



MGS ANNUAL
CONFERENCE : APRIL 27
2018
Wellness Agenda: Healthy Communities. Healthy You.



Serving Older Adults: Community-Based Health Promotion Programing



3A: Serving Older Adults through Community-Based Health Promotion Programming

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Dawn Simonson, MPA, Executive Director, Metropolitan Area Agency on Aging

4/18/2018

Minnesota Board on Aging | www.managing.net

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Objectives

- * Learn about the types and history of EBHP in Minnesota;
- * Understand how EBHP benefits older adults and helps them remain at home;
- * Explore opportunities for organizations to participate in local and statewide EBHP efforts.

Agenda

Welcome and Introduction of Panel

Define EBHP, history and programing in Minnesota (Mary)

How evidence based health programing can benefit older adults (Dr. Sara Lindquist)

Opportunities and introduction of Juniper network (Dawn)

Other opportunities currently in Minnesota- Well Connect/ Compass(Mary)

Questions and closing



The Minnesota Board on Aging (MBA) is the state unit on aging and the gateway to services for Minnesota seniors and their families. MBA partners with 7 local Area Agencies on Aging (AAA) to administer federal Older Americans Act (OAA) funds that provide a spectrum of services to seniors, including: Senior LinkAge Line[®], home-delivered meals, in-home supportive services, caregiver support and evidence-based health promotion interventions.

MBA established 1956

OAA July 1965

What is an Evidence Based Health Program (EBHP)?

Simply put it is a program based on research

Evidence-based programs refer to organized and typically multi-component interventions with clearly identified linkages between core components of the program and expected outcomes for an identified target population

What is needed to be an Evidence Based program?

Evidence that a health issue exists. (1 in 4 adults over age 60 experience a fall)

Evidence about design, context and attractiveness of program. (Listed on ACL/NCOA, CDC , SAMSHA or other approved sites)

Evidence that a program is effective. (55% reduction in fall risk)

Short history of EBHP in Minnesota

Older Americans Act (OAA) established Title III D (health promotion) in 1987

2006 MBA received a demonstration grant from the Administration on Aging(AoA) to trial 3 evidence based programs in Minnesota
(A Matter of Balance, Chronic Disease Self Management and Enhance Fitness)

Through 2012 additional funding (AoA grants and ARRA) received allowing Area Agencies on Aging to expand number of leaders and types of programs available through community partners.

By 2016 all programs funded under OAA III D must met highest level standard

Why are EBHP important in community settings?

- Older adults suffer from chronic diseases, injuries and disabling conditions.
- Preventable diseases account for nearly 70% of all medical care spending.
- Growing evidence base indicates that changes in lifestyle at any age can improve health & function.
- People want to change unhealthy habits, but need support.
- Community agencies have connections to the population and untapped capacity.

EBHP in Minnesota

Consider: in 2018 there are over 1,000,000 adults 60 years of age and older in Minnesota

Issues: up to 250,000 to 360,000 at risk for fall and up to 800,000 have at least one chronic(ongoing) health issue.

Specific EBHP started in 2007-8: Chronic Disease Self Management program (Was Stanford now SMRC),A Matter of Balance and Enhance Fitness

Through Title III funding and other ACL/federal funding : MBA/AAA expanded available programs and provided leader training and fidelity monitoring for community partners to provide these programs

Other programs added : Diabetes Self Management, Chronic Pain Self Management, Tai Ji Quan Moving for better Balance, Arthritis Foundation programs, Diabetes Prevention Program, Stepping On, HomeMeds, SAIL

EBHP in Minnesota

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Who has participated?

Chronic Disease Self Management education: **over 5,400 participants** since 2011

Fall Prevention Programs: 2010 to 2014 more than 2,500

2014 to 2018: **over 8220 participants** (received Fall Prevention grant in Sept 2014)

Interest in these types of programs continues to grow...

Consider:

“people with chronic conditions rarely spend more than 1% of their life at a healthcare facility. It is the other 99% of one’s life - when an individual is at home - that determines whether they return to full health or not.”

Up next

How evidence based health programing can benefit older adults

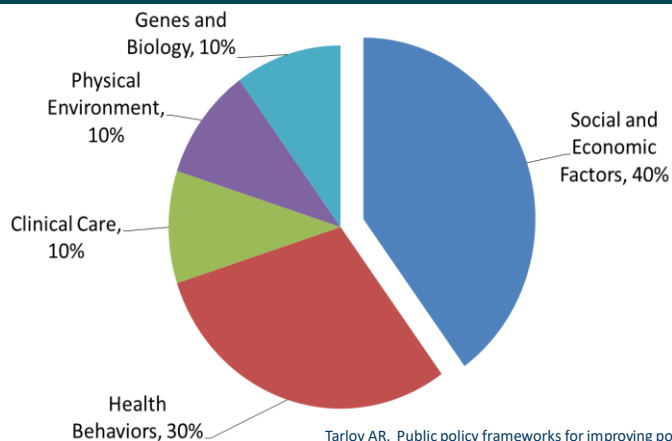
Dr. Sara Lindquist

Introduction of Juniper

Dawn Simonson, Director, Metropolitan Area Agency on Aging

Other opportunities

What Really Drives Health Outcomes?



Tarlov AR. Public policy frameworks for improving population health. *Ann N Y Acad Sci* 1999; 896: 281-93.



Addressing the Social Determinants of Health

- Engage social service providers to:
 - Improve the health of older adults
 - Contain growth of health care spending
- *Health Affairs* 2018 Jan;37(1):15-21
 - Counties whose Area Agencies on Aging have broad informal partnerships have lower risk-stratified hospital readmission rates



Setting the Stage: Chronic Disease

Chronic Disease: The Leading Cause of Death and Disability in the United States

- Half of all adults have at least one chronic health condition
- 1 in 4 have two or more

Health Risk Behaviors are Modifiable

- Modifiable risk behaviors cause much of the illness and early death related to chronic diseases and conditions.



Centers for Disease Control, 2014 Statistics

Benefits of Chronic Disease Self-Management Education Programs

Chronic Disease Self-Management Program

- Improves exercise, cognitive symptom management, communication with physicians, self-reported health, distress, fatigue, disability, social/role activities
- Reduces hospitalizations and days in hospital

Diabetes Self-Management Program

- Improves patient activation, hypoglycemic symptoms, medication adherence, depression, activity, and HgbA1c levels among diverse populations

Chronic Pain Self-Management Program

- Improves pain, dependency, vitality, aspects of role functioning, life satisfaction, and self-efficacy among mixed idiopathic chronic pain patients

Tomando Control de su Salud

- Improves health status, health behaviors, self-efficacy
- Reduced ER visits

Programa de Manejo Personal de la Diabetes

- Improves A1C, health distress, hypoglycemic symptoms, and self-efficacy

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Setting the Stage: Falls

- 1 in 3 adults aged 65+ fall each year
- Half of all non-injured fallers cannot get up without assistance
- Gait and Balance impairment is the most consistent risk factor for falls
- Fear of falling is a recognized syndrome in older persons
- 95% of hip fractures are caused by falls
- The leading cause of fatal injury among older adults
- Most common cause of non-fatal trauma-related hospital admissions



Benefits of Fall Prevention Programs

A Matter of Balance (MOB)

- Reduces fear of falling
- Improves daily activity without falling
- Improves risk of recurrent falls

Tai Ji Quan, Moving for Better Balance

- Reduces fall rates by half for those >70
- Reduces risk of multiple falls by 55%
- Improves physical balance
- Reduces fear of falling

Stepping On

- 30%+ reduction in falls among community-dwelling individuals with a previous fall

Stay Active and Independent for Life (SAIL)

- Improvements in balance, mobility and leg strength



Benefits of Prevention and Exercise Programs

Diabetes Prevention Program

- Reduces onset of diabetes by up to 58%

Arthritis Foundation Exercise Program

- Reduced pain and fatigue
- Symptom improvement
- Increased use of upper/lower extremities



Evidence-Based Health Promotion Programs and how Juniper is bringing these programs to communities across Minnesota



Juniper®

A transformative effort to promote and support a culture of self-managed health and well-being in Minnesota.



Creating Access to Programs Across MN

- Equip people to be agents for their health and well-being
- Build capacity to deliver EBHP programs throughout the state
- Create the required centralized infrastructure to support a viable and sustainable EBP marketplace
- Leverage the Area Agencies on Aging and their local partners
- Does not replace standard clinical care



Juniper[®] Program Menu

- Chronic Disease Self-Management Education (CDSME): Programs initially developed by Stanford
 - Chronic Disease Self-Management (CDSMP)
 - Diabetes Self-Management (DSMP)
 - Chronic Pain Self-Management (CPSMP)
 - Tormando Control de su Salud (Spanish language version of CDSMP)
 - Programa de Manejo Personal de la Diabetes (Spanish language version of DSMP)
- Arthritis Foundation Exercise Program (AFEP): developed by Arthritis Foundation
- Diabetes Prevention Program (DPP): NIH funded, CDC endorsed national program
- A Matter of Balance: developed by Maine Health
- Tai Ji Quan—Moving for Better Balance: developed at Oregon Research Institute

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Recently launched the
yourjuniper.org management
information system



A Single Place For Program Information



Juniper Management Information System (MIS)

The single destination for program information geared towards consumers, program leaders, and service delivery partners

Robust data capture and analytics

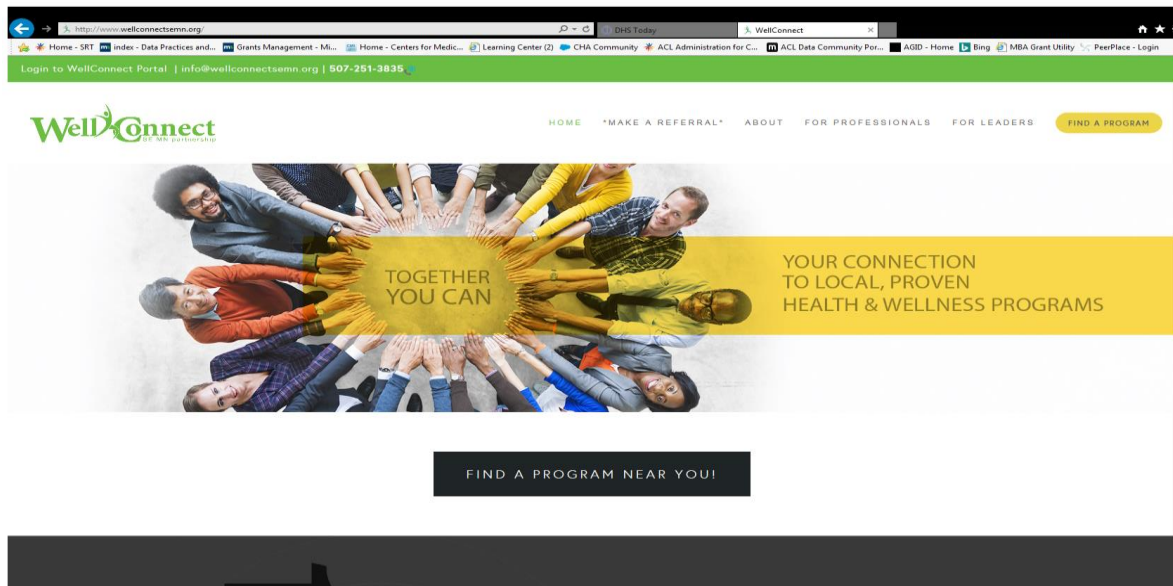
Holistic Functionality

Registration | Training | Quality Assurance | Data Management | Contractual Support

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Other resources and opportunities: Well Connect in SE Minnesota



Resources and Opportunities

- MDH Diabetes unit - working with Compass by QTAC
(University of New York- Albany) DPP
- Senior LinkAge Line for information on available classes
- Minnesota Help. Info for providers of classes and training

“Those things that we do for ourselves, day-to-day that improve or maintain our health, make us feel better”

Questions?

Thank you!

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