Valerie Biediger, Bexar County Area Agency on Aging; Jenney Samuelson, Department of Vermont Health Access; and Natalie Zappella, Partners in Care Foundation.

Disclaimer:
The National Center for Health and the Aging (NCHATA), a project of North American Management, is supported in part by a cooperative agreement grant awarded by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

This publication was made possible by grant number U30CS22743 from the Health Resources and Services Administration, Bureau of Primary Health Care and its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.