Assessing the Retrospective Impact of Chronic Disease Self-Management Education Programs on Social Connection

2025 Community of Practice

COMMIT TO
Connect

Introduction to Commit to Connect

Commit to Connect (CTC), a cross-sector initiative led by the Administration for Community Living (ACL) and administered by USAging, aims to increase the availability of evidence-based programs and services addressing social isolation and loneliness (SIL). Aligned with the **ACL's mission** to maximize the independence, well-being, and health of older adults and people with disabilities across the lifespan, in addition to their families and caregivers, CTC is focused on ensuring that community living includes meaningful social connection.

Background

Social isolation and loneliness are strongly associated with serious chronic health conditions, like cardiovascular disease and diabetes, as well as mental health conditions, like depression. While the aging and disability networks have long recognized that Chronic Disease Self-Management Education (CDSME) programs help participants manage their health, service providers increasingly recognize these programs are also potential vital drivers of social connection.

However, there is limited outcome data that proves the impact of CDSME programs on social isolation, loneliness, and connection (SILC). Current data focuses on CDSME impact on loneliness rather than capturing impact on social connectedness (including how participation impacts the function, structure, and quality of their relationships).[1]

CTC also works in support of ACL's broader vision and mission which includes a strategic priority on expanding the capacity of Community Care Hubs (CCH), operational drivers on scaling effective programs and outcome measurement, and a key outcome area focused on decreasing social isolation.

To help move ACL's strategic priorities forward while helping to address the social connection evidence gap in CDSME programs, CTC facilitated a Community of Practice (COP) to conduct a retrospective study of social connection outcomes with six CCHs offering at least one CDSME program.[2]

By utilizing robust measurement tools—the Upstream Social Interaction Risk Scale (U-SIRS-13) and the Retrospective Assessment of Connection Impact (RACI), the CTC initiative aimed to measure ways in which CDSME programs impact the social connection of workshop participants. Partnering with CCHs allowed CTC to work with agencies that have potentially broad networks of sub-partners and to examine opportunities for further replicating and sustaining these vital programs through health care contracting.

ACL | Administration for Community Living

CTC aims to advance the wellness of the U.S. by empowering older adults and people with disabilities to grow their social connections as a part of a healthy lifestyle. This COP builds off learnings from CTC's 2023-2024 COP.

CDSME is a suite of programs that are evidence-based health promotion programs that provide older adults and people with disabilities with education and tools to manage their chronic conditions. Programs that are in the CDSME suite include:

- Cancer: Thriving & Surviving (In-Person or Online)
- Chronic Disease Self-Management Program (In-Person or Online)
- Chronic Pain (In-Person or Online)*
- Diabetes Self-Management (In-Person or Online)
- Positive Self-Management (In-Person or Online)
- Workplace CDSMP (In-Person or Online)

Additional information is available on the Self-Management Resource Center website and the National CDSME Resource Center administered by the National Council on Aging

Strategy and Design

The 2025 COP, held over four months, engaged six CCHs serving older adults and people with disabilities and offering at least one program from the CDSME suite of programs.

Over the course of the four months, participating CCHs engaged in a retrospective study. Organizations reached out to former participants who had completed a CDSME workshop at least three months prior. Organizations collected data from previous CDSME participants via phone, email, and in-person interviews depending on agency and client preferences.

Measurement Tools:

- U-SIRS-13: a 13-item scale that identifies upstream risk for social disconnectedness among older adults. Upstream refers to the scale's scoring schema that identifies the maximum amount of risk in terms of an older adult's physical opportunity to interact with others and emotional fulfillment from such interactions (or lack thereof).[3]
- RACI: a 13-item retrospective measure that asks participants to think about their participation in a specific program/service (i.e. CDSME program workshops) and report the degree to which it gave them opportunities to improve structure, function, and quality aspects of social connection.[4]

Community Care Hub	State	CDSME Programs Evaluated	Primary Data Collection Method
Get Healthy North Country Community Integrated Health Network	NY	Chronic Disease Self-Management Program (CDSMP)	Paper-based interview (due to broadband limits)
Healthy Living for ME	ME	CDSMP	Email and phone calls
Illinois Pathways to Health Age Options	IL	CDSMP	Emails and phone calls
Lumber River Council of Governments	NC	CDSMP	Email and staff-administered surveys
Mid-America Community Support Network	MO	CDSMP, Diabetes Self-Management Program (DSMP), Chronic Pain Self-Management Program (CPSMP)	Primarily email; mail for those without access
Partners in Care Foundation	CA	CDSMP, DSMP	Phone calls with email option

Support to COP members was provided through peer-to-peer learning sessions and technical assistance from Dr. Matthew Lee Smith and CTC staff. Dr. Smith also maintained Institutional Review Board (IRB) approval for the data collection through this COP.

Summary of COP Results

A total of 103 participants were engaged across the six COP sites. Of those, 85 (82.5%) agreed to participate, and 81 (78.6%) had complete data for analyses.

- **Participant demographics:** The average age of participants was 69 years. Most participants were female (76%) and White (72%).

- **CDSME Program Type:** Most participants (92.6%) attended a Chronic Disease Self-Management Program (CDSMP), with 6.3% having attended a Diabetes Self-Management Program (DSMP) workshop and 1.2% having attended a Chronic Pain Self-Management Program (CPSMP).

- **Program Location:** Most participants attended in-person workshops (72.8%), 24.7% attended virtual workshops, and 2.4% attended either telephonic or self-study workshops.

- **Program Completion:** On average, participants attended five out of six workshop sessions, and 92.3% were considered 'successful completers' (i.e., attending 4+ of 6 sessions).

- **Disability Status:** About 28% of participants reported serious difficulty walking or climbing stairs. 9% of participants reported hearing impairments and 5.1% reported visual impairments.

- **Additional Factors:** 45% of participants lived alone, and 33% reported stress or worry about having enough money for basic needs.
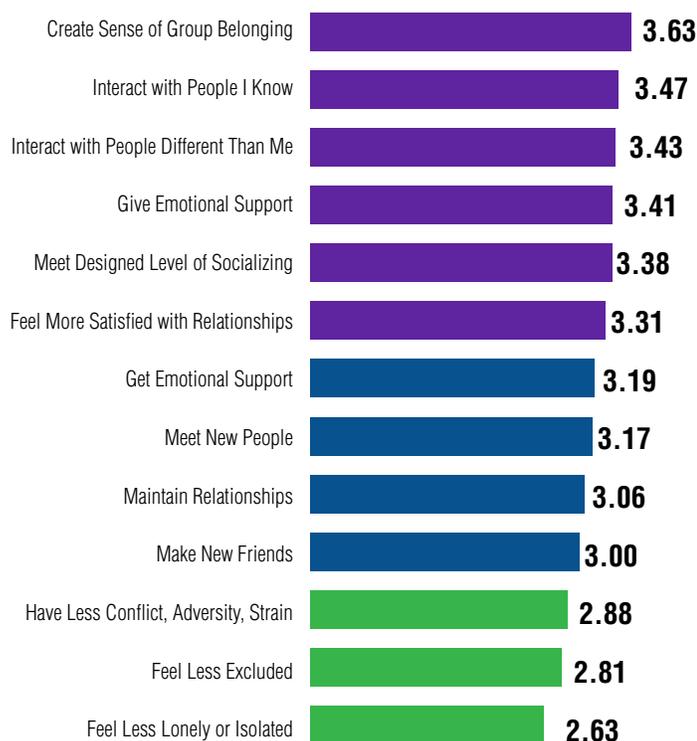
Key Finding 1: Workshops Create "Belonging"

The average RACI score was 41.37 out of 65, indicating relatively high perceived connection benefits from workshops. The Cronbach's alpha was 0.916 for the 13 RACI items, indicating the measure had strong internal reliability (i.e., consistently measuring the connection impact of CDSME program workshops).

When looking at each of the 13 RACI items, participants reported that the workshops served as social bridges, scoring highest in the following areas:

1. **Creating a sense of group belonging** (Top Result).
2. Interacting with people they know.
3. Interacting with people different from themselves.
4. Giving emotional support to others.
5. Meeting their desired level of socializing.

Average Scores for RACI Items (n=81)

[0=Not Applicable, 1=Not at All, 2= A little, 3=Moderately, 4= A lot, 5= A Great Deal]

| Item	Score
Create Sense of Group Belonging	3.63
Interact with People I Know	3.47
Interact with People Different Than Me	3.43
Give Emotional Support	3.41
Meet Designed Level of Socializing	3.38
Feel More Satisfied with Relationships	3.31
Get Emotional Support	3.19
Meet New People	3.17
Maintain Relationships	3.06
Make New Friends	3.00
Have Less Conflict, Adversity, Strain	2.88
Feel Less Excluded	2.81
Feel Less Lonely or Isolated	2.63

Findings from the RACI indicate that the "secret sauce" of CDSME workshops may be the group dynamic— it provides a place to belong and a way to support peers. Potential characteristics of the workshops that provide connection opportunities include the: (1) repeated interactions over the 6-week program; (2) common goal of improved self-management of disease symptoms; and (3) brainstorming, goal setting, and action planning processes.[5]

Key Finding 2: Workshops have lasting benefits to decrease loneliness and isolation

When asked to compare how they felt *now* versus *before* participants started the workshop, the lasting impact was overwhelmingly positive:

- **58.0%** reported feeling **less lonely now.**
- **53.8%** reported feeling **less isolated now.**
- Less than **4%** of participants felt their loneliness and/or isolation had increased.

Compared to Before the Workshop…(%)

	Less	Same	More
How Lonely Now	58.0	40.7	1.2
How Isolated Now	53.8	43.8	2.5
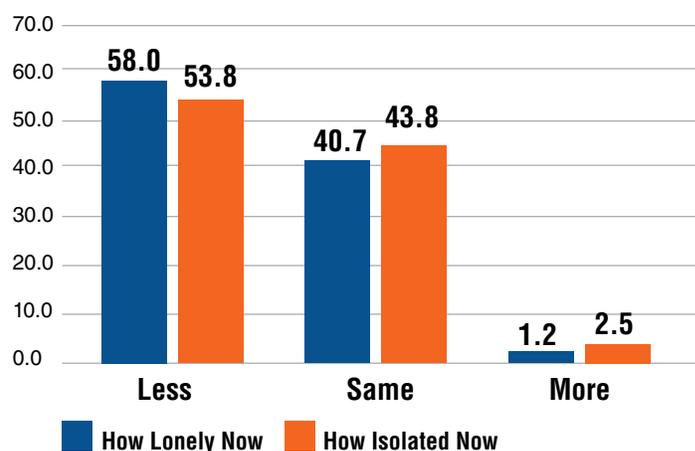
There was a statistically significant link (r=-0.463) between the benefits participants received during the workshop (RACI) and their current risk levels months later (U-SIRS-13). This is a key finding because it demonstrates that the 'protective factors' of the workshop do not disappear when the sessions end; participants who built connections during the class reported significantly lower risk of disconnection months later. Those who stated

they felt 'less lonely' now than before the workshop consistently produced lower risk scores and higher connection scores than those who felt no change. This suggests that the social benefits of CDSME may be long-lasting, which aligns with other studies documenting the longer-term physical and mental health benefits of CDSME.[6]

Key Finding 3: Cycle of Connection

The data revealed a link between social health and program success. Participants who reported feeling less lonely after the workshop were also the ones who:

- **Showed up more:** They had higher workshop attendance rates.
- **Felt empowered:** They believed the workshop gave them tools to stay connected in the future.
- **Connected deeper:** They reported higher satisfaction with their relationships and interactions (evidenced by the U-SIRS-13 and RACI scores).

Conversely, those who remained at "high risk" for isolation were significantly more likely to report feeling that no one knows them well, they lack companionship, they have less satisfaction with relationships, and they have deficits within their social networks (e.g. not enough contact with people they trust and not enough people to call for help). This suggests that while CDSME is effective, high-risk individuals may need additional, targeted interventions to address their barriers to connection.

Operational Lessons Learned

Beyond the participant outcomes, the COP was valuable for participating COPs with interest in how to evaluate CDSME programs effectively. Participating organizations reported that the COP was highly relevant (4.67 out of 5 rating). Participating organizations also reported a 33% increase in competency, moving their self-reported confidence in implementing the RACI and U-SIRS-13 tools from an average of 3.0 to 4.0 (out of 5).

Challenge: Retrospective Data Collection

Retrospective data collection introduces novel challenges. The primary challenge identified by all hubs was securing responses from participants who had finished their workshops months ago. Re-engaging past participants requires persistence, strategy, and flexibility. From a data analysis perspective, retrospective data collection also does not account for the detailed risk for social disconnection that existed before participants attended workshops (i.e., baseline risk).

Best Practices for Future Evaluation

The COP members developed the following strategies to boost response rates and streamline data collection:

- **The "Double Tap" Call:** Call program participants twice, immediately back-to-back. This signals urgency and gives older adults more time to get to the phone.
- **Personalize the Intro:** Mention the specific staff member, email address, or phone number the survey is coming from so the participant recognizes the source.
- **Soften the Script:** IRB (ethics) scripts can feel formal and off-putting. Tailor the script where possible to make it sound more personal and conversational.
- **Leverage In-Person Visits:** Administer surveys face-to-face if the client is already visiting the office for other services or programs.

For additional evaluation guidance from CTC, access:

- 2023-2024 COP Summary Report
- Six Considerations for Outcome Evaluation of Social Engagement Programs Serving Older Adults and People with Disabilities

Conclusion

The data collected through the 2025 COP confirms that CDSME programs do more than teach chronic disease management—they help serve as a buffer against social isolation and loneliness and promote social connection.

By utilizing the U-SIRS-13 and RACI measurement tools, this retrospective study and COP demonstrates that CDSME workshops fostered a lasting sense of connection for most participants, with 58% feeling less lonely and nearly 54% feeling less isolated months after their program ended.

The findings also highlight the cycle of social health: participants who felt more connected and less lonely also became more engaged. Socially connected participants attended more sessions and reported higher satisfaction with their relationships. However, the data also underscores that "high-risk" individuals—those who feel unknown or lack companionship—may require more targeted support to overcome barriers to connection.

While further research is needed, the findings support the idea that CDSME can be viewed as a scalable and replicable social connection intervention. Aging and disability network organizations do not always need "new" programs to address social isolation and loneliness; existing programs and infrastructure can be offered to reach more people faster. The CCHs in this COP pilot also proved they can serve as the operational backbone for gathering outcome-based data and service provision.

Endnotes

1 The Administration for Community Living's CDSME grantees collect a one-item loneliness pre- and post-test with program participants in the required HAPID platform. In an effort with Partners in Care Foundation, Dr. Matthew Lee Smith (Professor, Indiana University School of Public Health) assessed the effectiveness of CDSME Programs to reduce loneliness using the three-item Campaign to End Loneliness Measurement Tool in 2023. Findings showed that CDSME Program participants significantly reduced their loneliness levels, regardless of the workshop type in which they participated.

2 As defined by the USAging Aging and Disability Business Institute, a Community Care Hub (CCH) "serves as a community-focused regional, statewide or multi-state umbrella organization that coordinates, centralizes and scales administrative functions and operational infrastructure on behalf of a network of community support providers – e.g., Area Agencies on Aging (AAAs), Centers for Independent Living (CILs) and other community-based organizations (CBOs)." Additional information is available here: https://coe.aginganddisabilitybusinessinstitute.org/what-is-a-community-care-hub/

3 Smith M. L., & Barrett, M. E. (2024). Development and validation of the Upstream Social Interaction Risk Scale (U-SIRS-13): A scale to assess threats to social connectedness among older adults. *Frontiers in Public Health,* 12, 1454847. doi:10.3389/fpubh.2024.1454847

4 Smith, M. L. (2026). *Looking back for the future: Retrospective Assessment of Connection Impact (RACI).* Presented at the On Aging (American Society on Aging) Annual Meeting, April 20-23, 2026, Atlanta, GA. (Accepted)

5 Smith, M. L., Chen, E., Lau, C. A., Davis, D., Simmons, J. W., & Merianos, A. L. (2022). Effectiveness of Chronic Disease Self-Management Education (CDSME) Programs to reduce loneliness. *Chronic Illness,* 0(0). doi:10.1177/17423953221113604

6 Ory, M. G., Ahn, S., Jiang, L., Smith, M. L., Ritter, P. L., Whitelaw, N., & Lorig, K. (2013). Successes of a national study of the Chronic Disease Self-Management Program: Meeting the Triple Aim of Health Care Reform. *Medical Care,* 51(11), 992-998. doi:10.1097/MLR.0b013e3182a95dd1