Aging and Disability Resource Centers & Evidence-Based Prevention Programs

July 2007 ADRC Grantee National Meeting

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www.adrc-tae.org

Evidence-based Programming for Older Adults – Why and What

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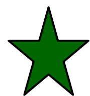
National Council on Aging

June, 2007

EBDP & ADRC State Efforts

ADRC States

ADRC & Evidence Based States



States Awarded FY-2006 and FY-2007 *Empowering Older People to Take More Control of their Health* Grants

* Arkansas * Arizona * California * Colorado * Connecticut * Florida * Hawaii * Idaho * Illinois * Iowa * Maine * Maryland * Massachusetts * Michigan * Minnesota * New Jersey * New York * North Carolina * Ohio * Oklahoma * Oregon * South Carolina * Texas * Wisconsin *

Chronic Disease is an Epidemic of Unparalleled Proportions

- More than 1.7 million Americans die of a chronic disease each year.
- 80% of older adults have at least one chronic condition; 50% at least two
- Greater prevalence among minority populations
- 95% of health care spending for older adults attributed to chronic conditions
- Four chronic diseases—heart disease, cancer, stroke, and diabetes—cause almost two-thirds of all deaths each year.

Mensah: www.nga.org/Files/ppt/0412academyMensah.ppt#18

State of Aging and Health in America 2007: www.cdc.gov/aging

Guiding Principles for Improvement

- Make Prevention a Priority
- Start with the Science - “Evidence”
- Work for Equity and Social Justice
- Foster Interdependence
  - Aging network
  - Health care
  - Public health
  - Long term care
  - Mental health
  - Research

* James Marks, MD

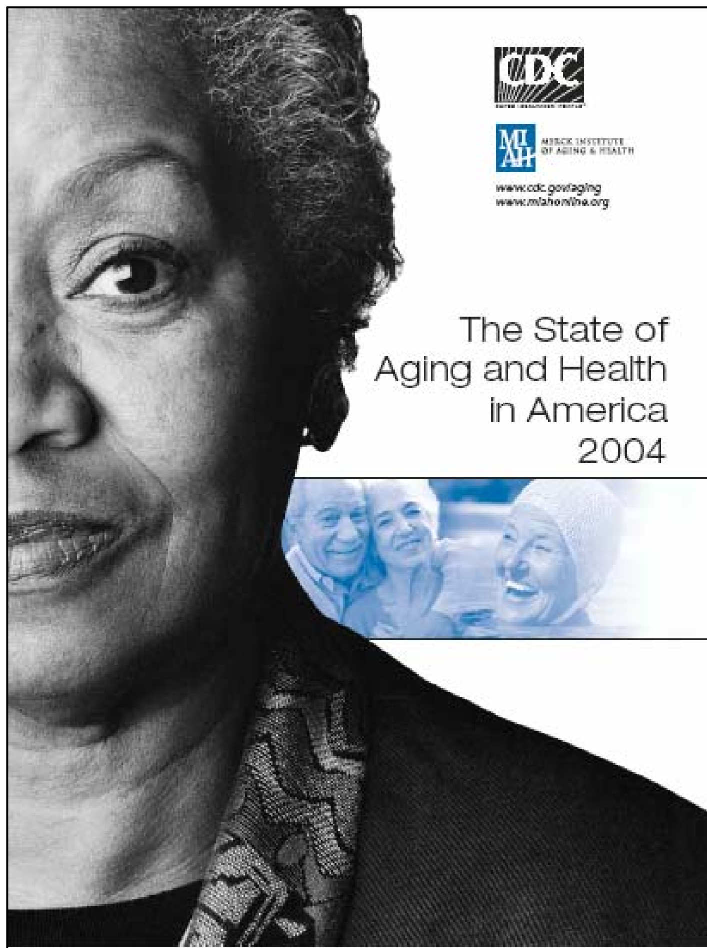
- Ageism in health promotion and disease prevention
- Great disparities based upon race, ethnicity, income, location
- Science not shared – growing body of evidence of interventions that can positively impact health, disability and quality of life
- Untapped assets of 29,000 organizations currently reaching 7-10 million older adults
- Fragmented systems and services across aging, medical care, mental health and public health

Finding a Solution: Evidence-Based Prevention*

- A process of planning, implementing, and evaluating programs adapted from *tested models or interventions* in order to address health issues in an ecological context*
  - Evidence about the health issue that supports the statement "*Something* should be done."
  - Evidence about a tested intervention or model that supports the statement, "*This* should be done."
  - Evidence about the design, context and attractiveness of the program that supports the statement, "*How* this should be done."

* Bronson and others

Modifiable Risk Factors – *Something* Should be Done.



http://www.cdc.gov/aging

http://www.cdc.gov/nchs/data/ad/ad370.pdf

Leading Causes of Death Age 65+ “Medical Diagnoses”

Heart Disease	32%
Cancer	22%
Stroke	8%
Chronic respiratory	6%
Flu/Pneumonia	3%
Diabetes	3%
Alzheimer's	3%

State of Aging and Health 2007 www.cdc.gov/aging; CDC/NCHS Health US, 2002

Underlying Risk Factors – "The Actual Causes of Death"

Behavior	% of deaths, 2000
Smoking	19%
Poor diet & nutrition/ Physical inactivity	14%
Alcohol	5%
Infections, pneumonia	4%
Racial, ethnic, economic disparities	?

"No longer is each risk factor and chronic illness being considered in isolation. Awareness is increasing that similar strategies can be equally effective in treating many different conditions." Epping-Jordon, WHO, 26 March 2004

Threats to Health and Well-being Among Seniors

- 73% age 65 - 74 report no regular physical activity
- 81% age 75+ report no regular physical activity
- 61% - unhealthy weight
- 33% - fall each year
- 35% - no flu shot in past 12 months
- 45% - no pneumococcal vaccine
- 20% - prescribed “unsuitable” medications

www.cdc.gov/nchs

Interventions that Work – *This* Should be Done.

Prevention Works for Older Adults

- Longer life
- Reduced disability
  - Later onset
  - Fewer years of disability prior to death
  - Fewer falls
- Improved mental health
  - Positive effect on depressive symptoms
  - Possible delays in loss of cognitive function
- Lower health care costs

www.healthyagingprograms.org/content.asp?sectionid=85&ElementID=304

Science Not Shared

- **Chronic Disease Self-management Program:** Lorig et al. (1999) *Medical Care.*
- **Enhance Wellness**: Leveille et al. (1998) *Journal of American Geriatrics Society*.
- **Matter Of Balance:** Tennsdedt et al. (1998) *Journal of Gerontology.*
- **Multifactorial Intervention:** Tinetti et al. (1994) *New England Journal of Medicine.*
- **Enhance Fitness:** Wallace et al. (1998) *Journal of Gerontology.*
- **PEARLS**: Ciechanowski et al. (2004) *Journal of the American Medical Association.*
- **Healthy IDEAS:** Quijano et al. (2007) *Journal of Applied Gerontology.*

Frameworks for Evidence-based Programming – *How* This Should be Done.

ISSUE BRIEF
EVIDENCE-BASED HEALTH PROMOTION SERIES

NUMBER 1
REVISED
SPRING 2006

center for Healthy Aging
model health programs for communities

Using the Evidence Base to Promote Healthy Aging

NCOA
NATIONAL COUNCIL ON AGING

"With our Evidence-Based Prevention Program, we are taking health promotion and disease prevention to a new level and positioning the network as a nationwide vehicle for translating research into practice."
Josefina Carbonell, October 18, 2004

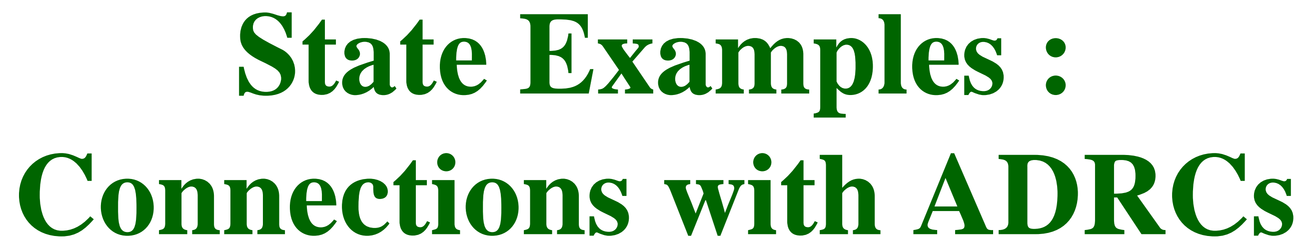
Translation: Developing "Your" Program (www.re-aim.org)

- Planning and partnering
- Reaching at-risk populations
- Engaging diverse organizations to adopt the program
- Implementation fidelity
  - The program you implement retains the core components from the original intervention studies.
- Positive effect on health and wellness
- Programs are maintained.

Does It Work? Demonstration Findings

- Reach - in 3 years, over 4100 participants/clients.
  - 1/3 African American
  - 1/4 Latino
  - Other minorities
  - 1/10 non-English speaking
- Adoption - Over 100 local settings in 14 sites.
- Implementation - Staff can understand the importance the fidelity and use tools to support it.
- Effectiveness – Findings available and very positive for CDSMP, MOB, EF, Healthy IDEAS and Medication Management.

Prevention Works
www.healthyagingprograms.org

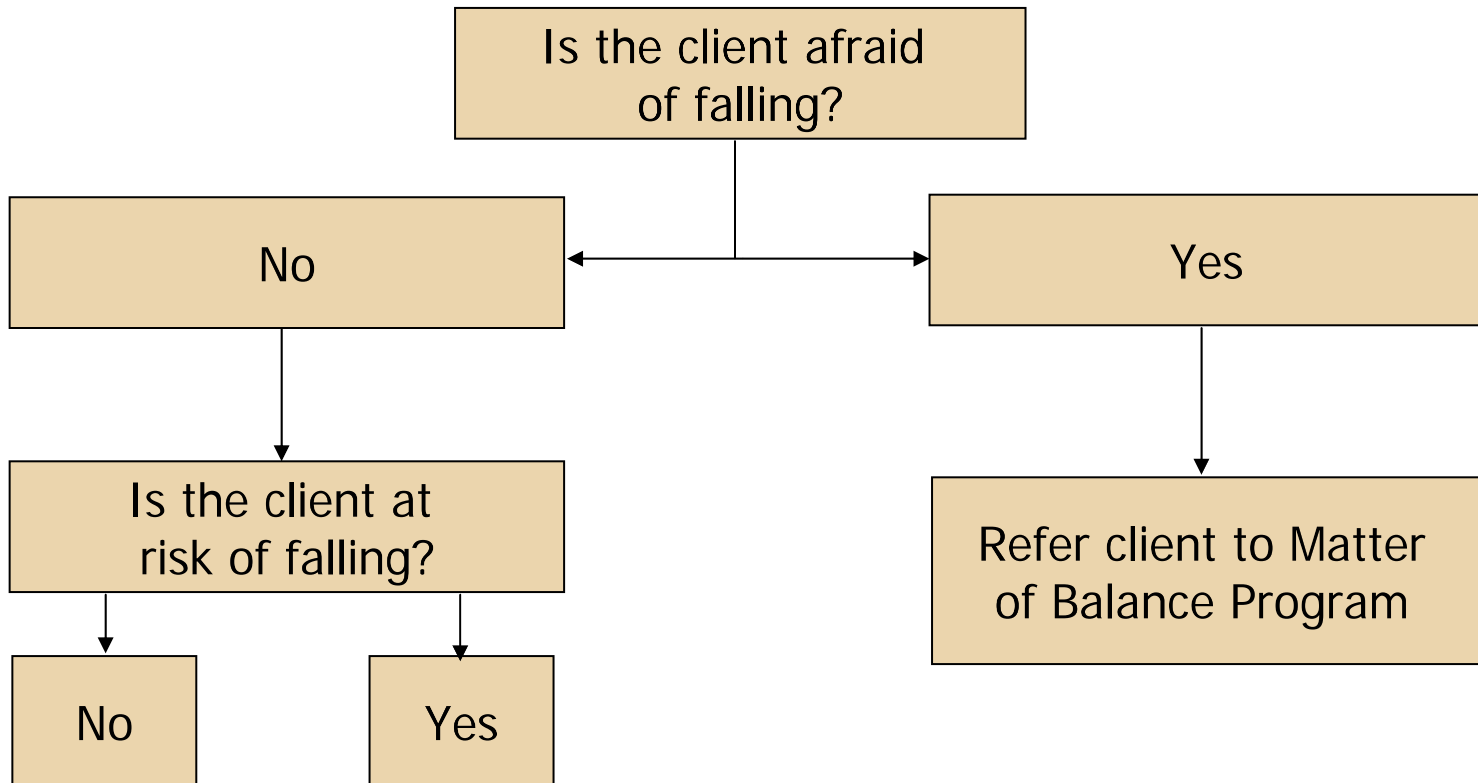

State Examples :
Connections with ADRCs

Director
Bexar Area Agency on Aging
San Antonio, Texas

- Information/Resources/Action

- Systematic Approach
  - Start with Desired Outcomes
  - Data Driven
  - Hit a target with the least amount of variance
  - Create Robust Processes
  - Develop “Clinical Pathways” or “Decision Trees”

Decision Tree



- Information, Referral and Assistance
  - Resources, Website, Referrals
- Benefits Counseling
  - Medicare/Medicaid, Future Planning
- Service Navigation
  - Support groups, behavior change, access
- Care Coordination
  - Care plan, service authorization, address multiple needs

- Resource Database
  - Define "evidence-based"
  - Gather all programs in service area
- Current AAA/ADRC Evidence-based programs
  - Diabetes Prevention Program
  - Chronic Disease Self-management
  - Matter of Balance
- Texercise/Aging Texas Well
  - Creating Statewide Database
  - Aging Texas Well Statewide Steering Committee

- Human/staff resources
  - Training/Cross training/Consistency
  - Health Promotion Coordinator
- Financial resources
  - Grants, Older Americans Act, State and Local funds
- What will be needed to sustain program?
  - Volunteer models, local funds, public/private partnerships, private pay

Project Partners and Roles

- COSA
  - County-wide implementation
  - Bob Ross One-Stop Wellness Center
- COIL & SAILS
  - Connection to disabilities Community
  - Expertise in assistive technology and relocation
- DADS
  - Connection to Medicaid population
- United Way/211
  - Area Information Center

Significant Outcomes

- Successes
  - Multiple partners (government, faith-based, volunteer) with experience and skills in evidence-based programs
  - Same partners cross-trained in ADRC services
  - Statewide Falls Prevention Coalition
  - Building momentum and synergy
- Challenges
  - Funding
  - Not yet enough capacity

Planning- What Do You Need to Get Started?

- Change thinking to “evidence-based” and develop skills to support it
- Ensure state and local linkages between aging departments and public health departments
- Identify others who share your mission
- Create processes that include redundant systems
- Lead the way
  - Host the training
  - Build the resource database
  - Start the program

Lessons Learned

- Cultural competence
- Literacy levels
- Person-center thinking
- Identify champions and role models
- When something isn't working, change it!
- Talk the talk and walk the talk

Future Plans

- Senior Risk Reduction Demonstration
- Share public health staff on site
- Strengthen partnerships with health systems/HMOs
- Mobility manager
- Greater diversity of programs
  - Mental Health
- Volunteer Training

Project Coordinator
Office of Long Term Care Supports and Services
Michigan Department of Community Health

The Connection with ADRCs

Medicaid Long Term Care Task Force Report (May 2005)

- Recommendation 3
  - Designate locally or regionally-based "Single Point of Entry" agencies for consumers of LTC and mandate that applicants for Medicaid funded LTC go through the SPE to apply for services
- Recommendation 5
  - Support, Implement, and Sustain Prevention Activities through (1) Community Health Principles, (2) Caregiver support, and (3) Injury control, Chronic Care Management, and Palliative Care Programs that Enhance the Quality of Life, Provide Person-Centered Outcomes, and Delay or Prevent Entry in the LTC system.

Current Activity

Michigan's Long Term Care Connection (Our ADRC)

- *Four Demonstration Regions (over 50% population)*
  - Standards
  - Staff Training
  - Quality Management Plan
  - Evaluation

- *Public Health and Office of Service to Aging and AAAWM*
  - PATH
  - ENHANCED FITNESS
  - MATTER OF BALANCE

Joint planning—scheduling, evaluation, training, requirement

Resources Needed

Capacity for EBP (Trainers, Licenses, Classes)

Coordination

Information/Marketing/Scheduling/Outcome coordination

Communication

- EB programs
- Players
- Funding
- Opportunity for policy inclusion

Project Partners and Roles

Who needs to play?

OSA, AAA's, MSU Extension, Bureau of Health Promotion and Disease Control-Division of Chronic Disease and Injury Contol—Diabetes and other Chronic Diseases Section, Office of Long Term Care Supports and Services

Why it is so hard?

Michigan Health Aging

Primary Care Improvement Initiative

Michigan Step Up!

- Still at the process level
  - Persons Trained
    - All Options Counselors in Spring 2007
    - Over 200 at May conference, Options Counselors from all areas
  - Identified Resource Data taxonomy
  - Information Packets
  - Standards
  - Health WEB page
  - Outcome at individual level included in required QM development

Planning- What Do You Need to Get Started?

Knowledge

Mission

Mandate and Advocacy

Technical Assistance to set up EBP and for models

Joint planning framework—what will work for you

Decisions—scale, players,

Design for sustainability and growth

- Grass roots enthusiasm at the leader level
- Health care has the ability but often needs champion
- MSA has desire but overwhelmed
- National leadership matters

Future Plans

- New workgroup with Long Term Care Commission
- Stay connected to “movement”
- Design better savings tracking
- Pre-paid models in long term care in Michigan

Greg Case

Administration on Aging

Center for Planning and Policy Development

- Of the 90 pilot sites that submitted data with their last Semi-Annual Report…
  - 55 pilot sites (28 states) indicated that one or more of their operating organizations offer prevention, health promotion, or risk reduction programs.
  - 39 pilot sites (19 states) include prevention, health promotion, or risk reduction programs in their total annual operating budget.

Demonstrating the Connection

- Senior Risk Reduction Demo
  - Current CMS demonstration project
  - Five vendors selected to offer heath risk appraisals (HRAs) to new Medicare enrollees
  - Partnering with 10 ADRCs/I&As to offer resources on prevention and health promotion as follow-up to the HRA

- Planning and Partnerships
  - Aging, disability, health, consumers….
- Resource database
  - Disease and disability prevention/self-management
  - Clinical prevention
- Intake and assessment
  - Cultural competence
  - At risk populations
- Identifying gaps
- Make prevention a priority
  - promote evidence-based disease, disability and injury prevention

Opportunities

- 2006 Older Americans Act - Directs AoA to:
  - Promote ADRCs in communities nationwide
  - Promote EBDP programs in communities nationwide
- Statewide Connections: Wisconsin
- Foundation Grant Support: Howard County, MD
- *www.healthyagingprograms.org*

Questions and Discussion