Ohio Department of Aging

Putting Evidence-Based Programs into Practice: Health and Wellness Programs

Ohio Association of Area Agencies on Aging Annual Conference November 1, 2018

Today's Discussion Points

• History

Department of

Funding and Partnership

- Deployment Philosophies and Strategies
- Programs in Use in Ohio
- EB Strategies in Ohio's State Plan on Aging, 2019-2022

- Empowering Older People to Take Control of Their Chronic Diseases Through Evidence-Based Prevention Program – A Public/Private Collaborative.
 - AoA 2006-2011, ARRA 2010-2012
 - CDSMP, DSMP, Healthy IDEAS, Matter of Balance
 - \$2,000,000

- Alzheimer's Disease Support Services Program (ADSSP)
 - AoA/ACL 2008-2018
 - EDDI/SHARE, RDAD, Creating Dementia Capable
 Communities in NW Ohio
 - \$2,227,283

- Accelerating Integrated, Evidence-Based, and Sustainable Service Systems for Older Adults, Individuals with Disabilities and Family Caregivers (Part A)
 - AoA/ACL 2012-2016
 - Supported Evidence-based programming
 - \$2,342,066

- Creating Dementia Capable, Sustainable Service Systems For Persons With Dementia And Their Family Caregivers (Part B)
 - AoA/ACL 2012-2017
 - Partners in Demetria Care, BRI Care Consultation, Music and Memory in the Community
 - \$1,004,243

- OAA Title III D Disease Prevention and Health Promotion Services
 - Evidence-based programs are now required for Title III-D-funded activities. This change followed a decade of progress by the aging services network to move efforts toward implementing disease prevention and health promotion programs that are based on scientific evidence and demonstrated to improve the health of older adults.
 - Since October 1, 2016, Title III-D funds may only be spent on health promotion programs that meet the current, highest-level criteria definition.
 - \$900,000/year

Department of

<u>https://www.ncoa.org/wp-content/uploads/Title-IIID-Highest-Tier-EBPs-March-2018.pdf</u>

Partnerships

- Ohio Department of Health Diabetes and Falls
- Health Services Advisory Group Diabetes
- Reimbursement
 - OPERS
 - Medicare (Diabetes Education)
- Local Property Tax Levies
- Many others

Deployment Philosophies and Strategies

- Stage of Development
 - New program (BRI CCP)
 - Replication to the Community (RDAD, Music and Memory in the Community)



- Tested/Off-the-Shelf (CDSMP, MOB)
- Format

- One-on-One
- Group/Workshop Setting
- Imbed in existing activities (e.g. case management, in-take)



ONE-ON-ONE

Music and Memory in the Community BRIA, RLTCOP 7, 10B & 11, LCAP, NCR, SCP – mmolea@age.ohio.gov



Program Goals

Department of

- Help people who suffer from a wide range of cognitive and physical challenges to find renewed meaning and connection in their lives through the gift of personalized music.
- <u>https://musicandmemory.org/</u>

- Home and Community Based setting program delivery.
- Care professionals were trained to set up personalized music playlists, delivered on iPods and other digital devices, for those in their care.

Reducing Disability in Alzheimer's Disease

Linda Teri, BRIA, Alzheimer's Assoc. Chapters – mmolea@age.ohio.gov

Program Goals

Department of

- To help reduce functional dependence
- To reduce frailty and thus delay institutionalization of the person with dementia

- Home-based Intervention
- 12 1-hour sessions over 3 months, then monthly follow-up for 3 months
- Exercise training Aerobic/ endurance activities, Strength training, Balance and Flexibility training
- Problem-solving/behavior management techniques - Maximize cognitive function, learn how to address problem-solve difficulties, pleasant events and enhance caregiver resources and skills

BRI Care Consultation™

Alzheimer's Chapters, AAAs, VA – <u>bprimetica@benrose.org</u>

Program Goals

Department of

- Care Coordination
 - links to and monitors the use of health care and community services
 - organizes family and friend assistance,
 - provides information and emotional support.
- Assessment and Reassessment
- Action Planning
- <u>http://www.benrose.org/Services/</u> <u>BRI-Care-Consultation-Services.cfm</u>

- Care-coaching program for older and younger adults with chronic health conditions/disabilities and family or friend caregivers
- Delivered via telephone mail, and email by trained Care Consultants
- Core Components
 - Assessment
 - Action Planning
 - Ongoing maintenance and support



Care Transitions Intervention (CTI)

Available in AAAs 1, 7 & 10B, Health Systems

Program Goals

Department of

- Promote self-identified personal goals around symptom management and functional recovery in the care transition from hospital to home
- Reduce hospital readmissions
- <u>www.caretransitions.org</u>

- Delivered by Transitions Coach that is trained by the Care Transitions Program
- 4-week program that assists individuals with complex care needs to learn selfmanagement skills to ensure needs are met during the transition from hospital to home
- Four conceptual domains:
 - Medication self- management
 - Use of a dynamic patient-centered record
 - Primary care and specialist follow-up
 - Knowledge of red flags

Healthy IDEAS

Multiple AAAs, Providers – <u>mmolea@age.ohio.gov</u>

Program Goals

Department of

- Identifying Depression, Empowering Activities for Seniors
- Reduce the severity of depressive symptoms in frail, high risk and diverse older clients of community agencies
- <u>www.careforelders.org/healthyideas</u>

- Delivered by trained case manager or other social service provider.
- Four components include:
 - Screening and assessment of depressive symptoms
 - Education about depression and self-care for clients and family caregivers
 - Referral and linkage to health and mental health professionals
 - Behavioral activation
- Minimum of 3 in-person visits in the client's home and 5 or more telephone contacts

SBIRT

Department of

Multiple Providers – <u>Ellen.Augspurger@mha.ohio.gov</u>

Program Goal

- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
- <u>https://mha.ohio.gov/Treatment/SBIRT</u>
- <u>https://www.integration.samhsa.gov/resource/s</u> <u>birt-resource-page</u>

- SBIRT Consists of Three Components:
 - Screening a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools.
 - Brief Intervention a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.
 - Referral to Treatment a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services
- Reimbursable through Medicare and Medicaid

SHARE for Dementia

Multiple Providers Silvia Orsulic-Jeras – <u>sjeras@benrose.org</u>



Program Goals

Department of

- SHARE Support, Health, Activities, Resources, and Education
- Help care partners to communicate effectively, participate in fulfilling activities, and plan for the future
- Promote health and well-being, decrease stress, and learn about resources that reflect care partners' values and preferences
- Provide education about dementia, how to manage the changes that lie ahead, and creating a balanced plan of care that both care partners can accept
- <u>http://www.benrose.org/SHARE/INDEX.cfm</u>

- Planning counseling intervention for persons living with early-stage dementia and their family caregivers.
- Delivered by SHARE counselors include social workers, counselors, geriatric case managers, and nurses.
- Participants work with a SHARE Counselor to identify sources of support, (i.e., family, friends, and service providers), in order to build a balanced and realistic plan of care for the future.

The Otago Exercise Program

120 health care professionals trained to deliver the Otago in Ohio

Program Goal

Department of

- Increase strength, balance, and endurance.
- Lifestyle change to incorporate strength and balance training a minimum of 2 hours per week.
- Reduction in falls
- <u>http://www.med.unc.edu/aging/cgec/exri</u>
 <u>se-program</u>

- Focuses on 17 exercises
- 4-5 visits with a physical therapist (PT) over 8 weeks with monthly phone calls for a year and optional follow up visits at 6, 9, and 12 months.
- The initial evaluation and prescription are done by a licensed PT. The follow up visits can be done by a licensed PT assistant. The follow up phone calls can be done by the PT, a health coach, or other individual who is able to communicate progress to the PT.
- The older adult does the exercises for approximately 30 minutes three times a week.
- The exercises can be done independently or supervised in a one on one or group setting

Geri-Fit[®] Strength Training Workout

Multiple providers in Ohio

Program Goals

- Increases strength, flexibility, range of motion, mobility, gait and balance.
- <u>www.gerifit.com</u>

Department of

- Geri-Fit is a group setting class led by an individual currently certified as a Group Fitness instructor or Personal Fitness trainer, OR have a degreed health professional (e.g. in kinesiology, physical therapy, occupational therapy, athletic training, nursing)
- An ongoing, 45-minute, twice-weekly progressive resistance strength training exercise program.
- Participants start out using a set of 2-pound dumbbells and then, as their strength increases, they can use heavier weights in order to build more strength and balance.
- Exercises are performed seated in chairs (optional standing)

Adult Vision Screening

Multiple Providers – <u>lauras@pbohio.org</u>

Program Goals

Department of

- Early detection of possible vision problems
- Educate people about how to keep their sight safe and healthy for a lifetime
- Reduce the number of workplace injuries
- Control vision loss due to diseases such as glaucoma, diabetic eye disease, and age-related macular degeneration.
- <u>https://ohio.preventblindness.org/adult-</u> <u>vision-health-programs</u>

- After completing the Adult Vision Screening Training Program, you will be able to:
 - Perform near and distance visual acuity screenings
 - Educate people about "aging eye" diseases and disorders
 - Describe Adult Vision Screening Guidelines
 Published by Prevent Blindness
- Upon successful completion of the training, individuals will be nationally certified to provide adult vision screenings for three years and are eligible to receive FREE vision screening equipment

CAPABLE

Department of

Available in AAA 1

Program Goals

Community Aging in Place— Advancing Better Living for Elders (CAPABLE)

- Reduce fall risk
- Reduce fear of falling
- <u>https://nursing.jhu.edu/facult</u>
 <u>y research/research/projects/</u>
 <u>capable/index.html</u>

- Individually-tailored, delivered at home by OT, nurse and handyman
 - Occupational Therapy visits
 - 4 Nurse visits
 - Budget for home repairs, modifications, and installation of assistive devices
 - Occurs over a 4-5 month period



GROUP/WORKSHOP SETTING

Matter of Balance (MOB)

Available in all 12 PSAs – <u>tgulley@age.ohio.gov</u>

Program Goals

Department of

- Reduce fall risk and fear of falling
- Improve falls selfmanagement
- Improve falls self-efficacy and promote physical activity
- www.mainehealth.org/mob

- 8 weekly or twice weekly sessions
- 2 hour per session
- 8-12 group participants
- 2 coaches (volunteer lay leaders) trained by Master Trainers

Powerful Tools for Caregivers

Available in AAAs 2,3,5,7,8, 10A &11 – <u>ejackson@age.ohio.gov</u>

Program Goals

Department of

- A self-care education program for family caregivers to improve:
 - self-care behaviors
 - management of emotions
 - self-efficacy
 - use of community resources
- <u>http://www.powerfultoolsforc</u> <u>aregivers.Org</u>

- Community-based group program
- Six consecutive weeks
- 90 minutes or 2-1/2 hours per week
- • 10-15 participants
- Caregiver classes co-led by certified, trained class leaders

Chronic Disease Self-Management Program (CDSMP) Available in All 12 AAAs – <u>bmabins@age.ohio.gov</u>

Program Goals

Department of

 Enable participants to build self-confidence to take part in maintaining their health and managing their chronic health conditions.

http://patienteducation.stanfo rd.edu/programs/cdsmp.html

- Workshops are facilitated from a highly detailed manual by two trained Leaders, one or both of whom are peer leaders with a chronic disease
- 6 weeks
- 2.5 hours per week
- 12-16 people

Diabetes Self-Management Program (DSMP)

Available in all 12 AAAs – <u>bmabins@age.ohio.gov</u>

Program Goals

Department of

- Teaches the skills needed in the self-management of diabetes and to maintain and/or increase life's activities
- <u>http://patienteducation.stanfo</u> rd.edu/programs/diabeteseng. <u>html</u>

- Workshops are facilitated from a highly detailed manual by two trained Leaders, one or both of whom are peer leaders with diabetes
- 6 weeks
- 2.5 hours per week
- 12-16 people with type-2 diabetes

Chronic Pain Self- Management Program (CPSMP) Available in AAAs 2,3,6,7,8,9,10 &11 – <u>bmabins@age.ohio.gov</u>

Program Goal

Department of

- Provides information and teaches practical skills for managing the challenges of living with chronic pain.
- <u>http://patienteducation.stanfo</u> <u>rd.edu/programs/cpsmp.html</u>

- Highly interactive and participative workshops are facilitated by two trained leaders, one or both of whom are non- health professionals with chronic pain
- 6 weeks
- 2.5 hours per week
- 12-16 people

Better Choices, Better Health

Online Chronic Disease Self- Management Program

Program Goal

Department of

- Enable participants to build selfconfidence to take part in maintaining their health and managing their chronic health conditions
- <u>https://www.ncoa.org/healthy-aging/chronic-disease/better-choices-better-health/</u>

- Two trained peer facilitators per workshop
- 2 hours per week for 6 weeks
- Participants log on at their convenience
 2-3 times per week for a total of about
 2 hours per week. Participants do not
 need to log on at the same time.
- Program is offered on a dedicated website utilizing discussion boards and weekly lessons.
- Approximately 25 people per workshop.

Diabetes Prevention Program

Multiple Providers in Ohio, YMCAs, Health Systems

Program Goal

Department of

- Lifestyle changes to help prevent or delay type 2 diabetes
- CDC-recognized
- <u>https://www.cdc.gov/diabetes/preventi</u> <u>on/prediabetes-type2/preventing.html</u>

- In-person, online, distance learning, or combination delivery options
- A trained lifestyle coach leads the program to help individuals change certain aspects of their lifestyle, like eating healthier, reducing stress, and getting more physical activity.
- The program also includes group support from others who share your goals and struggles.
- A year-long program focused on longterm changes and lasting results.

Diabetes Empowerment Education Program[™] Available at AAAs, Health Departments, Health Systems, HSAG

Program Goals

Department of Aging

- Improving and maintaining the quality of life of persons with pre-diabetes and existing diabetes
- Preventing complications and incapacities
- Improving eating habits and maintaining adequate nutrition
- Increasing physical activity
- Developing self-care skills
- Improving the relationship between patients and health care providers
- Utilizing available resources
- <u>https://mwlatino.uic.edu/program-</u> <u>description-2/</u>

- Eight learning modules, taught over six weeks
- Twelve to fifteen people per class
- Participatory teaching and learning
- Classes approximately one to two hours in length, depending on class size
- Can be taught by peer educators or community health workers (CHWs) who are usually lay people within the community
- Graduation after completion of at least 80 percent of the modules and completion of a pre and a post test
- Supported by Health Services Advisory Group (HSAG) in Ohio - <u>bhollopeter@hsag.com</u>

Tai Chi for Arthritis

Master Trainers' Workshop in Ohio w/I next six months

Program Goals

Department of

- Improve movement, balance, strength, flexibility, and relaxation
- Decrease pain and falls
- <u>https://taichiforhealthinstitute.org/</u>

- Attend a minimum of 16 hours of Tai Chi per week. (One hour per week for 16 weeks or 2 hours per week for 8 weeks.)
- Must be led by a certified Tai Chi for Health Institute instructor.
- Strongly encourage participants to practice the Tai Chi program at home for half an hour daily, at least four days per week.
- Participants must attend at least one inperson class per week.

Tai Chi Quan: Moving for Better Balance

Program Goals

Department of

- Improve balance, strength, and performance in functional walking activities
- Prevent falls
- https://tjqmbb.org/

- Attend TJQMBB a minimum of 48 hours, preferably through one 24 week class, twice a week.
- The duration of each session is 60 minutes.
- TJQMBB uses an 8 form Tai Ji Quan core
- Recommended class size is 8-10 participants for new instructors and
- 10-15 for experienced instructors.

Walk with Ease

Fairhill Partners

Department of

Program Goal

- Reduce pain and discomfort of arthritis, increase balance and strength, build confidence in the ability to be physically active and improve overall health among older adults.
- <u>http://www.arthritis.org/wwe</u>

- Community-based group program:
 - 6 weeks
 - 1 hour, 3 times a week
 - 12-15 recommended participant group size
- Self-directed program that combines self-paced walks with health-topic related discussion also available:
 - 6 weeks
 - 30 min, 3 times a week

Stepping On

Available in AAA 1

Program Goal

Department of

- Offer strategies and exercises to reduce falls and increase selfconfidence in making decisions and behavioral change in situations where older adults are at risk of falling
- <u>http://www.ncoa.org/improve</u> <u>health/center-for-healthy-</u> <u>aging/stepping-on.html</u>
- <u>http://wihealthyaging.org/steppi</u> <u>ng-on</u>

- Workshops are facilitated by trained Leaders
- 7 weeks, 2 hrs per week
- A home visit or follow-up phone call by the program leader to facilitate follow-through with preventive strategies and to assist with home adaptations
- 2-hour booster session after 3 months

Opening Minds through Art (OMA)

89 Sites in Ohio/211 Worldwide – <u>lokonej@MiamiOH.edu</u>

Program Goals

Department of

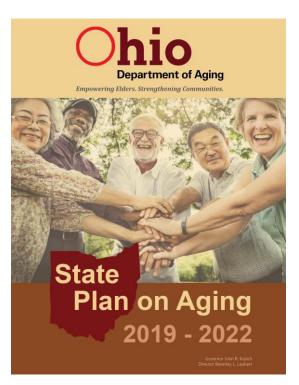
 Building genuine friendships between people with dementia and volunteers as they engage in art-making.

Program Characteristics

People with dementia (artists) are paired with volunteers (students, families, caregivers) who are trained to rely on imagination instead of memory and focus on remaining strengths instead of lost skills. OMA enables people with dementia to assume new roles as artists and teachers and leave a legacy of beautiful artwork.

find it here

State Plan on Aging 2019-2022



Department of Aging

- Opportunity to:
 - Strengthen existing evidence-based programs
 - Explore and develop
 new evidence-based
 programming. (i.e.,
 Research, Funding)

- 1.1 Promote and offer interventions that assist older adults in prevention of chronic disease. (Chronic Disease)
- 1.2 Rebrand the department's health and wellness initiatives and programs to promote a holistic approach to improving health of older adults, particularly those most at-risk and vulnerable. Include research on the return on investment of prevention. (Chronic Disease)

- 1.3 Enhance education, awareness and promotion of health and wellness programs and expand the capacity of sites and trainers to deliver these programs. (Chronic Disease)
- 1.4 Research, identify and leverage additional funding streams for sustainability of chronic disease prevention and management programs. (Chronic Disease)

- 1.5 Assess and determine viability of emerging technologies that may positively impact the improved health and management of chronic issues among Ohio's older adult population. (Chronic Disease)
- 5.1 Increase access to dental, vision and hearing health screenings and services for older adults. (Dental, Vision and Hearing)

- 6.1 Develop and house an online resource library accessible to professionals and the public. (Dementia)
- 7.1 Implement a research study that considers what education and best practices will keep direct care workers fulfilled and more equipped to work with people living with dementia, and if enhanced training retains workers. (Dementia)

- 8.2 Monitor emerging technologies and pilot programs of viable interventions that would mitigate safety risks faced by people with dementia. (Dementia)
- 10.2 Expand the availability of Tai Chi and other evidenced-based fall prevention classes statewide. (Falls)

- 11.1 Evaluate current needs and gaps relative to older adults' management of pain, identify evidenced-based pain management interventions (including technology-based solutions) and advocate for adoption in appropriate settings. (Pain Management)
- 11.3 Expand availability, capacity and use of the Chronic Pain Self-Management Program and list as an education option under Take Charge Ohio. (Pain Management)

- 11.4 Educate and encourage physicians and allied health professionals to refer patients and clients to pain management resources through development of a toolkit and collateral materials. (Pain Management)
- 12.2 Explore mental health evaluation tools used with older adults to identify preferred standards and options for use among medical professionals. (Mental Health)

- 12.5 Adopt training curriculum specific to the aging network's ability to screen and address unique care delivery of older adults with mental health issues. (Mental Health)
- 14.4 Support the adoption and implementation of technology-based interventions to curb and stop the abuse of opioids in Ohio through solutions of the Ohio Opioid Technology Challenge. (Substance Abuse and Addiction)

- 1.1 Research and assess the effectiveness of current interventions and explore best practices to develop a full-service caregiving solution. (Caregiving)
- 1.2 Pilot promising interventions that benefit caregivers (e.g., technology-based solutions or other emerging innovations, evidence-based and evidenceinformed training programs for caregivers). (Caregiving)

Contact Information

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Department of

http://aging.ohio.gov