

# **The Health Promotion Toolkit:**

**Promoting Health for Older Adults through  
Evidence-Based Programs**

**California Council on Gerontology & Geriatrics  
2009 Annual Conference**

**April 3, 2009**

**California State University, Northridge**

**June Simmons, CEO**

**Partners in Care Foundation**



# Overview

- Background
- The National Scene
- The California Scene
  - Partners in Care Experience
- The Health Promotion Toolkit:  
What's Next



Sit back and enjoy the presentation  
– *no need to worry about taking notes*

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California Department of Aging @ [www.aging.ca.gov](http://www.aging.ca.gov)



## Background

# Scope of the Problem

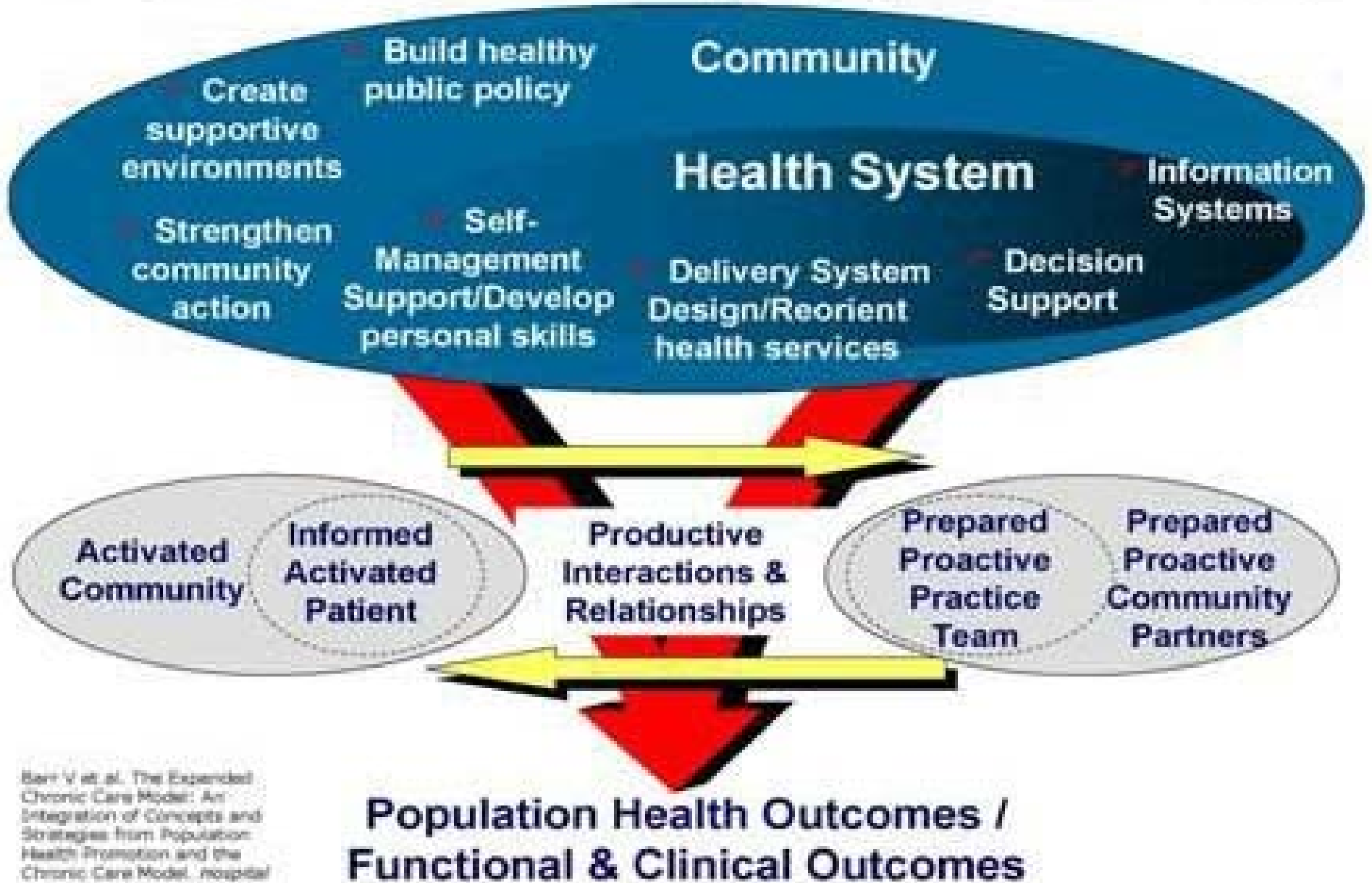
- 1.7 million Americans die of a chronic disease each year
- Chronic diseases affect the quality of life for 90 million Americans
- 87% of persons aged 65 and over have at least 1 chronic condition; 67% have 2 or more
- 99% of Medicare spending is on behalf of beneficiaries with at least one chronic condition

## Background

# Highest Costs / Poorest Outcomes

- U.S. spends twice any other developed country
- Ranked 37th in world on health outcomes
- 40+ million uninsured
- Little prevention / lots of expensive **late** care
- Tremendous ethnic health disparities
- Growing role for community and family caregiving and self-care

# The Expanded Chronic Care Model: Integrating Population Health Promotion



Barr V et al. The Expanded Chronic Care Model: An Integration of Concepts and Strategies from Population Health Promotion and the Chronic Care Model. *hospital Quarterly* 2003;7(1):73-82

## Background

# National Centers for Disease Control & Prevention (CDC)

- CDC invested in research aimed at identifying best practices in treating chronic health conditions
- Best practices grew to become “evidence-based” models of care
- Today, numerous evidence-based interventions are being implemented around the country with promising outcomes

## The National Scene

# Major Investors in Evidence-Based Research

- CDC and NCOA provided major leadership
- John A. Hartford Foundation
- National Council on Aging (NCOA)
- Administration on Aging (AoA)

## Background

# What is Evidence-Based Programming?

- Tested models or interventions that directly address the health risks of the target population
- Advantages:
  - Provides tangible scientific evidence that program works
  - Increases likelihood of successful outcomes
  - Increases effective use of resources

## Background

# Evidence-Based Models



“Evidence-Based Disease Prevention” program refers to a program that closely replicates a specific intervention that has been tested through randomly controlled experiments with results published in peer-reviewed journals

## The National Scene

# AoA Evidence-Based Health Promotion Grants

- Opportunity for states to implement evidence-based health promotion programs targeting older adults
- Required partnership between state departments of health and aging services
- Required Chronic Disease Self-Management Program (CDSMP) and could include other evidence-based programs
- 27 states now funded

# Administration on Aging's Approved Evidence-Based Programs

- *Healthy Moves for Aging Well\**
- Medication Management Improvement System\*
- Chronic Disease Self-Management Program
- A Matter of Balance
- Enhance Wellness
- Active Choices
- Enhance Fitness
- Strong for Life
- Healthy IDEAS or PEARLS
- Prevention & Management of Alcohol Problems in Older Adults

\*Developed by Partners in Care

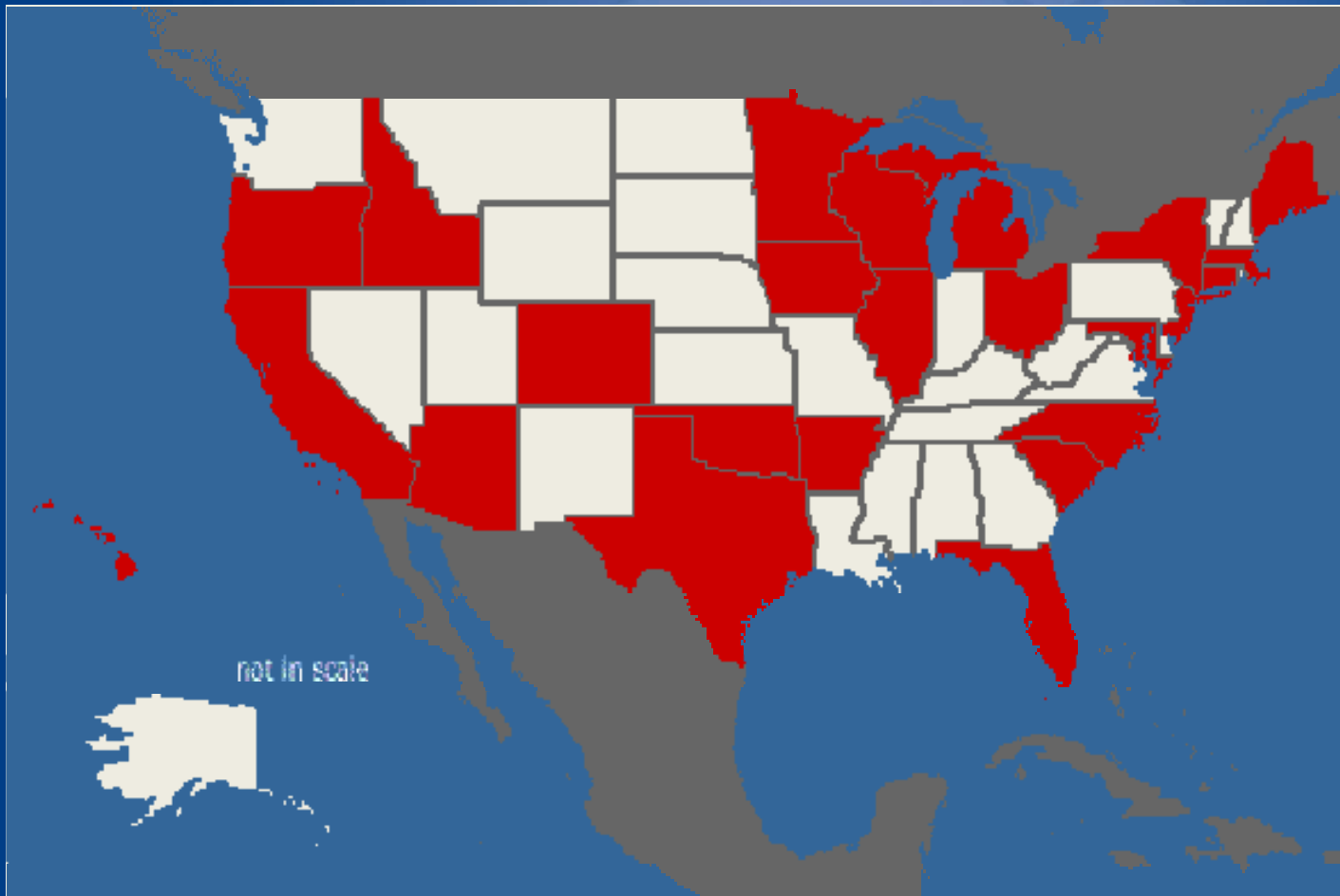


View more at [www.healthyagingprograms.org](http://www.healthyagingprograms.org)



## The National Scene

# States Implementing AoA Funded Evidence-Based Programs



AR, AZ, CA,  
CO, CT, FL,  
HI, ID, IL, IA,  
ME, MD, MA,  
MI, MN, NJ,  
NY, NC, OH,  
OK, OR, SC,  
TX, WI

Source: Administration on Aging [www.AOA.gov](http://www.AOA.gov)

## Evidence-Based Health Promotion: What's Next?

# Key Partners of California Department of Aging:

- California Public Health Department
- Partners in Care Foundation
- Kaiser Permanente
- Community Colleges
- Current Program Sponsors
  - Area Agencies on Aging
  - Community Agencies
  - Health Leaders – hospitals/physicians/health plans

# Partners in Care

## Evidence-Based Health Promotion Experience in California

## Partners California Experience

# Partners in Care Foundation

- Non-profit
- Focused on aging issues
- Changing the way health care services are delivered
- Develop and promote innovative programs to improve care for everyone

## Partners California Experience

# Partners in Care Foundation

### Our Mission:

- Partners is a think-tank and a proving ground
- Partners changes the shape of health care by creating high-impact, innovative ways of bringing more effective clinical and social services to people and communities
- Partners' direct services test, measure, refine and replicate innovative programs and services, and bring needed care to diverse populations

### Our Guiding Principles:

Collaboration \* Innovation \* Impact

## Partners California Experience

# California Evidence-Based Initiative 2006

- California Departments of Aging and Public Health awarded 3-year grant from Administration on Aging
- Initiative brings evidence-based programming to age-based organizations
- **Partners in Care is designated as state program office, California Health Innovation Center**



## California Experience

# Evidence-Based Health Promotion Initiative includes:

- **Chronic Disease Self-Management Program (CDSMP) / *Healthier Living***
- **Matter of Balance**
- **Healthy Moves for Aging Well**
- **Medication Management Improvement System (MMIS)**

## Partners California Experience

# CDSMP / Where it's working



### Original 5 Counties

Los Angeles, Fresno, Madera,  
San Diego, Sonoma



### Additional 9 Counties

Kern, Orange, Riverside,  
Sacramento, San Bernardino,  
San Francisco, Santa Clara,  
Ventura, Yolo



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*changing the shape of health care*

## Partners California Experience

# CDSMP/Healthier Living: What is it?

- A credible, “evidence-based” program with broad experience and demonstrated results in a variety of settings, populations, and chronic conditions
- Developed in the early 1990s by the Stanford Center for Research in Patient Education
- Southern California Kaiser Permanente major partner in implementation
- Now used internationally in 20 countries and over 39 U.S. states

## Partners California Experience

# CDSMP/Healthier Living: How it works

- Offers participants effective and practical coping strategies to manage their health conditions
- The program includes a series of 2-½-hour workshops presented over a 6-week period by two trained leaders
- Curriculum includes behavior modification and coping strategies to enable participants to better cope with their chronic diseases, manage their medications, and increase physical activity levels
- Effective communication skills with family, friends, and health professionals
- Participants report significant improvement in their general health as well as improved attitude and gained skills

## Partners California Experience

# CDSMP / Healthier Living: Outcomes

- Impacts patient self-efficacy
- Creates engaged patient
- Supplements health care services

## Partners California Experience

# CDSMP Effect on Utilization

- Fewer outpatient visits
- Fewer emergency room (ER) visits
- Fewer hospitalizations
- Fewer days in hospital
- More appropriate utilization of health care resources

## Partners California Experience

# Matter of Balance: What is it?

- Falls prevention program designed to reduce fear of falling through increased physical activity among community-dwelling older adults
- Program = eight 2-hour classes presented over a four- or eight-week period by two lay leaders using a training manual and instructional videos
- Curriculum = lectures, group discussions, mutual problem-solving, role-play activities, exercise training, assertiveness training, and home assignments

## Partners California Experience

# Matter of Balance: What is it?

- Participants learn about the importance of exercise in preventing falls; practice exercises to improve strength, coordination and balance; and conduct a home safety evaluation
- Participants demonstrate significant improvements in their level of falls management, falls control, level of exercise and social limitations with regard to concern about falling

## Partners California Experience

# Healthy Moves for Aging Well: What is it?

- Simple and safe evidence-based exercise program designed for frail, high-risk older adults receiving services in the home
- In-home providers teach exercises to their older clients in their homes during scheduled visits

## Partners California Experience

# Healthy Moves for Aging Well: Investors

Original funding: John A. Hartford Foundation  
National Council on Aging

Additional funding: Archstone Foundation  
The California Endowment  
UniHealth Foundation

Guided by: National Council on Aging

Evaluated by: USC Andrus Gerontology Center

## Partners California Experience

# Healthy Moves for Aging Well: How it works?

1. **Exercise Component:** modeled and adapted from Senior Fitness Test (Rikli and Jones, 1999)
2. **Brief Negotiation Component:** modeled after Motivational Interviewing counseling method (Prochaska and DiClemente, 1983)
3. **Motivational Phone Coaching Component:** supports the new behavior change of each client



# Partners California Experience

## Healthy Moves for Aging Well: Exercise

### Healthy Moves for Aging Well

Remember that **SAFETY** is always your first priority!  
Stop if you feel unsteady, dizzy, or uncomfortable.  
Read the "Red Flags" on the back for more information.

#### 1. ARM CURLS

Sit in a comfortable position. Place a 1-pound weight (soup can, water bottle) in your right hand. Resting your elbow at your hip, bend at the elbow and touch the soup can to your shoulder. Slowly lower the weight, returning the hand to its starting position. Repeat with your left arm. **Work up to 15 to 20 arm curls two times a day.**

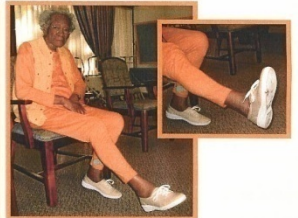


#### 2. ANKLE POINT & FLEX

Sit in a comfortable position. Lift and extend right leg. Point your toes to the ground, then flex your toes to the roof. Repeat on left leg.

For variety, try doing Toe Taps. Put your feet on the floor and tap your feet, lifting the toes as high as possible while keeping your heel on the floor.

**Work up to 30 seconds on each foot three times a day.**



#### 3. SEATED STEP-IN-PLACE

Sit in a stable chair and move your legs by slowly marching them in place. You only have to lift them an inch off the ground.

**Work up to 1 minute once a day.**



### Healthy Moves for Aging Well

#### Advanced Movements

Remember that **SAFETY** is always your **FIRST PRIORITY!**  
These movements are more challenging.  
Stop if you feel unsteady, dizzy, or uncomfortable.  
Read the "Red Flags" on the back for more information.

#### 1. CHAIR STAND

Sit tall on a stable chair with arm rests. Slowly stand up from the chair to a full stand using your hands to help you push off the chair if needed. Make sure this is performed with a stationary countertop in front of you or something that won't move if you need to use it for support. Return to a seated position.

**Work up to 10 chair stands a day.**



#### 2. STANDING STEP-IN-PLACE

Start by holding onto the back of a stable chair, wall or countertop to maintain your balance. Begin stepping in place lifting your feet only a few inches off the floor.

**Try stepping-in-place 15 to 30 seconds two times a day.**



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## Partners California Experience

# Healthy Moves for Aging Well: Brief Negotiation

- Evidence-based counseling style that increases intrinsic motivation for making and sustaining health behavior change
- Modeled after the Stages of Change Model (Prochaska & DiClemente 1983)
  - Pre-contemplation (client has no interest in starting to exercise)
  - Contemplation (client is thinking about starting, but plans not made)
  - Preparation (client is planning to exercise)
  - Action (client starts exercising)
  - Maintenance (client sustains new behavior)

## Partners California Experience

# Healthy Moves for Aging Well: Motivational Interviewing

### Introduction & Ask Permission

*“As part of our visit today, I was hoping to introduce you to some movements you can do at home to increase your strength, flexibility, and balance. It will only take a few minutes. Is it OK if I ask you a few questions?”*



# Readiness Ruler - A Simple Tool

How ready are you to consider increasing your physical activity?

0 1 2 3 4 5 6 7 8 9 10

Not Ready

Thinking About It

Ready

## Assess Readiness

Why a 5 and not a 2?

What would help you move you from a 5 to a 7?

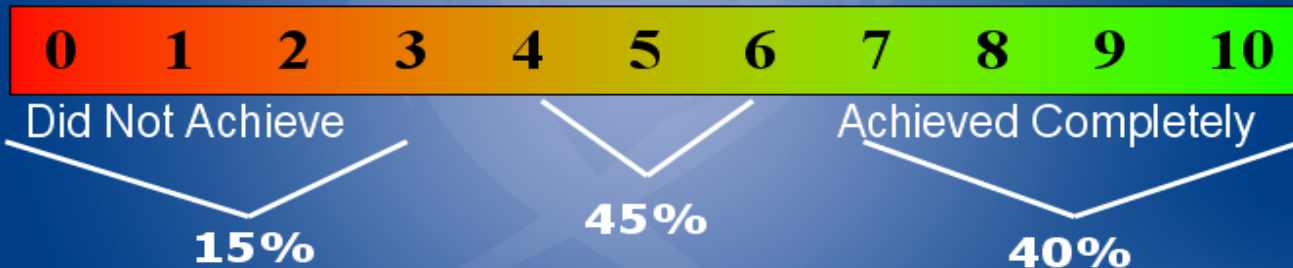
What are some reasons for making a change?

What barriers might you encounter when making this change?

# Clients Achieved Goals

## Goal Attainment at 3 Month Follow-up

- At enrollment, your goal was \_\_\_\_\_
- How close are you to achieving your goal?



- 85% reported a score between 4 to 10

## Partners California Experience

# Healthy Moves for Aging Well: Motivation

- Offers personal support and encouragement
- Engages client in goal-setting discussions
- Problem solves with client
- Instills confidence in client's ability to exercise
- Frequency of calls (3 months)
  - Weekly for first 4 weeks
  - Weekly or bi-weekly for next 8 weeks
- Coaches complete phone logs to track client progress

## Partners California Experience

# Healthy Moves for Aging Well: Outcomes

- Successful Adoption of Healthy Moves
- Significance in falls reduction
- Significance in lowered level of pain
- High degree of planned continuation of the program
  
- Need to Expand Program Dissemination
  - Currently being piloted in Illinois with home care workers
  - Many sites testing it
- Toolkit Available on NCOA Website
  - [www.healthyagingprograms.org](http://www.healthyagingprograms.org)
  - Training DVD now available

## Partners California Experience

# Medication Management Improvement Systems (MMIS): Why we need it

### Medication-related problems and errors are:

- **Serious**: 1.5 million preventable adverse drug events (ADEs) annually; 7,000 deaths per year. <sup>1,3</sup>
- **Frequent**: Up to 48% of community dwelling older adults have medication-related problems <sup>2</sup>
- **Costly**: Drug-related morbidity/mortality for seniors > **\$170 billion** (incl. hospital and SNF admissions)
- **Preventable**:  $\geq 25\%$  of ADEs in ambulatory settings

1. IOM (1999) *To err is human: Building a safer health system*. Kohn, L., Corrigan, J., Donaldson, M. (Eds.) National Academy Press, Washington D.C.
2. Zhan C, Sangl J, Bierman AS et al. Potentially inappropriate medication use in the community-dwelling elderly: findings from the 1996 Medical Expenditure Panel Survey. *JAMA*. 2001; 286:2823-9.
3. IOM (2006) *Preventing Medication Errors*.

## Partners California Experience

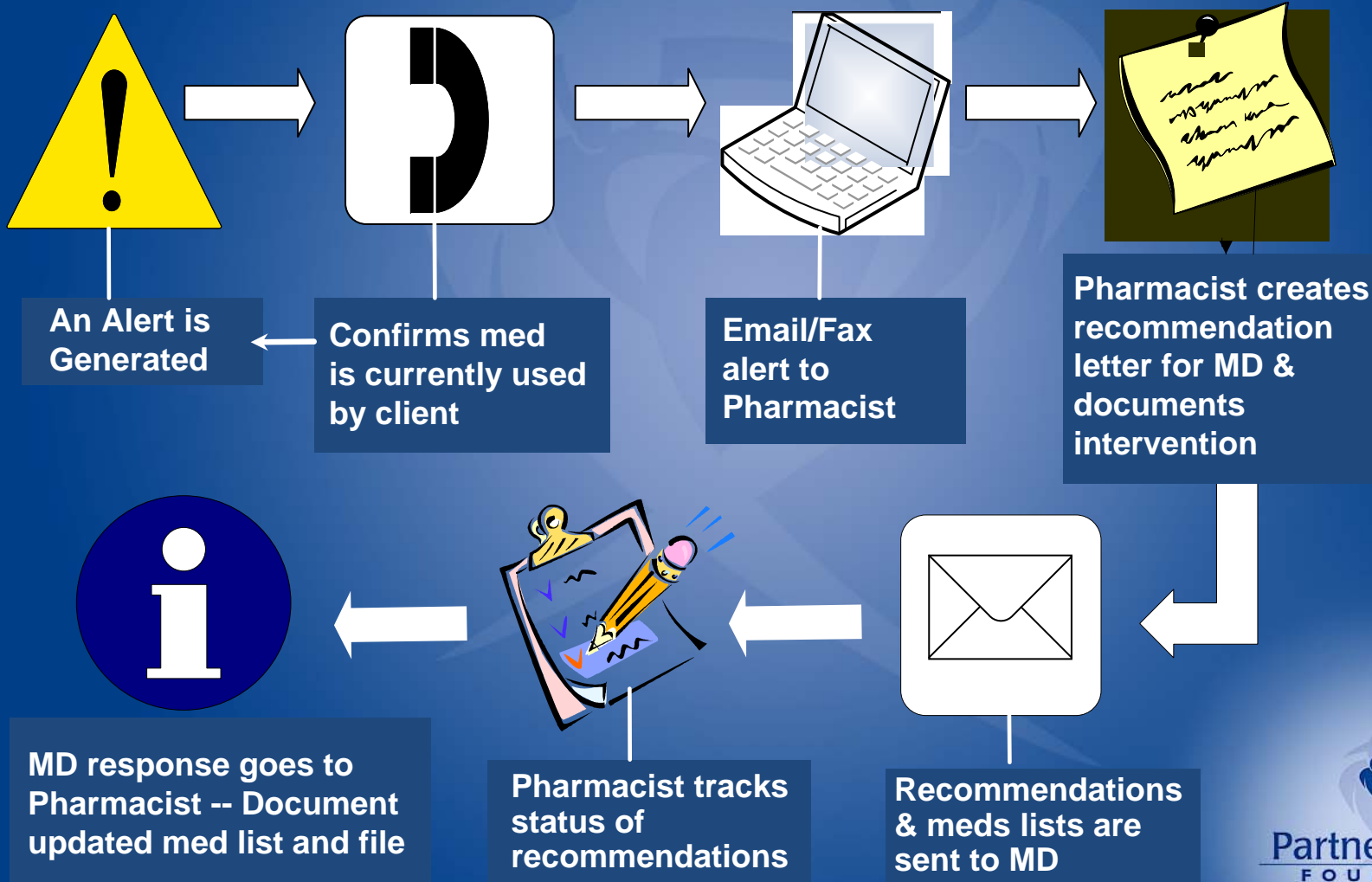
# MMIS Evolution

- **Hartford Phase 1993-2003 Home Health Agency**
  - Vanderbilt Univ. randomized controlled trial to improve medication use; developed, tested, disseminated and adopted
- **AOA Evidence-Based Prevention Initiative, 2003-2007**
  - Community-Based Medication Intervention
  - Model successful in Medicaid waiver programs
- **Current Phase, 2006–2010, Hartford Foundation**
  - Taking meds management statewide (CA) first; then nationwide in care management!

## Partners California Experience

# MMIS How it works:

## Intervention – From Alerts to Action



# MMIS Lessons Learned – Readiness Assessment Important

- There must be a “felt need”
  - A sense of the importance and urgency of the problem
  - A desire to do something to solve the problem
- There must be a **champion**
  - Pull others along, learn systems, mentor others, serve as an example, and cheerlead when there are successes
- There must be underlying **stability**
  - Staff turnover minimal
  - Recovery time since last big change

## Evidence-Based Health Promotion: What's Next?

# Challenges to Implementation of Evidence-Based Health Promotion Programs

- Recruitment and retention of participants
- Lay Leader challenges
- Master Trainer challenges
- Fidelity to the model
- Other challenges:
  - Sites
  - Data collection
  - Material availability in other languages

# Questions?



# The Evidence-Based Health Promotion Toolkit: What's Next?

## Evidence-Based Health Promotion: What's Next?

# Launching Lasting Change

- Current grants are “seed money” to launch a new movement
- Need to identify and involve many “investors” in order to take this to scale
- Scale = creating a new norm for healthy living
- Scale = new norms for widespread ready access to proven programs and services

## Evidence-Based Health Promotion: What's Next?

# California Will Seize the Opportunity

- A time of potential transformation
- Must rise to the occasion
- Going to scale is key
- Need commitment at all levels
- It is well worth the journey

## Evidence-Based Health Promotion: What's Next?

# Partnership for Health Promotion

- Collaboration will increase the reach of California of Evidence Based Programs
  - California Department of Aging
  - California Department of Public Health
  - Partners in Care Foundation
  - A wide range of community groups

## Evidence-Based Health Promotion: What's Next?

# Expansion & Sustainability Workgroup

Purpose: Guidance to the CA Depts. of Aging and Public Health to craft a comprehensive expansion and sustainability plan

### Health Plans:

Catholic Health Care West  
Kaiser Permanente;  
St. Joseph Health System  
Daughters of Charity

### Foundations:

Archstone Foundation; UniHealth  
Foundation  
The California Endowment  
California HealthCare Foundation  
Kaiser Permanente Community Benefit

### Education:

Community College Educators of Older  
Adults

### Non-Profit:

Partners in Care Foundation

### Government:

Los Angeles County Public Health Department

### Business:

Pacific Business Group on Health

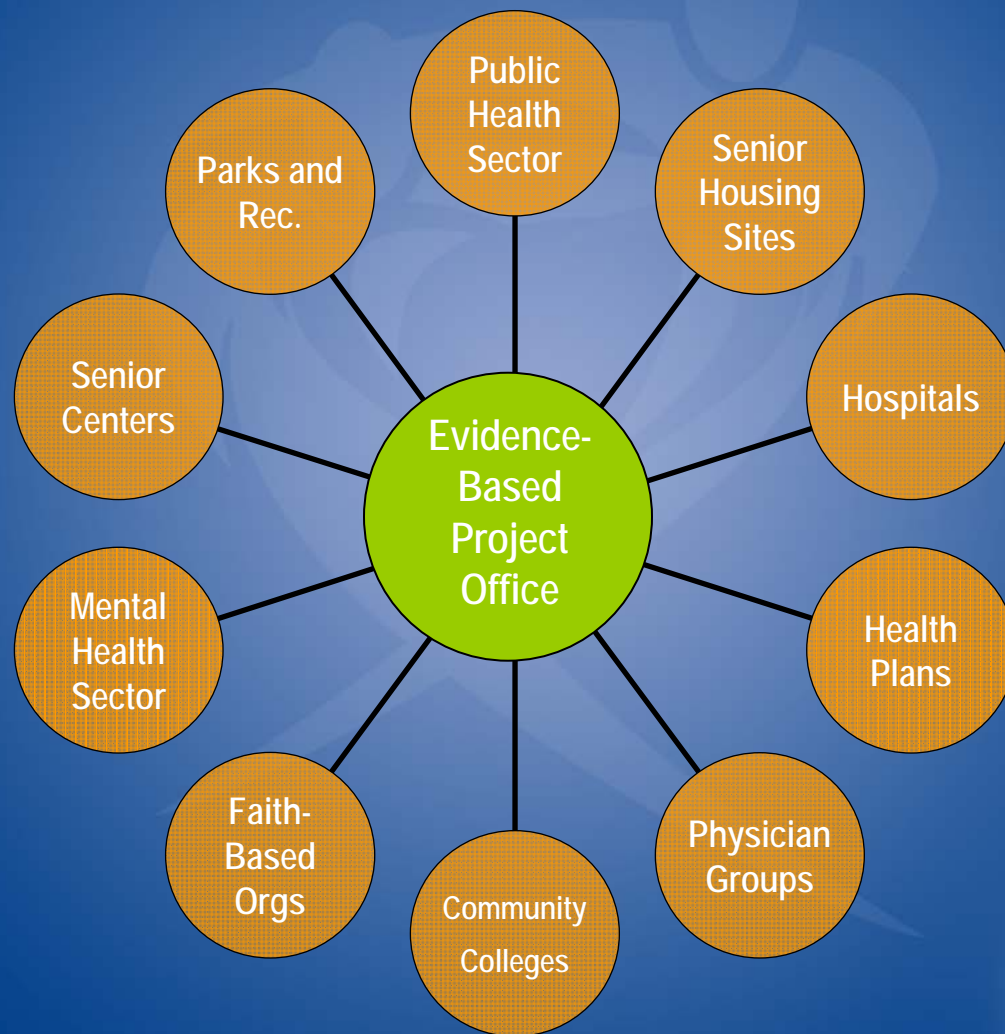
## Evidence-Based Health Promotion: What's Next?

# More than new infrastructure

- Need “pathways to health”
  - methods to identify those who will benefit
  - brief methods to open the door to change
  - skills and tools to enhance class completion
  - alternatives available for continuing involvement in healthy lifestyle

# Evidence-Based Health Promotion: What's Next?

## Target Sectors For Adoption / Engagement



## Evidence-Based Health Promotion: What's Next?

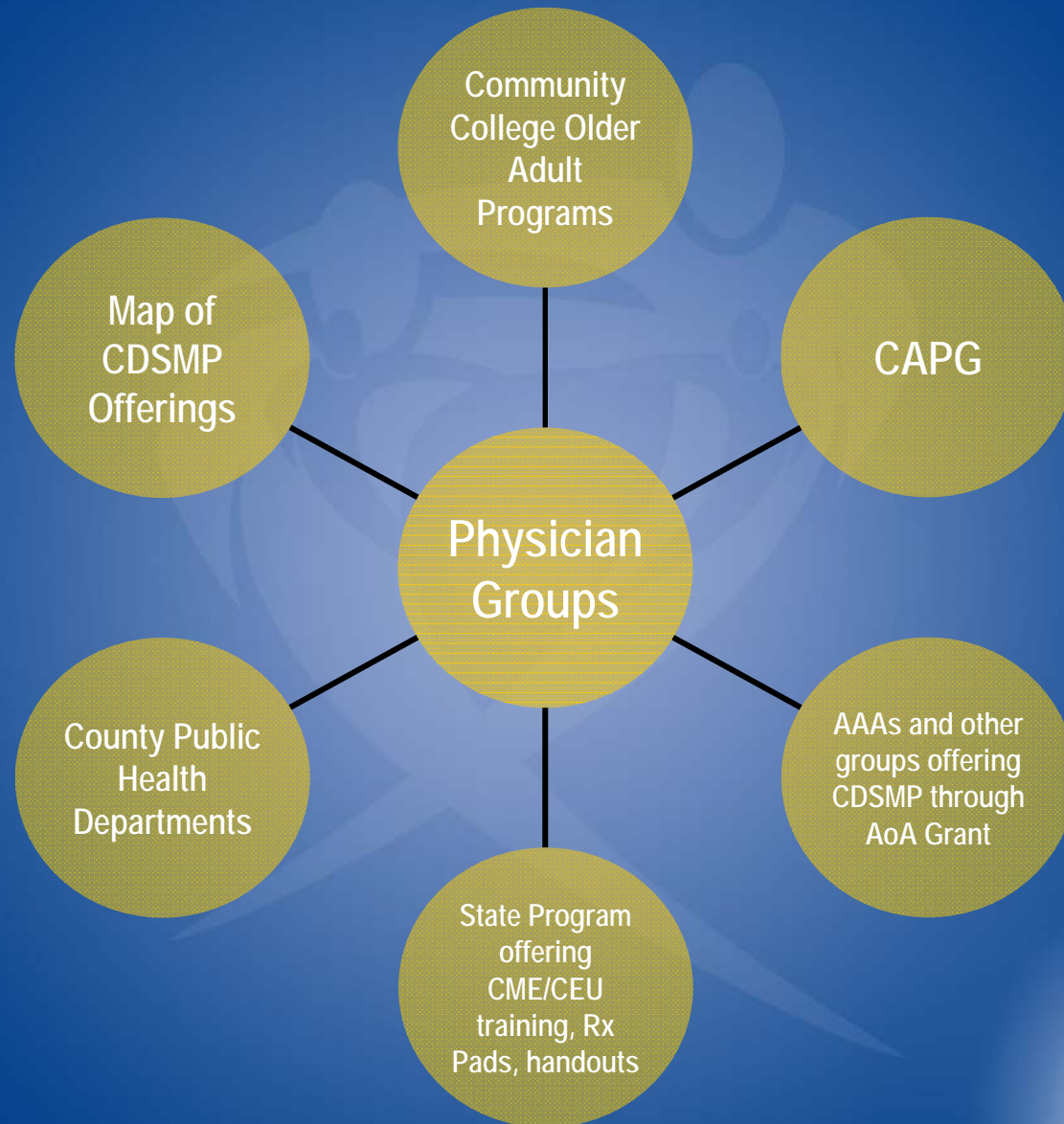
# Building Infrastructures for Health

- Physician offices need to connect to community resources to build health
- Creation of widespread community-based programs to address lifestyle change are needed – especially to manage risks like diabetes progressing, heart disease and falls
- Evidence-based programs are essential

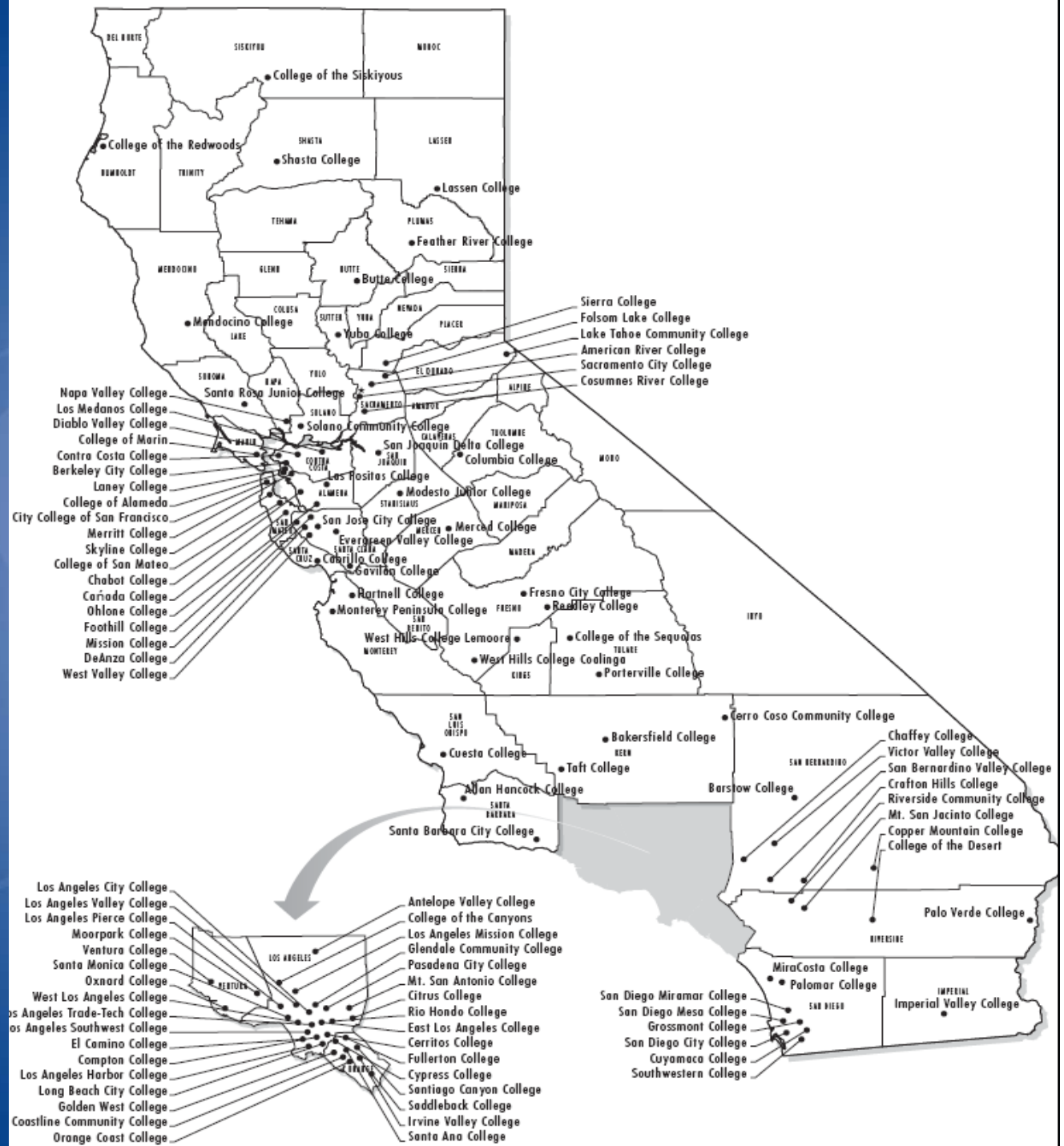
## Evidence-Based Health Promotion: What's Next?

# California Association of Physician Groups (CAPG)

- Largest U.S. professional association representing physician groups practicing in managed care
- Represent approximately 150 physician organizations
  - 59,000 Physicians
  - 15 million Californians
- Non-profit committed to the delivery of coordinated, quality, affordable and accessible health care

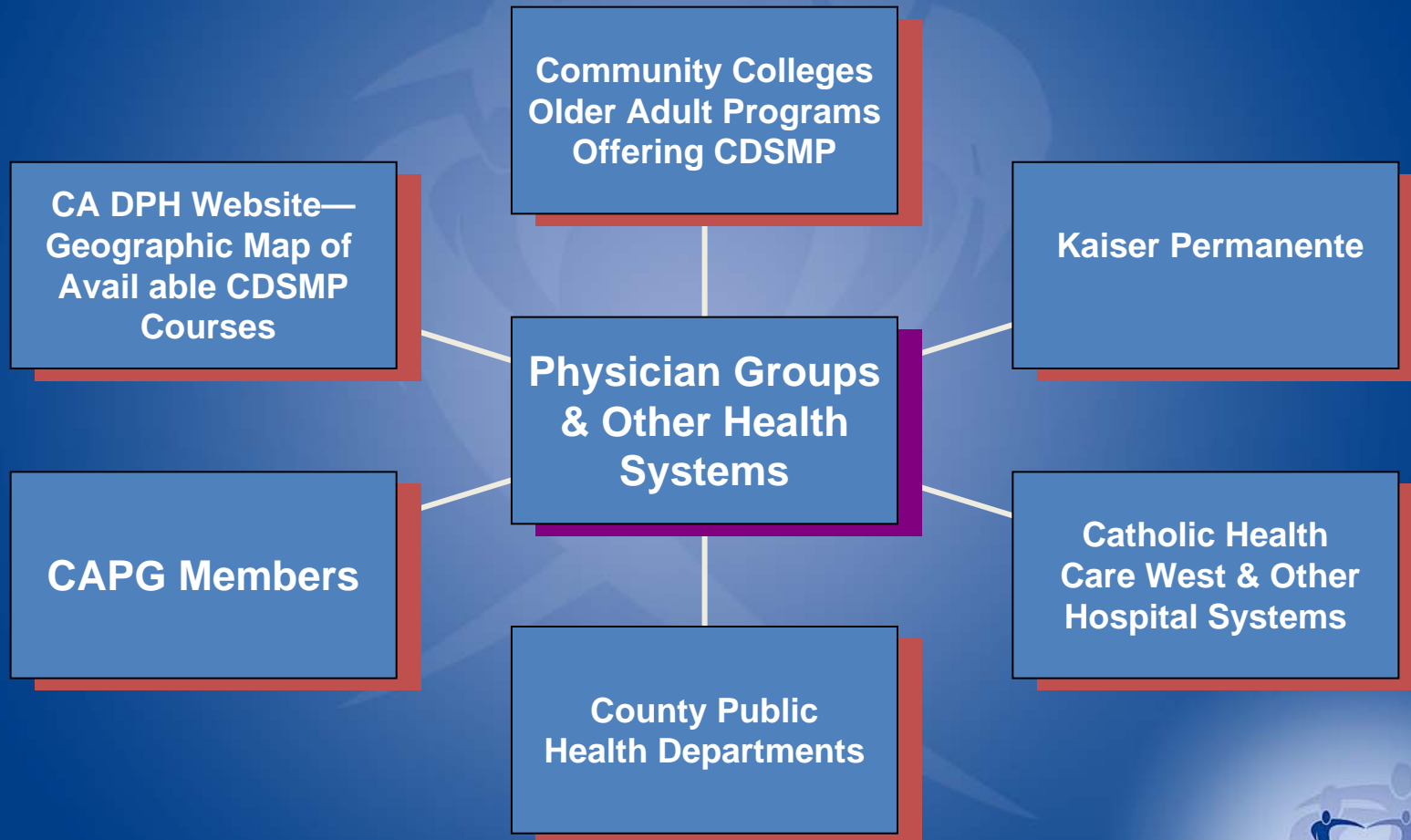


# California's Community College Older Adult Programs



# Evidence-Based Health Promotion: What's Next?

## Core Strategy Being Tested



## Evidence-Based Health Promotion: What's Next?

# Health Plans are Increasing Interest

- Exploring pilots to determine and test how to build health plan / medical group partnerships
- Registries may be important
- Evaluation of results – impact on health measures e.g. heart and diabetes – important
- Department of Managed Health Care interested in advancing clinical outcomes

## Evidence-Based Health Promotion: What's Next?

# Transforming Health Care

- Goal is individual and organizational investment in self empowerment in avoiding/managing chronic health conditions
- Mainstreaming access to health promotion tools
- Building a platform to disseminate programs that transform health and quality of life

# Evidence-Based Health Promotion: What's Next?

## Transforming Lives

We are in the service of a great vision

- Mainstreaming access to powerful tools for health
- Building a platform for better quality of life
  - Less pain
  - Less illness
  - Greater mobility and better function
- **This is a MISSION, not a PROJECT**

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