2019 NCOA Age+Action Conference

Accelerating
Impact through
1:1 EvidenceBased Programs











Session Agenda

- Growing need for 1:1 evidence-based programs
- Benefits of 1:1 programming
- 1:1 intervention coach model
- Program successes: Falls
- 1:1 Behavioral Health: Healthy IDEAS
- 1:1 Chronic Disease Management: Enhance Wellness

Why 1:1 EBPs

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The Healthy Living Center of Excellence

An innovative collaboration of 90+ community-based and governmental organizations with a goal of improving better health outcomes for adults through evidence-based programs.







Overview of the HLCE

Vision: Transform the healthcare delivery system. Medical systems, community-based social services, and older adult will collaborate to achieve better health outcomes and better healthcare, both at sustainable costs.

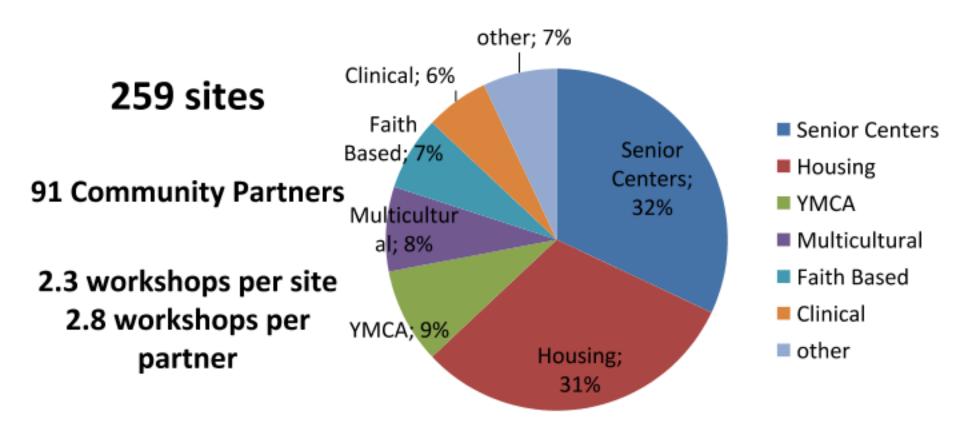
Key Features:

- * Statewide Provider network of diverse community based organizations
- * Seven (7) regional collaboratives
- * Centralized referral, technical assistance, fidelity, & quality assurance
- * Multi-program, multi-venue, multicultural across the lifespan approach
- * Centralized entity for contracting with statewide payors
- * Diversification of funding for sustainability
- * EBP integration in medical home, ACO and other shared settings





Where community programs happen

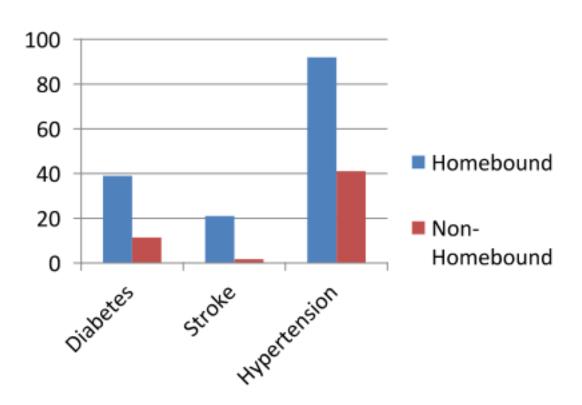






Why Look Beyond Group Programs

- 12.9% of adults 65-74 years of age and 29.4% of adults over the age of 75 have significant ambulatory impairment
- When compared to their nonhomebound peers, homebound adults have increased incidence of:
 - Diabetes (39% vs. 11.4%)
 - Stroke (21% VS. 1.7%)
 - Hypertension (92% VS. 41.1%)



The Massachusetts Healthy Aging Data Report, 2016





Why In home Programs

- Benefits to Participants
 - Overcomes transportation challenges
 - Reach low-mobility population
 - Freedom of Choice
- Benefits to Payors
 - Enhanced Reach
- Benefits to Organizations
 - Potential to Embed in existing systems: Case Management, Meals on Wheels
 - Leader Satisfaction



1:1 In Home Coach Model





Sample In Home Interventions

- In Home Falls Assessment
- Healthy IDEAS
- Enhance®Wellness



Falls and Healthy IDEAS

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Success Story: In home Falls Assessment

- Utilizes CDC's STEADI Falls Risk Screening Tool
- Screening, Education, Home Assessment, Goal Setting and Referrals
- · 360 referrals, 140 screened in 16 months
- 3 Month Post Survey Results:
 - § 75% did not suffer another fall
 - § 50% increased their physical activity
 - § 50% had their vision checked
 - § 42% had their medications reviewed
 - § 83% felt more comfortable discussing falls with their doctor

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)

- Developed and managed by Baylor College of Medicine and Care for Elders
- First implemented in 2002, now in 32 states
- Designated as an Evidence-based program
- January 1, 2018 National Dissemination and Technical Assistance transferred to Elder Services of the Merrimack Valley



What is Healthy IDEAS?

- Community depression program to detect and reduce depressive symptoms
- Embedded into ongoing case management services
- Improves linkages between community providers and healthcare professionals
- Reaches frail, high-risk, diverse, community dwelling older adults



Healthy IDEAS Program Components

- <u>Screening</u> for symptoms of depression
- <u>Education</u> to older adults and caregivers about depression, effective treatment and self-care
- <u>Referring and linking</u> clients to treatment and followup with PCP and mental/behavioral health providers
- Empowering clients through <u>Behavioral Activation</u>
- Assessing client progress



Healthy IDEAS Implementation

- Core intervention program delivered over 3-6 months
- Implemented by a case manager- extension of case management services
- Face to face visits in clients home and follow up calls
- Healthy IDEAS Training provides the tools/forms/education handouts to implement
- Ongoing supervision of staff implementing provided by their agency
 Healthy IDEAS

Healthy IDEAS Agency Fit

Agency sees a need to address depression in older adults

- Creating a program leadership team
- Developing effective partnerships and community providers
- Installing the core Healthy IDEAS components into current service delivery
- Establishing a system for collecting and monitoring client outcomes and ensuring program fidelity
- Training staff to deliver Healthy IDEAS and providing ongoing supervision



Healthy IDEAS and Housing

- Eliminates barriers
 - ü Homebound
 - ü Transportation
 - ü Mobility Issues
 - ü Stigma
- Freedom of choice
- · Social isolation and loneliness





Thank you to our Partners







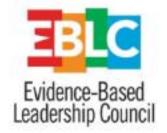




















EnhanceWellness

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Non-profit established in 1967 as Senior Services, serving King County, WA

- Support people on their aging journey through community connections and accessible services
 - Transportation
 - · Meals on Wheels
 - Caregiver Support
 - Community Dining
 - Community Partner Sites
 - SHIBA/Senior Rights Assistance
 - Information and Assistance
 - Minor Home Repair
 - Health Promotion Programs and more
- Serves more than 60,000 people each year
- Works with more than 2,400 volunteers
- Funded by contracts, aging network, public health, private donors, sales, grants and fundraising activities

While all of our Sound Generations' Health & Wellness Department services are available throughout King County, Project Enhance® programs and our data management services are offered nationwide and include:

Enhance®Wellness/WellWare

One-on-One Health Action Planning to help those with chronic health conditions and those aging with and into disability work through barriers and meet their health goals.

Enhance®Fitness/Online Data Entry System (ODES)

Ongoing Physical Activity Falls Prevention classes designed especially for older adults and proven to improve physical and social function, decrease depression, save healthcare dollars, and decrease unplanned hospitalizations.

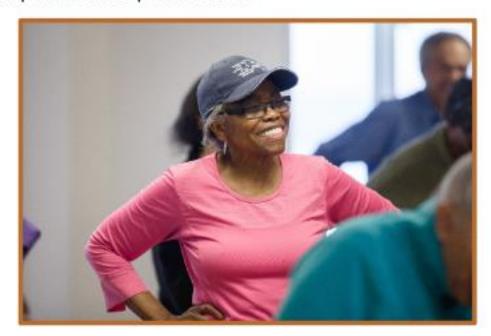
*CDC Arthritis Authorized.

Other EBP Data Management:

- MOB ODES
- PEARLS WellWare
- NCOA
 National Falls Prevention Database







© ENHANCE WELLNESS



- Social Worker, Nurse or Community Health Worker models
- Uses Motivational Interviewing techniques and Validated Assessment Tools
- Health Action planning with Accountability
- Feedback, problem solving and support

"Everyone on the staff was so eager to help make this program really effective for those of us who really committed to it. They were friendly, cheerful, knowledgeable and willing to go the extra mile so that we would succeed. My private sessions with the counselor were extremely productive."



We know it Works

Research Overview

- 1998 Randomized Control Trial
- 2002 Dissemination Study
- 2014 2018 UW Healthy Aging Rehabilitation & Research Training Center NIDLRR Study
- 2019 2023 UW Dept of Rehab Medicine Telehealth NIH Study
- SAMHSA's National Registry of Evidence-based Programs and Practices, Legacy Program
- Listed on Agency for Healthcare Research and Quality Innovations Exchange and US HHS Title IIID Health Promotion Program

Overview of EnhanceWellness process flow

Participant enrolls and completes Questionnaire

> Questionnaire contains validated measures that score risk in 14 health areas

Counselor enters questionnaire into WellWare (EW ODES)

- WellWare generates
 Current Issue
 Summary, scoring each measures.
- Participant and Counselor discuss Current Issue Summary results, identifying areas of strength and risk.

Participant works with Counselor to develop Health Action Plan (HAP)

> Counselor guides participant in choosing Issue(s), selecting a Measure for each, and develop a HAP consisting of structured Tasks

Overview of EnhanceWellness process flow

Participant works on tasks from HAP

- HAP tasks may include: Support groups, exercise classes, one-on-one coaching, healthcare, socialization, enrolling in other programs.
- Participant may check in with Counselor rarely or regularly, depending on individual's needs.

After 6 months, participant completes a second Questionnaire

> Questionnaire is a repeat of baseline questionnaire, capturing same measures

Progress is evaluated.

- WellWare generates new Current Issue Summary, comparing scores at follow-up to scores at baseline.
- Participant and Counselor discuss Current Issue Summary results, identifying reasons for improvement or lack of improvement.
- Participant chooses whether to graduate or re-enroll

Line	4 - 11 la	
List o	f all Issues and Measures:	
Print the Current Issues Summary		Measure compared to prior questionnaire
Alcoh	ol	
0	Drinks per day: 1 drinks per day, 1 or 2 days a week	IMPROVED
0	Days with 5 or more drinks: 0 days per month	IMPROVED
Exerc	ise	
-	Aerobic or Endurance Activities (RAPA 1): 3 out of 7 (under-active	IMPROVED
-	regular – light activities) Strength & Flexibility Activities (RAPA 2): 0 out of 3 (neither strength nor flexibility activity)	MAINTAINED
Falls		
0	Number of falls in past 6 months: 0 falls	MAINTAINED
0	Number of days of restricted activity in the past 6 months: 0 days	MAINTAINED
Feelir	ngs	
0	PHQ-9 Severity of Depression Symptoms: 0 out of 27 (no/minimal depression)	IMPROVED
_	PHQ-9 Frequency of Symptoms: Consistent with no depressive syndrome	MAINTAINED
	PHQ-9 Impact of Symptoms on Daily Life: Not difficult at all	IMPROVED
②	Goldberg Anxiety Scale score: 0 out of 9	IMPROVED
	h Seif-Management	
-	Confidence to exercise: 5 out of 9 (0-low, 9-high)	IMPROVED
1	Confidence to communicate with physician: 5 out of 9 (0-low, 9-high)	MAINTAINED
_	Self-rating of health: Good	IMPROVED
-	Confidence to control condition: 6 out of 9 (0-low, 9-high)	IMPROVED
	ation	
-	Use of prescription medications: 4 prescription(s)	MAINTAINED
-	Use of psychotropic medications: 2 prescription(s)	MAINTAINED
Memo		
	Three item recall: 3 out of 3	MAINTAINED
_	Score on MMSE: 30 out of 30	MAINTAINED
Nutrit		
	Nutrition Screening Initiative score: 3 out of 21	IMPROVED
	Weight Satisfaction: Lose weight	MAINTAINED
-	BMI: 27.9 (Overweight)	IMPROVED
Smok		
0	Number of cigarettes smoked per day: None	MAINTAINED
	I Activity	
-	Close relative or friend contacts: 1 per month	IMPROVED
0	Social calls or visits: 4 per week	MAINTAINED

EnhanceWellness Counselor/Coach View:

This is how the Current Issue Summary appears on-screen in WellWare. The green checks/ yellow flags show the scores for the latest questionnaire, while the column on the right evaluates the current scores relative to the prior questionnaire

This is how the Current Issue Summary appears as a printout that is given to the participant

Current Issues Summary			
Participant:Sally Smith (01/31/1967) Type: Six month review	Date: 02/17/2019 Review Date: 08/16/2019		
lased on your responses, your areas of strength and possible risk areas are show Alcohol	n below:		
Drinks per day: I drinks per day, 1 or 2 days a week	IMPROVED		
Days with 5 or more drinks: 0 days per month	IMPROVED		
Exercise			
Aerobic or Endurance Activities (RAPA 1): 3 out of 7 (under-active regular light activities)	" IMPROVED		
Strength & Flexibility Activities (RAPA 2): 0 out of 3 (neither strength nor flexibility activity)	MAINTAINED		
Falls			
Number of falls in past 6 months: 0 falls	MAINTAINED		
Number of days of restricted activity in the past 6 months: 0 days	MAINTAINED		
Feelings			
PHQ-9 Severity of Depression Symptoms: 0 out of 27 (no/minimal depressi	ion) IMPROVED		
PHQ-9 Frequency of Symptoms: Consistent with no depressive syndrome	MAINTAINED		
PHQ-9 Impact of Symptoms on Daily Life: Not difficult at all	IMPROVED		
Goldberg Anxiety Scale score: 0 out of 9	IMPROVED		
Health Self-Management			
Confidence to exercise: 5 out of 9 (0-low, 9-high)	IMPROVED		
Confidence to communicate with physician: 5 out of 9 (0-low, 9-high)	MAINTAINED		
Self-rating of health: Good	IMPROVED		
Confidence to control condition: 6 out of 9 (0-low, 9-high)	IMPROVED		
Areas of strength • Data incomplete Possible areas of risk			





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About Us *

Evidence-Based • Programs

raining and Consulting Getting ... Started Moving • Forward Measuring , Progress

To access the Locator click here

Innovative Health Promotion

EBLC makes it easy for those who serve older adults to find evidence-based health promotion programs.

Find a Program!



Chronic Disease and Medication Management

Your Partner in Innovative Health Promotion

The EBLC is a collaborative effort to help you find, adopt and implement evidence-based health promotion programs. This site is a centralized hub for communities, senior centers, and others seeking to learn more about innovative programs proven to help people manage and improve their health and well being!





Physical Activity

Falls Management

Depression

EBLC Contact List

We would too to list you know when we've posted new contact and tools. If you would file to receive occasional updates, please provide your infil.

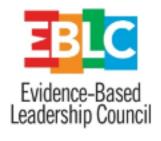
your email address

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Programs are offered in community settings, online, and in clients' homes.















UW Medicine

DEPARTMENT OF REHABILITATION MEDICINE

Public Health and Aging Partners

- US Health & Human Services
 - Centers for Disease Control and Prevention Arthritis Program
 - Administration for Community Living (Administration on Aging)
- National Council on Aging (NCOA)
- YMCA of USA (Y)
- American Council on Exercise (ACE)
- Evidence-Based Leadership Council (EBLC)
- University of Washington (UW)
 - Health Promotion Research Center
 - Department of Rehabilitative Medicine

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