

## **Connecticut**

### **Older Adults Stand Tall**

#### **Public Health Problem**

More than any other preventable injury, falls cause Connecticut's older adults to lose their independence and be placed in nursing homes. Falls can also lead to hospitalization and possibly death, costing the state millions of dollars. In Connecticut:

- Falls are responsible for approximately 11,000 hospitalizations each year.
- Average direct medical cost per hospitalization is \$12,000.
- 70% of fall-related hospitalizations are among persons aged 65 years and older.
- Older adults have a death rate due to falls that is six times that of the state's average death rate.
- At least 30% of community-dwelling adults aged 65 years and older will fall each year.

#### **Taking Action**

The Connecticut Department of Public Health's Injury Prevention Program works with local health departments to implement community fall prevention programs for older adults. Local health departments receive an annual allocation from the PHHS Block Grant to address community health needs, including fall prevention. Each year, three to six local health departments conduct fall prevention programs. Fall prevention activities funded under the Block Grant focus on decreasing home hazards, improving strength and balance through exercise programs, reducing adverse medication interactions, and increasing awareness of fall risks and prevention among older adults and their families.

Local health departments, usually in collaboration with home health care agencies, conduct home safety visits to identify fall hazards, such as slipping and tripping hazards, inadequate lighting, and lack of grab bars or railings. Home visitors provide safety supplies, such as non-slip mats, night lights, tub chairs and rubber cane tips to older adult participants. Home visitors also provide education on how to prevent falls and work with older adults and family members to correct hazards.

Fall prevention presentations and medication safety reviews, which check prescription and over-the-counter medicines for possible interactions that could lead to falls, are provided in senior centers, housing complexes and other settings. Exercise classes for older adults, which focus on improving strength, balance and flexibility, are offered in 4- to 6-week sessions at senior centers and housing sites.

#### **Implications and Impact**

PHHS Block Grant funding enables the Connecticut Department of Public Health and local health agencies to provide critical fall prevention services to older adults in their communities. The PHHS Block Grant is the only funding source for many local health agencies to provide these services, which can prevent nursing home admissions, reduce health care costs, and help Connecticut's older residents remain active and independent members of society. Results from the past four years include the following:

- More than 550 home safety visits were conducted for older adults, and at least 77% of identified fall hazards were corrected on visits.
- 50% of the home safety visit recipients reported falling during the year prior to the visit, while only 3% reported falling at the four-month follow-up after the visit.
- At least 370 older adults participated in exercise classes, with 92% reporting at the end of program that they continued to exercise.
- Approximately 900 persons participated in fall prevention seminars or medication safety review programs. Approximately 87% were able to identify fall risk factors and 79% reported taking action to reduce their fall risks as a result of the programs.

## **Indiana**

### **Help Comes Closer To Home in Rural Indiana**

#### **Public Health Problem**

Medically underserved rural populations have disproportionately higher death rates and disabling conditions and are at higher risk of suffering the consequences of untreated infectious diseases and unmanaged chronic ailments. They have little access to preventive health care such as screenings for breast, cervical, prostate, colon and skin cancers. Rural populations also have the added occupational risks of exposures to pesticides, herbicides, sun and farm accidents. Based on epidemiological data, the following were target areas of concern:

- Overuse of emergency rooms for routine care by rural residents, a costly practice.
- Prevalence of heart disease and stroke, the number one killer in Indiana. It is estimated that about half of all heart attacks and two-thirds of all stroke victims have high blood pressure.
- The ability of older adults to identify and control health conditions to ensure their independence.
- Adolescents engaging in risky behaviors and making choices that may lead to poor health.

Of Indiana's six million residents, over 862,000 lack health insurance. Many of the uninsured live in one of Indiana's 46 rural counties, which have limited access to primary health care. The residents delay seeking help for health problems because of the distance to care and the cost.

#### **Taking Action**

Effective use of nurse practitioners increases access to health care and cost savings. Studies have concluded that 80% of adult primary care services and up to 90% of pediatric primary care services could be performed by nurse practitioners. The cost of seeking care from a nurse practitioner is 40% less than that of a physician.

In 1995, Indiana decided to use the PHHS Block Grant to start solving the problem of access to healthcare in rural Indiana by supporting Nurse Managed Clinics throughout the state. The state eventually sponsored 27 clinics, with 25 still operational. The most recently funded clinics are located in Martin, Daviess, and Orange counties; which are rural counties in medically underserved areas.

The following objectives were required by the state health department for new nurse managed clinics:

- Increase the proportion of regular clinic patients with high blood pressure whose blood pressure levels are controlled to 50%.
- Increase the proportion of adolescents aged 13 through 18 who receive all screening and immunization services and at least one of the counseling services recommended by the U.S. Prevention Task Force to 50%.
- Increase the proportion of adults aged 65 and older who receive all screenings and immunization services and at least one counseling service appropriate for their age and gender as recommended by the U.S. Preventive Services Task Force to a least 40%.
- Give 100% of the patients instructions on the proper use of hospital emergency rooms.

#### **Implications and Impact**

Martin County Healthcare Clinic has a patient count of 3,189, Daviess Clinic serves 2,999, and Orange Clinic has a patient count of 3,835. Some patients discovered they were diabetic, hypertensive, had cardiac problems or had cancer. These patients, who had never been screened and were unaware that their conditions were possibly life threatening, received general services and appropriate referrals for follow-up care. Better serving Indiana's rural population through Nurse Managed Clinics and Block Grant funds has proven to be a lifesaver in the state.

**New Mexico**

**PHHS Block Grant Provides Life Support for New Mexico's Rural EMS System**

**Producing Results**

The New Mexico Department of Health's Emergency Medical Services (EMS) system, supported by PHHS Block Grant funds, was able to leverage significant funding from state, private, and other federal organizations to ensure the continuation of EMS statewide, allowing the system to remain an available public health and safety service resource essential to all rural and frontier communities, tribes, and municipalities.

**Public Health Problem**

The vastness of rural New Mexico means solitude and tranquility to some, but to others it can mean at least an hour-long trip to a hospital in a medical emergency. Responding quickly and competently requires that the volunteers who make up nearly 80 percent of New Mexico's rural emergency medical responders must have access to state-of-the-art training and equipment. Emergency Medical Services (EMS) is the only health care service that is universally available to all of New Mexico's 1.9 million residents regardless of ability to pay. New Mexico's three regional EMS offices each cover a geographic area about the size of Kentucky. The only Level 1 trauma center (certified to handle all types of medical emergencies) is in Albuquerque, a 4- to 5-hour drive from some locations in the state.

**Taking Action**

The New Mexico Department of Health's EMS system is as an essential public health and safety service that has become an integral and valued part of life in all rural and frontier communities, tribes, and municipalities throughout the state. The state's system has been recognized nationally for many valued progressive enhancements: some EMS personnel provide child car seat installations and make home-safety visits to new parents; EMS units sponsor bicycle helmet rodeos and organize farm safety programs; EMS personnel can also participate in public health immunization programs and a new program for stroke prevention and early intervention, along with other public health prevention and preparedness activities.

**Implications and Impact**

New Mexico's investment of PHHS Block Grant funding has allowed the state health department to generate significant state, private, and other federal funds to support EMS statewide. Every year, the New Mexico Department of Health's Bureau of Emergency Medical Services:

- Examines, licenses, and provides regular continuing education to more than 7,000 First Responders, Emergency Medical Technicians, and Emergency Medical Dispatchers.
- Inspects, certifies, regulates, and supports about 400 municipal and county EMS services, 19 air ambulance services, and 70 public dispatch agencies.
- Supports three regional EMS offices that provide first-line support, technical assistance, specialized training, and innovative programs.

**Washington, D.C.**

**Steering Clear of Emergency Rooms Leads to Better Health Care**

**Public Health Problem**

Whenever uninsured Washington, D.C. resident, Eric Shropshire, needs to renew his medication supply for his diabetes, he goes to the emergency room (ER) at Greater Southeast Community Hospital. On any day, he is likely to be among an estimated 85% of ER patients who go to ERs for their basic health care. Due to a 10,000-person (2.57%) increase in ER visits, plus the closing of several major facilities since 2000, D.C. hospitals have faced continued overcrowding.

It is estimated that approximately 300,000 adequately insured District residents (50%) are still experiencing difficulty finding a doctor close to home. About 52% of District residents are said to live in federally designated primary care Health Professional Shortage Areas (HPSAs) and 30% live in federally designated Medically Underserved Areas (MUAs) or populations. This results in poor health, high costs, crowded emergency rooms, more hospitalizations for avoidable conditions, and higher rates of disability.

**Taking Action**

Hoping to steer low-income patients needing basic care away from ERs and into neighborhood clinics, the PHHS Block Grant funded the D.C. Area Health Education Center (AHEC) to provide the "Find Yourself Healthy Program". During 2005, AHEC developed a comprehensive training manual and hired community health navigators to educate and guide residents in Wards 7 and 8, two of the poorest areas in the district, through the health care system. Training included basic health information, introduction to opportunities for health care, and assistance in seeking care at nearby clinics. Block Grant funds were used to train 18 health navigators who helped 1,323 residents, including diabetics like Eric Shropshire, find basic health services in nearby clinics instead of in emergency rooms.

**Implications and Impact**

As a result, the average yearly increase in ER visits for this group decreased by at least 80%. In addition, with the availability of a reliable source of ongoing care, many residents will potentially avoid developing disabilities and chronic conditions. This will save the District thousands of dollars in health care costs.

At the end of its 5-year federal funding period, the AHEC faced extinction unless it could show the value of its health services as well as an ability to continue providing these services based on other sources of funding. The Block Grant "Find Yourself Healthy Program" was critical to AHEC's ability to attract future support and continue providing valuable health care to District communities.

Success of the "Find Yourself Healthy Program" led the District's state governing body to award \$600,000 to AHEC so it can continue to provide health education programs in 2006. In addition, the PHHS Block Grant will continue to fund AHEC to help other community organizations build health navigator programs throughout the District of Columbia.