Chronic Disease Self-Management Education in Virginia’s Prisons

Improving Wellness, Self-Confidence and Accountability in a Population Fallen Through the Cracks

Southern Gerontological Society Annual Meeting  April 17, 2015
Chronic Disease Self-Management Education

★ Evidence-based disease self-management programs
★ Developed and researched by Stanford University
★ 6 week workshop, 2.5 hour sessions
★ Tools and skills to:
  ✷ Deal with symptoms
  ✷ Manage common problems
  ✷ Participate more fully in life
Why Self-Management?

People spend 99 percent of their time outside the healthcare system — and what they do outside largely determines their quality of life. This prepares them for the 99 percent.

Kate Lorig
Stanford University Patient Education Research Center
The Critical Role of the Patient in Managing Chronic Disease

Informed, Activated Patients have:
• Goals to improve their health
• A plan to improve their health
• The motivation, information, skills, and confidence necessary to manage their illness well.

Reference: Redesigning Chronic Illness Care: The Chronic Care Model
Ed Wagner, MD, MPH
12/10/2007
“Train-the-Trainer” Model

Lay Leaders

Master Trainers

Program Participants

Completers attend at least 4 of 6 sessions

CDSME in Virginia’s Prisons

SGA Annual Meeting  4-17-15
### Workshop Overview

<table>
<thead>
<tr>
<th>Topic</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
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<tbody>
<tr>
<td>Overview of self-management and chronic health conditions</td>
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<tr>
<td>Using your mind to manage symptoms</td>
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<td>Getting a good night’s sleep</td>
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<td>Making an action plan</td>
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<td>Feedback and problem-solving</td>
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<td>Dealing with difficult emotions</td>
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<td>Physical activity and exercise</td>
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<td>Preventing falls</td>
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<td>Making decisions</td>
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<td>Pain and fatigue management</td>
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<td>Better breathing</td>
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<td>Healthy eating</td>
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<td>Communication skills</td>
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<td>Medication usage</td>
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<td>Making Informed treatment decisions</td>
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<tr>
<td>Dealing with depression</td>
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<td>Working with your health care professional and system</td>
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<tr>
<td>Weight management</td>
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<td>Future plans</td>
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## Long-Term Research Findings

<table>
<thead>
<tr>
<th>Improved/Enhanced</th>
<th>Reduced</th>
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<tbody>
<tr>
<td>Energy</td>
<td>Fatigue</td>
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<tr>
<td>Physical activity</td>
<td>Limitations on social role activities</td>
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<tr>
<td>Psychological well-being</td>
<td>Pain symptoms</td>
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<tr>
<td>Partnerships with physicians</td>
<td>Emergency room visits</td>
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<tr>
<td>Health status</td>
<td>Hospital admissions</td>
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<tr>
<td>Self-efficacy</td>
<td>Hospital length of stay</td>
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</table>
National Study of Chronic Disease Self-Management Programs (CDSMP) 2010-2011

Found many positive, significant improvements in terms of meeting the Institute of Healthcare Improvement’s Triple Aims:

• Better Health
• Better Care
• Lower Cost
## National Study Findings: Better Health

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline Mean</th>
<th>12-Month Mean</th>
<th>% Improvement</th>
</tr>
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<tbody>
<tr>
<td>Self-assessed health (1~5)</td>
<td>3.2</td>
<td>3.0</td>
<td>5%</td>
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<tr>
<td>(Lower scores = Better health)</td>
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<tr>
<td>Days per week being moderately active (0~7)</td>
<td>2.4</td>
<td>2.8</td>
<td>13%</td>
</tr>
<tr>
<td>Depression (0~3)</td>
<td>6.6</td>
<td>5.1</td>
<td>21%</td>
</tr>
<tr>
<td>Quality of life (0~10)</td>
<td>6.5</td>
<td>7.0</td>
<td>6%</td>
</tr>
<tr>
<td>Unhealthy physical days (0~30)</td>
<td>8.7</td>
<td>7.2</td>
<td>15%</td>
</tr>
<tr>
<td>Unhealthy mental days (0~30)</td>
<td>6.7</td>
<td>5.6</td>
<td>12%</td>
</tr>
</tbody>
</table>
## National Study Findings: Better Care

<table>
<thead>
<tr>
<th></th>
<th>Baseline Mean</th>
<th>12-Month Mean</th>
<th>% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with MD</td>
<td>2.6</td>
<td>2.9</td>
<td>9%</td>
</tr>
<tr>
<td>(0~5)</td>
<td></td>
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<tr>
<td>Medication compliance</td>
<td>0.25</td>
<td>0.21</td>
<td>12%</td>
</tr>
<tr>
<td>(0~1)</td>
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<tr>
<td>Health literacy (Confidence filling out medical forms)</td>
<td>3.0</td>
<td>3.1</td>
<td>4%</td>
</tr>
<tr>
<td>(0~4)</td>
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# National Study Findings: Lower Health Care Use

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>6-Month</th>
<th>12-Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage with any emergency room visits in the past 6 months</td>
<td>18%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>Percentage with any hospitalization in the past 6 months</td>
<td>14%</td>
<td>11%</td>
<td>14%</td>
</tr>
</tbody>
</table>
National Study Findings: Lower Health Cost

- $714 per person saving in emergency room visits and hospital utilization.

- $364 per person net savings after considering program costs at $350 per participant.

- Potential saving of $6.6 billion by reaching 10% of Americans with one or more chronic conditions.
CDSME in Virginia

• **2005:** Introduced by Virginia Department of Health.

• **March 2010:** Two-year grants to states from US Administration on Aging to disseminate CDSM to older adults. 

  Virginia receives $1,040,000 – one of the highest awards.

• **September 2012:** Virginia one of 22 states awarded a 3 year grant under the Prevention and Public Health Funds, Affordable Care Act.

• Area Agencies on Aging local lead agencies under the grants.
Brainstorming

What factors would make prison populations at higher risk for chronic disease?
Chronic Disease in Prison Populations

Jail and prison inmates have a disproportionate burden of many chronic medical conditions compared to the general population, including hypertension, asthma, arthritis, cervical cancer and hepatitis.

Chronic Medical Diseases Among Jail and Prison Inmates
By Ingrid A. Bingswanger, MD, MPH, 10/25/2010

You Can! Live Well, Virginia!
An Examination of Inmate Health Care Costs
Virginia Office of Health Services, 9/30/11

• Today’s offenders: Older, sicker and stay longer behind bars than ever before

• Older offenders: Fastest growing segment of prison population

• Offenders are entering prison with more acute medical needs

• Offsite healthcare costs:
  • Increased by 19% from FY 2010 to FY 2011
  • $8.7 million increase excluding pharmacy costs
Chronic Disease in Virginia’s Prison Populations

- About 1/3 have a chronic care condition (asthma, diabetes, hypertension, HIV)
- Some have multiple chronic diseases
- Genes account for approximately 30% of wellness
- Inmate self-responsibility and discipline (diet, exercise, rest, and medication) are keys to health
CDSME in Virginia Correctional Facilities

- Pocahontas
- Bland
- Deep Meadow
- Coffeewood
CDSME in Correctional Facilities

- 21 workshops since November 2012
- 283 attended and 222 completed
- 78% completer rate

Photo Courtesy Oklahoma Dept. of Corrections
Chronic Disease Self-Management Education in Virginia’s Prisons

The Local Perspective
Joan Welch, Senior Connections
Chronic Disease Self-Management Education in Virginia’s Prisons

The View from VDOC
Liz Thornton, Virginia Department of Corrections
Why CDSME for Offenders?

“LET FOOD BE THY MEDICINE AND MEDICINE BE THY FOOD”

-HIPPOCRATES
DOC Perspective

• Virginia’s Commitment

• Virginia’s Comprehensive Strategy
  • Partnerships
    • Internal
    • External
  • Healthy Eating Plan
    • Menus & Nutrition

• Education
DOC Perspective (continued)

• Education

• Control & Success
  • Self-efficacy
  • Self actualization
  • Motivation
    • Learning Models
    • Thinking 4A Change
Strategic Plan Tie-In

- Reentry
  - Community Construct
  - Generations
- Impact
- Learning
Summation: Rippling Impacts

- **CDSME:**
  - Documented health benefits, improved quality of life
  - Lower health care costs

- **On offenders:**
  - Capacity to manage health more consciously and effectively
  - Personal accountability in a mutually supportive environment
  - Fresh, hopeful perspectives
Summation: Rippling Impacts

• For VDOC:
  Compliments and reinforces
  • Learning models
  • Self-efficacy emphasis
  • Community re-entry goals
  • Correctional healthcare savings

• For society:
  • Influence on offender’s family/community
  • Healthcare cost savings for community/state/nation
  • Enhanced re-entry success = Reduced recidivism
Questions?
Contacts

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