national council on aging

The National Chronic Disease Self-Management (CDSME) Resource Center:

Get the Facts on Return on Investment of Evidence-Based CDSME Prevention Programs

Evidence-based CDSME programs are a proven, low-cost solution to the U.S. chronic disease crisis. They build confidence, improve health, reduce loneliness, and generate significant returns on investment. Health care payers, providers, and policymakers should treat CDSME as a strategic investment in aging well.

Why It Matters

- Chronic diseases (heart disease, diabetes, arthritis, depression) account for 75% of health care spending.
- By 2030, 1 in 5 Americans will be 65+, most with multiple chronic conditions.
- Evidence-based CDSME programs equip older adults to better manage health, reducing costs and improving quality of life.

Key Findings

Health & Well-Being

- General health improved 6% (more participants rated health as "good" or "excellent")
- Self-efficacy improved 4% (greater confidence in managing conditions)
- Loneliness reduced 1.4% (fewer reporting "often/always" lonely)

Cost Savings to Medicare, Medicaid, and Older Adults

- Annual savings per participant: $112 – $298 (mental health costs from reduced loneliness)
- Total annual mental health cost savings: $59 million – $159 million
- Net benefit and ROI underestimated, as savings from healthcare utilization (hospitalization/ER/outpatient care) were not included

Implications

- Sustaining CDSME eases Medicare & Medicaid costs by reducing mental health treatment needs.
- CDSME supports federal goals on whole person health, independence.

Recommendations to Scale Programs:

1. Expand federal funding for evidence-based CDSME programs.
2. Integrate CDSME into federally supported health plans through reimbursement codes or supplemental benefits requirements.
3. Engage private sector stakeholders such as private health plans and healthcare providers.
4. Increase dissemination of virtual and toolkit (self-paced) models to reach rural communities and populations with limited access to transportation.
5. Improve data infrastructure to capture healthcare utilization and costs, enabling more robust ROI evidence.

The Study

• Evidence from the National Council on Aging (NCOA) ROI Assessment (2014–2024)
• Data Source: Healthy Aging Programs Integrated Database (HAPID)
• Sample: 532,000+ participants in ACL-funded CDSME programs (2010–2024)
• Programs Evidence-based CDSME programs such as CDSMP, DSMP, Tomando Control de su Salud, etc.
• Methods: Longitudinal regression models measuring health, psychosocial, and healthcare utilization outcomes, monetized with national cost estimates.

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