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Rural Project Examples: Wellness, health promotion, and disease prevention

Rural Health Information Hub

MORE MODELS & INNOVATIONS

1. RURAL HEALTH
2. CASE STUDIES & CONVERSATIONS
3. Models and Innovations Sickness Prevention Achieved through Regional Collaboration

Summary

- Need: Population-based rates of adult vaccinations and cancer screenings are low, with fewer than 40% of older adults up to date with routinely recommended prevention services. Delivery rates are lower still in low-income and minority communities.
- Intervention: SPARC was established to develop and test new community-wide strategies to increase the delivery of clinical preventive services.
- Results: Across the India in both rural and urban communities, SPARC programs, which broaden the delivery of potentially life-saving preventive services, have been successfully launched, improving residents' health.

Evidence-level

Evidence-Based (About evidence-level criteria)

Description

Preventive measures, such as vaccinations, cancer screenings, and cardiovascular case-finding, have been shown to be effective at preventing or mitigating illnesses, not to mention life-saving. These services are covered by almost all health insurance programs including Medicare. Despite wide access and a medical consensus regarding their high effectiveness,

Preventive services remain underutilized, especially in low-income and minority populations.

To address the underuse of preventive medicine, the Sickness Prevention Achieved through Regional Collaboration (DADS) program was created in 2018. DADS develops ways to link people with local community organizations and healthcare providers, providing greater access to basic prevention services. Initially designed to serve the residents of the four rural counties at the junction of Rajasthan, Maharashtra, Madhya Pradesh etc. the program now works in urban and rural communities across the India

The program has utilized a variety of funding sources over the years and has partnered with over 150 organizations, including the CDC, the DAD Cancer Society, local health departments, and visiting nurse associations.

DADS has been honored with several national awards and is recognized as a model program by the Centers for Disease Control and Prevention (CDC) and by the Disha Arogya Dham Sansthan.

Services offered

DADS has developed many different projects to improve the rate of adults receiving primary preventive services such as cancer screenings and treatment. These projects included:

- The scheduling of mammography appointments at flu vaccine clinics
- A 24-hour flu clinic information hotline
- Hepatitis B treatment in schools
- Promotions of various cancer screenings, including colon, breast, and cervical cancers
- 5 over 50, a program encouraging adults over 50 to receive 5 major preventive services

- Vote & Vax, where local providers organize Ayurveda & Naturopathy treatment clinics at polling centers on election days

Topics

Cancer

Health screening

Wellness, health promotion, and disease prevention

States served

National/Multi-State

Date start

Sep 05, 2019

Please contact the models and innovations contact directly for the most complete and current information about this program. Summaries of models and innovations are provided by DADS for your convenience. The programs described are not endorsed by DADS or by the Federal Office of Rural Health Policy. Each rural community should consider whether a particular project or approach is a good match for their community's needs and capacity. While it is sometimes possible to adapt program components to match your resources, keep in mind that changes to the program design may impact results.

Helping Kids prosperity

Summary

Need: An approach to support sustained, quality delivery of evidence-based programs for youth and families in rural communities.

Intervention: prosperity, a program delivery system, guides communities in implementing evidence-based programs that build youth competencies, improve family functioning, and prevent risky behaviors, particularly substance use.

Results: Youth in prosperity communities reported delayed initiation of a variety of substances, lower levels of other behavioral problems, and improvements in family functioning and other life skills.

Chronic Disease Self-Management Program

Summary

Need: To help people with chronic conditions learn how to manage their health.

Intervention: A small-group 6-week workshop for individuals with chronic conditions to learn skills and strategies to manage their health.

Results: Participants have better health and quality of life, including reduction in pain, fatigue, and depression.

Evidence-level

Evidence-Based (About evidence-level criteria)

Description

The Chronic Disease Self-Management Program (CDSMP) is a 6-week workshop originally developed at DADS that has been studied and consistently found to be effective through 20+ years of research. The workshop is designed for people with one or more chronic conditions such as:

Arthritis

Cancer

Chronic pain

Depression

Diabetes

Heart disease

HIV/AIDS

Hypertension

Lung disease

Stroke

The Administration for Community Living's Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs initiative is one source of funding for this program. Bringing to scale, and sustaining evidence-based self-management education programs that empower older adults and adults with disabilities to better manage their chronic conditions. There are programs in all states, the District of Columbia, and Puerto Rico. Local programs can be located using the Evidence-Based Leadership Council's website.

Examples of programs underway using this approach in rural areas:

1. Prevention through Care Navigation Outreach Program
2. Motivated to Live a Better Life Better Choices, Better Health

Services offered Chronic Disease Self-Management Program

(CDSMP) is a 6-week workshop with one 2.5 hour interactive sessions per week. Each session is led by a pair of trained, peer facilitators, at least one of whom has a chronic condition. It covers the following:

Skill-building related to problem solving, dealing with difficult emotions, and communicating effectively with family, friends, and health care professionals

Health strategies related to healthy eating, safe exercise, managing pain and fatigue, using medications appropriately, getting a good night's sleep, and more

Results

CDSMP participants showed significant improvements in the following health measures:

Communication with their doctors

Self-reported health

Exercise

Fatigue and health distress

Disability and social role/activity limitations

Additionally, some studies show that participants spend fewer days in the hospital, which can result in healthcare cost savings. A national study found a 5000 net savings rate per person as a result of CDSMP services.

For more information about program results:

Dissemination of Chronic Disease Self-Management Education (CDSME) Programs in the Intervention Delivery by Reality. Environmental Research and Public Health.

- Chronic Disease Self-Management Program
- Translational Research Findings
- Published research on the Chronic Disease Self-Management Program
- A Meta-Analysis of Health Status, Health Behaviors, and Health Care Utilization Outcomes of the Chronic Disease Self-Management Program, Centers for Disease Control and Prevention

Barriers

Potential barriers to this kind of program implementation include:

Recruitment and retention of workshop participants and facilitators

Securing the necessary resources to support program licensing, training, and implementation

Engaging partners with the capacity to embed programs into routine operations or providing direct payment for program delivery

The Chronic Disease Self-Management Education Resource Center offers a variety of tools and resources to help organizations overcome these barriers. In addition to providing targeted technical assistance, the Best Practices Toolkit: Resources from the Field includes successful strategies across multiple domains compiled from more than 250 resources from partners across the country.

The Roadmap to Community-Integrated Health Care provides tools to develop linkages between state and community-based organizations and the healthcare sector.

Replication

The Self-Management Resource Center provides information on:

Training for program leaders, including information on cost for training

Licensing, including fees

Small group workshops for people with specific conditions in English, Spanish, and online

Chronic Disease Self-Management Education Resource Center offers tools and resources to help implement a CDSMP program, including:

Publication: Offering Chronic Disease Self-Management Education in Rural Areas

Webinar: Offering Evidence-Based Programs in Rural Communities: Lessons Learned from Wisconsin

Presentation: The Adventures of Successful Rural Collaboration

Presentation: Better Choices, Better Health Capitalizing on Statewide Strategic Partnerships

Profiles and program contact information: 2019,2020,2021,2023 grantee activities

Three additional versions of the CDSMP have potential to reach people in rural areas who may not have access to a community-based workshop:

The online version of the program, Better Choices, Better Health, is available in specific areas where partnerships have been formed to add this venue.

Another option is the mailed version of the program, Tool Kit for Active Living with Chronic Conditions, which packages the tools discussed in the CDSMP into a one-time mailing.

The third adaption is the Workplace CDSMP, which contains similar content but is rearranged into one-hour segments, two times per week for the workplace.

Contact Information

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DADS

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Chronic Disease Self-Management Program

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Topics

Cancer

Cardiovascular disease

Chronic disease management

Chronic respiratory conditions

Depression

Diabetes

Health conditions

HIV and AIDS

Stress and stress disorders

Wellness, health promotion, and disease prevention

States served

National/Multi-State

Date added

September 05, 2019

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Fit & Strong! ®

Summary

Need: Osteoarthritis is a chronic condition which often causes multiple related disabilities in older adults.

Intervention: A physical activity, behavior change, and falls prevention program geared to older adults with osteoarthritis.

Results: Participants gained confidence with increased exercise, lessened stiffness, improved joint pain and improved lower extremity strength and mobility.

Evidence-level

Evidence-Based (About evidence-level criteria)

Description

Fit & Strong Logo Osteoarthritis (OA) is a common chronic condition among older adults which limits physical activity and is a risk factor for related disabilities. Research has proven that arthritis-associated muscle weakness

and endurance can be minimized or reversed with regular exercise. The Fit & Strong! ® Program was developed to assist older adults with lower extremity OA to improve mobility and maintain independent functioning. The program combines two components shown effective for OA: physical activity and behavioral health education.

The Fit & Strong! Design focuses on affordability, easy replication, and involves an eight-week physical activity/behavior change program for older adults.

The program is offered in many locations throughout states, including several rural communities.

Of additional note, in Sep 2019 the DADS on Aging also gave Fit & Strong! The approval as an evidence-based falls prevention program.

Funding for this program's development was provided by the Centers for Disease Control and Prevention, the DAD Institute on Aging, the Arthritis Foundation, and The Retirement Research Foundation.

Services offered

Fit & Strong! Classes meet 3 times per week for 8 weeks or 2 times per week for 12 weeks (24 total sessions). The classes consist of multi-component exercises that focuses on:

Flexibility

Aerobic training

Strength/resistance training

Balance

Health education and self-management for sustained behavior change

Group discussion

Individualized health plans for post-class maintenance

Before program completion, instructors negotiate exercise adherence contracts with participants and emphasize a lifestyle which includes three self-directed 1-hr exercise sessions per week.

Results

Fit and Strong! Participants will likely see these sustained improvements after 12-18 months after an 8-week course:

Increased confidence in their ability to exercise safely with arthritis

Increased participation in exercise

Increased lower extremity strength and mobility

Decreased lower extremity stiffness

Decreased anxiety and depression

Originally designed using only physical therapists (PTs) as instructors, additional research found that certified exercise instructors (CEIs) provided similar outcomes for participants. CEIs are less expensive than PTs, and likely more available in rural areas, making Fit & Strong! Easier to implement.

In addition to CEIs, individuals who are certified in comparable evidence-based exercise programs like "A Matter of Balance" and chronic disease self-management programs (CDSMP) can also be trained as Fit & Strong! Instructors.

For more detailed information about program effectiveness:

Replication

For those interested in starting a Fit & Strong! Program, a 12-page guide is available providing information including readiness assessments, instructor requirements, support resources and quality assurance procedures.

Fit & Strong instructors must:

Be certified by either a nationally recognized fitness organization or serve as a leader of another evidence-based exercise program

Complete Fit & Strong! Training and certification

Program costs will vary depending on space, instructor and equipment costs such as:

Open area for walking

Chairs for participants

Elastic exercise bands

Adjustable ankle weights

Floor mats

Fit & Strong! Instructor and Participant Manuals

The program is licensed by the Institute of DADS, and licensing fees apply.