Chronic Disease Management and Falls Prevention Updates from the Centers for Disease Control and Prevention

- Grant Baldwin, Director, Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC
- Margaret Kaniewski, Public Health Advisor, Arthritis and Lupus Programs, Division of Population Health, CDC
- Lisa McGuire, Lead, Healthy Aging Program, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, CDC

May 23, 2017

Improving the lives of 10 million older adults by 2020
Aging without injuries
*CDC Perspective*

Grant Baldwin, PhD, MPH
May 23, 2017

National CDSME and Falls Prevention Resource Centers’ Meeting
Falls
Older Adults

An older adult falls every second of every day. Less than half of them talk to their doctor about their fall.

IN 2014:

1 in 4 older adults reported a fall.

Falls are the number one reason older adults lose their independence.

Totaling 29 M older adult falls.

More than 7 M of those falls required medical treatment or restricted activity for at least a day.
Over 50 percent of injury-related deaths are due to a fall.

Falls-related deaths have increased 80% in last 10 years alone.

NCHS, 2015

Year = 2015
Total = 56,908
A Growing Burden:

Falls and fall injuries are increasing in the US.

Falls are among the 20 most costly medical conditions.

These costs will surge unless preventive measures are adopted.

Over 10,000 people in the U.S. turn 65 every day.
Surveillance Summary

TRAUMATIC BRAIN INJURY
Emergency Department Visits, Hospitalizations, and Deaths

2007-2013

SOURCE: Taylor et al., 2017
8 out of 10 TBIs are caused by a fall among older adults in 2013.

SOURCE: Taylor et al., 2017
Fall-related TBI ED visits, hospitalizations, and deaths skyrocketed

Ed visits more than doubled

Hospitalizations increased almost 50%

SOURCE: Taylor et al., 2017
Factors leading to the prescription opioid epidemic

- Pain designated the fifth vital sign
- Under appreciation of addictive potential of RX opioids
- Aggressive marketing to clinicians
- Pill mills that profited from over prescribing
Chronic Pain

Moderate to severe pain is reported by:

• 25-50% of community-dwelling older adults
• 45-80% of older adults in long term care facilities

American Geriatric Society, 2002
The prescription opioid epidemic is impacting older adults too

- Opioid-related deaths among older adults have increased 7 fold since 1999 – nearly 1,200 deaths in 2015.
- Opioid-related death rate increased 500% in same time period.
- 1 in 3 Medicare beneficiaries received an opioid prescription in 2015.
- Medicare beneficiaries with an opioid prescription averaged 5 prescriptions or refills.
- Opioid prescriptions cost Medicare $4.1 billion.
- Medicare spending for opioids rose 165% from 2006 to 2015 (spending for other drugs rose 76%).

SOURCES:
CDC WONDER
Office of Inspector General, 2016
Older Adult Mobility

1 in 4

Older adults now 65 will live into their 90’s
Older adults are less likely to crash BUT more likely to be injured or die when they do crash.

**2015 Perspective**

- 40.1 millions licensed drivers were > 65 years old. 50 percent increase in last 15 years.
- Almost 6,200 people 65 and older died and 240,000 were injured in motor vehicle traffic crashes.
- Older Americans made up 15 percent of U.S. population but 18 percent of all traffic fatalities.
- 8 percent increase in fatalities and injuries compared to 2014.
- In past 10 years, driver fatalities increased +3% while total population fatalities decreased -19%
A Coordinated and Integrated Approach to Fall Prevention

3 KEY STEPS

Screen
- Identify patients at risk for a fall

Assess
- Identify modifiable risk factors

Intervene
- Use effective clinical and community strategies
Leveraging CPT Codes

- Integral part of the billing process.
- Inform insurance payer the procedures the clinician would like reimbursement for.
- Request for unique falls-specific CPT code denied.
- NEW Resource Guide by NCOA and ACPM - Using existing codes to maximize fall-related activities.
STEADl: The Pharmacist’s Role in Older Adult Fall Prevention

STEADl
The Pharmacist’s Role in Older Adult Fall Prevention

TRAINING

CDC
Centers for Disease Control and Prevention

APhA
PROVIDER CHECKLIST & MOBILE APP

• APP includes:
  – MME Calculator
  – Prescribing Guidance
  – Motivational Interviewing
Training & Coordinated Care

- Training modules for clinicians
  - Online modules
  - CME credits

- Coordinated Care Plan
  - Technical package
  - Optimize care and patient safety
CHANGE YOUR COMMUNITY’S FUTURE FOR THE BETTER

TAKE PART IN THE CDC Rx AWARENESS CAMPAIGN.

Get ready-to-use, tested campaign materials and tips in the CDC Rx Awareness Campaign Toolkit.
Proposed National Concussion Surveillance System

Unmatched detail on concussion in America

**Prevention**
- Have you had a head or neck injury in the past 12 months?
- How did your injury occur?

**Care**
- Where did you seek care after you experienced this injury?
- What types of symptoms did you have?

**Recovery**
- Do you still experience the effects from the injury?
- How long did it take to go back to work or school?

- All Ages
- All Mechanisms of Injury
- Medical Services Received
- Return to Learn, Play, and Work
- TBI Disability
- Lifetime Prevalence
Linking Data for a Comprehensive Understanding of Crashes

http://www.cdc.gov/motorvehiclesafety/linkage
“Aging is not lost youth but a new stage of opportunity and strength.”

BETTY FRIEDAN
Questions

For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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NCOA’s Center for Healthy Aging

National CDSME and Falls Prevention Resource Centers’ Meeting

Arthritis in America and CDC’s Recommendations on Improving Arthritis Outcomes for Older Adults

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Centers for Disease Control and Prevention
Division of Population Health
Arthritis Program
1 in 4

About 1 in 4 (54 million) US adults have arthritis.

#VitalSigns

www.cdc.gov/vitalsigns/arthritis
Arthritis will increase as the population grows and ages. Diagnosed and future projections.*


People (millions): 46, 50, 53, 54, 63, 67, 72, 75, 78

- Diagnosed
- Projected

The percentage of adults limited by their arthritis increased by 20% since 2002, resulting in greater pain, disability, costs, and decreased quality of life.

Arthritis commonly occurs with obesity, heart disease, and diabetes.
Managing arthritis

- Arthritis aches and pains are not a normal part of aging.
- Physical activity—walking, swimming, biking—is good for arthritis.
- Physical activity can reduce pain and improve function.
About 40% of adults with arthritis can decrease pain and improve function by about 40% by being physically active.

#VitalSigns

www.cdc.gov/vitalsigns/arthritis
Physical activity programs can reduce yearly healthcare costs by about $1,000 per person.

SOURCE: CDC Vital Signs, March 2017
What does CDC recommend for state officials and community leaders to do to help improve arthritis outcomes?
CDC Recommendations

1. Promote physical activity and self-management education (SMEs) programs
2. Engage healthcare providers to recommend adults with arthritis attend community-based programs
3. Increase awareness of the benefits of physical activity and SME programs for adults with arthritis
   • communication campaigns and strategies
4. Support improvements for more walkable and safer community areas

SOURCE: CDC Vital Signs, March 2017
Recommended Physical Activity Programs

Other physical activity programs can be found at:
https://www.cdc.gov/arthritisis/interventions/index.htm
CDC Recommended Self Management Education Programs

Chronic Disease Self-Management Program

Tomando Control de su Salud
(Spanish Chronic Disease Self-Management Program)

Arthritis Self-Management Program

Programa de Manejo Personal de la Artritis (Spanish Arthritis Self-Management Program)

Other disease management education programs can be found at:
https://www.cdc.gov/arthritis/interventions/index.htm
WHAT MICHIGAN LEARNED:
(implementing CDSMP and Enhance Fitness)

- Need and demand are not the same thing.
- Just because you build it doesn’t mean they will come.
- People who need the programs the most are often the hardest to reach.
- Healthcare providers are KEY!
  - People are 9 times more likely to attend a program if their healthcare provider recommends it.
Michigan’s Experience: Everybody does their Part

- Healthcare providers: recommend or refer
- Implementation partners: provide programs and reliable program schedule
- MAP: Statewide program finder: [www.mihealthyprograms.org](http://www.mihealthyprograms.org)
Michigan’s Experience: Other Lessons Learned

- Referring from one evidence-based program to another is an effective and often-overlooked way to—increase reach

- Build cross-referral networks

- Example: Diabetes Prevention Program participants referred to Enhance®Fitness or to Walk with Ease Programs for physical activity
Engage healthcare providers to recommend adults with arthritis attend community-based programs.

Further information is available @ https://www.apta.org/Arthritis/ and http://www.moveforwardpt.com/Resources/Detail/community-based-physical-activity-programs-arthrit
Marketing Chronic Disease Interventions to Primary Care Practices

- How-to-Guide
- Call and Visit Scripts
- Training Video
- Planning and Evaluation Templates
- Customizable Materials
  For Providers
  For Patients

https://www.cdc.gov/arthritis/marketing-support/1-2-3-approach/index.html
Web based workshop and data management tools for healthcare providers and partners
Raise awareness of the benefits of physical activity and SME programs for adults with arthritis

- **CDC’s Physical Activity, The Arthritis Pain Reliever** campaign is recommended to run a minimum of 6 to 10 weeks.

- **CDC’s The Buenos Dias Arthritis** campaign is designed to run a minimum of 4-6 weeks.

https://www.cdc.gov/arthritis/interventions/campaigns/physical/overview.htm

Updated Materials Available

Contact mgk6@cdc.gov for more information
CDC’s Self Management Education Campaign Pilot

https://www.cdc.gov/LearnMoreFeelBetter/
Self Management Education (SME) Campaign

• Campaign Goal (Long term): Increase enrollment in SME Programs

• Campaign Objectives:
  o Increase awareness of SME as a chronic disease management strategy
  o Drive traffic to campaign website where people can find more information about SME
  o Increase receptivity to intervention-specific marketing

https://www.cdc.gov/LearnMoreFeelBetter/
Self Management Education (SME) Campaign

Campaign Elements

- Ads
- Print
- Transit
- Digital
- Radio
- Video
- Earned media
- Partner outreach

Living with a chronic health condition?

www.cdc.gov
Wisconsin’s Experience with SME Campaign

Learn More. Feel Better.

The Centers for Disease Control and Prevention (CDC) is launching a new campaign in Wisconsin to promote patient self-management of chronic conditions. Take the first step toward feeling better. Learn more about self-management education programs in your area.

https://www.dhs.wisconsin.gov/
Wisconsin’s Experience with SME Campaign


Self-Management Education: Learn More. Feel Better is a broad awareness campaign developed by the Centers for Disease Control and Prevention (CDC) and its partners. The campaign aims to promote self-management education (SME) as a chronic disease management strategy, and invites those living with one or more chronic conditions to learn more about programs that can help them:

- Take control of their health.
- Reduce stress, have more energy, and feel better.
- Learn strategies to live a healthier life.

You are not alone.

https://www.dhs.wisconsin.gov/
Wisconsin’s Experience with SME Campaign

Find a Program

The Wisconsin Institute for Healthy Aging (WIHA) offers tested and proven programs that help older people stay well and independent. Find them in our Programs We Offer section on the left.

WIHA is also a clearinghouse for other evidence-based programs that we don’t offer, but that may be available in Wisconsin or that you might want to see offered in your community. Visit our All Programs section (on the left) to view and find contact information for other high-level, evidence-based programs for healthy aging.

Find a Workshop

Take charge of your health. Participate in one of our evidence-based workshops.

https://www.dhs.wisconsin.gov/
Wisconsin’s Experience with SME Campaign

• **CDC Self-Management Education Videos:**
  • [https://www.youtube.com/playlist?list=PLvrp9iOILTQalGDI85dhLUE7F8jf5qCZz](https://www.youtube.com/playlist?list=PLvrp9iOILTQalGDI85dhLUE7F8jf5qCZz)

• **Wisconsin Self-Management Education Radio Ad:**
  • [https://livestream.com/accounts/14059632/events/7077128/videos/150703254](https://livestream.com/accounts/14059632/events/7077128/videos/150703254)

• **Press Materials:**

• An excerpt from a Wisconsin Institute for Healthy Aging Press Release:
  “Nationally, the Centers for Disease Control and Prevention (CDC) reports that about half of all adults in the U.S. – 117 million people – have at least one chronic condition, like arthritis, diabetes, or asthma. In Wisconsin, the proportion is up to 59% of adults have ongoing health problems that require long-term management. This public health epidemic has major consequences, both physically and financially. Costs for diabetes-related care alone in Wisconsin topped $6 billion in 2009.”

[https://www.dhs.wisconsin.gov/](https://www.dhs.wisconsin.gov/)
Support improvements for more walkable and safer community areas

Promote worksite programs and policies that support walking and walkability.

Promote community programs and policies that make it safe and easy for residents to walk.

https://www.cdc.gov/physicalactivity/walking/call-to-action/
Educate people about the benefits of safe walking and places to walk.

Develop effective and consistent messages and engage the media to promote walking and walkability.

Educate relevant professionals on how to promote walking and walkability through their profession.

https://www.cdc.gov/physicalactivity/walking/call-to-action/
CDC’s National Key Arthritis Partners

- The University of North Carolina at Chapel Hill
- National Recreation and Park Association
- National Council on Aging
- National Association of Chronic Disease Directors
- Stanford Patient Education Research Center
- Administration for Community Living
- Arthritis Foundation
Tools and Resources

http://www.apta.org/Arthritis/
QUESTIONS?
NCOA’s Center for Healthy Aging

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Arthritis in America and CDC’s Recommendations on Improving Arthritis Outcomes for Older Adults

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Centers for Disease Control and Prevention
Division of Population Health
Arthritis Program
CDC’s Alzheimer’s Disease and Healthy Aging Program

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Lead, Alzheimer’s Disease and Healthy Aging Program
Division of Population Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

Presented to NCOA: May 23, 2017
Alzheimer’s Disease and Healthy Aging Program

- Promote the health and quality of life of older Americans
  - Focus on adults aged 50 or older
- Collect, analyze and disseminate data to guide public health action
- Translate research into practice
- Engage with states, partners and communities to identify and implement effective strategies to promote health and prevent disease in older adults
Framework for Action

HEALTHY AGING IN ACTION
ADVANCING THE NATIONAL PREVENTION STRATEGY

HEALTHY AND SAFE COMMUNITY ENVIRONMENTS
ELIMINATION OF HEALTH DISPARITIES
NATIONAL PREVENTION STRATEGY
CLINICAL AND COMMUNITY PREVENTIVE SERVICES
EMPowered PEOPLE

www.cdc.gov/aging
Healthy Aging In Action: Aims

- **Support** prevention efforts to enable older adults to remain active, independent, and involved in their community.

- **Highlight** innovative and evidence-based programs from National Prevention Council departments and agencies that address the physical, mental, and emotional, and social well-being.

- **Inform** future multi-sector efforts to promote and facilitate healthy aging in communities.
While the health industry offers preventive services, patients can face challenges in getting to those services if they no longer drive and have limited or no access to transportation.
COMMUNITY FALLS PREVENTION PROGRAM

Satellite Beach, Florida

Satellite Beach, a small community in Florida, has been engaged in prevention efforts to promote healthy aging since the 1990s, when they participated in the Brevard County, Florida, Communities for a Lifetime initiative.
Concerns about Cognitive Health

Losing Mental Capacity is Greatest Fear

When you think about aging, what do you fear more: diminished physical ability or losing mental capacity?

- Losing mental capacity: 62%
- Diminished physical ability: 29%
- Don't know: 9%

Taking Our Pulse: The PARADE/Research!America Health Poll
Charlton Research Company, 2005
## Leading Causes of Death, Adults 65+ Years, 2014

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart disease</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
</tr>
<tr>
<td>3</td>
<td>Chronic lower respiratory diseases</td>
</tr>
<tr>
<td>4</td>
<td>Cerebrovascular diseases</td>
</tr>
<tr>
<td>5</td>
<td><strong>Alzheimer’s disease</strong></td>
</tr>
<tr>
<td>6</td>
<td>Diabetes</td>
</tr>
<tr>
<td>7</td>
<td>Unintentional injuries</td>
</tr>
<tr>
<td>8</td>
<td>Influenza and pneumonia</td>
</tr>
<tr>
<td>9</td>
<td>Nephritis, nephrotic syndrome and nephrosis</td>
</tr>
<tr>
<td>10</td>
<td>Septicemia</td>
</tr>
</tbody>
</table>

The Healthy Brain Initiative is designed to spread understanding of and support for healthy cognitive aging as a central part of public health practice.

- creates and supports partnerships,
- collects and reports data,
- increases awareness of cognitive aging, and
- promotes the use of the Roadmap.

www.cdc.gov/aging/healthybrain/index.htm
The Healthy Brain Initiative: Partnerships

www.cdc.gov/aging/healthybrain/research-network
35 action items for public health officials to:

• Promote cognitive functioning
• Address cognitive impairment and Alzheimer’s disease
• Meet the needs of caregivers

https://www.cdc.gov/aging/healthybrain/roadmap.htm
The Road Map: Selected Accomplishments

- Monitor and Evaluate
- Educate and Empower
- Develop Policy and Mobilize Partnerships
- Assure a Competent Workforce
- Surveillance, Assessment, & Systematic Reviews
Subjective Cognitive Decline

- Worsening memory problems
- Potential difficulties
- Discussions with health care professionals
- Adults ≥ 45 years old
2015 Cognitive Decline Highlights

- 11.5% reported SCD, up slightly from 11.0% in 2013
- Persons with lower levels of education report more SCD
- More people who reported SCD live alone than live with others
- 48% reported discussing SCD with Health Care Provider
NHANES: Cognitive Data

- Administered during 2011-12 and 2013-14 cycles
- Interview questions
  - During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?
  - During the past 7 days, how often have you had trouble remembering where you put things, like your keys or your wallet?
- Mobile exam center
  - CERAD word recall
  - Categorical verbal fluency (Animal naming)
  - WAIS Digit symbol
- 2500 persons aged 60+ years completed the modules
- Publically available Spring 2017
Age-Specific death rates for Alzheimer’s disease

![Graph showing age-specific death rates for Alzheimer's disease from 1999 to 2014. The graph indicates a trend of increasing deaths per 100,000 population for each age group: ≥85 yrs, 75–84 yrs, 65–74 yrs, and ≤64 yrs.](image-url)
“There are four kinds of people in the world:

Those who have been caregivers;

Those who currently are caregivers;

Those who will be caregivers; and

Those who will need caregivers.”

Rosalynn Carter
Former First Lady and Chair of the Rosalynn Carter Institute on Caregiving
Caregiving BRFSS Module

Caregiving

- Characteristics of caregivers
- Problems they face
- Greatest care needs
- Anticipate being a caregiver
- Adults ≥ 18 years old

- 2015 (24 states)
- 2016 (16 states)
- 2017 (8 states)

www.cdc.gov/brfss
2015 Caregiver Highlights

- 22% of respondents aged 18 and older provides regular care or assistance

- Physical and Mental Health
  - More likely to report Fair/poor physical health, depression, frequent mental and physical distress, and obesity
  - No differences on coronary heart disease, stroke, CVD, diabetes, and routine check-up (2 years)

- 17.8% of non-caregivers expect to provide care to someone due to a health problem or disability within the next two years

- 53.7% provided help managing personal care and 79.8% provided help managing household tasks
Data for Action: 2015 BRFSS

http://www.alz.org/publichealth/data-collection.asp#cognitive
Data for Action: Data Portal

http://www.cdc.gov/aging/agingdata/index.html
The Road Map: Selected Accomplishments

Raise public awareness with clear and consistent messages
Brain Health: Federal Partnership*

Evidence-based resources that can help professionals, older adults, and people with disabilities promote brain health.

- **Brain Health Basics.** Learn and teach others about the risks related to brain health and how to reduce them.

- **Medicine, Age, and Your Brain.** Learn and teach others about the impact that some medications can have on an older adult's brain.

- **Brain Injury.** Learn and teach others about how to prevent brain injury and how to get help if you do have one.

*ACL, CDC, & NIA

http://www.acl.gov/Get_Help/BrainHealth
The Road Map: Selected Accomplishments

Integrate into strategic planning and policy initiatives
Healthy People 2020

https://www.healthypeople.gov/2020/topics-objectives/topic/dementias-including-alzheimers-disease
National Plan to Address Alzheimer’s Disease: 2016 Update
The Road Map: Selected Accomplishments

- Monitor and Evaluate
- Develop Policy and Mobilize Partnerships
- Assure a Competent Workforce
- Competency-based educational strategies and materials
A Public Health Approach to Alzheimer’s and Related Dementias

• Recently released and revised, flexible curriculum linked to public health competencies

• Purpose: Increase understanding of Alzheimer’s disease and related dementias as a multi-layered, growing public health issue

• Designed for faculty to use with undergraduate public health courses

• Developed & evaluated by the Alzheimer's Association, CDC, and the Emory Centers for Training and Technical Assistance at Emory University

www.cdc.gov/aging
Support and Empower Informal Caregivers

Dr. Lisa McGuire
LMcGuire@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)

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