National Coalition on Mental Health and Aging Meeting

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Center for Healthy Aging

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Improving the lives of 10 million older adults by 2020
About NCOA

Our Mission:
Improve the lives of millions of older adults, especially those who are struggling

Our Social Impact Goal:
Improve the health and economic security of 10 million older adults by 2020

Visit us at ncoa.org
Center for Healthy Aging

Overarching Goal

- Increase the quality and years of healthy life

Two National Resource Centers funded by ACL/AoA

- Chronic Disease Self-Management Education (CDSME)
- Falls Prevention

Other Areas of Focus

- Behavioral Health
- Oral Health
- Physical Activity
- Flu prevention
Technical Assistance Activities

- Learning Collaboratives
- Annual Meeting
- One-on-one support
- Best practices
- Networking through work groups
- Online tools and resources, data mgmt
- Webinars

National Resource Centers
2017 National Survey of State Units on Aging re Evidence-Based Programs

- On-line survey open from March 18, 2017 to April 26, 2017
- 19 questions regarding
  - Current evidence-based program offerings and reach
  - Funding
  - Health concerns
  - Program gaps
  - Technical assistance needs
- 31 State Older Americans Act Title III-D coordinators responded
### Most Popular Evidence-based Programs

(N=31 states surveyed)

<table>
<thead>
<tr>
<th>Program</th>
<th>Number of States Offering Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Disease Self-Management Program</td>
<td>29</td>
</tr>
<tr>
<td>Tai Chi</td>
<td>26</td>
</tr>
<tr>
<td>Matter of Balance</td>
<td>24</td>
</tr>
<tr>
<td>Diabetes Self-Management Program</td>
<td>23</td>
</tr>
<tr>
<td>Walk With Ease</td>
<td>17</td>
</tr>
<tr>
<td>Tomando Control de su Salud</td>
<td>15</td>
</tr>
<tr>
<td>EnhanceFitness</td>
<td>11</td>
</tr>
<tr>
<td>Chronic Pain Self-Management Program</td>
<td>11</td>
</tr>
<tr>
<td>HomeMeds</td>
<td>11</td>
</tr>
<tr>
<td>HealthyIDEAS</td>
<td>11</td>
</tr>
<tr>
<td>Program to Encourage Active, Rewarding...</td>
<td>10</td>
</tr>
<tr>
<td>Screening, Brief Intervention and Referral...</td>
<td>2</td>
</tr>
</tbody>
</table>
### Populations Being Reached by EBPs

*(N=31 states surveyed)*

<table>
<thead>
<tr>
<th>Population</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumers age 60+</td>
<td>31</td>
</tr>
<tr>
<td>Rural communities</td>
<td>25</td>
</tr>
<tr>
<td>Racial/ethnic minorities</td>
<td>23</td>
</tr>
<tr>
<td>Persons with Limited English Proficiency</td>
<td>17</td>
</tr>
<tr>
<td>Persons under age 60 with disability</td>
<td>17</td>
</tr>
<tr>
<td>Veterans, veteran's spouses and…</td>
<td>16</td>
</tr>
<tr>
<td>Caregivers of all ages</td>
<td>15</td>
</tr>
<tr>
<td>Persons with dementia</td>
<td>12</td>
</tr>
<tr>
<td>LGBTQ</td>
<td>11</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
</tr>
</tbody>
</table>

Number of Responses
Funding Sources
(N=31 states surveyed)

- Older American's Act Title III-D: 45.1%
- Grant / private funds: 38.7%
- State general revenue: 29%
- Local government: 29%
- Other federal funding: 29%
- Private pay: 25.8%
- Health care payer: 25.8%
- Fundraising: 19.4%
- Cost share: 19.4%
- Other: 19.4%
- Medicaid/Medicaid Waiver: 12.9%
- Don't know: 3.3%

Percentage
Health Concerns

- Diabetes
- Falls prevention
- Arthritis
- Hypertension
- Heart disease
- Chronic disease
- Nutrition
- Mental health, cancer, obesity

Gaps

- 42% reported programming gaps, including
  - Diabetes
  - Limited English proficiency
  - Culturally specific programs, including Native Americans
  - Caregiver programs
States’ Technical Assistance Needs
(N=31 states surveyed)

- Sustainability strategies: 25 responses
- Establishing partnerships with health care providers: 23 responses
- Creating network hubs for referrals and contracting: 19 responses
- Understanding payment models: 17 responses
- Quality assurance and fidelity: 17 responses
- Review to determine Title III-D alignment of programs: 16 responses
- Centralized data management/reporting systems: 14 responses
- Other: 7 responses
Stanford CDSME Program Overview

- Developed at Stanford University
- 6 workshop sessions held once a week
- Each session 2 ½ hours, highly interactive
- Co-facilitated by 2 trained leaders, one of whom has a chronic condition
- Core content:
  - Symptom management/social role function
  - Exercises to build self-efficacy
  - Goal setting and action plans
  - Problem solving to overcome challenges
CDSME Program Benefits – Triple Aim

Better Health
• Better self-assessed health and quality of life
• Fewer sick days
• More active
• Less depression
• Improved symptom management

Better Care
• Improved communication with physicians
• Improved medication compliance
• Increased health literacy

Lower Costs
• Decreased ER visits and hospitalizations ($364 net savings per person)

## CDSME Program Participants Demographics

<table>
<thead>
<tr>
<th>Participant Characteristics</th>
<th>% or n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>65.3 years</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>68.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>16.3%</td>
</tr>
<tr>
<td>African-American</td>
<td>22.9%</td>
</tr>
<tr>
<td>Asian-American</td>
<td>3.9%</td>
</tr>
<tr>
<td>Depression or Anxiety Disorders</td>
<td>19.3%</td>
</tr>
<tr>
<td>More than one chronic condition</td>
<td>55.2%</td>
</tr>
<tr>
<td>Limiting condition</td>
<td>46.6%</td>
</tr>
<tr>
<td>Caregiver</td>
<td>27.5%</td>
</tr>
<tr>
<td># of sessions attended</td>
<td>4.3 sessions</td>
</tr>
</tbody>
</table>

*Data collected from March 1, 2010 to June 16, 2017
N = 315,895*
Evidence-based Program Review Council

- Funding through ACL
- Partnership with the Evidence-Based Leadership Council (EBLC)
- Purpose: to identify new health promotion and disease prevention programs that meet the Older American Act Title IIDD Criteria
  - Demonstrated to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults and
  - Proven effective with older adult population, using Experimental or Quasi-Experimental Design and
  - Research results published in a peer-review journal and
  - Fully translated in one or more community site(s) and
  - Includes developed dissemination products that are available to the public.
- First round of program reviews – Fall 2017