



## EVIDENCE-BASED DISEASE PREVENTION WORKSHOP

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### **Nancy Whitelaw (National Council on Aging)**

- Working toward making connections between ADRC and evidence-based disease prevention.
- Now funding 24 states for evidence based disease prevention.
- Chronic disease is an epidemic.

#### Principles:

- Commit to prevention
- Start with science
- Work for equity and social justice
- Foster interdependence

#### Challenges:

- Ageism in the field of disease prevention
  - Lack of interest in prevention
  - Disparities
  - Poor sharing of science
  - Fragmented systems
- EBDP prevention is a process of planning, implementing, and evaluating programs adapted from tested models of intervention to address health issues in an ecological context.
  - Medical diagnoses (heart disease) versus underlying risk factors (smoking, diet, activity, disparities) as major killers.
  - There is evidence that interventions are effective for older adults, even among the oldest old.
  - Focus on planning, partnerships, and implementation fidelity.

### **Carol Zernial (Bexar AAA, Texas)**

- Information and referrals are the common denominators between ADRC and EBDP, but they require further action to achieve positive outcomes.
- Success in an ADRC or an EBDP program requires a systematic approach.
- EBDP can be integrated into many aspects of ADRC operations (futures planning, care coordination, I&R).
- Cross training staff and adherence to decision trees allows multiple parties to deliver consistent messages (about EBDP or traditional ADRC issues).
- Bexar County's projects are based on collaboration between numerous partners, including the City of San Antonio, CIL, State Department of Aging and Disability Services
- While the ADRC initiative is geared toward reducing duplication of effort, in EBDP you *want* to develop redundant systems to give multiple opportunities to connect with a client

### **Nora Barkey (Michigan Office for Long Term Care and Supports)**

- A May 2005 Medicaid LTC Task Force Report has been a driving force in Michigan.
- It recommended designing single point of entry system as well as prevention and chronic disease self management programs.
- Michigan's ADRC infrastructure is still new, and they have been building EBDP and

- prevention into the staff training, standards for their pilot sites, and quality management plans.
- Michigan received EBDP grant before the ADRC development. AAAs were concurrently working on falls prevention and other EBP activities.
  - Factors necessary for an EBDP program: capacity (trainers, classes), coordination, and communication.
  - A coordination challenge: various partners are already busy with their own health promotion Programs.
  - ADRC databases are helping connect people to health and wellness classes.

### **Greg Case**

- Senior Risk Reduction Demo should be emerging soon from CMS.
- Greg re-emphasizes roles of partnerships, resource databases, intake and assessment, identifying gaps, making prevention a priority.
- The 2006 Older Americans Act directs AoA to promote both ADRCs and EBDP programs.
- States and counties are constantly innovating in this field.
- Check out [healthyagingprograms.org](http://healthyagingprograms.org)

**Q.** Any plans to fund further EBDP programs on the federal level?

**Greg:** Yes.

**Nancy:** You shouldn't have to prove that the EBDP program worked. The research is already out there. What you need to prove is that you have done the program correctly.

**Q.** What are the discussions about integrating EBDP and other services/ programs at the federal level?

**Greg:** We are working with mental health and substance abuse personnel at the federal level. We have begun dialogues with disability groups. But nothing concrete.

**Nancy:** Jim Rimmer at the University of Illinois-Chicago does great work on physical activity and health promotion for people with disabilities. We need to do more to communicate with his group. His focus is more focused on people with serious disabilities.

**Q.** There is a nexus between person centered planning and EBDP. Both use positive reinforcement through clearly developed tools.

**Nancy:** There is a close connection between EBDP and motivational interviewing. This field can help change the nature of interactions with older adults. It develops the problem solving process, rather than just giving older adults the answers.

**Nancy:** Check out the Center for Healthy Aging newsletter. Sign up for it on the website.