Implementing remote CDSME for older adults in Hawai'i

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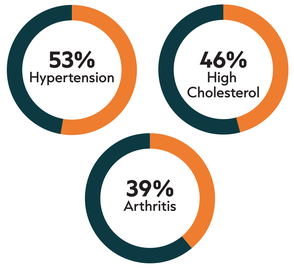
Background

The majority of Hawai'i's older adults (60+) have at least one chronic health condition.

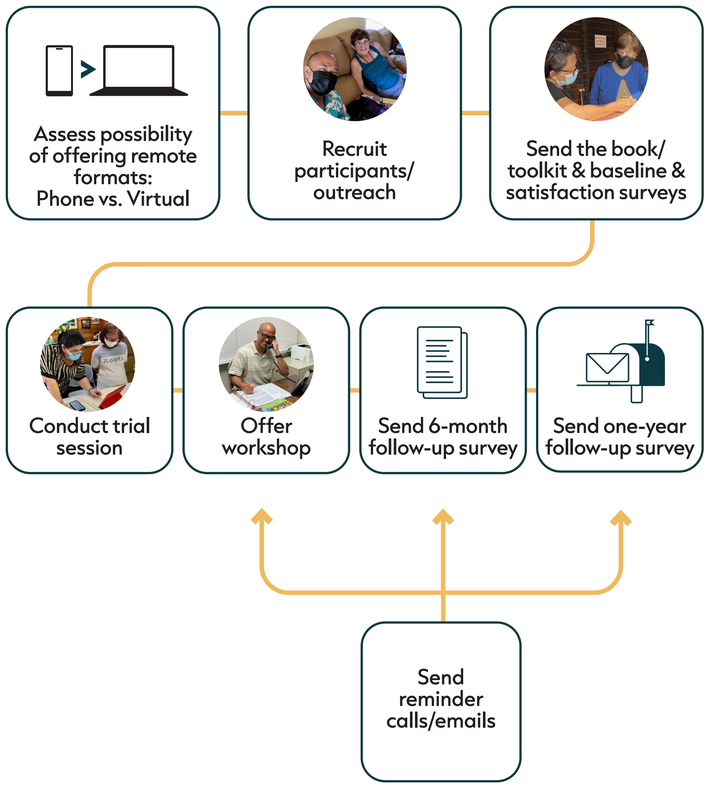
Have at least 1 chronic condition
85%

Have at least 2 chronic condition
63%



Hawaii State Department of Health, Honolulu, HI, USA, 2022, https://hhdw.org/report/query/selection/brfss/_BRFSSSelection.html

Hawai'i Healthy Aging Partnership (HHAP)—a collaborative effort of public and non-profit agencies—has been implementing the evidence-based program "Chronic Disease Self-Management Education" (CDSME) since 2003. During the pandemic, the Partnership started to implement CDSME in a remote format.



Results

PARTICIPANTS

Compared to the in-person format, the remote format is more likely to attract those who are in their 70's, male, people with higher education, Japanese American, and people with hypertension and diabetes.

PROGRAM IMPLEMENTATION

- The remote formats had a higher implementation fidelity score than that of the in-person format.
- Classes conducted by phone had a higher program completion rate and one-year follow-up rate, compared to the in-person classes; virtual classes had the lowest rates.
- The response rate for the satisfaction survey was higher for the in-person classes than the remote classes.

Fidelity Score	IN-PERSON (n=3,045)		PHONE (n=100)	VIRTUAL (n=25)
1-5 (lowest to highest)	3.77	<*	3.95	3.96
Baseline Survey	91%		92%	80%
Program Completion	81%	<*	94%	72%
Satisfaction Survey	86%	>	74%	0%
Follow-up Survey	6M: 59% 1YR: 32%	< 1YR*	6M: 68% 1YR: 67%	6M: 6% 1YR: 0%

Note: * Statistically significant at $p<0.05$.

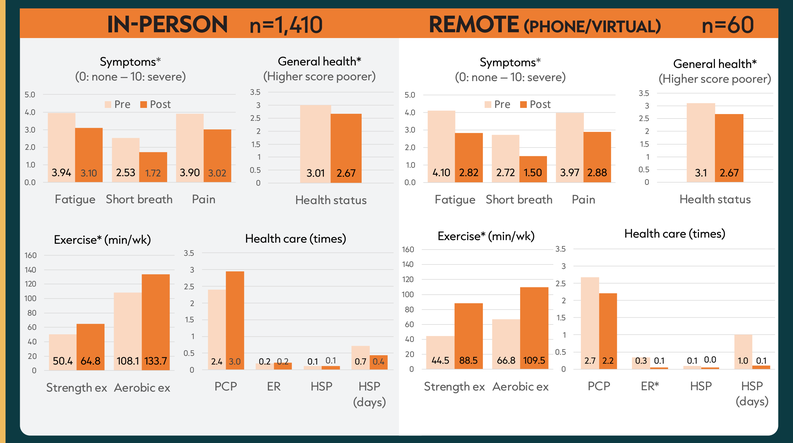
PROGRAM IMPACTS

- Compared to the in-person format, the remote formats had lower impacts in three of the four measures: Have a contact buddy, satisfied with the program, and confident in managing chronic health conditions.

Notes: * Statistically significant at $p<0.05$. Classes in phone format did not include the "contact buddy" component in the curriculum.

On Aging — American Society on Aging

- Pre/post tests showed that remote classes had similar impacts in improving symptoms, general health, and exercise participation.



Note: * Statistically significant at $p<0.05$.

Conclusion

- HHAP has successfully implemented the remote CDSME with a high level of fidelity and shown similar outcomes as the in-person classes.
- Hawai'i older adults prefer the phone over the virtual mode of delivery. Program leaders also have the same preference.
- Remote formats experienced difficulty collecting data right after the workshop and one year later for follow-up.
- Virtual format requires certain skills for both leaders and participants, and good data collection strategies.
- Needed extra efforts to serve the minority population in a remote format; e.g., hands-on support for completing the forms, spending extra time to communicate with participants in their native languages, etc.
- During the pandemic, HHAP lost some leaders or Master Trainers due to limited capacity to offer workshops and training during the pandemic.

Future Direction

- Establish a statewide protocol for gradually going back to in-person mode.
- Continue to encourage leaders to offer CDSME in a variety of delivery modes to reach a broader audience.

Acknowledgement: We acknowledge the dedicated effort of the Hawai'i Healthy Aging Partnership in expanding health promotion options for older adults in Hawai'i. We appreciate the CDSME program leaders and participants who provided the data and feedback needed for assessing the program for further improvements.

For more information, visit us at
hawaiihealthyaging.org