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A Cost-Effectiveness Analysis of a Community-Based Health Promotion Intervention for Adults with Mobility Impairments: Living Well with a Disability

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Abstract

This document reports on research conducted by the University of Montana and the University of Kansas for the Office of Disability and Health at the Centers for Disease Control and Prevention. The research project, conducted between August 1, 1997 and July 31, 2001, was conducted in four separate but related studies. The research was conducted in eight States. We contracted with nine centers for independent living (CIL) to conduct 34 Living Well with a Disability health promotion workshops and to collect outcome measures. These programs included 246 individuals. In the first study, we evaluated the effectiveness and cost outcomes of the Living Well with a Disability health promotion program for adults with mobility impairments. The results of this study,

conducted over 18 months, indicated participants= activity limitation due to secondary conditions was substantially reduced. Responding to items from the BRFSS Quality of Life module, individuals reported gaining more than a full day without physical and mental symptoms following the program.

Keywords

health and wellness, health promotion, mobility impariment, Living Well, independent living, secondary conditions, rural, disability

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Disability history. Interventions. Home and Community-based Services. Assisted living services and facilities will be included as one form of HCBS. Care coordination or case management.

The cost-effectiveness of noninstitutional long-term care services: review and synthesis of the most recent evidence. *Med Care Res Rev.* 2006;63(1):3–28. Based on current evidence of intervention effectiveness, the intervention programs that encourage use of pedometers (Dominant) and mass media-based community campaigns (Dominant) are the most cost-effective strategies to implement and are very likely to be cost-saving. A community program encourages use of pedometers as a motivational tool to increase physical activity (e.g., to 10,000 steps per day). Internet. Cost-effectiveness analysis is based on intervention in the first year, with all health outcomes and costs measured over the lifetime of the Australian population in a baseline year of 2003. All future health outcomes and costs are discounted at 3% per annum. Keywords: cost-effectiveness analysis; education; health; impact evaluation. 1. Introduction In 2000, the United Nations Millennium Declaration established ambitious goals for poverty reduction, focusing on education and health outcomes. A cost-utility ratio C/U reects the incremental cost per unit of incremental utility. Cost-utility analysis is most common in health, where interventions often have the dual objectives of increasing life expectancy and also improving the quality of each year lived. In developing countries, it is more common to estimate and report disability-adjusted life years (DALYs), as in the well-known World Bank Development Report (World Bank 1993) and its update (Jamison et al.