



center for
Healthy Aging
model health programs for communities

**USING THE EVIDENCE BASE
TO PROMOTE HEALTHY AGING:**

The Administration on
Aging's Evidence-Based
Prevention Programs
for the Elderly Initiative

Introduction

This issue brief is the third in the evidence-based health promotion series by The National Council on the Aging's (NCOA) Center for Healthy Aging. We feature the fourteen AoA Evidence-Based Prevention Programs for the Elderly Initiative to illustrate how leading community aging service provider organizations have tailored evidence-based health promotion (EBHP) programs to meet the needs of the increasing diverse older adult communities they serve. Attention to programmatic detail and adherence (fidelity) to the core components of the proven interventions, assures that these community-based programs reach appropriate audiences and produce expected health outcomes.

Their Planning Activities

Prior to launching their programs, each of the site teams performed the seven tasks and thirteen steps recommended to transform EBHP intervention research into community-based programs (see inaugural Issue Brief, Number 1, Winter 2004). They also applied the RE-AIM framework, a model for translating research into practice (see www.re-aim.org). They identified important health issues and populations at risk within the communities they serve, and systematically identified and selected appropriate EBHP programs.

At the heart of each site team is a partnership that includes one or more community aging service providers, an Area Agency on Aging, a health care partner, and a research partner, plus other organizations as appropriate. Because good partnerships are the linchpin of successful programs, we highly recommend that agencies take the time to create new partnerships or involve existing partners in every phase of their health promotion efforts, just as the AoA site teams have done. For insights and examples of how to partner with various agencies and providers, please visit the Center's Web site, www.healthyagingprograms.org, to download a copy of "Partnering to Promote Healthy Aging: Creative Best Practice Community Partnerships."

In this brief, we provide a general description of each of the fourteen EBHP programs, the sites that are implementing them, the target audiences, and some promising health outcomes based upon preliminary analyses. Readers can find more complete information about each program on the Center's Web site at: www.healthyagingprograms.org/content.asp?sectionid=32.

Chronic Disease Self-Management Programs (CDSMP)

The Area Agency on Aging of Western Michigan (AAAWM) offers the *Partners on the P.A.T.H. Chronic Disease Self-Management Program* (CDSMP) in which participants learn techniques to deal with issues such as frustration, fatigue, pain, isolation, appropriate nutrition, proper use of medications, and communicating effectively with family, friends, and health professionals. This program is a replication of the CDSMP, originally created by Stanford University. In the original research, participants showed a number of significant improvements, including increased minutes of exercise, higher self-reported health, and less health distress, fatigue and disability. *P.A.T.H.* serves diverse older adults, including those who are Spanish-speaking. AAWM is now working with state leaders and other aging and health organizations to disseminate this program across the state of Michigan.

Philadelphia Corporation for Aging is also implementing the CDSMP. Here the participants are largely low income, African American elders from urban Philadelphia. The program, named *Harvest Health*, is offered at Center in the Park, a multi-service senior center. It is the standard 6-week lay-leader led workshop that meets once per week for approximately 2.5 hours.

Elders in Action in Portland, Oregon is offering *Healthy Changes: A Community-Based Diabetes Education and Support Program*. This lay-leader led, diabetes self-management program is a replication of the Healthy Changes program developed by the Providence Center on Aging in Portland, Oregon. The program has reached diverse populations including low income seniors living in Hispanic, Native American, and Russian communities. Participants develop a "roadmap for change" that helps them to manage their diabetes, while at the same time learning how to improve communication with their physicians and how to access one-on-one assistance through an ombudsman program.

Senior Services of Albany, New York is implementing the *Women Take PRIDE in Managing Heart Disease Program*, an intervention developed and tested by the University of Michigan School of Public Health. The program focuses on improving functional status, symptom experience, general health, and the knowledge of and access to community resources. In the original study, participants in the intervention

group had better physical functioning and improved ambulation, were less symptomatic, and had lost more weight than participants in the control group. This 4-week education and behavior modification program targets women 60 years of age or older who have been diagnosed with heart disease and reside in the inner cities of Albany and Rensselaer Counties.

Care Management Programs

Sheltering Arms Senior Services of Houston offers *Healthy IDEAS: Evidence-based Disease Self-Management for Depression*. Originally developed and tested by the Huffington Center on Aging at Baylor College of Medicine, this program seeks to prevent or detect depression and offer appropriate services through care management.

The program has reached a diverse older population, including Asians and Hispanics, and other low income minorities. Training manuals and participant materials have been translated into Spanish to facilitate its implementation.

Partners in Care Foundation, Inc. (Partners) located in San Fernando, California is implementing the *Community-Based Medication Management Intervention (CBMM Intervention)*. This program is based on the Vanderbilt University Medication Management Model, which has been shown to prevent medication-related adverse events such as falls, and showed medication improvement of 50% in the intervention group. Partners is currently implementing the program among frail, low-income, community-based, dually-eligible seniors in three Medicaid Waiver care management programs. The *CBMM Intervention* uses a computer-based assessment and the services of a consultant pharmacist to assist care managers in assessing and resolving potential medication problems experienced by their clients.

Partners is also implementing the *Healthy Moves for Aging Well* program. Healthy Moves was developed by Partners and a team of physical activity and aging experts in the Los Angeles area. *Healthy Moves* trains community-based care managers in ways to motivate home-bound, frail, low income older adults to do a few simple, evidence-based exercises (movements) that could help prevent falls and increase functional abilities. The clients are assessed, taught a variety of safe exercises, and monitored by their care managers during their

regularly scheduled appointments and at 6-month intervals. Volunteer coaches contact the clients on a consistent basis to help motivate them and brainstorm potential solutions to barriers they may be experiencing.

Physical Activity Programs

The City of Los Angeles' Department of Aging (LA DOA) is implementing the *Active Start* program which aims to increase physical activity among sedentary older adults. This program integrates two programs from the OASIS Institute, *HealthStages* and *ExerStart!* Participants receive twice weekly structured group exercise and once a week behavior change interventions that help them to incorporate physical activity into their daily lives. The LA DOA has worked with the OASIS Institute and California State University, Fullerton researchers to adapt the program to be led by older adult lay leaders rather than certified exercise instructors.

Senior Services of Seattle/King County is implementing the *EnhanceFitness* program, formerly known as the Lifetime Fitness Program. *EnhanceFitness* is based on research conducted by the University of Washington's Prevention Research Center (UW PRC). Over six months, this research showed the intervention group improved in physical, emotional, and social health scores, while the control group deteriorated in these measures, leading to significantly better (by 10%-30%) health status for the exercise group. The program is taught by certified physical activity instructors, and consists of a sequence of specially designed exercises—including stretching/flexibility, low-impact aerobics, strength training, and balance—developed specifically for older adults. *EnhanceFitness* is currently being offered in over 100 sites across the country and has recently begun expansion to residential facilities for older adults.

Neighborhood Centers Inc. is also implementing the *EnhanceFitness* program as part of its NCI-Activity Centers for Senior (NCI-ACES). NCI-ACES includes twelve physical activity classes three days per week at eight senior centers throughout Houston and at one senior apartment facility. In addition, one of the senior centers draws participants from two off-site congregate meal locations. The program targets low income adults over the age of 60, and has recruited a high percentage of minority participants—primarily African Americans and Hispanics.

Nutrition Programs

Little Havana Activities & Nutrition Centers of Dade County, Inc. (LHANC) is implementing *Preventive Nutrition Education for Cardiovascular Disease (PNE)* for older adults in the Miami-Dade area. The PNE reduces risk factors associated with cardiovascular disease and obesity, by increasing knowledge about nutrition, and fostering behavior change, which helps participants adhere to the American Heart Association guidelines and Step 1 Diet. The ultimate program goal is to reduce the incidence, burden, and impact of heart health problems among Hispanics. The program consists of eight dietitian-led sessions based on the American Heart Association's program, "De Corazón a Corazón."

The Alamo Area Council of Governments is implementing *Project S.I.E.N.* in Bexar County, Texas to help prevent, delay, or manage the severity of type II diabetes among Hispanic older adults. *Project S.I.E.N.* is based on research that has shown that lifestyle modification can decrease risks of developing diabetes in those who have not been diagnosed, or can manage severity of diabetes for those who have the disease. *Project S.I.E.N.* combines three approaches to achieve its goal: modifying noontime meals served at congregate meal sites to make them culturally sensitive, low fat and low glycemic; providing meal recipients with nutrition education and strategies for lifestyle modification; and providing meal recipients with 120 minutes per week of physical activity classes. The nutrition education components have been adapted from the Texas Diabetes Institute's *Salsa Caliente*, an evidence-based behavior change program, and the physical activity classes follow the *ExerStart!* format created by the OASIS Institute.

Fall Prevention Programs

The Area Agency on Aging and the Partnership for Healthy Aging (PHA) in Portland, Maine are disseminating the *A Matter of Balance* program across the state of Maine. This program addresses fear of falling in the older adult population, and was adapted from an intervention developed by the Roybal Center at Boston University (BU). Significant immediate and long-term effects in the original intervention included a reduced fear of falling and increased confidence in managing falls. The original intervention used

health educators to present the program. However, to reduce program costs, the PHA worked with BU and their project partners to create a training program for volunteer leaders. The volunteer leaders can now carry out the intervention while still maintaining fidelity to the original intervention.

The North Central Area Agency on Aging (NCAAA) in Hartford offers *Step by Step: Thoughtful Fall Prevention* through eight senior centers in north central Connecticut. This program is based on the Yale *Frailty and Injuries: Cooperative Studies of Intervention Trials* (FICSIT), which showed that those older adults who took part in the program experienced a significant reduction in the number of falls compared to those individuals who did not participate in the fall prevention program. Whereas the original intervention was conducted in home settings, the NCAAA's program is implemented in senior centers, showing that the fall prevention program can be effectively implemented in community-based settings.

Outcomes To-Date

One of the most important outcomes has been achieved—all the projects have been implemented successfully, across very diverse audiences. Some faced more challenges than others, but all have reached the targeted older adult population. It is clear that these aging service organizations can replicate strong evidence-based programs, maintain fidelity to core components, and engage older adults in effective health promotion activities. Furthermore, older adults love these programs. Retention rates are high (often over 75%), and in surveys and focus groups, they report high levels of satisfaction and willingness to recommend this program to friends. In fact, many new referrals come from program participants.

At present, the research partners at all sites are conducting detailed program evaluations, including assessing the impact of each program on participants' health behaviors, functional status, and general well-being. Specific outcome measures vary according to the focus of each program, but the types of outcomes being reported by participants include: increases in self-efficacy, more energy and less stress, increases in exercise and physical activity, improvements in fall management, and reductions in body weight, falls, and depression.

Next Steps

Throughout the next eighteen months, NCOA's Center for Healthy Aging will continue to collaborate with AoA and the fourteen program sites to complete program evaluations and to broadly disseminate the programs and their companion tools and resources. The careful attention by the site teams to address issues of widespread program adoption and sustainability is providing the groundwork to ensure that these EBHP programs will be appropriate for implementation by a variety of community-based sites. An effort of this magnitude has never occurred before for health promotion programs within the community aging services sector. We appreciate the support of Assistant Secretary for Aging, Josefina Carbonell in providing this opportunity to further develop these EBHP programs and increase their availability throughout the aging community.

Action Steps You Can Take

To gain a greater understanding of the concept of EPHP programming and steps you can take to put evidence-based health promotion into practice, we recommend that you also read the second Issue Brief in this series that features the Center's Model Programs Project as an illustrative example of creating health promotion programs from the research evidence (Issue Brief, Number 2, Spring 2005). The Issue Briefs are available at NCOA's Center for Healthy Aging Web site, www.healthyagingprograms.org. The Web site also includes a variety of tools and resources to help increase your organization's readiness for adopting EBHP programs, and additional guidance on successfully implementing them.

References

Boston University, Health and Disability Institute
A Matter of Balance
www.bu.edu/hdr/products/balance

NCOA's Center for Healthy Aging
www.healthyagingprograms.org

OASIS
www.oasisnet.org

Project Enhance
www.projectenhance.org

RE-AIM
www.re-aim.org

Stanford University
Self-Management Programs
patienteducation.stanford.edu/programs



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National Council on Aging

300 D Street, SW Suite 801

Washington, DC 20024

(202) 479-1200

www.ncoa.org