Georgia

Reinventing the Delivery of Clinical Preventive Services

Public Health Problem
There are few interventions in preventive medicine for which the benefits are more rigorously documented than immunizations and screening for chronic diseases, yet the rate of delivery of these potentially lifesaving preventive services is surprisingly low. Recent analysis has shown that, in 2004, less than 40% of individuals aged 65 and older were up to date on immunizations for influenza and pneumococcal disease, and screenings for breast, cervical, and colorectal cancers. To a large extent, the overwhelming responsibility for the delivery of these services has fallen at the doors of already overburdened physicians' offices. An enhanced focus on clinical preventive services and the establishment of additional access points are key strategies for improving and protecting the health of older adults.

Taking Action
The SPARC (Sickness Prevention Achieved Through Regional Collaboration) program, active in a four-county area of New England and rigorously evaluated through CDC support, has shown documented success in enhancing the delivery rates of influenza and pneumococcal vaccines, and screenings for breast, cervical, and colorectal cancers among older adults. SPARC's approach is to enlist collaboration among providers, local government agencies (e.g., local health departments and area agencies on aging), community groups, and others to make the most of existing community resources in the delivery of preventive care. SPARC itself does not deliver clinical preventive services but rather creates, coordinates, facilitates, and monitors community-wide efforts. Among SPARC's innovative strategies are "bundling" preventive services, such as providing mammography appointments at "flu shot clinics" for women who were behind schedule for breast cancer screening, and pioneering "Vote and Vax" campaigns that make immunizations available at polling places on election days.

In fall 2006, the SPARC model was piloted for the first time beyond its New England roots in two counties of metropolitan Atlanta. With Atlanta's Area on Aging serving as the SPARC convener, SPARC coalitions were established in Fulton and Fayette Counties, where respective county offices on aging applied local knowledge of their communities and engaged a network of community-based collaborators. Local public health departments were primary providers of services; other key stakeholders included local hospitals, social service agencies, local housing authorities, and visiting nurses associations.

Implications and Impact
Findings from the pilot study will be published in early 2008. While the pilot was limited in scope and time duration, the results validate that SPARC provides a practical and appealing framework for improving the delivery of preventive services and can galvanize local providers to develop innovative and sustained community-tailored interventions. The SPARC model is one that should be considered for replication in additional communities, and local area agencies on aging, working hand-in-hand with local health departments, may well represent important vehicles for such replication.

North Carolina

Pushing Healthy Aging Initiatives to the Forefront

Public Health Problem
In 2001, 2.3 million North Carolinians were age 50 or older, representing 28% of the total state population. By 2030, 35% of the state's population is projected to be age 50 or older. The health-related behaviors of this population put them at risk for multiple chronic diseases: 18% currently smoke; 62% are overweight or obese; and 23% do not engage in leisure-time physical activity. These and other risk factors among this population contribute to their leading causes of death, which are largely preventable: heart disease, cancer, diabetes, stroke, and chronic respiratory disease. Though proven programs exist, too few older adults have had access across the state.

Taking Action
Prior to 2000, healthy aging activities in North Carolina (NC) were coordinated by a fledgling partnership between the University of NC (UNC) at Chapel Hill Institute on Aging, the NC Division of Public Health (NCDPH) Older Adult Branch, and the NC Division of Aging and Adult Services (NCDAAS). When the UNC Institute on Aging became part of CDC's Prevention Research Centers Healthy Aging Research Network in 2001, the funding, though limited, pushed healthy aging activities into the forefront. The partnerships between public health, aging, and the university system were solidified by the creation of the NC Healthy Aging Coalition (NCHAC).

In fiscal years 2003 and 2005, North Carolina successfully competed for SENIOR (State-Based Examples of Network Innovation, Opportunity, and Replication) grants funded by CDC and administered by the National Association of Chronic Disease Directors. These funds were used to focus on healthy aging awareness and physical activity. These SENIOR grant activities, though funded each year at less than $13,000, were very successful and prepared the collaborative to be ready for additional healthy aging opportunities, including participation in the Agency for Healthcare Research and Quality's (AHRQ) Evidence-Based Health Promotion Training Conference (co-sponsored by CDC and other federal agencies). Participation in that conference sparked a statewide planning effort in NC.

In 2006, North Carolina received another SENIOR grant, this time to take their planning activities to the next level. Using these funds, the state began creating the *Roadmap for Healthy Aging*, a report that will describe older adults' health conditions and risk factors at a regional or county level and will identify evidence-based health promotion programs and resources available to best address these conditions. The *Roadmap* will be used to inform the State Aging Services Plan, service providers, and public health planning.

Implications and Impact
Early efforts to address healthy aging in NC were unfocused and disjointed as a result of reacting to opportunities rather than following a strategic plan for healthy aging. However, the SENIOR grants and AHRQ conference allowed NC to examine their state's needs and lay out a concerted and better integrated plan for healthy aging. To see this vision through, the NCDPH has created a Health Promotion Manager position whose responsibilities include strengthening and coordinating activities across the lifespan, and assuring that healthy aging perspectives are integrated in all program areas. The NCDPH and the NC Division of Aging and Adult Services have also created a Memorandum of Agreement (MOA), which formalizes their working relationship and delineates roles for the *Roadmap* project.