



Age + Action

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ncoa

National Council on Aging

Leveraging \$\$\$: From ACL to CDC and OAAA without going CRZ

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Definition of “leverage”



1: to provide (something, such as a corporation) or supplement (something, such as money) with leverage *also* : to enhance as if by supplying with financial leverage

2: to use for gain : EXPLOIT

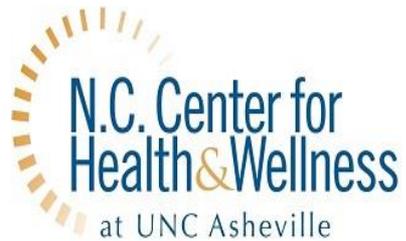
Financial Definition of *leverage*

Leverage is any technique that amplifies investor profits or losses. It's most commonly used to describe the use of borrowed money to magnify profit potential (financial leverage), but it can also describe the use of fixed assets to achieve the same goal (operating leverage).

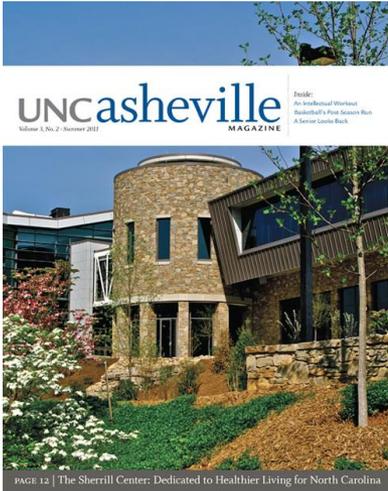
Objectives of today's presentation:



- Explore Arthritis as a “gateway” chronic condition to reach multiple audiences, agencies, and ages
- Discuss ways to utilize the aging network and CDSME foundation to secure more impact, gain new partnerships, and expand program offerings
- Identify the Training Academy Model as a means to address program and leader needs
- Illustrate new strategies for promotion, physical activity, and clinical-community partnerships



No need to reinvent the wheel



The NC Center for Health and Wellness at UNC Asheville

Mission: Develop equitable opportunities that lead to healthy North Carolina communities

The Healthy Aging NC Initiative (est. 2016):

A statewide resource for evidence-based programs and healthy aging resources connecting people to the programs and agencies that improve community health.

Initially, a statewide resource for evidence-based programs:

- Falls Prevention Programs
- Chronic Disease Self-Management Education Programs

North Carolina Demographics



Health of People 65+

- 37% have at least one disability
- 81% have at least one chronic disease
- 51% have 2 or more chronic diseases
- 13% experienced 1 fall
- 16% experienced 2 or more falls in past 12 months
- 67% reported exercising in past month
- 9% self-reported poor health status

Source: American Community Survey 2012-2016 five year estimates, Table B18101
BRFSS 2016 survey results, NC State Center for Health Statistics

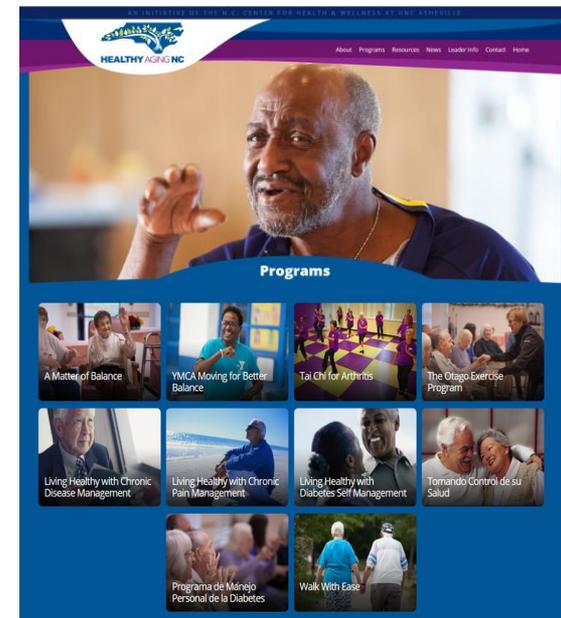
Components of the Healthy Aging NC Initiative

Healthy Aging NC:

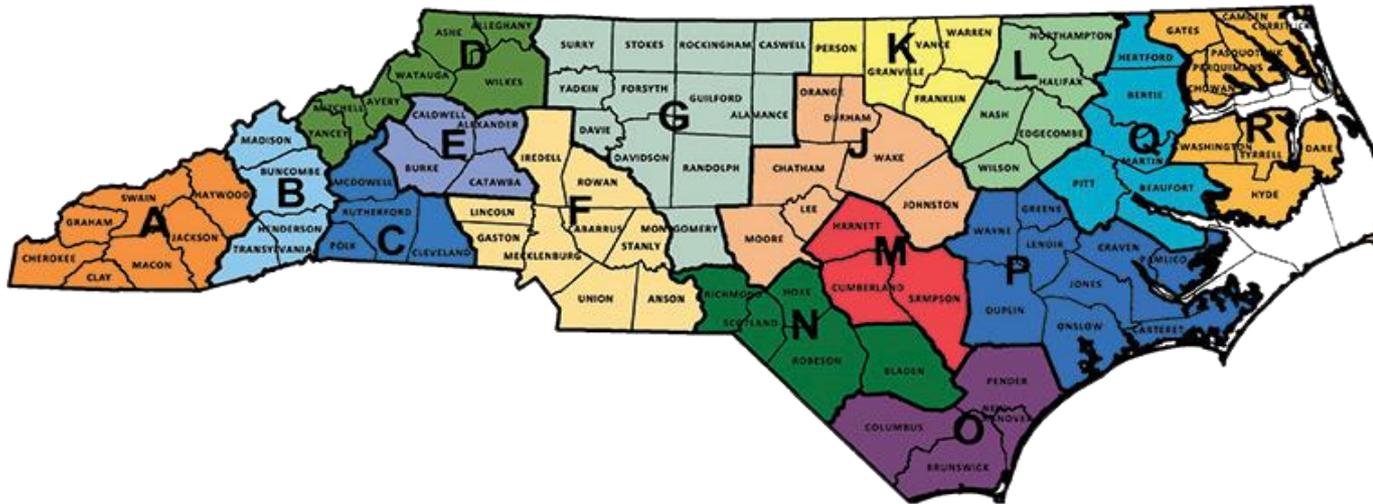
Connects people to the programs and agencies that improve community health

Increases the capacity of providers to offer these programs

- A) Website: www.healthyagingnc.com
- B) Data Management
- C) Technical Assistance and Resource Development
- D) Master Trainer and Lay Leader Support



The Healthy Aging NC Initiative works in partnerships with Area Agencies on Aging



Leverage aging network (Area Agencies on Aging, Senior Centers) with expansion audiences

Chronic Disease Self-Management Education Training Academy



Provide low-cost CDSME master trainings in-state

Develop resources for master trainer and lay leader support

Facilitate regional meetings and summits

Contribute to program sustainability

“Living Healthy” with Chronic Disease Self-Management Program

Interactive Workshops: Chronic Disease, **Chronic Pain**, Diabetes

- Self-management
- Meetings once weekly for 6 weeks
- 2 ½ hour sessions
- 8 – 15 participants/workshop
- Led by 2 trained facilitators
- Focuses on skills and techniques





CPSMP Research Outcomes

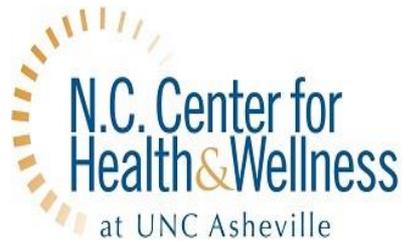
One hundred and ten individuals with mixed idiopathic chronic pain conditions were enrolled in the study (75% female; mean age 40 years; mean chronicity 6 years) and were randomly assigned to one of two conditions: the 12-h (CPSMP) intervention group, or the 3-month wait-list control group. Self-report measures of pain-related and other quality of life variables as well as two hypothesized mediating variables were collected pre-treatment and 3 months later by assessors blind to group allocation. One hundred and two subjects completed the study. Results of intention-to-treat analysis indicated that **the treatment group made significant short-term improvements in pain, dependency, vitality, aspects of role functioning, life satisfaction and in self-efficacy and resourcefulness as compared to the wait-list control group.**

LeFort, S., Gray-Donald, K., Rowat, K.M. & Jeans, M.E. Randomized controlled trial of a community-based psychoeducation program for the self-management of chronic pain. Pain, 74, 297-306, 1998

Chronic Pain Self-Management Program

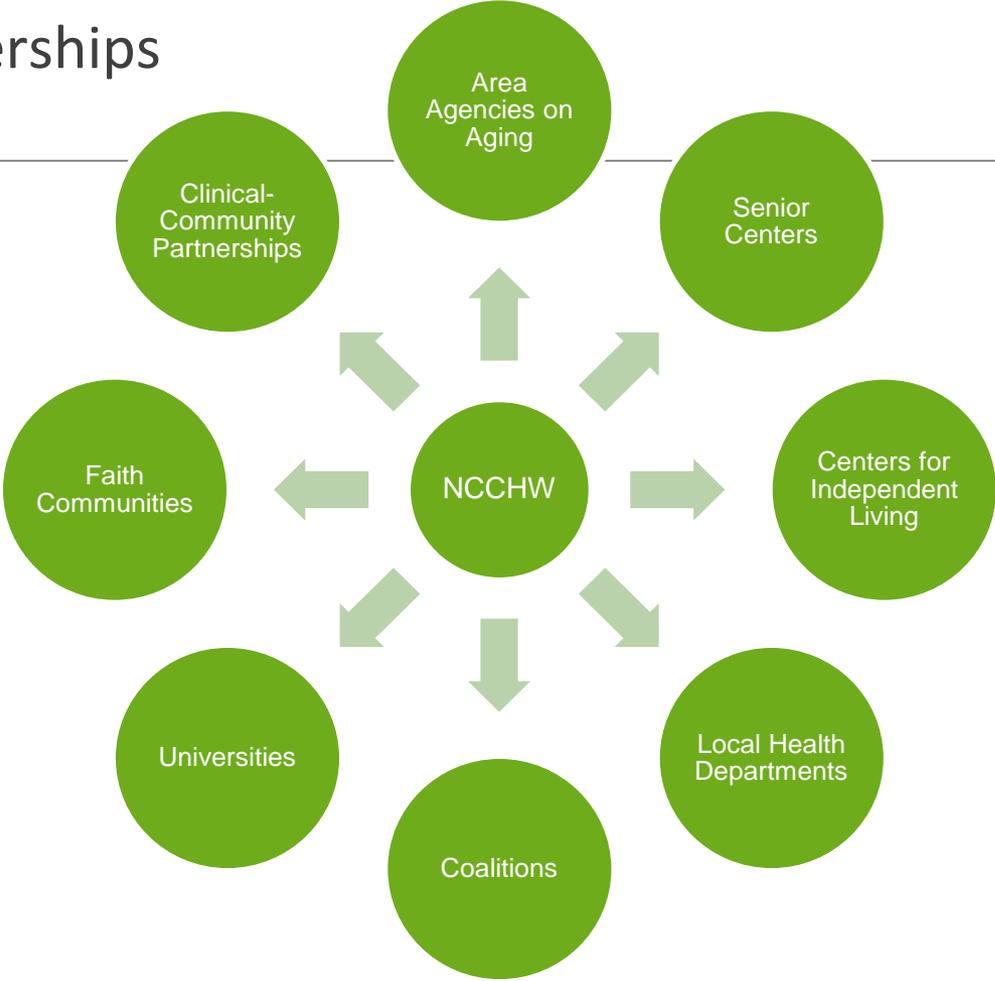


- ▶ "I greatly admire the design of the CPSMP. It allowed people to open up about their inability to deal with pain in socially acceptable and legal ways and to begin trying new techniques." *(leader)*
- ▶ "When I started to take the class, I was walking with so much pain, I couldn't sleep, and my life was a jumbled mess. Since completing the course, I have a better understanding of my pain and how to manage it. I sleep more, and move more, and I am able to set goals and reach them." *(participant)*
- ▶ "The chronic pain self management program has been getting patients to things that I haven't been able to get them to do." *(health care provider)*



Smaller partnerships can lead
to larger ones

NC Partnerships



The OsteoArthritis Action Alliance (OAAA)



Advancing Osteoarthritis Awareness,
Resources and Education



Ma healthy
weight will reduce the
stress on joints.



Just 10 pounds of excess body weight adds

<http://oaaction.unc.edu/>

Walk With Ease (WWE)

- Led by 1-2 trained facilitators
- Meets 3 times per week for 6 weeks
- Each session is about an hour
- For a group of 12-15 participants
- The sessions consist of a "lecturette topic" lasting about 5-10 minutes, warm up, stretching, walking, cool down, and stretching.

- A "self-directed version is available with support provided through on-line and email resources and optional and/or reduced walking sessions



Research: Walk With Ease

Summary of the Evidence

Author, Year	Design	Participants	Outcomes
Callahan LF, Shreffler J, Altpeter M, et al. (2011)	Quasi-experimental pretest-posttest evaluation of group and self-directed formats Performance and self-reported outcomes at baseline and 6 weeks Self-reported outcomes at 1 year	468 participants from urban and rural communities	No difference in group vs. self-directed formats at 6 weeks: ↓ pain, stiffness, fatigue ↓ disability ↑ strength, balance, walking pace ↑ confidence in ability to manage arthritis More benefits sustained at 1 year with self-directed format

Selected References

¹ Callahan LF, Shreffler J, Altpeter M, et al. Evaluation of group and self-directed formats of the Arthritis Foundation's Walk With Ease Program. *Arthritis Care & Research*. 2011;63(8):1098–1107.

More than half of all adults with diabetes or heart disease also have arthritis.⁸ Additionally, 2/3 of obese adults will develop knee OA at some point in their life.³

1 in 4 adults with arthritis are physically inactive even though physical activity is proven to lower pain by 40% when active for 2.5 hours a week.⁸

North Carolina	2013	2015
Adults with arthritis	1,989,000	2,089,000
Adults limited by arthritis	1,048,000	1,080,000
% with arthritis	26	27
% women/men with arthritis	29/24	30/24
% whites/blacks/Hispanics with arthritis	29/27/6	31/25/7
% 18-44 years with arthritis	10	9
% 45-64 years with arthritis	35	36
% 65 years and older with arthritis	52	54
% with arthritis who are inactive	39	40
% arthritis among adults with diabetes	53	53
% arthritis among adults with hypertension	44	46
% arthritis among adults who are obese	36	37

Objectives of Grant Funding

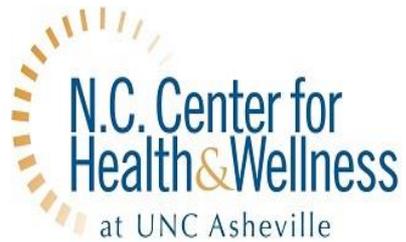
Osteoarthritis Action Alliance (OAAA):

OAAA provided mini-grant funding for community entities to leverage collaborations, existing resources, and current programmatic efforts in order to expand the dissemination and delivery of *WWE* and to develop models for sustainability and ongoing funding.

NCCHW Project Manager and Data Administrator to coordinate work across NC, order materials, develop and distribute marketing materials, update healthyagingnc.com website with *WWE* information, enter data into the national database and reporting formats, and analyze efforts and results.

Training for leaders at \$89/online training

Supplies and Materials (books at \$4.95 each)



Be open to opportunities

Interventions to Prevent Falls in Community-Dwelling Older Adults

Multifactorial and exercise interventions were associated with fall-related benefit; evidence most consistent across multiple fall-related outcomes for exercise.

Guirguis-Blake JM, Michael YL, Perdue LA, Coppola EL, Beil TL, Thompson JH. (2018) **Interventions to Prevent Falls in Community-Dwelling Older Adults: A Systematic Review for the U.S. Preventive Services Task Force.** Evidence Synthesis No. 159. AHRQ Publication No. 17-05232- EF-1. Rockville, MD: Agency for Healthcare Research and Quality.



Effectiveness of Self-Management Programs



<https://iprcc.nih.gov/National-Pain-Strategy/Overview>

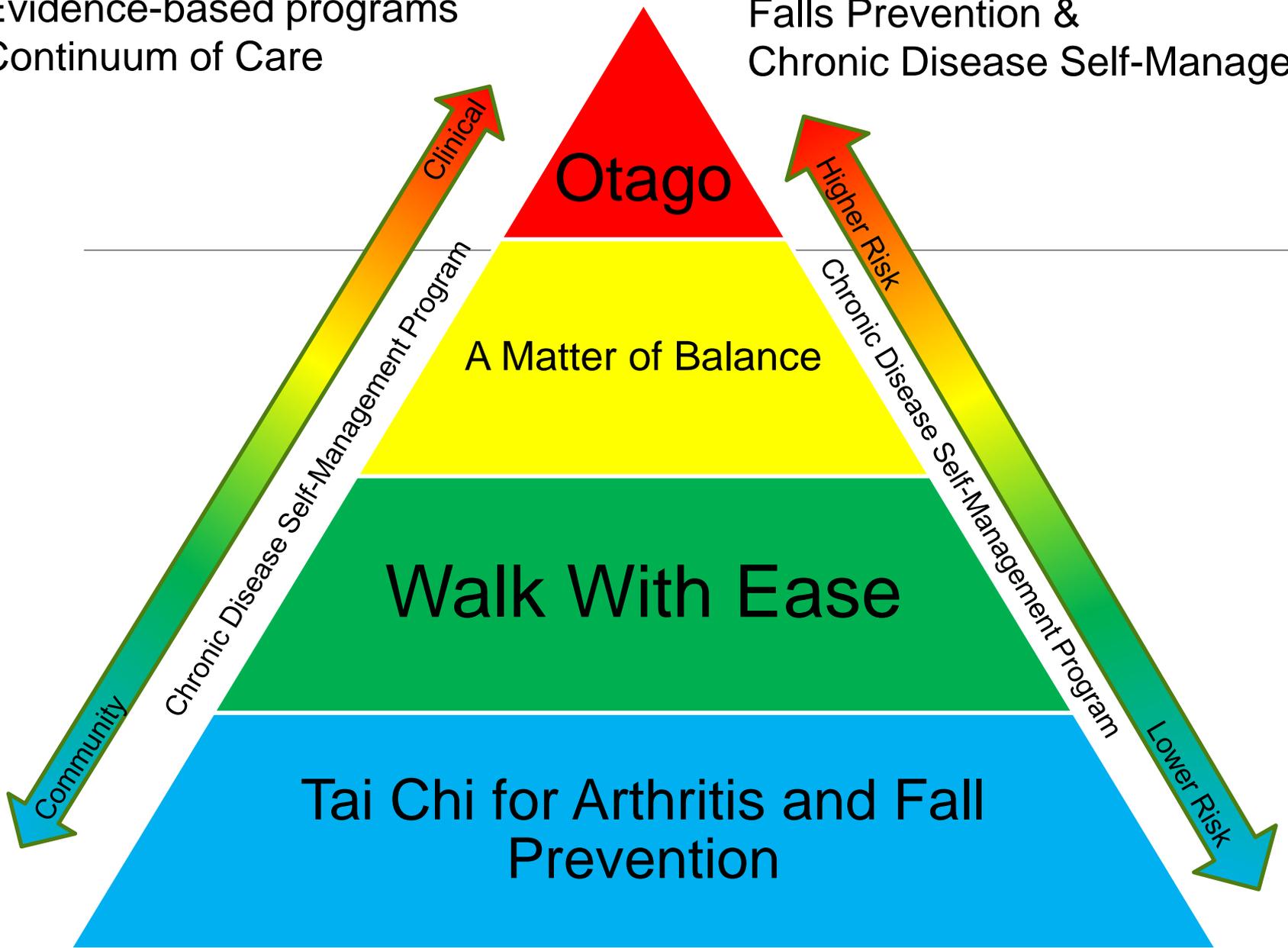
“Self-management programs can improve quality of life and are an important component of acute and chronic pain prevention and management.” (p.4)

<https://www.cdc.gov/learnmorefeelbetter/sme/index.htm>

“Self-management education (SME) refers to programs that help people who have ongoing health conditions learn how to live life to the fullest. For many people, this means lives with less stress, more energy, and a greater ability to do the things they want to do. SME programs are clinically proven to reduce symptoms and improve quality of life.”

Evidence-based programs
Continuum of Care

Falls Prevention &
Chronic Disease Self-Management



Otago

A Matter of Balance

Walk With Ease

Tai Chi for Arthritis and Fall
Prevention

Clinical

Community

Higher Risk

Lower Risk

Chronic Disease Self-Management Program

Chronic Disease Self-Management Program

The Physical Activity Guidelines for Americans, 2nd Ed



From the Physical Activity Guidelines for Americans, 2nd Ed (2018)

Adults

Moderate-intensity aerobic activity*

Anything that gets their heart beating faster counts.

at least
150
minutes
a week



AND

Muscle-strengthening activity

Activities that make their muscles work harder than usual count.

at least
2
days
a week



* If they prefer vigorous-intensity aerobic activity (like running), they can aim for at least 75 minutes a week.

Older adults, pregnant women, and people with a disability or injury need the same amount. But if they can't do 150, encourage them to move as much as they can.

Exercise is Medicine

Exercise
is Medicine

AMERICAN COLLEGE
of SPORTS MEDICINE

Prescribing **physical activity** (PA) in the right “dosage” is a highly effective prescription for the prevention, treatment and management of more than 40 of the most common chronic health conditions encountered in clinical practice.

Step It Up! The Surgeon General’s Call to Action to Promote Walking and Walkable Communities recognizes the importance of physical activity for people of all ages and abilities. It calls on Americans to be more physically active through walking and calls on the nation to better support walking and walkability.

Objectives of Grant Funding

Centers for Disease Control and Prevention (CDC):

NCCHW received a five-year CDC grant to address the impact of the chronic disease of Arthritis and increase awareness about Arthritis management in North Carolina.

Increase access to the evidence-based programs of Walk With Ease, Living Healthy with Chronic Pain Self-Management (CPSMP), and Enhance Fitness.

Work with health care providers to raise awareness about evidence-based programs and the importance of physical activity/walking.

Promote walking through Walk With Ease and walking initiatives.

Raise awareness about Arthritis.



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™



Always keep sustainability
in mind

Clinical-Community Partnerships

Increase referrals by health care providers to physical activity/walking and evidence-based programs

- Physical Therapists

Health and wellness “coaching”

Medicaid Transformation

State Health Plan

Hospital Systems



Promotion of Physical Activity combined with Evidence-based Programs

Worksite Wellness Programs

Cross-promotion with parks and recreation departments

NC collaboration with OAAA self-directed Walk With Ease portal



North Carolina State Parks 100 MILE CHALLENGE

ABOUT EXPLORE GROUPS FIND EVENTS HELP

Health Benefits of the 100-Mile Challenge

The 100-Mile Challenge can help you improve your health every day. The health benefits of joining the challenge include:

- **Good for your mental health:** Exercise triggers endorphins, promotes relaxation, and prevents anxiety and depression. Research also suggests that it can help the brain cope better with stress.
- **Stronger body:** Walking, jogging, and hiking all improve muscle mass to strengthen your legs and improve your balance. Regular physical activity can also help with arthritis and other joint conditions.
- **Weight loss:** Aerobic activity can help control weight.
- **Disease prevention:** Exercise decreases the risk of cardiovascular disease, Type 2 diabetes and metabolic issues and some cancers.
- **Better sleep:** Physical activity can make it easier to fall asleep and makes that sleep deeper to keep you there. However, make sure not to exercise right before bedtime.

Even if it's just one or two miles to begin with, it doesn't matter how small you start, as long as you're participating.

Awareness about Arthritis Burden and Management

Website: www.healthyagingnc.com and Facebook *Healthy Aging NC*

Marketing strategy

- Monthly bulletins
- Resource sharing
- State and national conferences

Align with national and state campaigns



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