Successful Practices for Cross-Promoting CDSME and Falls Prevention Programs

October 18, 2016

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The case for Chronic Disease Self Management Education and Fall Prevention working together

- Safety net
- Same audience--participants and agencies
- Connectivity
- Cross referral and promotion
- The facts...
The case for CDSME and FP working together: the Facts

de Mettelinge, Cambier, Calders & Delbaere (2013): Diabetes is a major risk factor for falling, even after controlling for poor balance. Taking more medications, poorer walking performance and reduced cognitive functioning were mediators of the relationship between diabetes and falls.

Thompson, McCormick, & Kagan (2006): Falls are the leading cause of TBI for older adults (51%), and motor vehicle traffic crashes are second (9%). Older age is known to negatively influence outcome after TBI.

Lawlor, Patel, & Ebrahim (2003): Circulatory disease, chronic obstructive pulmonary disease, depression, and arthritis were all associated with an increased odds of falling.

CDC STEADI: What conditions make you more likely to fall? They include: lower body weakness, Vitamin D deficiency, use of medicines, vision problems, foot pain...

Other factors: Medications, muscular strength, mobility limitations, interference with daily activities
History

- Closing of Be Active North Carolina in 2012
- Prevention Partners given remaining funds, but did not have any Healthy Aging experience or capacity
- A Matter of Balance Needs Assessment
  - Process for AMOB led to desire to expand of CDSME and other Fall Prevention programs
  - Feedback from AMOB stakeholders (AMOB program implementation agencies, fall prevention advocates, older adults) indicated barriers included a lack of a coordinated, centralized processes
History (con’t)

- NC DAAS and NCCHW partnered on grantwriting
  - Awarded funding from Administration of Community Living in 2014 for Fall Prevention work
  - Awarded funding from Administration of Community Living in 2015 for CDSME
Structure

- Offices located on UNC Asheville campus at the NCCHW
- 3 fulltime positions (1 coordinator of Fall Prevention, 1 coordinator of CDSME, 1 data manager for Fall Prevention and CDSME data)
- “Healthy Aging NC Resource Center”
- Grant deliverables in alignment
- Website as centralized clearinghouse
- Mutual partners (including AAAs)
- Focus on systemic changes within organizations
- Awareness, education, and referrals
Strategies

- Website access and support: [Healthyagingnc.com](http://Healthyagingnc.com)
- Centralized posting of EBP classes, online registration, Centralized posting of events, activities and news
Strategies

- Data
  - Collection, analysis, management and reporting
- Resources
  - Toolkits, Webinars, Leader/Coach Trainings, Promotional Materials
- Focus
  - Systemic change and sustainability for programs leading to better outcomes and quality of life for older adults in NC
Examples of Cross Partnerships

- Area Agencies on Aging (AAAs)
- DisAbility Partners (a Center for Independent Living)
- Clinical-Community Outreach
  - Federally Qualified Health Centers (FQHCs)
  - Hospital Systems/Accountable Care Organizations/Community Care Organizations
Questions?

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Successful Practices for Cross-Promoting CDSME and Falls Prevention Programs

Carol Nohelia Montoya, FMD, MPH
• Non-profit organization created by Health Foundation of South Florida as the back office supporting sustainable and cost-effective process to ensure ADRCs in the State are able to scale up the dissemination of evidence-based programs.
Each AAA/ADRC has a network that includes:

- Senior Centers
- Elder Housing
- Nutrition Sites
- Parks
- Community Centers
- YMCA
- Adult Day Care
- Public Libraries
- Centers for Independent Living

Provider Network

Area Agencies on Aging Offices

**PSA 1**
Northwest Florida Area Agency on Aging, Inc. 5090 Commerce Park Circle Pensacola, FL 32505
(850) 494-7101
www.nwflaaa.org

**PSA 2**
Area Agency on Aging for North Florida, Inc. 2414 Mohan Drive Tallahassee, FL 32308
(850) 480-0055
www.aaanf.org

**PSA 3**
Elder Options 100 SW 75th Street, #301 Gainesville, FL 32607
(352) 378-6649
www.agingresources.org

**PSA 4**
ElderSource, The Area Agency on Aging of Northeast Florida 10668 Old St Augustine Road Jacksonville, FL 32257
(904) 391-6600
www.myeldersource.org

**PSA 5**
Area Agency on Aging of Pasco-Pinellas, Inc. 9549 Koger Boulevard, Gadsden Bldg., Suite 100 St. Petersburg, FL 33702
(727) 570-9696
www.agingcarefl.org

**PSA 6**
Senior Connection Center, Inc. 8928 Brittany Way Tampa, Florida 33619
(813) 740-3888
www.agingflorida.com

**PSA 7**
Senior Resource Alliance 988 Woodcock Road, Suite 200 Orlando, FL 32803
(407) 514-1800
www.seniorresourcealliance.org

**PSA 8**
Area Agency on Aging for Southwest Florida 15201 North Cleveland Avenue Suite 1100 North Fort Myers, FL 33903
(239) 652-6500
www.caosswfl.org

**PSA 9**
Area Agency on Aging of Palm Beach/Treasure Coast, 4400 N. Congress Avenue West Palm Beach, FL 33407
(561) 684-5885
www.youragingresourcecenter.org

**PSA 10**
Aging and Disability Resource Center of Broward County, Inc. 5300 Hiatus Road Sunrise, FL 33323
(954) 745-9567
www.adrcbroward.org

**PSA 11**
Alliance for Aging, Inc. 760 NW 107th Avenue Suite 214, 2nd Floor Miami, FL 33172
(305) 670-6500
www.allianceforaging.org

PSA - Planning and Service Area
Understanding Network Members

Capacity Building:

– Each agency may be at a different stage of readiness to change

– Move with each network member facilitating change from where they are to action and maintenance

– Conceptual and operational change takes time. Moving from a hierarchical relationship to a collaborative partnership.
Understanding Network Members

Behavior change in network member is similar to behavior change in people:

- Does network member want to do it?
- Are we driven by measurable objectives?
- Are we sure that work is achievable?
How do we work?

- Planning, Management and Evaluation Team formed by representatives of the 11 ADRCs and FHN.
- Statewide menu of evidence-based programs (license and training capacity provided by FHN)
- Registry of Trained peer leaders/community health educators/community health workers
- Centralized data management and information system for QI
- Centralized clinical supervision (via tele-health)
- Medicare billing provided by FHN
- Contractual negotiations done by FHN with Managed Care Organizations with network and on behalf of network
Tools

• Training tool kits
• QI and fidelity monitoring tool kit
• Marketing and community education flyers and brochures
• GIS mapping for Hub decision-making
Definition of a Wellness and Prevention Hub

• **Wellness and Prevention ‘Hub’** is an established site within a **defined geographical area** offering evidence-based programs under the joint leadership of the local ADRC and FHN

• **These sites:**
  a) Schedule prevention programs
  b) Do outreach
  c) Have a registry of community health workers
  d) Have a network of outreach sites and health care payers
Wellness and Prevention Hub Concept

ADRCs identify Hubs within their geographical area of service

Next Step: Build infrastructure for sustainability for each hub
Menu of Evidence-Based Programs

• CDSME:
  – CDSMP
  – DSMP
  – PEARLS
  – EW

• Falls Prevention:
  – MOB
  – Tai Chi for Arthritis for Falls Prevention
  – Tai Chi for Better Balance
  – Otago
Hub Development

• FHN has centralized process, resources and tools available to ADRC’s for PSA wide capacity building and hub development

• ADRC is responsible for selecting hubs and ensuring hubs have sustainable funding streams
Contact Information

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Health Promotion Activities and Outreach

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Wisconsin Department of Health Services

Samantha Vanzile-Cottrell
Aging Director
Sokaogon Mole Lake Chippewa
Partner organizations: health care, faith based, and service based organizations. (host workshops and additional evidence-based health promotion programs)

Organizational Chart

WI DHS Division of Public Health
Chronic Disease Prevention Unit
(CDC Funds)

Wisconsin Institute for Healthy Aging

Evidence-Based Health Promotion Coordinating Committee

WI DHS Division of Public Health-State Unit on Aging (OAA funds)

AAA’s Aging units
ADRC’s
Senior Centers
Local Public Health Departments (host EBHPP program coordinators and leaders)
Health Promotion Workshops promoted by Wisconsin Institute for Healthy Aging

- **Stepping On** (available in English, Spanish version in research phase)
- **Living Well with Chronic Conditions** (Stanford’s Chronic Disease Self-Management program, available in English and Spanish)
- **Healthy Living With Diabetes** (Stanford’s Diabetes Self-Management Program available in Spanish and English)
- **Powerful Tools For Caregivers** (available in English)

Visit the WIHA website [www.wihealthyaging.org](http://www.wihealthyaging.org) for information about these and other evidence-based health promotion programs in Wisconsin.
Stepping On

- Meets AoA and CDC evidence-based standard
- Developed by Dr. Lindy Clemson and Megan Swann
- Brought to U.S. by Dr. Jane Mahoney, University of Wisconsin
- Developed over years of:
  - pilot-testing
  - evaluative research
Stepping On Core Principles

- Facilitation to effect behavior change
- Decision-making as a process
- Principles of adult education
- Self-efficacy as a tool for change
- Mastery experience as a tool for change
- Group process
- Preventive Framework
Stepping On Outcomes

- Intervention group: 31% reduction in falls/Clemson
- Replication research: 50% reduction in falls/Mahoney
- Maintained confidence in more mobile ADL tasks
- After 14 months
  - 59% still doing exercises
  - 70% followed up with home visit recommendations
  - More subjects had vision checks
  - Less likely to start taking new psychotropic drug
Stepping On Weekly Topics

1. Introduction, Overview
2. The Exercises and Moving About Safely
3. Advancing Exercises and Home Hazards
4. Vision and Falls, Community Safety and Footwear
5. Medication Management, Bone Health and Sleeping Better
6. Getting Out and About
7. Review and Plan Ahead
WIHA Program Coordination

• Coordinates and Provides Leader Trainings
• Maintain Master Trainer, Health Promotion Coordinator and Leader Lists
• Maintain workshop lists for programs coordinated through WIHA
• Maintain data collection protocol
• Provides contact information for other evidence-based programs in WI
Timeline of Statewide Program Introduction

- Living Well (CDSMP) 2006
- Stepping On 2008
- Tomando Control de su Salud 2010
- Healthy Living with Diabetes (DSMP) 2013
- Powerful Tool for Caregiver 2013
- Vivir Saludable con Diabetes 2014
Connection with Additional Falls Prevention/Physical Activity Evidence-based programs

- Walk with Ease
- Strong Women: Strong Bones/Healthy Hearts
- Arthritis Foundation Exercise Program
- Tai Chi: Moving for Better Balance
- Well Balanced
- A Matter of Balance
- Fit and Strong
- SAIL
Coordination with Additional Evidence-Based Health Promotion Programs

• National Diabetes Prevention Program
• Memory Care Connections
• REACH
• SBIRT
• PEARLS
• Savvy Caregiver
Connection to Community Academic Research Aging Network (CAARN)

- Programs that are in various stages of evidence based research to development into Evidence based health promotion programs.
- Topics range from physical activity, medication management, depression management, yoga, tai chi, etc.

www.wihealthyaging.org
Sokaogon Mole Lake Chippewa

• ACL/AoA Falls grant 2014
• Environmental scan of all elders for VI grant
• Trained new leaders
• Hired health Promotion Coordinator
• Partnered with Tribal Health Care Center to training Stepping On Leaders
• Stepping On Workshops held at Elderly Complex; congregate meal site
Sokaogon Mole Lake Chippewa

- ACL/AoA CDSME grant 2016/ will implement Healthy Living with Diabetes (DSMP).
- Special Diabetes for Indians (SDI) grant for Tribal Health Care Center will implement National Diabetes Prevention Program.
Sokaogon Mole Lake Chippewa

- Mole Lake partnered with county aging unit to offer Stepping On to Non-Native county residents
- Mole Lake partnered with county health department to refer Stepping On completers to Walk with Ease Program
- Stepping On completers will be referred to Healthy Living with Diabetes Program
Sokaogon Mole Lake Chippewa

- 5 workshops with 67 completers (83% completion rate)
- Tribal Health Care Center has imbedded referral of Stepping On into health care appointment routine
- Elders want to continue with additional workshops
QUESTIONS

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Questions & Answers

Type your question into the chat box on the lower left-hand side of your screen.

For reference, the recording of this webinar will be available shortly on www.ncoa.org/cha.