Wellness Model for Senior Center

Jill Jackson Ledford, MSW
National Council on Aging

Elizabeth Bernat, MHA
Lowcountry Senior Center

2009 ASA-NCOA Joint Conference
Las Vegas, Nevada
Objectives for Session

- Understanding the need for evidence-based programs
- Reviewing the national picture and trends
- Evaluating readiness for evidence-based programming
- Partnership development
- The nuts & bolts of planning and implementation - A case study from one community’s vision
- Increase knowledge about evidence-based programming and resources
Chronic Disease - An Epidemic of Unparalleled Proportions

- Over 1.7 million Americans die of a chronic disease each year.
- 80% of older adults have at least one chronic condition; 50% at least two.
- Greater prevalence among minority populations
- 95% of health care spending for older adults attributed to chronic conditions
- Four chronic diseases - heart disease, cancer, stroke, and diabetes - cause almost two-thirds of all deaths each year.
Chronic Diseases Account for Most Spent 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

Mensah: www.nga.org/Files/ppt/0412academyMensah.ppt#21
Our nation spends more on health care than any other country in the world

Mensah: www.nga.org/Files/ppt/0412academyMensah.ppt#22
US Federal Spending in Billions, 2006

- Medicare: $350
- Medicaid Aged: $50
- AoA, CDC, CD: Less than $50

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Leading Causes of Death Age 65+
“Medical Diagnoses”

- Heart Disease 32%
- Cancer 22%
- Stroke 8%
- Chronic respiratory 6%
- Flu/Pneumonia 3%
- Diabetes 3%
- Alzheimer’s 3%

CDC-MIAH 2004; CDC/NCHS Health US, 2002
### “Actual Causes of Death”
#### Behavioral Risk Factors

<table>
<thead>
<tr>
<th>Behavior</th>
<th>% of deaths, 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>19%</td>
</tr>
<tr>
<td>Poor diet &amp; nutrition/Physical inactivity</td>
<td>14%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>5%</td>
</tr>
<tr>
<td>Infections, pneumonia</td>
<td>4%</td>
</tr>
<tr>
<td>Racial, ethnic, economic disparities</td>
<td>?</td>
</tr>
</tbody>
</table>
Threats to Health 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%-20% clinically significant depression
- 35% no flu shot in past 12 months
- 45% no pneumococcal vaccine
- 20% prescribed “unsuitable” medications

www.cdc.gov/nchs
National View

- Aging Population
- Increasing Chronic Conditions
- Increasing Healthcare Costs
NCOA’s Center for Healthy Aging

- Increase the quality and accessibility of health programming for older adults
  - Collaborate with diverse organizations to contribute to a broad-based national movement.
  - Identify, translate and disseminate evidence on what works - scientific studies and best practices.
  - Promote community organizations as essential agents for improving the health of older adults.
  - Advocate for greater support for strong and effective community programs.
The Center’s Work

- Evidence-based Prevention and Model Health Programs
  - Self care of chronic conditions
  - Physical activity
  - Fall prevention
  - Depression
  - Diet
- Physical Activity
- Falls Prevention
- Building Teams and Partnerships
  - Health care and aging
  - Public health and aging
  - Mental health and aging
Where We’ve Been

- Early work - Identifying Best Practices - Physical Activity
- Four-year project, funded by the John A. Hartford Foundation, to develop, test, and disseminate evidence-based health promotion programs for delivery by aging service providers.
  - Four programs and toolkits
- NCOA became the National Resource Center for Evidence-Based Disease Prevention Programs, an Administration on Aging’s national initiative including 14 community-based organizations that replicated evidence-based healthy aging programs in their communities.
  - improved health outcomes for older adults
  - program manuals, reports on lessons learned and best practices, and tools
Launching a National Movement on Evidence-Based Prevention in Aging

- Assess the state of the field - national survey
- Assess the state of the science - expert reviews
- Develop and test evidence-based models
- Integrate aging, public health, health care, mental and research
- Design practical tools; define the field
- Educate and advocate

Impact

- Multi-year expansion of funding for now exceeds $25 million
- Major component of Choices for Independence
- New language in Older Americans Act and State Plans
- CDC offers small grants program
- AHRQ offers training to teams from 24 states
- Programs attract diverse participants; deliver a health benefit
AoA’s Choices for Independence Initiative

- Empowers individuals to make informed decisions about their long-term support options
  - Aging and Disability Resource Centers
- Provides more choices and flexible funding for individuals at high-risk of nursing home placement
  - Community living incentive
- Enables older people to make lifestyle modifications that can reduce their risk of disease, disability, and injury
  - Evidence-based health promotion and disease prevention programs through local aging services provider organizations
Growing Momentum

- Total national, state and local investment exceeds $25,000,000 since 2002
- AP grant to NCOA of $5,000,000
  - Embed the Stanford Chronic Disease Self-Management Program in five states
  - Foster diffusion of the CDSMP
  - Build and support networks of providers
  - Address policy and regulatory barriers
National Movement

27 Evidence-Based Prevention Program States

Evidence-Based States
- Funded by AoA or AP

Evidence-Based States-unfunded

Prepared by the Center for Healthy Aging, NCOA
www.healthyagingprograms.org

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Local Level Work To National Success

Evidence-Based Disease Prevention Grants Program

- Of the 24 AoA states funded, more than 11,030 older adults have participated in at least one of 7 evidence-based programs. (May 2008)
  - 2007 grantees: 25 host organizations and 73 implementation sites
  - 2006 grantees: 73 host organizations and 422 implementation sites
Growing Momentum

- NCOA continues as National Resource Center for Evidence-Based Disease Prevention Programs
- Shaped a collaboration between Atlantic Philanthropies and the Administration on Aging and its federal partners for a national grants program
- Evidence-based health promotion and disease prevention program Grants
  - All states to implement Stanford’s Chronic Disease Self Management Program along with one other EBP
  - 2006 - 16 States funded
  - 2007 - 8 additional states funded
  - 2007 - 3 additional states - AP Challenge Grants
  - 2008 - 8 states funded through AP Sustainable Systems Grant
National Trends

- Supporting evidence-based health promotion & disease prevention:
  - Prevention - the latest solution for rising healthcare costs
  - Medical Home Model
  - Project 2020
  - Medicare and Medicaid reimbursement for evidence-based programs
  - Policy - Empowered at Home Act of 2008
A Wellness Model Senior Center

The Important Role of the Local Level

Lowcountry Senior Center,
Charleston, SC
# Impact at the Local Level

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<tr>
<td>Diabetes 3%</td>
<td></td>
</tr>
<tr>
<td>Alzheimer’s 3%</td>
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* 2000
How Can a Senior Center Make an Impact?

- 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%-20% clinically significant depression
- 35% no flu shot in past 12 months
- 45% no pneumococcal vaccine
- 20% prescribed “unsuitable” medications
Senior Centers Can Make a Difference!

EnhanceFitness
The Wellness Model

- Based on the six dimensions of wellness
  - Emotional Wellness
  - Intellectual Wellness
  - Physical Wellness
  - Social Wellness
  - Spiritual Wellness
  - Vocational Wellness
Lowcountry Senior Center Model

- Six dimensions of wellness
- Holistic approach to aging
- Encourages self responsibility
- Self management of chronic conditions
- Targeting age 50 + individuals
- Bringing together the social and medical fields
Snap Shot of Today

- 10,500 square foot independent senior center
- Membership based with 1,250 members
  - $50 per year Regular Membership
  - $85 per year Gold Membership
    (Access to Fitness Room)
- Average 260 classes per month (on and off site)
- Average 214 visits per day (on and off site)
- Total 49,938 visits in 2008
- 70% of all visits are related to exercise
  - Visits to exercise classes
  - Visits to fitness room or gym
Snap Shot of Today

Evidence-Based Health Promotion
- Chronic Disease Self-Management Program: Off-site locations
- Enhance Fitness: Three off-site locations in three counties
- Enhance Wellness
- Matter of Balance: Off site locations
- Arthritis Foundation Exercise Program
- Arthritis Foundation Self-Help Program
  Total EBP Visits: 17,693

Outcomes/Research-Based Health Promotion
- Healthy Eating Every Day
- Powerful Tools for Caregivers
  Total Outcomes-Based Health Promotion Visits: 123

TOTAL 2008 HEALTH PROMOTION VISITS: 17,693 = 35% TOTAL VISITS
What are the Outcomes?

2007 Annual Membership Survey

- 62% exercise more often since joining
  - 44% exercise 5-6 times more a month
- When asked how has the senior center impacted your life:
  - 45% improved their physical health
  - 56% increased/started exercising regularly
  - 40% better physical mobility
- Enhance Fitness
CDSMP - Overview

- Designed to address chronic diseases such as lung and heart disease, diabetes and arthritis
- Facilitate the learning of self-management tools such as action plans, relaxation techniques, communication, problem solving, and others
- Meetings are highly interactive.
- Participants help each other by sharing their experiences.
- Small peer-led groups of 10-16 people
- Process is more important than content.
- Empowerment and self efficacy are key concepts.
- 6 weeks - 2 ½ hour sessions each
- Standardized training for leaders
- Highly structured facilitation protocol
- Standardized participant materials
CDSMP - Steps in the Process

- Secured grant funding
- Obtained a license for the organization from Stanford
- Scheduled and marketed our first workshops
- Staff trained to be Master Trainers
- Master Trainers had to complete two workshops before being certified to train lay leaders.
- Created an CDSMP Advisory Committee
- Recruited new volunteer leaders during the workshops
- Conducted trainings of new lay leaders
- Developed various marketing materials / tools with different messages
- Developed partnerships in community to offer workshops
- Offering workshops throughout the community
CDSMP - Lessons Learned

- First wave of first adopters attending the workshops
- Reach beyond your traditional customer base for participants
- Keep the marketing fresh - positive messages and images
- On-site presentations for off-site locations with sign-up sheets
- Recruit more lay leaders than you think that you need
- Involve Master Trainers in recruiting and assigning lay leaders
- Involved all staff as either leader and/or Master Trainer
- Process for assessing the skills of leaders
- Pair more experience leader with a newer leader
- Team meetings with lay leaders
- Ongoing training
Matter of Balance - Overview

- 8-week workshop meeting once per week for 2 hours
- Addresses the fear of falling in older adults, fall prevention, how to get-up from a fall, and a fall self-assessment
- Lay leader model
- Small groups facilitated by peers
- Teach skills such as problem solving, self-assessments, and assertiveness in managing their prevention of falls
- Home safety check-list
- Behavior change
- Learn basic fall prevention exercises
Matter of Balance - Steps in the Process

- Secured grant funding
- Scheduled and marketed our first workshops
- Staff trained to be Master Trainers
- Obtained a license for the organization from Maine Health
- Partnered with physical therapist to participate in workshops
- Recruited new volunteer leaders during the workshops
- Conducted trainings of new lay leaders
- Developed various marketing materials / tools with different messages
- Developed partnerships in community to offer workshops
- Partnered with hospital systems falls prevention team
Matter of Balance - Lessons Learned

- Recruit of lay leaders within the first year
- Recruit more lay leaders than you think that you need
- Easy to implement and market
- Involve a physical therapist
- Partnering with community fall prevention initiatives
- Popular workshop with participants
Enhance Fitness - Overview

- One component of ProjectEnhance - includes Enhance Fitness and Enhance Wellness
- Based on research from over 100 sites
- Focuses on flexibility, balance, low impact aerobics and strength training
- Classes are led by certified instructors.
- Ten to 25 people close to your own level of fitness
- 5 minute warm-up, 20 minute aerobics, 5 minute cool down, 20 minute strength training, 10 minute stretch, and balance exercises throughout
- Very social classes with opportunities to make new friends
Enhance Fitness - Steps in the Process

- Secured grant funding
- Individual consultation with program administrators (Senior Services, Seattle, Washington)
- Staff trained to be leader
- Obtained a license for the organization
- Started implementing exercise classes
- Transitioned all exercise classes to Enhance Fitness with different levels of cardio workouts
- Obtained funding with Trident Area Agency on Aging to offer in three counties
- Recruited and trained current and new instructors for off-sites
- Developed various marketing materials / tools with different messages
- Developed partnerships in community to offer workshops
Enhance Fitness - Lessons Learned

- Identify Master Trainers in your area
- Obtain master training certifications early in the process if limited options
- Difficult to find volunteer instructors
- Need to transition all your exercise classes to EnhanceFitness
- Train all your current instructors in EnhanceFitness
- Created classes all levels of fitness by altering the cardio portion of the class
- More money for more sites
- Free exercise classes
- Obtain a memorandum of commitments from your partners
- Create the ability to create individual reports for participants
Evidence-Based Programming Highlights

- Pre-packaged programs with detailed curriculums
- Tools already in place for marketing and evaluation
- Quality programs that are marketable to the community at large
- Master trainer options for sustainability
- Utilize volunteers as lay leaders
- Ideal for organizations that have strong volunteer programs in place and/or utilized self-directed volunteer teams
- Senior Center providing health promotion/disease prevention services
Evidence-Based Programming Tips

- Based on research and designed to be replicated
  - Read the research
  - Contact others who have replicated
- Sponsoring organization for the program
  - Licensing requirements
  - Licensing fees
  - Reporting requirements
  - Leader certifications
- Trainings
- Required supplies for workshops
- Other providers in your area
- Identify partners in the community
Evidence-Based Prevention*

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 that supports the statement, “*Something* should be done.”
- Evidence about a tested intervention or model that supports the statement, “*This* should be done.”
- Evidence about the design, context and attractiveness of the program that supports the statement, “*How* this should be done.”

* Bronson and others
Evidence-Based Health Promotion Programs

- Chronic Disease Self-Management Program (CDSMP)
- Matter of Balance
- EnhanceFitness
- EnhanceWellness
- Healthy Ideas
- Pearls
- Active Living Every Day
- Fit & Strong
- Healthy Eating
- Healthy Moves
Nuts & Bolts of Evidence-Based Programs
Chronic Disease Self-Management Program

- Created by Kate Lorig from the Stanford Patient Education Research Center
- Designed to address chronic diseases such as lung and heart disease, diabetes and arthritis
- Focus groups with patients
- Shifts the sites of care from the medical setting to the community
- Evaluated in randomized trials for long-term outcomes

Source: Adapted from Kate Lorig presentation, AHRQ conference, 2006
How Does the Program Work?

- Small peer-led groups of 10-16 people
- Process is more important than content.
- Empowerment and self efficacy are key concepts.
- 6 weeks - 2 ½ hour sessions each
- Standardized training for leaders
- Highly structured facilitation protocol
- Standardized participant materials
- Meetings are highly interactive, focusing on building skills, sharing experiences and support e.g., symptom management, action planning, problems solving, communications, exercise, nutrition, advanced directives

Source: Adapted from Kate Lorig presentation, AHRQ conference, 2006
What are the Outcomes?

- For over 20 years, Stanford Patient Education Research Center has developed, tested, and evaluated self-management programs for people with chronic health problems.

- Participants, when compared to those who did not, demonstrated significant improvements in level of exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations.

- Fewer days in the hospital, a trend toward fewer outpatients visits and hospitalizations. These data yield a cost to savings ratio of approximately 1:10. Results can persist for as long as three years.

http://patienteducation.stanford.edu/programs/cdsmp.html
Readiness

- Is the agency/partnership willing to do evidence-based health programs and stay true to the model(s) being implemented?

- Is there funding for the program? New funding and/or willingness to reallocate current resources to support evidence-based health programming

- Is there access both to personnel with the expertise to do these programs, and to the population that needs these programs?

- Is there buy-in from senior leadership and key partners as reflected in both programmatic and financial support?
Nuts & Bolts

- Licensing
  - Licensing organization
  - Terms of licensure
  - Fee structure over life of program
  - Reporting requirements & responsibilities

www.patienteducation.stanford.edu
Nuts & Bolts

- Curriculum
- Class & participants supplies
- Facilitator/instructor requirements & trainings
- Lay leader models
- Master trainer options
- Evaluation tools
- Marketing tools
Training

- Requires trained, certified leaders
- Two or three tiers of trained leaders
  - Lay Leaders
  - Master Trainers
  - T-Trainers
- Master Trainers in easy proximity
- Use volunteers as lay leaders
Training

- Train more leaders than you need:
  - 12 workshops in one year
  - 24 lay leader volunteer opportunities in the year
  - Minimum 12 trained volunteers (2 workshops per year per volunteer)
- On-going trainings and team meetings of leaders
Volunteer Lay Leaders

- Requires volunteer management and coordination
- Understand the program, required skills, expectations, responsibilities, etc.
- Communicate the time commitment
  - 3.5 days of training
  - One hour prep time before a class
  - Up to a 4+ hours the day of a class
- Provide ongoing volunteer support and training
Volunteer Lay Leaders

- Higher-level volunteer opportunities
- Training opportunities
- Cultivate expertise as leaders
- Opportunity to engage new cadre of potential volunteers
- Multiple roles for volunteers
- Key to sustainability
Business Plan

- Create a multi-year business plan and budget
  - Volume projections
  - Timelines
  - Trainings
  - Volunteer recruitment strategy
  - Marketing and communications plan
  - Outreach / off-site strategy
- Identify challenges and shortfalls
- Identify sponsorship and/or partnership opportunities
What does CDSMP Cost?

- Agency staff time
- License from Stanford
- Lay Leader Training
  - 2 Master Trainers
  - Food and materials (only for training)
- Participant books and tapes
- Marketing expenses
- Lay leader support
- Program Evaluation
The View at the Local Level

- Lowcountry Senior Center Journey
  - Developed substantial partnerships - healthcare, municipalities, AAA, etc.
  - Collected Outcomes for Senior Center attendance
  - National Senior Center Accreditation - partnerships, plan
  - Watching the early development of CDSMP and other EBP
  - Developed an advisory group
  - Trained as Arthritis Self Help workshop leaders
  - Reviewed literature available
  - Developed business case
  - Developed action plan - which programs, when, etc.
  - Identified funding
  - Implementation plan
A Menu of Programs (2002-2008)

- Arthritis Self-Help
- EnhanceFitness
- Chronic Disease Self-Management Program
- Spirituality programming/Sage-ing Circle (Outcomes)
- Cyber Seniors (Outcomes)
- EnhanceWellness
- Healthy Eating Every Day
- Matter of Balance
- Powerful Tools for Caregivers (Outcomes)
- Arthritis Exercise Program
Different Levels of Involvement

- Implement the programming (Host site)
- Partner with others to offer programs at the center (Implementation site)
- Help recruit lay leaders/instructors from volunteers, staff, older worker programs, etc.
“Excovate” to Innovate

- Communications
Partnership Exercise

- Who are your partners?
  - List 3 or 4 partners that you
Partnership Planning

- **Networking** - involves the exchange of information for mutual benefit. This requires little time and trust between partners.

- **Coordinating** - involves exchanging information and altering activities for a common purpose.

- **Cooperating** involves exchanging information, altering activities and sharing resources. It requires a significant amount of time, high level of trust between partners and sharing the turf between agencies.

- **Collaborating.** In addition to the other activities described, collaboration includes enhancing the capacity of the other partner for mutual benefit and a common purpose. Collaborating requires the partner to give up a part of their turf to another agency to create a better or more seamless service system.
The Power of Partnerships

- EBP Initiative
- Funding
- Healthcare
- Research Partners
- Public Health Department
- Coalitions
- Policy Makers
- Other Community Agencies
Healthy Aging in America

Local Service Providers Can Make a Difference!

- EBP programs based in research showing that they have a positive measurable health benefit
- EBP attracts members/participants
- Program outcomes can be used in work with funding sources and policy makers
- Relatively inexpensive to replicate
- Helps provider to develop substantial partnerships
- EBP is of interest to healthcare systems
- Expands variety of programming
What It Takes

- Understanding the challenges we face as an aging nation
- Understanding that changing behavior and lifestyles can make a difference
- Support and commitment for Evidence-based health promotion programs
- Developing partnerships to implement Evidence-based health promotion programs
- Development of tools, resources and funding
- Ongoing Research
- Commitment to Systems Change
Other Evidence-Based Programs

- Healthy Ideas, Pearls, Active Living Every Day, Medication Management
  www.healthyagingprograms.org

- On-Line Learning Modules - Evidence-Based 101
  http://www.healthyagingprograms.org/content.asp
  ?sectionid=135
Resources - Center for Healthy Aging - NCOA

- www.healthyagingprograms.org
- Checklist for Structured Physical Activity Programs for Older Adults
- Checklist for Fall Prevention Programs
- From Their Study to Your Demonstration: Tracking Similarities and Differences in Evidence-Based Program Implementation
- Self-Assessing Readiness for Implementing Evidence-Based Health Promotion and Self-Management Programs
More Resources You Can Use

- www.healthyagingprograms.org
- www.thecommunityguide.org
- www.asaging.org/cdc/HealthWord.cfm
- www.uncioa.org/agelib
- www.re-aim.org
Three Kinds of Senior Centers

- Make things happen!!!
- Watch things happen!
- Wonder what happened!
Questions??????????

Elizabeth Bernat, MHA
Executive Director
Lowcountry Senior Center
www.rsfh.com/seniorcenter

Jill Jackson Ledford, MSW
VP, Health Promotion
www.healthyagingprograms.org
www.ncoa.org

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