Workshop #1324

Community Partnerships to Promote Healthy Aging: Model Evidence-Based Programs

Presenter
Mary Altpeter
Senior Research Scientist,
Director of Healthy Aging Initiatives,
UNC Institute on Aging

Partnerships: Changing The World
July 27-31, 2009
Embassy Suites, Newark - Wilmington/South

Delaware Health and Social Services

Presentation Overview

- What is the urgency for planning evidence-based health promotion in Delaware?
- What are the opportunities and challenges in promoting older adult health?
- What do we mean by “healthy aging”?
- What is evidence-based health promotion?
- NCOA training resources

What is so urgent about offering evidence-based health promotion programs in Delaware?

Chronic disease is an epidemic of unparalleled proportions

- 80% of older adults have at least one chronic condition; 50% at least two
- Greater prevalence among minority populations
- More than 1.7 million Americans die of a chronic disease each year
  - Four chronic diseases – heart disease, cancer, stroke, and diabetes – cause almost 2/3 of all deaths annually
  - 1/3 of all US deaths can be attributed to *modifiable behaviors* – tobacco use, lack of physical activity, poor eating habits

Mensah, CDC National Center for Chronic Disease Prevention and Health Promotion: www.nga.org/Files/ppt/0412academyMensah.ppt#18
State of Aging and Health in America 2007: www.cdc.gov/aging

Chronic diseases account for 75% of the $1.4 trillion we spend on health care

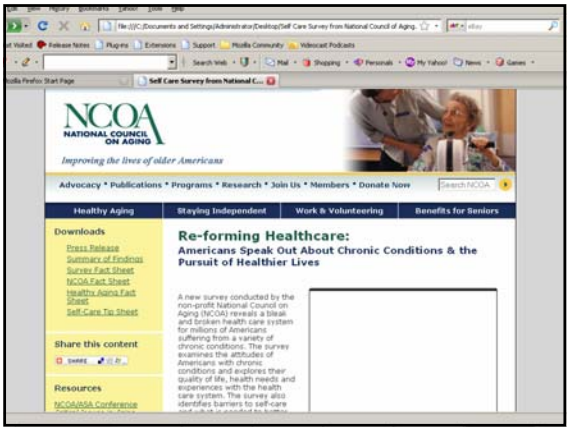
1980 **$245 billion**
an average of $1,066 per person

2001 **$1.4 trillion**
an average of $5,039 per person

2011 **$2.8 trillion**
an average of $9,216 per person

95% of health care spending for older adults attributed to chronic conditions

Mensah: www.nga.org/Files/ppt/0412academyMensah.ppt#21
Heffler et al. *Health Affairs*, March/April 2002.



NCOA Survey Key Findings

- Americans 44 and older with chronic conditions are diverse
- One in four has delayed health care due to cost
- Most rely on health care system for help, but it's not working well for many
- Many are not getting help and support they need
- Cost, confidence, lack of knowledge are barriers to managing conditions

Source: Re-forming Healthcare: Americans Speak Out About Chronic Conditions & the Pursuit of Healthier Lives, NCOA, March 2009

Types of support NCOA survey respondents identified:

- 71% - Learn how to exercise or eat better in a way that is realistic and works with your limitations
- 68% - Get practical tips and advice from other people who have health problems similar to yours
- 59% - Set goals and work together with other people who are trying to improve their health
- 58% - Learn how to manage work, family and other responsibilities and still take care of your health

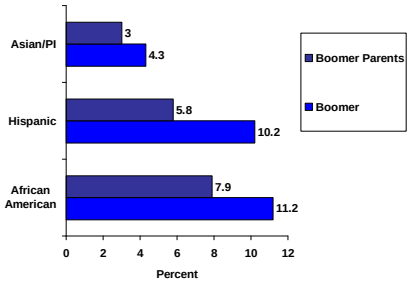
Source: Re-forming Healthcare: Americans Speak Out About Chronic Conditions & the Pursuit of Healthier Lives, NCOA, March 2009

Boomers are living longer

- Greater life expectancy - due to advances in health care and (opportunities for) healthier lifestyles
  - 1900 – 47 years
  - 2002 – 77 years

"When I'm 64: How Boomers Will Change Health Care ", American Hospital Association, May 2007

The Boomer Generation at 65 will be more racially and ethnically diverse than their parents' generation



(US Census data comparing projected Boomer pop. in 2010 with previous generation as they turned 65 in 1990)

What's the health and health care picture for Boomers?

By 2030

- More than 6 of every 10 will be managing more than one chronic condition
- 14 million (1 out of 4) will be living with diabetes
- >21 million (1 out of 3) will be considered obese
  - Their health care will cost Medicare 34% more than others
- 26 million (1 out of 2) will have arthritis
  - Knee replacement surgeries will increase 800% by 2030

"When I'm 64: How Boomers Will Change Health Care ", American Hospital Association, May 2007

What's the health and health care picture for Boomers?

They will cause significant shifts in health care:

- By 2020, Boomers will make 40% of all physician office visits
- By 2030 hospital admissions among Boomers will increase more than 100%, totaling half of all admissions in the US

"When I'm 64: How Boomers Will Change Health Care ", American Hospital Association, May 2007

What are the opportunities and challenges in promoting older adult health?

Changes with aging

- ↑ risk for morbidity & mortality
- ↑ risk for disability & loss of independence

Slide from Becky Hunter, UNC CAH

The prevention imperative

Only **30%** of physical aging is attributable to genetic heritage!

Prevention – it's for EVERYONE!

Slide from Becky Hunter, UNC CAH

A growing body of evidence of what supports healthy aging

- Physical activity
- Smoking cessation
- Healthy diet & weight mgt
- Social connectedness
- Engagement & productivity
- Supportive environments

Health promotion – a lifelong quest…

Slide from Becky Hunter, UNC CAH

Health promotion and disease prevention does work for older adults

- Longer life
- Reduced risks and disability
  - Later onset
  - Fewer years of disability prior to death
  - Fewer falls
- Improved mental health
  - Positive effect on depressive symptoms, social connectedness
  - Delays in loss of cognitive function
- Lower health care costs

It's never too late to start & it's always too early to stop!

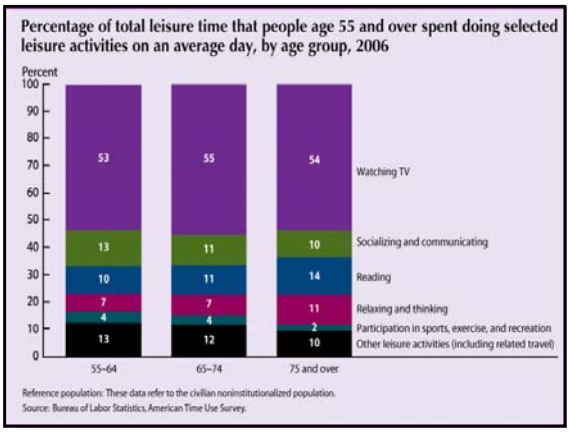
www.healthyagingprograms.org/content.asp?sectionid=85&ElementID=304

Risk factors 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
- ~15% clinically significant depression
- 35% no flu shot in past 12 months
- 45% no pneumococcal vaccine
- 20% prescribed "unsuitable" medications

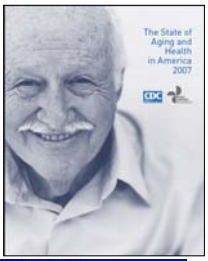
MODIFIABLE

www.cdc.gov/aging



What's the status of Older Adults in Delaware? State-Level Evidence

- *The State of Aging and Health in America, 2007*
- National Report Card on 15 indicators in the CDC Behavioral Risk Factor Surveillance System (BRFSS)



The Merck Institute of Aging & Health
www.miahonline.org

Department of Health and Human Services
Centers for Disease Control and Prevention
www.cdc.gov/aging

DE's Ranking among States for Meeting Healthy People Targets for Older Adults

Indicator	%	Rank	Grade
Had cholesterol checked in past 5 yrs (2003)	95%	1st	upper third
Ever had a sigmoidoscopy or colonoscopy (2004)	71.9%	5th	upper third
Ever had a pneumonia vaccine (2004)	66.3%	18th	upper third
Women who had mammogram in past 2 yrs (2004)	83.0%	4th	upper third
Currently smoking (2004)	10.2%	38th	middle third

DE's Ranking among States for Meeting Healthy People Targets for Older Adults

Indicator	%/avg	Rank	Grade
Men up-to-date on select preventive services (2004)	43.0%	5th	upper third
Obese (2004)	18.5%	13th	middle third
14 or more mentally unhealthy days in past month (mental distress) (2003-04)	6.2%	20th	middle third
Avg #physically unhealthy days in past month (2004)	4.9 days	6th	middle third
Report having a disability (2004)	31.6%	14th	middle third
Women up-to-date on select preventive services (2004)	38.2%	4th	middle third

DE's Ranking among States for Meeting Healthy People Targets for Older Adults

Indicator	%	Rank	Grade
Report eating 5 or more fruits & vegetables/day (2003)	25.0%	43rd	lower third
Report no leisure time physical activity (2004)	28.6%	13th	upper third
Have complete tooth loss (2004)	21.2%	25th	upper third
Got flu vaccine in past year	69.3%	21st	middle third

But there are challenges to Delaware's Aging Services providers

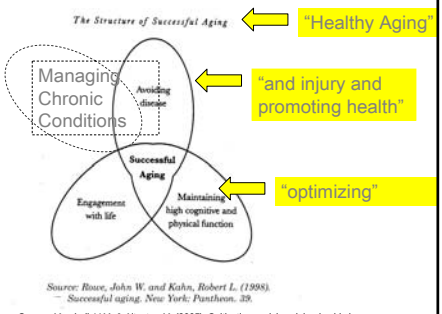
- Growing population of older adults
- Demand for health promotion programs
- Need to ensure
  - beneficial outcomes
  - cost-effectiveness
  - customer satisfaction

- Insufficient exposure to evidence-based health promotion programs
- Need for coordinated plan to tackle community health issues and maximize services

What do we mean by healthy aging?

definitions and frameworks

Rowe and Kahn Model



"Healthy Aging"

"and injury and promoting health"

"optimizing"

Source: Marshall, V.M. & Altpeter, M. (2005). Cultivating social work leadership in health promotion and aging: Strategies for active aging interventions. Health & Social Work, 30(2), 135-144.

PRC-HAN Definition of Healthy Aging

Healthy aging is the development and maintenance of optimal physical, mental and social well-being and function in older adults.

It is most likely to be achieved by

- √ ***individuals*** **who live in**
- √ ***physical environments and communities*** **that are safe and support the adoption and maintenance of attitudes and behaviors known to promote health and well-being;**
- √ **the effective use of *health services* to prevent or minimize the impact of acute and chronic disease on function**

CDC-funded PRC Healthy Aging Research Network
http://depts.washington.edu/harn/

National Level Approaches: The Socioecological Framework for "levels" of focus

"Broad-brush Approaches to Applying the Socioecological Model to Health Promotion

1. Appealing to participant cultural norms
2. Working through participants' social networks
3. Building diverse partnerships
4. Running communitywide campaigns
5. Creating or improving access to programs

National Level Approaches: CDC policy framework for change

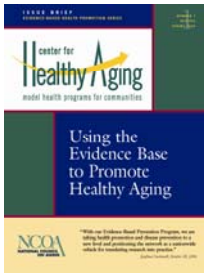
- Make prevention a priority
- Start with the science – "Evidence"
- Work for equity and social justice
- Foster interdependence
  - Aging network
  - Health care
  - Public health
  - Long term care
  - Mental health
  - Research
  - Community sector

Source: James Marks, MD, Former Director, NCDPHP, CDC

What do we mean by evidence-base health promotion?

Framework for Evidence-based health promotion

- 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 - "*Something* should be done."
  - Evidence about a tested intervention or model – "*This* should be done."
  - Evidence about the design, context and attractiveness of the program – "*How* this should be done."



http://www.healthyagingprograms.org/resources/IssueBrief_1-R_UsingEB.pdf

What does it means to be an "evidence-based" health promotion program?

- Implemented and evaluated in community-based settings, tested through randomized trials, achieved significant outcomes
- Highly likely to produce positive, measurable results
- Critical features: standardized, systematic
- Feasibility: ease of implementation
- Program fidelity monitored
- Have some adaptability to "fit" local participant and agency needs
- Demonstrated to have high retention, engaging to participants
- Sustainability strategies in place

http://www.healthyagingprograms.org

33

How evidence-based programs help people to adopt and keep healthy behaviors

- make the new behavior as *easy* to do as possible
- help participants develop *individualized action plans or routines*
- provide *structured reinforcement* to monitor (and celebrate!) progress
- provide *support* through group and facility-based programming
- use *peers* to help reinforce desired behavior

Thanks to Rachel Seymour for permission to use and adapt slide. 34

5 Crosscutting Themes of Evidence-based Health Promotion Programs

1. Individual level
   - Use of effective self management
   - Assessment, goal setting, action planning, problem solving, follow-up
2. Social and familial context
   - Use of peer support, peer health mentors, professional support, role modeling, sharing and feedback, reinforcement
3. Cultural context
   - Saliency, appeal and adaptation to community norms, language, customs, beliefs

Adapted from Nancy Whitelaw presentation, AHRQ Conference, 2006

5 Crosscutting Themes of Evidence-based Health Promotion Programs (continued)

4. Connections to health care
   - Partnerships with public health, health care providers, hospitals, health care systems
5. Outcomes focus
   - Track social, mental, physical and functional changes
   - Objective and self-reported subjective measures

Adapted from Nancy Whitelaw presentation, AHRQ Conference, 2006

Advantages of Evidence-Based Health Promotion:

- Increase the likelihood of positive outcomes
- Lead to efficient use of resources
- Facilitate the spread of programs
- Facilitate the use of common performance measures
- Support continuous quality improvement
- Make it easier to justify funding
- Help to establish partnerships –esp. with health care

Adapted from: Nancy Whitelaw, Director, NCOA Center on Healthy Aging

Challenges of Evidence-Based Health Promotion:

- Requires knowing where to find and how to understand/judge the "evidence"
- Feels like standardization of programs rather than site-specific tailoring
- Tools and processes are unfamiliar
- Difficult to build community support – many prefer "home grown" to "off the shelf"

Adapted from: Nancy Whitelaw, Director, NCOA Center on Healthy Aging

National Level: Some recommended evidence-based health promotion programs

Chronic Disease Self-management Program
Diabetes Self-management Program
Arthritis Self-management Program
Enhance Wellness
Active Living Every Day
Enhance Fitness
AF Exercise Program
AF Aquatics Program
Active Options
Matter of Balance
Healthy Eating
Medication Management
Healthy IDEAS
PEARLS

And more ….

27 AoA Grantee States doing evidence-based health promotion

- **27 states - CDSMP**
- **9 states - Enhanced Fitness**
- **9 states – Matter of Balance**
- **3 states – Active Living Every Day**
- **3 states - Healthy IDEAS**
- **2 states - Healthy Eating**
- **1 state – Meds Mgmt**
- **1 state - Step by Step**
- **1 state - Strong for Life**
- **1 state - Tai Chi**
- **1 state - Active Choices**
- **1 state - Stepping On**
- **1 state - Healthy Moves**

13 different evidence-based programs

Framework that states are using for health promotion planning, implementation and evaluation

Something Should Be Done

This is HOW it Should be Done

This Should Be Done

re-aim.org

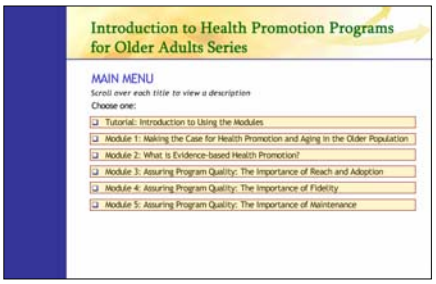
Introduction to Health Promotion Programs for Older Adults Series

www.healthyagingprograms.org

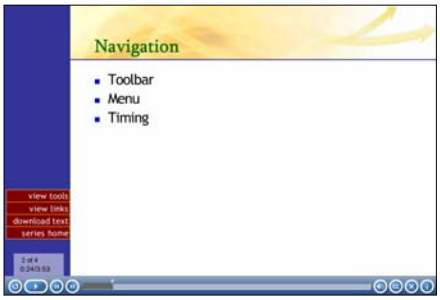
The Audience for the Modules

- Aging services providers
  - State level
  - AAA regional level
  - Community aging services level
- Other community partners
  - e.g., public health, parks and recreation, community services, etc.
  - Service providers, decision-makers, funders
- Health professionals, students in gerontology and health-related disciplines

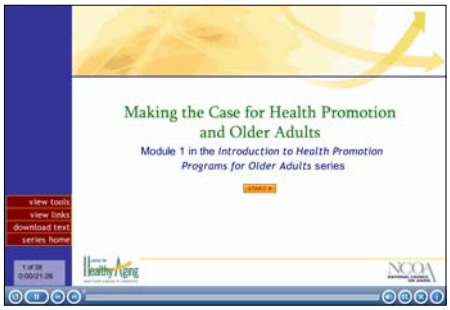
Modules homepage



Tutorial



Module 1



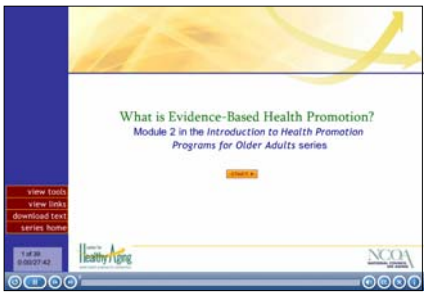
Module 1 Objectives

- Identify the health and aging landscape at the national level.
- Compare the national level landscape to your state.
- Identify ways that health promotion makes a difference with older adults.
- Recognize the benefits of evidence-based health promotion programs.

Module 1 Activities, Tools & Resources

- Activity
  - CDC/Merck Foundation. (2007). *The State of Aging and Health Report*
  - Worksheet to compare your state to the nation and to other states in terms of the health of older adults
- Recommended Reading:
  - Centers for Disease Control and Prevention. (2008, January). *Healthy Aging: Preserving Function and Improving Quality of Life Among Older Americans*.
  - Federal Interagency Forum on Aging-Related Statistics. (2006, May). Older Americans Update 2006: Key Indicators of Well-Being. Washington, DC: U.S. Government Printing Office.

Module 2



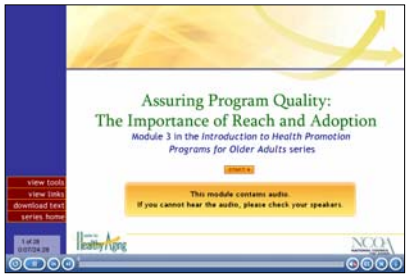
Module 2 Objectives

- Define terms related to evidence-based health promotion
- Identify crosscutting strategies of evidence-based health promotion programs
- Compare the advantages and disadvantages of implementing evidence-based health promotion programs
- Identify the components of an evidence-based health promotion program
- Identify resources for finding and implementing evidence-based health promotion programs

Module 2 Activities, Tools and Resources

- Activity
  - Review each of the components of evidence-based health promotion programs using CDSMP as case example – links to CDSMP site
- 13 Links and References
  - General information on evidence-based health promotion
  - Specific information on health promotion programs like CDSMP, Healthy IDEAS, Matter of Balance, Enhanced Fitness, Active Living

Module 3



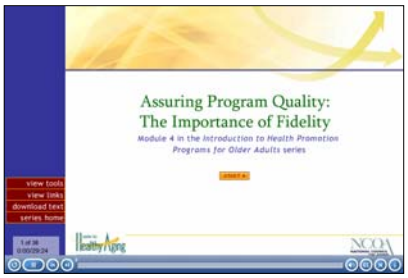
Module 3 Objectives

- Explain the purpose and challenges of assuring program quality
- Identify key components of assuring program quality
- Define Reach and Adoption and explain why they are important in assuring program quality
- Identify tools and resources available

Module 3 Activities, Tools & Resources

- Activity:
  - *Assuring Program Quality: The Importance of Reach and Adoption Planning Worksheet*
    - REACH – questions about participant attendance, demographics and health status
    - ADOPTION – questions about staffing and staff training, type and sufficiency of implementation sites
    - Questions about resources to conduct quality assurance

Module 4



Module 4 Objectives

- Define what fidelity means and why it is important
- Explain the five components of assuring fidelity
- Identify challenges to and strategies for conducting evaluation of fidelity components
- Explore resources and tools for assuring fidelity

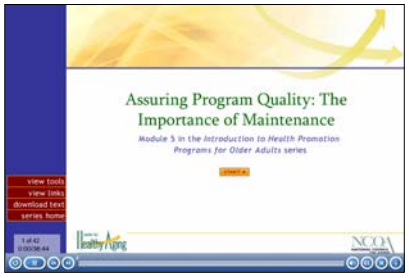
Module 4 Activities, Tools & Resources

- Activity
  - *Assuring Program Quality: The Importance of Fidelity: Fidelity Monitoring Worksheet*
    - Questions related to program design, staff training, program delivery, participant mastery and application to everyday life

Module 4 Activities, Tools & Resources Continued

- Available Tools
  - Medication Management Program Staff Questionnaire
  - Partners on the PATH Job Description
  - CDSMP Leader Evaluation Checklist
  - Living Well With Chronic Conditions Program: Wisconsin's Policies and Procedures
  - Partners on the PATH: Workshop Session Fidelity Tool
  - Harvest Health CDSMP Monitoring Tool
  - Harvest Health Session Attendance Log
  - Harvest Health Course Evaluation
  - Tip Sheet: Enhancing Response Rates to Questionnaires after Program Completion
  - CDSMP Outcomes Survey

Module 5



Module 5 Objectives

- Define what MAINTENANCE means and why it is important
- Describe strategies to maintain individual-level benefits
- Describe strategies to maintain organization-level benefits
- Locate tools and online resources for assuring program maintenance

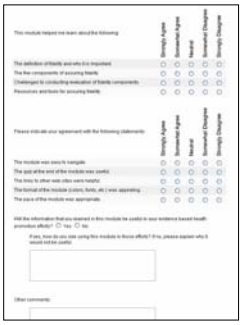
Module 5 Activities, Tools & Resources

- Activity:
  - Assuring Program Quality: The Importance of Maintenance Worksheet
    - *Individual level maintenance* - consideration of outcomes, strategies, tools
    - *Organizational level maintenance* – consideration of strategies for partners, funding, marketing

Module 5 Activities, Tools & Resources (Cont'd)

- **Links and References**
  - AoA Grantee Replication Reports (*Partners on the PATH, Harvest Health)*
  - NCOA Center for Healthy Aging materials
    - Center for Healthy Aging. (2004). *Partnering to Promote Healthy Aging: Creative Best Practice Community Partnerships.*
    - Center for Healthy Aging. (2006, Summer). *Recruiting Older Adults Into Your Physical Activity Programs*. Issue Brief No. 6.
    - Community Partnerships for Older Adults. (2007). *Community Partnerships for Older Adults*.
    - Gordon, Catherine; Galloway, Tracy. (2007, October). *Financial Sustainability for Evidence-Based Programs: Strategies and Potential Sources of Financing.*
    - Gordon, Catherine; Galloway, Tracy. (2008, January). *Review of Findings on Chronic Disease Self-Management Program (CDSMP) Outcomes: Physical, Emotional & Health-Related Quality of Life, Healthcare Utilization and Costs.*
    - National Council on the Aging. (2007). *Center for Healthy Aging: model health programs for communities.*
  - Centers for Disease Control and Prevention. (2008). *Health Marketing*.

Evaluate the modules



Tips for Getting the Most Out of the Modules

- Work at your own pace
- Use quizzes to gauge your understanding
- Download the text/slides
- Download the tools/links/resources
  - To help make your case
  - Planning for quality assurance
  - Additional resources to expand training
- Group viewing/discussion
  - Training Sessions
  - Community orientation

Thank You!

Mary Altpeter
UNC Institute on Aging
Mary_Altpeter@unc.edu