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**Case Studies of Health Promotion
in the Aging Network:
Area Agency on Aging, Region One,
Maricopa County, Arizona**

Final Report

Prepared for

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CASE STUDIES OF HEALTH PROMOTION IN THE AGING NETWORK:
AREA AGENCY ON AGING, REGION ONE, MARICOPA COUNTY, ARIZONA

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Study of the Health Promotion and Disease Prevention Services Program of the Older Americans Act

Older adult health promotion and disease prevention is one of the top priorities for the Administration on Aging. The Administration on Aging plays an important role in the larger Federal effort to promote healthy lifestyles, particularly among older populations. Although illness and disability rates increase with age, a large body of research demonstrates that health promotion and disease prevention activities can help ensure healthy and independent lives for older Americans. For example, exercise and other health-promoting behaviors have been shown to improve aerobic power, strength, balance, and flexibility, while decreasing acute medical problems such as fractures, myocardial infarctions, and cerebral vascular accidents in older persons. Screenings, such as mammograms and evaluations of stool specimens, have been shown to decrease morbidity and extend life in this group as well (Rabiner et al., 2004).¹ The Administration on Aging, along with its other Federal partners, has worked to use this evidence-based knowledge to improve the health and independence of the nation's seniors.

As part of these efforts, the Administration on Aging administers Title III-D of the Older Americans Act to support health promotion and disease prevention services. This portion of the Older Americans Act requires that disease prevention and health promotion services and information be provided at senior centers, meal sites, and other appropriate locations, giving priority to areas of the state which are medically underserved and in which there are a large number of older individuals who have the greatest economic need for these services. Designated funding for these activities is intended to provide seed money for developing health promotion and disease prevention programs with other community partners, and to serve as a catalyst in promoting health promotion and disease prevention initiatives. In 2003, Congress appropriated a total of \$21.9 million for Title III-D preventive health services as part of a Title III budget of \$1.25 billion. In addition, the Administration on Aging has supported other health promotion activities by hosting a national summit on health promotion, funding the National Resource Center on Nutrition and Physical Activity and the National Resource Center for Evidence Based Programs, and working with the Centers for Disease Control and Prevention, the National Institute on Aging, the Agency for Health Care Research and Quality, and the Centers for Medicare & Medicaid Services to develop coordinated health promotion strategies.

This report is part of a larger set of studies conducted for the Administration on Aging by RTI International to provide information on the implementation of the Title III-D programs of the Older Americans Act. The goal of this study is to assess how the Aging Network has used the limited Title III-D funds as a catalyst to develop health promotion and disease prevention programs for older Americans. This information will be important for assisting states and communities wishing to replicate these types of efforts and for assisting state and Federal decision makers in planning the future of the Title III-D program.

¹ Rabiner et al. (2004) summarized the current research on evidence-based health promotion/disease prevention activities for older people and their outcomes.

This project has seven principal research questions:

- How do health promotion and disease prevention activities fit into the overall activities of the Aging Network?
- Has the Aging Network leveraged its Title III-D dollars to develop larger health promotion and disease prevention programs?
- Have the Area Agencies on Aging developed partnerships with other organizations to create more extensive health promotion programs for older people?
- Have Area Agencies on Aging developed and chosen model programs that are evidence-based?
- How comprehensive are the health promotion and disease prevention activities of the Area Agencies on Aging?
- Have programs been implemented on a widespread basis, involving large numbers of older people?
- Is broad data about program participants and the effectiveness of the programs available and used by program managers and administrators?

These questions are addressed through three major study components:

Literature Review. The study questions were refined and potential case study sites were identified through an extensive literature review on the state of the art in evidence-based Health Promotion and Disease Prevention efforts for the elderly (Rabiner et al., 2004). This was used to refine our conceptual framework for the study and to identify areas where these programs have been effective with senior populations.

Expert Interviews. Experts in the field were interviewed to collect input on current efforts underway in the private sector, the extent to which these health promotion and disease prevention efforts are being evaluated, and the types of health promotion activities that were considered most effective with the senior population. The experts also assisted in selecting a set of eight case study sites, recommending different features that were important for inclusion. In addition, these interviews were useful for coordinating our efforts with other related efforts in the field. The experts represented national associations, such as the National Association of State Units on Aging and the National Council on the Aging staff, as well as national and local program managers and researchers. Valuable input was also provided by regional and national Administration on Aging staff.

Case Studies. Case studies of eight selected Area Agencies on Aging were conducted to gain a better understanding of the Aging Network's involvement in health promotion activities. The case studies build on the other sections of this study and represent the largest component of the assessment.

This report is one of the eight case studies that were conducted. Area Agencies on Aging are the key organizations for implementing the provisions of the Older Americans Act. They provide access, management, and direct health and social services, including health promotion and disease prevention services to older Americans. The agencies were selected based on their reputations for innovative approaches to health promotion activities, including participation in national disease prevention and health promotion programs. Additional selection criteria included variations in the type of health promotion and disease prevention activity offered, diversity in geographic location, leveraging of multiple funding sources, the type of Aging Network member that leads the initiative, and types of collaborating entities. The Area Agencies on Aging selected for study were Atlanta, Georgia; Los Angeles, California;

Seattle, Washington; Phoenix, Arizona; Cincinnati, Ohio; Orlando, Florida; Portland, Maine; and the state agency which also functions as an Area Agency on Aging for the state of Delaware.

The case studies focus on those determinants of health most amenable to impact through programmatic interventions. A person's health status is determined by a variety of factors, including individual factors such as an individual's biology, socioeconomic background, attitudes and beliefs, and his/her motivations and health behaviors (Rabiner et al., 2004). It is also determined by community factors, including the role of the social and physical environment, access to quality care, public interventions and policies, and their results. In the case studies, we concentrated on those programs and policies which intervened at those levels where change can be made on the individual level, by modifying attitudes, beliefs, motivations, and health behaviors of older persons.

Data for these case studies were collected through telephone and on-site interviews and a review of secondary sources, including program reports, evaluations, and web sites. Interviews were conducted with staff members from the selected AAAs, the State Unit on Aging, and partner health promotion providers. Area Agencies on Aging staff were interviewed to understand their approach to health promotion, funding, and other program characteristics. State program officials were interviewed to understand the relationship of the local health promotion efforts to the statewide efforts. Local providers, advocates, consumers, the education community, and other members of the Aging Network were interviewed to understand the details of the programs and the factors affecting the development of these programs. At some sites, people were interviewed solely by telephone; at other sites, in-person interviews were conducted. Data for these case studies were collected from June 2004 through February 2005.

CONTENTS

<u>Section</u>	<u>Page</u>
SECTION 1 INTRODUCTION	1
SECTION 2 OVERVIEW OF AREA AGENCY ON AGING, REGION ONE.....	3
Organization and Sources of Funding.....	3
Demographics	5
Role of the Senior Centers	6
SECTION 3 HEALTH PROMOTION AND DISEASE PREVENTION ACTIVITIES.....	7
Healthy Roundup and Wrangler Programs	12
Senior Wellness Program.....	14
Passport to Living Program of Mesa Senior Services	18
ElderVention	22
Healthy Aging 2010 Project of the Arizona Department of Health Services	26
SECTION 4 DISCUSSION	28
REFERENCES	33
APPENDIX A.....	38
 <u>List of Exhibits</u>	
Exhibit 1. Area Agency on Aging, Region One Operating Budget in FY 2002-03	4
Exhibit 2. Statewide Demographic Characteristics, 2003	5
Exhibit 3: Expenditures for Region One Health Promotion and Disease Prevention Programs (including in-kind support) FY 2002-03	8
Exhibit 4: Region One Health Promotion/Disease Prevention Senior Center Contracts	10
Exhibit 5. Relationship Between Region One and its Partners on Health Promotion and Disease Prevention.....	11

SECTION 1 INTRODUCTION

Health promotion and disease prevention programs are critical to ensure the health of older people. As part of that initiative, Title III-D of the Older Americans Act funds activities to keep seniors healthy. In addition to directly funding services, the goal of Title III-D is to be a catalyst for health promotion and disease prevention activities. This case study is part of a larger effort to understand what the Aging Network achieved with Older Americans Act III-D funds, how these funds expanded health promotion and disease prevention programs, characteristics of these programs, and how to assess these programs to improve them over time.

The Area Agency on Aging, Region One serves older adults, family caregivers, adults with disabilities, and people with HIV of all ages in Maricopa County, Arizona. The 9,222-square-mile county is largely urban, including all or most of the cities of Phoenix, Mesa, Tempe, Sun City, and Scottsdale. Its mission is to “secure, promote, and provide essential services to enhance the quality of life in a diverse and changing society” (FY 2003 Annual Report, Region One). We selected this Area Agency on Aging as one of the sites for this study because of its strong support for health promotion for elders and the state’s Healthy Aging 2010 and Aging 2020 initiatives. These programs and initiatives demonstrate:

- **Strong Partnerships at the Local Level:** Region One has strong collaborative relationships with several community partners, including Health Net, Inc., the Tempe Community Action Agency, Jewish Family and Children’s Service, Valle del Sol, Sun Health Corporation, Native American Community Health Center, and Mesa Senior Services.
- **Wide Range of Services:** The Area Agency on Aging provides contracts with its partners to provide health promotion and disease prevention educational programs at 39 senior centers in Maricopa County. In addition, Region One has incorporated health promotion activities into its directly administered programs for special populations, such as elder refugees and victims of late-life domestic violence, and developed an innovative behavioral prevention program, ElderVention, which includes depression screening and education. Region One staff were instrumental in creating the Arizona Coalition for Behavioral Health and Aging.
- **Involvement with the State Unit on Aging:** Region One collaborates with the Aging and Adult Administration, the State Unit on Aging, within the Arizona Department of Economic Security, to provide nutrition education for senior center participants. In addition, the Aging and Adult Administration nutritionist provides training for Region One’s food service providers and participates in a broad range of health promotion activities, such as health screening and education.
- **State Innovations in Health Promotion:** The Arizona Department of Health Services’ Healthy Aging 2010 Project works with state and federal agencies, private non-profits, foundations, and health providers, to support health promotion and disease prevention for elders, and administered mini-grants for targeted evidence-based programs in FY 2001–02, 2002–03, and 2003–04. Region One partnered with the Maricopa Association of Governments

to produce an exercise video for seniors using one of these mini-grants in 2001–02. In addition, the Healthy Aging 2010 Project has a lead role by the Department of Health Services in the Governor’s Aging 2020 initiative. In recognition of the growing proportion of elders in Arizona’s population, the Governor announced the Aging 2020 initiative to help prepare state and private agencies to meet the rising health care needs of the baby-boomer population. Region One, the Aging and Adult Administration, and the Healthy Aging 2010 project advocate for health promotion and disease and injury prevention programs in the initiative’s planning process.

In November 2004, RTI staff conducted a two-day site visit in Maricopa County, including in-person interviews with staff of the Area Agency on Aging, the Aging and Adult Administration, health educators, health education program supervisors, senior center staff and directors, and university-affiliated health researchers. In addition, staff observed a health promotion program at one senior center, a health fair for seniors at another center, and visited a third senior center, each in different cities in the county. Following the site visit, we conducted telephone interviews with the director of the Healthy Aging 2010 project and two of the project’s mini-grant recipients.

In this case study, we provide an overview of the Area Agency on Aging services, a general description of the health promotion and disease prevention programs supported by the aging network in Maricopa County, and a detailed description of select health promotion/disease prevention activities for elders in the area. This case study examines:

- How health promotion and disease prevention activities fit into the overall activities of the Area Agency on Aging, Region One.
- The leveraging efforts of Region One to develop larger health promotion and disease prevention programs.
- Partnerships that Region One has formed with other organizations to develop health promotion programs for older people.
- How Region One developed and chose the programs it supports.
- The degree to which Region One developed a comprehensive set of health promotion and disease prevention activities.
- How comprehensively these Region One programs were implemented in its service area.
- What data are available on program participants and the effectiveness of Region One programs, and how these data are used by program managers and administrators.

SECTION 2 OVERVIEW OF AREA AGENCY ON AGING, REGION ONE

Region One is responsible for planning, developing, coordinating, funding, administering, and delivering services for four populations in Maricopa County: older adults (age 60 and above), family caregivers of older adults, adults age 18 to 59 with disabilities and long-term care needs, and people diagnosed with HIV/AIDS, regardless of age. In the early 1980s, the state decided to have the Area Agencies on Aging administer support services for younger people with disabilities because their long-term care needs are similar to those of the older population. Region One has been using Ryan White CARE Act funds for case management, home care, and transportation for people with HIV since 1993. Region One staff work to identify and meet the needs of its client populations through advocacy, coordinating services, participating in and building alliances, and promoting public awareness. Region One also conducts fundraising, writes and monitors grants, subcontracts with more than 60 agencies, and actively participates in influencing public policy at the state level. Health promotion and disease prevention education and activities are integrated into many of its programs and services.

Organization and Sources of Funding

Region One provides a wide array of services for its four target populations. The agency contracts with more than 60 social service agencies within the county to provide home care, transportation, senior center programs, and other supportive services. The Senior Adult Independent Living (SAIL) program provides adult day health care, case management, home-delivered meals, home health aids, home nursing, personal care assistance, and housekeeping and chore services. Case management is also provided for people with HIV/AIDS through its Care Directions program. Low-income adults who are at least age 60 may receive eyeglasses, low-vision devices, hearing aids, and dental services, and are eligible for emergency response services including crisis dental services, home repair, and emergency medical transportation. Region One operates the on-site Mosaic center for its Maricopa Elder Refugee Program which provides outreach, English as a second language (ESL) classes, case management and referral services, health promotion, cultural activities, and urgent assistance for over 900 elder refugees from many countries. Region One also staffs a 24-hour telephone *Senior* HELP LINE for seniors, maintains a comprehensive gerontological resource center, and created a non-profit organization, DOVES, to operate a 17-unit transitional housing facility for victims of late-life domestic violence.

Rather than standard Medicaid, Arizona implemented in 1982 the Arizona Health Care Cost Containment System (AHCCCS) under a section 1115 Medicaid research and demonstration waiver. At that time Arizona became the first state in the nation to mandate a capitated, statewide Medicaid managed

care system (McCall, 1996). As of October 1, 2004, AHCCCS was providing care to about 18 percent of the state's population (Arizona Long Term Care System).

In 1989, Arizona added Medicaid long-term care benefits to the Arizona Long Term Care System (ALTCS), which is also capitated and bundles acute, behavioral health, case management, home and community-based services, and institutional care. Region One provided home-delivered meals to approximately 1,250 Medicaid beneficiaries in 2003. Approximately one-third of home-delivered meal beneficiaries are Arizona Long-Term Care System recipients. In addition, Region One serves as the Arizona Long-Term Care System contractor for adult day health care services in Maricopa County, serving over 500 clients annually.

Region One's operating budget for fiscal year 2003 was \$35,170,936 (Exhibit 1). Twenty-eight percent of the agency's revenue came from Older Americans Act programs. Other major sources of federal revenues include the Arizona Long Term Care System (about 14 percent, not shown); adding funds from the Social Service Block grant, U.S. Department of Housing and Urban Development, Alzheimer's Disease Demonstration Program, and the U.S. Department of Agriculture brought the total federal contribution to 58 percent of the Region One budget. Federal dollars are leveraged by foundation funds and participant contributions (27.9 percent), state funds (12.2 percent) and other (non-federal in-kind) funds (1.5 percent).

Exhibit 1. Area Agency on Aging, Region One Operating Budget in FY 2002-03

Source of Revenue	Amount in Dollars	Percent of Total Budget
Non III-D OAA	9,758,502	27.7
III-D OAA	179,819	0.6
Total OAA	9,938,321	28.3
Medicaid and other Federal	10,575,636	30.1
State	4,305,066	12.2
Local, private grants, and participant contributions	9,825,192	27.9
Other sources	526,721	1.5
Total	35,170,936	100.0

SOURCE: Region One Audited Financial Statement FY 2003

Demographics

Arizona is a retirement destination. In 2003, people age 60 and above accounted for 17 percent of the state population was (U.S. Census Bureau, 2003) (Exhibit 2). Although the state percentage of elders was relatively stable from 1990 to 2000, the U.S. Bureau of the Census projects at least one in four Arizonans will be over age 60 by the year 2020 (U.S. Census Bureau, 2000). The population aged 60 and above in Maricopa County was 466,269 (15.2 percent of the total county population) in 2000; this group represents 53.5 percent of the state's older population (U.S. Census Bureau, 2000). Sixty percent of the state's population lives in Maricopa County (Phoenix metropolitan area), which covers more than 9,000 square miles. Hispanics are the largest ethnic minority in the county, at 7.2 percent of the older population. Blacks and Asians are each 2 percent or less of the older population in the county, and Native Americans are 0.4 percent. Approximately 56 percent of the county's elders are women. According to Region One staff, use of some of the senior centers increases greatly during the winter as a result of seasonal immigration, a factor that is not accounted for in the federal funds distribution formula.

Exhibit 2. Statewide Demographic Characteristics, 2003

Demographic Characteristic	Number	Percentage
Population age 60+	947,210	17.0*
Population distribution		100.0
Age 60 to 64	232,743	24.6
Age 65 to 74	381,716	40.3
Age 75 to 84	251,841	26.6
Age 85+	80,910	8.5
Race:		100.0
Caucasian (alone)	792,233	83.6
African American (alone)	15,979	1.7
American Indian/Alaska National (alone)	23,269	2.5
Asian (alone)	11,545	1.2
Native Hawaiian/Pacific Islander (alone)	492	0.1
Hispanic/Latino (may be of any race)	99,178	10.5
Two or more races	4,514	0.5
Growth of population age 60+ since 1990	+315,562	50.0

* Percentage of total population.

SOURCE: U.S. Census Bureau 2003 Population Estimates: July 1, 2003

From July 1, 2002, to June 30, 2003, Region One programs served over 95,000 people (Region One, 2003). According to Area Agency on Aging staff, 18,235 elders participated in health promotion programs in 2002–03. However, the agency does not collect demographic data specific to the health promotion programs.

Role of the Senior Centers

In order to obtain Older Americans Act and Medicaid funds, which are distributed on a competitive contract process, each of the 44 senior centers in Maricopa County must comply with Region One requirements. Region One contracts out most of its health promotion and other programs to senior centers as optional components within an overall contract, and each contract is renewable for one year. The senior centers see health promotion programming as important to their services; the majority of the centers receive their health promotion services through Region One's contract with Health Net, a large local health plan. Other multi-site contractors include Mesa Senior Services and Tempe Community Action Agency. Contracts with the Native American Community Health Center and Sun Health provide health promotion activities at a Native American senior center in Phoenix and a center in Sun City.

SECTION 3 HEALTH PROMOTION AND DISEASE PREVENTION ACTIVITIES

Region One's approach to building health promotion programs is to identify the gaps in health promotion services and to collaborate with community and state partners in addressing these gaps. Community health needs, as identified through planning and needs assessment data, have served as the basis for identifying service providers and innovative approaches to providing of health promotion services. Nutrition, dental, and behavioral health needs drove much of the program development historically. The director of Region One, a nutritionist, provided nutrition education and health promotion at a nutrition site in Tempe in 1976. Current partners in nutrition education for seniors and senior center staff include the Aging and Adult Administration's nutritionist and the Nutrition Network. Support for dental needs is provided by foundations and the state tobacco tax; however, these tax revenues are no longer available. Behavioral health services became a priority in the early 1990s with the identification of high rates of elder suicide and depression combined with input from public hearings. In 1996, the Area Agency on Aging, Region One created ElderVention, an innovative, multi-faceted behavioral health prevention model. Other health promotion and disease prevention programs reach the HIV, caregiver, and late-life domestic violence-related populations.

Elder refugees in Region One's Maricopa Elder Refugee Program receive health promotion and disease management services twice weekly at the Mosaic Center from a registered nurse funded by Region One. The nurse provides a critical link to help elder refugees access medical services and become proactively engaged in their personal healthcare and in health prevention activities. The health education program focuses on how to make a doctor's appointment, hygiene and health, how to take medications and use a diabetic glucometer, the importance of diet (sodium-intake control), and the importance of regular exercise. Each refugee has a health card that the nurse updates after each health-screening checkup. Brochures are available in multiple languages providing health information on breast and prostate cancer, diabetes, heart disease, and heat-related health issues.

The majority of Region One's health promotion disease prevention services are supported primarily by Title III-D funds and are based in senior centers and contracted out to local providers through an annual competitive process. The major contract holders for these programs are Health Net of Arizona, Tempe Community Action Agency, and Mesa Senior Services. Sun Health Corporation and the Native American Community Health Center hold smaller contracts. Region One relies upon the contracting agencies to assess their own population's needs and design the most culturally-appropriate education and interventions. Region One conducts an annual assessment of its provider network that includes a section on these activities, and some individual contractors keep more detailed participation

records. As a result of a new priority on improving program monitoring within the Department of Economic Security, the Aging and Adult Administration is developing a plan to monitor health promotion activities of Area Agencies on Aging more closely; under this plan, the Area Agency on Aging will report the types of programs and activities, numbers of attendees, and presenters of programs (including qualifications).

In the 2003 fiscal year, Region One spent \$747,657 for health promotion activities (Region One Annual Report, 2003; Region One Audited Financial Statement FY 2003), 24 percent of which was from Title III-D Older Americans Act funds (\$179,819). By partnering with a number of state and private agencies, providers, and foundations, Region One has been able to leverage its Title III-D budget of \$179,819 with significant in-kind and other support to a total of \$871,049 (Exhibit 3). The additional funds and support include in-kind contributions from contractors for senior center programs (\$123,392), foundation donations (\$107,850), tobacco tax funds (\$70,649), Division of Behavioral Health Services in the Department of Health Services (\$225,000), a \$40,233 grant from the Substance Abuse and Mental Health Administration for the Tiempo de Oro program, and \$303,925 for other programs. A small amount of Title III-D funds blend with Titles III-B and III-E of the Older Americans Act for health promotion and disease prevention activities within the HIV and caregiver programs. Excluding senior center contract in-kind support, Region One spent \$747,657 in the 2003 fiscal year for health promotion activities (Region One Annual Report, 2003; Region One Audited Financial Statement FY 2003). A breakdown of the expenditures and in-kind support appear in Exhibit 3.

Exhibit 3: Expenditures for Region One Health Promotion and Disease Prevention Programs (including in-kind support) FY 2002–03

Health Promotion Programs	Amount
Senior Center Contracts	\$203,346*
ElderVention (Department of Health Services)	262,332
Tiempo de Oro	40,233
Victims of Domestic Violence (DOVES)	148,483***
Maricopa Elder Refugee Program	10,156***
Dental, Vision, and Hearing Services	178,499**
Family Caregiver Program	28,000***
Total	871,049

*Includes in-kind support from contractors

**Includes donations from foundations and state tobacco tax funds

***Funds directed toward health promotion and disease prevention for these populations

SOURCE: Region One Audited Financial Statement FY 2003

The major health promotion and disease prevention activities at senior centers supported by Region One are (Exhibit 4):

- **The Healthy Roundup Program**, which provides health promotion presentations and cholesterol screenings at 29 senior centers in Maricopa County, and is operated by Health Net, Inc., a large health provider
- **The Senior Wellness Program**, which provides educational classes in health promotion and disease prevention, physical activity classes, individual wellness counseling with nurses, health fairs, and a variety of health screenings for seniors at the six senior centers operated by the Tempe Community Action Agency, and is led by faculty of Arizona State University as part of the Tempe Health Coalition
- **The Passport to Living Program**, which brings a wide variety of health promotion presentations, health screenings, and physical activities to the two senior centers operated by Mesa Senior Services in Maricopa County
- **The ElderVention Program**, which provides depression prevention education to groups and individuals, and transition workshops at multiple venues for older adults who may be at risk for depression or suicide. (Jewish Family and Children Service and Valle del Sol partner with Region One to provide these services; ValueOptions, which serves as a pass-through for Medicaid funds provides the majority of funding.)

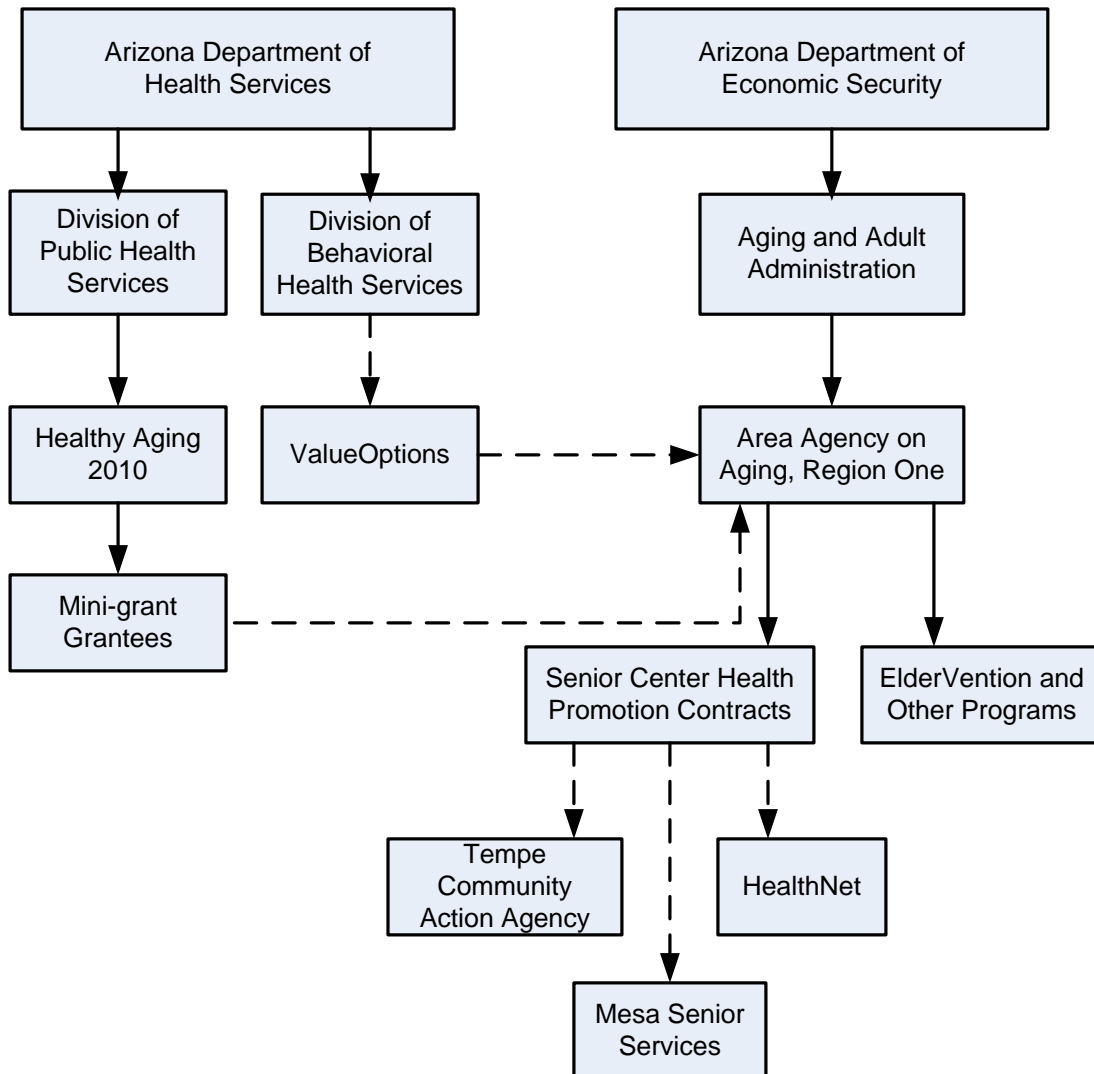
The major stakeholders working with Region One and the Arizona state agencies involved in elder health promotion are (Exhibit 5):

- **Health Net of Arizona**, a subsidiary of Health Net, Inc., is a full spectrum health plan and insurance company. The parent corporation operates full-service health plans in 27 states. Health Net provides the Healthy Roundup Program for elders in 29 senior centers in Maricopa County with grant support from the AAA Region One.
- **Tempe Health Coalition** is composed of the Tempe Community Action Agency, Arizona State University, St. Luke's Hospital, and Region One. Through a contract with Region One, the partners provide the Senior Wellness Program in the six Tempe and south Scottsdale senior centers operated by the Tempe Community Action Agency. University faculty and graduate students are directly involved in program delivery and in the collection and analysis of participant outcome measures.
- **Mesa Senior Services** is a private foundation which operates three senior centers in the City of Mesa, and through the Region One contracts to operate the Passport to Living program in its two senior centers within Maricopa County.
- **ValueOptions**, a for-profit organization providing behavioral health prevention and treatment services, is the Regional Behavioral Health Authority funded by the Division of Behavioral Health Services in the Arizona Department of Health Services. Region One provides depression prevention services in the ElderVention program under a contract with ValueOptions using Medicaid funds.

Exhibit 4: Region One Health Promotion/Disease Prevention Senior Center Contracts

Program	Program Type	Description	Contractor and Lead Partners
Healthy Roundup	Education in chronic disease management, nutrition, physical activity, stress management, behavioral health; cholesterol screenings; available in Spanish and Chinese	<ul style="list-style-type: none"> ▪ Monthly presentations at 29 senior centers ▪ Most Title III-D-suggested topics are covered each year ▪ Nutrition and physical activity tips included in each lecture ▪ Handout materials sent to home-delivered meal recipients ▪ Senior center managers health education component ▪ To add medication management education and bone density screening to program 	<p>Contractor: Health Net of Arizona</p>
Senior Wellness Program	Multi-component assessment, education, screenings and intervention in chronic disease management, nutrition education, behavioral health screening, stress management, physical activities, falls prevention, medication management; available in Spanish	<ul style="list-style-type: none"> ▪ Clinical baseline measures, including cholesterol, and blood pressure ▪ Individual wellness counseling with program nurse ▪ Multi-session classes on chronic disease management and prevention, stress management, nutrition and weight control, and health care consumer skills ▪ Multiple times per week physical activity sessions, both individual and group, various levels of exertion ▪ Falls prevention classes ▪ Medication management instruction ▪ Full range of screenings, referral and RN follow-up 	<p>Contractor: Tempe Community Action Agency</p> <p>Lead Partners: Region One Arizona State University Saint Luke’s Hospital</p>
Passport to Living	Multi-component screenings and education in physical activity, nutrition education, behavioral health, stress management, medication management, health care consumer skills; Spanish translation provided	<ul style="list-style-type: none"> ▪ Educational presentations at least weekly on variety of topics, including nutrition, physical activities, disease management and prevention, behavioral health, stress management, medication management, and falls prevention ▪ Full range of physical activities in group format, multiple times per week ▪ Full range of screenings 	<p>Contractor: Mesa Senior Services</p> <p>Lead Partners: Health Net of Arizona (cholesterol screening) Private foundations Local businesses City of Mesa</p>
ElderVention	Behavioral health program for prevention of depression, including individual and group education for older adults and health care professionals; available in Spanish	<ul style="list-style-type: none"> ▪ Depression prevention educational presentations, a workshop series and preventive services led by master’s level Prevention Specialists in senior centers, other congregate sites, and in-home settings ▪ Transition workshops over 8 to 10 weeks with discussion groups about life transitions, coping with loss and grief, etc. ▪ Depression prevention education modules offered monthly at 33 senior centers ▪ Individual in-home support and education for isolated older adults ▪ Professional education on older adult mental health ▪ Connecting Generations provides intergenerational workshops and activities at the Guadalupe senior center ▪ Tiempo de Oro program modeled on ElderVention for Hispanic population with a SAMHSA grant in two communities 	<p>Contractor: Area Agency contracted senior centers</p> <p>Lead Partners: ValueOptions AAA Region One Jewish Family and Children’s Service Valle del Sol</p>

Exhibit 5. Relationship Between Region One and its Partners on Health Promotion and Disease Prevention



- **Aging and Adult Administration** in the Department of Economic Security works closely with senior center food service staff and is actively involved in advocacy for senior health promotion in the Coalition for Behavioral Health and Aging, the Nutrition Network, and the Osteoporosis Coalition.
- **Arizona Department of Health Services’ Division of Public Health Services** operates the Healthy Aging 2010 Project. The Project works with state and private agencies to increase awareness of evidence-based programs for elder health promotion and disease prevention, to incorporate wellness for elders into existing programs, and support collaborative efforts for new programs. In addition, the project administered mini-grants for three years.

Aging 2020 is a new state initiative to prepare for the increasing health needs of aging baby boomers and is an important context for health promotion disease prevention programs for elders in

Arizona. Begun in 2004 by Governor Janet Napolitano, the initiative is a planning process to assess state trends and projected needs for elder health services and to examine safety and workforce issues. The Governor is working with representatives from 16 state agencies including the Department of Health Services and the Department of Economic Security. Health promotion and disease and injury prevention for elders are emerging as priorities in the plan.

Healthy Roundup and Wrangler Programs

Health Net of Arizona provides the Healthy Roundup Program for older adults in 29 senior centers in Maricopa County with funds from the Region One AAA and in-kind support. The Healthy Roundup Program consists of monthly health promotion presentations and annual cholesterol screenings at each senior center, distribution of educational handouts to attendees at the centers and to homebound seniors, plus a Wrangler component to educate senior center managers about health promotion. Health Net staffs the program with a full-time LPN/quality improvement analyst and a part-time RN, who prepare and provide the presentations and handouts. The health promotion program began 10 years ago and each year the LPN, who devotes 75 percent of her time to the Healthy Roundup Program and the Wrangler Programs, researches program topics anew.

Each Healthy Roundup presentation covers a health promotion topic combined with relevant nutrition tips and exercises. The 12 sessions cover a broad range of health promotion topics, most of which are taken directly from the Older Americans Act Title III-D priorities such as osteoporosis, cardiovascular disease, and stress management. Topics in 2003–04 also included cancer prevention and early detection, depression, “Medicare 101,” humor, hygiene, and management of diabetes. The talks last 30 to 45 minutes and usually take place just prior to lunch. Each participant receives a handout, which includes the information presented and more detail on the nutrition and exercise tips. During the month prior to a scheduled topic, the LPN researches the topic to obtain the most current information from online sources such as the American Diabetic Association, American Heart Association, the National Library of Medicine, the American Dietetic Association, and the Centers for Disease Control and Prevention. The Health Net medical director reviews each topic and tips on exercise and nutrition to assure accuracy. With the exception of cholesterol, colds and flu, and depression, topics rotate each year to maintain seniors’ interest.

The program is available to all older people at a senior center at no charge, and serves 1,100 elders per month, most of whom are congregate meal participants. Attendance per site ranges from 10 (in the most rural and sparsely populated area) to 100 seniors, averaging 80 people per session at larger sites.

Cholesterol screenings have a strong appeal, averaging 33 people per site. Health Net pays for Spanish translators at six sites and Chinese translators at one site. Each senior center manager receives a program notebook containing the schedule for the year, the topics for each month, and flyers to post for each topic. Center directors also receive handouts to distribute to the 1,400 homebound seniors who receive home-delivered meals from senior centers.

Program staff stressed the importance of creativity and interactivity with the seniors in presentations to retain their interest. Modest giveaways each month, such as small tissue holders, also motivate participation. Although the LPN routinely explains that she works for Health Net, the program does not allow direct promotion of Health Net during presentations.

Seniors attending the programs range in age from 60 to 98 years of age, and the majority is female. About 70 percent of the overall senior center population speaks English, 23 percent speak Spanish, and 7 percent speak Chinese. There is also one Jewish senior center in the service area. The program uses culturally appropriate information whenever possible; for example, information is provided about the sodium content in soy sauce and the nutritional value of tortillas. To insure comprehension, the presenters speak at an eighth-grade level. Participant health status is both physically and mentally diverse. The centers are a mix of urban, suburban, and rural, with only three classified as rural.

The Area Agency on Aging funds 65 percent of the program, and Health Net supports the remaining 35 percent. Although funding has remained level, program costs have increased. In order to maintain the educational component of the program at its current level, Health Net eliminated glucose screening and reduced the number of cholesterol screenings from twice a year to annually. Giveaways remain in the budget at about \$1 per person per month, as the health educator views them as an important incentive for attendance.

Participating seniors complete an annual client satisfaction survey. In January of 2005, in a survey with a response rate of 46 percent, two-thirds of respondents said they had benefited “a lot” from the topics presented, and over half reported that they had been encouraged to make lifestyle changes. The category responses were relative (“a lot,” “a little,” and “not at all”) and participants were not asked if they actually implemented any of these lifestyle changes. Participants also provide input into topic choices through the survey.

Health Net does not collect aggregate data on cholesterol screening results, but seniors often track their own progress individually. Staff are pursuing plans to expand the number and types of health screenings and presentations. In order to address the problems of poly-pharmacy and mismanaged self-

administration of medications by the elderly and the Administration on Aging requirement for medication management education, a Health Net pharmacist will be invited to give talks about medication management (Haber, 2003; Gurwitz et al., 2003). Region One is also in the process of purchasing portable bone densitometers for bone density screenings, which the Healthy Roundup staff will operate as part of their program.

Senior Wellness Program

Older adults can reduce their risk of chronic disease and disability through lifestyle changes, including increasing physical activity, eating a healthier diet, and avoiding tobacco use (Resnick, 1998; Phillips et al., 1996). A number of collaborative community-based programs have proven to be successful in preventing disease and limiting disability in older Americans (Lutz et al., 2001; Moyer et al., 1999; Slaninka & Galbraith, 1998).

The Senior Wellness Program is a community-based, nurse-managed health promotion and chronic disease management program for older adults at the six senior centers in the cities of Tempe and south Scottsdale. Part of the Tempe Health Coalition, the Senior Wellness Program provides a comprehensive range of health promotion/disease prevention activities. The goals of the program are to improve and maintain the functional health of seniors to enable independent living for longer periods and to improve the quality of life of older people by increasing their self-management of chronic disease. The program is designed to meet several of the Healthy People 2010 goals for older Americans (U.S. Department of Health and Human Services, 2000), including falls prevention and reduction of health disparities, as well as identified local needs in ongoing community assessments (Nunez et al., 2003). In FY 2002–03, the Senior Wellness Program served 726 seniors in health promotion classes and workshops, health screening events, private wellness counseling, and a senior health fair. Faculty and students from Arizona State University College of Nursing provide most of the staffing. The program uses a multidisciplinary, collaborative model, which program staff believe can be replicated in other communities (Nunez, 2003), and provides all courses, materials, and counseling in both English and Spanish.

The Senior Wellness Program provides fitness classes, health promotion and disease prevention classes, individual counseling, health fairs, health screenings, and health care consumer education. With the exception of podiatry services, all program activities and classes are free. Fitness classes include strength training with weights, a walking group, a class on falls prevention, and group music therapy sessions. The program offers the fitness sessions in group settings with practitioner-prescribed exercises

to match individual skill levels, a method effective in encouraging seniors to increase activity levels (Stahl et al., 2001; Melillo et al., 2000; Carlson et al., 1999; Wolfson et al., 1996). The falls reduction class focuses on exercises to strengthen major muscle groups involved in falls, which helps reduce falls (Binder et al., 2002).

Fitness classes take place two or three times a week and average about 15 participants each. A total of 140 seniors participated in the fitness classes in 343 sessions at the Escalante center, the largest center. Physical activities at all centers totaled 2,439 workouts, including 45 people in strength-training (121 sessions), 45 people in the walking program (156 sessions), and 50 people in the falls prevention classes (66 sessions). (Escalante Health Partnerships [EHP], 2003). Students from Arizona State University's Exercise and Wellness Department and the Music Therapy Department teach these classes.

Health promotion and disease prevention classes cover a wide range of topics, such as nutrition and prevention and management of chronic diseases. Courses include a 14-week course in nutrition and weight management (for over- and under-weight individuals) through a partnership with the Arizona State University School of Nutrition and the Arizona Dairy Council, a diabetes care management course, and the National Arthritis Foundation's 6-week course on self-management of arthritis. The program offers additional group sessions in disease prevention or self-management, such as medication management and stroke prevention. Usually Arizona State University nursing or nutrition students lead classes, with occasional volunteer speakers from agencies such as the local hospice association. Most classes take place twice weekly just prior to congregate meals. Health care consumer education includes sessions conducted by a nurse on how to communicate with health professionals, and by invited speakers, such as a representative from Region One who gave a talk on the Medicare drug cards. In FY 2003, over 120 health promotion sessions served 726 seniors, with an average of 20 persons attending each session (EHP, 2003).

An additional component of the health promotion and disease prevention activities is personal consultation with a program nurse. The nurse provides individualized sessions to help elders better manage their health and is available on a walk-in basis three hours a day twice weekly. Consults include instruction in self-administration of medications, coordination of care with physicians, explanation of physician instructions or test preparation, and individual screenings such as blood glucose or hypertension monitoring. In FY 2003, the program provided over 500 individual consultations (EHP, 2003).

Health screenings include twice-yearly community-wide cholesterol and diabetes screenings and twice-monthly hypertension screenings. Individual education and counseling by a program nurse and

referrals, if needed, complement all screenings. The nurse also conducts follow-up appointments with participants to assist them with diet, activity, and other lifestyle changes to support their self-management of hypertension. In addition, the program offers health fairs for all ages at the Escalante Senior Center twice yearly. Each fall, Arizona State University nursing students conduct a senior health fair as a class project, with screening supplies provided by St. Luke's Hospital and Arizona State University. In 2003, 68 seniors attended the fair despite the fact that no flu vaccine was available. Most of these seniors later received flu shots at a separate flu clinic.

The Tempe Community Action Agency, Arizona State University, Region One, and St. Luke's Hospital form the partnership that sponsors the Senior Wellness Program. The Tempe Community Action Agency is based in the Escalante Community Center, which houses social services and the Escalante Senior Center, as well as a family health clinic, gym, weight room, and swimming pool. The partnership is expanding the program to the other five senior centers within the area served by the Tempe Community Action Agency, but presently the majority of program participants attend the Escalante Senior Center.

An Arizona State University College of Nursing nurse practitioner serves as the wellness coordinator, working half time as part of her direct service and research time, with the remaining half of her time spent teaching. Another university nurse serves as the program director, working 20 percent time to provide administrative and financial management support in addition to a full teaching load. In addition, the program includes Arizona State University students and staff from nursing, public health, nutrition, gerontology, music therapy, and geriatric fellowships.

The Senior Wellness Program has its roots in the formation of the Escalante Health Partnerships, when representatives of the Tempe-based Arizona State University College of Nursing, the Maricopa County Health Department, Region One, and the Tempe Community Action Agency joined forces in 1991 to address the health needs of the underserved older populations in the Tempe area. A sister coalition evolved to serve health needs of children and families and joined the partnerships in 1996. In 2004, the partnerships and coalitions reorganized into a single Tempe Health Coalition, currently composed of more than 170 different groups and organizations.

Of the 1,400 older adults in the Escalante area, the majority are women who live alone with annual incomes below \$6,000 (Nunez et al., 2003). Senior Wellness participants range in age from 56 to 98 years, with a mean age of 76 years, and most are women aged 65 and over. Ethnically, the program participants are largely White (82.2 percent), with about 10 percent Hispanic, and 3 percent African-American (Nunez et al., 2003).

A Region One grant provided \$4,500 for the Senior Wellness Program in FY 2003, of which \$4,000 went toward staff salaries and \$500 toward program supplies such as educational information and some health clinic supplies. The majority of program support, however, is in-kind support from Arizona State University, Tempe St. Luke's Hospital, and the Tempe Community Action Agency. Professional service time, primarily that of the two faculty nurses and some for community guest speakers, accounts for \$26,030 in in-kind support from Arizona State University. Students provide free labor as service learning, but at the cost of lost continuity over time and having to arrange classes to fit the schedule of the students. Tempe St. Luke's, the local hospital, donates another \$1,370 worth of medical equipment and supplies for health fairs. The City of Tempe provides free facility space.

Arizona State University staff began collecting evaluation measures on all Senior Wellness Program participants in 1995. Each senior provides informed consent prior to participation in any part of the program, and baseline and follow-up information from 201 seniors is now in the program database. Baseline data measures include the SF-36 (Short Form 36 item) questionnaire of social and physical functioning (Medical Outcomes Trust, 1996; Stewart & Ware, 1992; Ware & Sherbourne, 1992), the Medical and Psychological Health in the Lifestyle Risk Questionnaire (LQ) (Lifestyle Directions, Inc., 1985), the National Aging Program Information System (NAPIS) nutritional assessment provided by Region One, Folstein's mini-mental status assessment (Folstein et al., 1975), and demographic data (income, insurance, ethnicity, etc.). The database also contains clinical measures of height, weight, blood pressure, cholesterol, hemoglobin, and glucose from group and individual screenings. Participants routinely complete satisfaction surveys after health promotion sessions. In 2003, 94 percent of 691 survey responses collected from 87 sessions reported that participants were either satisfied or very satisfied with the quality of information provided in these classes (Escalante Health Partnerships FY-2004 Action Plan).

In a 1995 study by Gale and Templeton (1995), a sample of women (N=101) in the Escalante neighborhood who do not attend the senior center reported lower levels of physical functioning than another sample (N=110) of more affluent, White women in Arizona. Another study of a sample of male and female attendees of the Escalante center reported lower levels of physical functioning (using the Medical Outcomes Survey) prior to participating in the wellness program compared to the age-matched U.S. population (Ware et al., 1993; Gale, 1998).

Arizona State University faculty published a study comparing baseline and follow-up measures for 197 program participants with national data (Nunez et al., 2003). Participants reported better general health, performance of roles, and social functioning. Program participants also had 4.2 doctor visits per

year compared to 7.1 visits nationally for individuals over age 65, and 1.6 hospital days per year in comparison to 2.1 hospital days in the same reference population (Nunez et al., 2003).

In addition to the above research, some smaller studies evaluated the impact of the fitness program. Researchers compared blood lipid levels among 14 weight lifters in the Escalante center and 14 non-exercising controls (Boudreau, 2002). In general, the workout program produced positive effects on lipid levels of participants, including raising levels of high-density lipoprotein cholesterol (HDL) and lowering levels of low-density lipoprotein cholesterol (LDL). According to Senior Wellness Program staff, “What’s important to these people is not doing aerobics or having washboard abs. They like being able to do the laundry. They like being able to play with their grandkids...” (Boudreau, 2002).

Although Arizona State University faculty have been collecting baseline and follow-up measures on all participants since 1995, the greatest obstacle to rigorous evaluation of the program’s impact is obtaining staff time to maintain the database and conduct analyses. A constraint on expansion of services has been the lack of available space for physical fitness equipment and training. Moreover, staff is currently stretched by program administration and direct services. To address this constraint, the program director is submitting a grant for \$225,000 from the National Institute of Nursing Research for program expansion, research, and to refine the falls prevention program. Falls are the primary cause of accidental deaths in people aged 65 and over (Fuller, 2000), and a number of studies have shown that intervention programs can help increase balance and flexibility, which can help reduce falls risk among the elderly (Messier et al., 2000; Yates & Dunnagan, 2001; Gill et al., 2002; Gill et al., 2003). The grant would also enable the director to do more outcomes research and program evaluation. Specifically, the grant would identify 60 seniors at highest risk for falls, and provide intensive intervention in physical exercise and strength training, self-management of chronic disease workshops, and weekly follow-up with a program nurse.

Passport to Living Program of Mesa Senior Services

The Passport to Living program is a series of volunteer-led health promotion lectures and workshops, physical activities, and health screenings, coordinated by Mesa Senior Services at two large senior centers in Maricopa County, one smaller senior center in a neighboring county, and one low-income housing project, all within the City of Mesa. The program’s goals are to help seniors make wise health choices and become better health care consumers through education, and to provide opportunities for them to maximize their health. Volunteer professionals from local health providers, public and private non-profit organizations, and businesses lead presentations and events. The following groups and

institutions fund the program: Mesa Senior Services; the Area Agency on Aging, Region One; local hospitals; and other community partners. Mesa Senior Services provides in-kind staff time for presenter selection, screening, and scheduling, fundraising, and evaluation activities. Local health providers sponsor a broad range of health screenings. Since Passport to Living began in 1988, 5,000 seniors have participated in the program. In program year 2003, 3,823 seniors attended classes conducted by health professionals and other volunteers who donated 3,630 hours (Mesa Senior Services, 2003). Most of the seniors attending the daytime presentations also attend the congregate meals program, but others come to the centers specifically to attend the presentations.

The Passport to Living program provides a wide array of educational presentations and regularly scheduled group activities focused on nutrition, behavioral health, stress management, health care consumer skills, medication management, and exercise and physical activity. The typical class lasts an hour, including question and answer time, and takes place in the mid-morning. Nutrition education has proven helpful for elders with hypertension or diabetes, or at risk for osteoporosis (Miller et al., 2002; Whelton et al., 1998; Heaney et al., 1999). Passport to Living lectures include a class for diabetics taught by a nutritionist and a class on healthy cooking taught by a local chef. Other lecture topics include current events, word and mind games, meditation, and community singing. Efforts to educate consumers about better use of the health care system include a class on improving communication skills with health care providers and a class on the proper use of emergency rooms taught by staff from a local emergency department. Peer counseling sessions are available, and about 130 seniors participate in support groups on a range of issues including Parkinson's disease, grieving over the death of a loved one, substance abuse, and the challenges that face caregivers. Passport to Living offers classes on advance directives twice yearly. Every senior receives a bright pink Passport to Living card upon joining a Mesa senior center (\$12 annual membership), and gets it stamped (like a passport) each time they attend an educational activity. Health screenings are free to individuals who average at least one stamp per month on their Passports; otherwise, members pay a \$7 fee to Health Net for each glucose or cholesterol health screening.

Efforts to reduce poly-pharmacy and adverse drug interactions among elders through education and intervention help reduce unnecessary health risks (Fillit et al., 1999, and Neafsy et al., 2002.) Twice yearly, the Passport to Living program offers a 2-hour medication management "brown bag" workshop where a pharmacist addresses the risks of poly-pharmacy and drug interactions. In the first hour, participants receive basic information about medications and potential problems such as drug interactions. In the second hour, individuals meet privately with the pharmacist and review their own medications that they have brought to the session. During this private meeting, the pharmacist notes any medication concerns on a form that each patient can share with his or her physician.

The benefits of regular physical exercise and stretching for elders are well documented in the literature (Talbot et al., 2003; Castro et al., 2002; Binder et al., 2002; King et al., 2002). The Passport to Living program offers opportunities to participate in several different levels of physical activities at least three times weekly throughout the year. The program offers both high-intensity and low-impact aerobics classes four times weekly at each center. The two large centers in Maricopa county account for about 90 percent of the program participation, and in a typical month at one of the large centers, about 60 seniors attend each session, or about 600 participant sessions per month. The program also offers less strenuous exercise classes several times a week to enhance strength and range of motion. Other classes include falls prevention, tai chi, chi kong, yoga, and Chinese sword dancing. Ballroom and line dances attract about 200 people weekly per center. Because walking groups were unsuccessful—seniors can walk more safely and comfortably on their own in air-conditioned malls—the program discontinued them.

Health screenings at the senior centers are popular, and blood pressure checks are available several times each week. The Arizona Community Foundation provides free hearing screenings every other month. Health Net provides quarterly glucose and cholesterol screenings. The Passport to Living program also arranges vision, skin cancer, and podiatry screenings twice yearly, and annual depression and osteoporosis screenings. Health care personnel conducting the screenings refer seniors with abnormal values to their local providers and to the center manager, who encourages them to participate in the appropriate Passport to Living programs and services. The senior center outreach department helps obtain referrals for seniors who do not have a health care provider.

Seniors contribute topic suggestions for the Passport to Living program twice yearly at health care forums. The forums pair an activity, such as a party or mind game session, with a discussion of members' ideas for future workshops and classes. In 2004, about 870 people with passports participated in the health care forums.

Mesa Senior Services recognized health promotion as a priority 20 years ago, when the agency hired a health educator. Mesa Lutheran Hospital donated \$5,000 to subsidize the educator's training in Healthwise Growing Younger, an Idaho-based health education program for elders that included health screenings and instruction in stress management, nutrition, exercise, and behavioral health. The hospital subsidy also covered the costs of books and supplies to run the program. The screenings were more popular than the instructional classes among participants, so the health educator developed the Passport to Living concept in 1988 as an incentive for seniors to attend more programs that are educational.

The Mesa Senior Center manager oversees Passport to Living. A part-time health and wellness coordinator recruits speakers for the program and performs other administrative tasks, and each of the three senior centers has a program coordinator who assists with scheduling. The director selects well-qualified instructors, such as physicians and nurses, and screens presenters to protect against commercial conflicts of interest. She prefers presentations and programs using evidence-based research and stresses the importance of variety and innovation in presentations since many seniors have been attending since the program's inception. Low-cost "giveaways" at educational presentations are popular incentives for participation.

Demographic information specific to active participants in the Passport to Living program is not available, but these data are available for senior center members (Mesa Senior Services Program Statistics, 2004). Participants average 78 years of age, with a median age of 75 years. According to staff, the younger "baby boomer" seniors, ages 55 to 59, are more likely to attend the more vigorous physical activities such as aerobics. Center participants are overwhelmingly White (94.5 percent), 4 percent are Hispanic, Afro-Americans are 1 percent, and the remaining 0.5 percent are either Asian Pacific or Native American. A small group of Hispanic women meets at one center; the center manager recruits them to attend workshops and exercise activities and provides a volunteer Spanish translator. Approximately 50 percent of the seniors served have annual incomes below \$15,000, and about 15 percent are considered frail. Sixty-one percent of the participants are women; over one-half of the women over age 75 are widows.

The Passport to Living program has an annual budget of \$50,000. Ninety percent comes from Mesa Seniors Services private foundation grants, local businesses, and health maintenance organizations, such as Health Net (who donates about \$5,000), and the City of Mesa, and the remaining roughly 10 percent (\$4,500) comes from Title III-D funding through Region One. Mesa Senior Services provides about \$25,000 in both financial and in-kind support, most of which is staff time. Some of the program costs are supported by revenues of Mesa Senior Services' two large annual fundraisers (the Senior Expo and the Friends Campaign), and a small portion of the support comes from senior center annual membership fees. The program leases the senior center buildings for \$1 a year from the City of Mesa.

Program monitoring is limited to a series of short questionnaires, which participants complete following classes once or twice a month. Although precise figures were not available, the director reported that about 90 percent of the respondents rated the programs positively. Funding is insufficient to support systematic data collection on participant outcomes or screening levels. Program staff already feel stretched to the limit to maintain the range, quality, and quantity of events currently offered. The Center

manager noted that volunteer speakers, especially physicians, are increasingly difficult to recruit. Reductions in funding for health education at the three local hospitals providing presenters for Passport to Living are creating a shortage of lecturers for the program. In the past, the program partnered with the Arizona State University College of Nursing, and nursing students provided some of the presentations. However, this option no longer exists due to changes in the nursing program.

The director would like to involve more of the baby boomers by expanding the types of events offered and exploring new venues such as libraries. Innovative topics that might draw the younger elders entail a broader definition of the concept of wellness, such as financial wellness and traveling safely and in good health. In addition, the center would like to offer more opportunities for seniors to lead classes (such as aerobics) and to help the frail elder population.

ElderVention

Adults age 65 and over have the highest risk of suicide of any age group in the United States (Conwell and Brent, 1995; McIntosh, 2003), and depression is the most common diagnosis associated with older adults who attempt and/or complete suicide (Szantos, 2003). Isolation, declining health (or the perception of it), disability, and loss of spouse and job are more likely to occur in later life and are risk factors for depression and suicidal thinking (Conwell, 2001; Szanto et al., 2002; Turvey et al., 2002; U.S. Public Health Service, 1999; U.S. Department of Health and Human Services, 2001). Behavioral health services became a priority of Region One in the early 1990s with the identification of high rates of elder suicide and depression combined with input from public hearings. In 1996, Region One created ElderVention, an innovative, multi-faceted behavioral health prevention program, which provides a wide range of activities focused on reducing risk factors for depression for the age 55 and older age group. The program established a lower than age 60 target group in order to make prevention services available to persons age 55 to 59 in Older Americans Act Title V work programs, many of whom experience major disruptive transitions. Services include educational presentations and transition workshops at senior and other community centers, in-home prevention education services, caregiver forums, trainings for health professionals, and social marketing through exhibits and health fairs. ElderVention was influenced by the emphasis of the Spokane Mental Health Gatekeeper's Program on the importance of community outreach and education about older adults and suicide (Florio et al., 1996). All activities are provided free of charge.

ElderVention serves over 4,000 participants annually in venues such as senior centers and other congregate sites (assisted living and long-term care facilities), in-home settings, and community

organizations. A director and four master's level social workers or counselors (called prevention specialists) staff the program. One of the prevention specialists is bilingual (English/Spanish), and all staff attend annual cultural competency training to enhance the quality of services for the large Spanish-speaking population in Maricopa County. Staff members submit quarterly and annual reports to ValueOptions, which funds the program (Area Agency on Aging, Region One, 2004).

Program staff provide educational presentations on a monthly basis at 33 senior centers and 22 other venues such as assisted living facilities and faith-based organizations. Over 20 behavioral health prevention education modules are available; attendees have input on the selection of topics, which include grief, anxiety, loss, stress relief, and the benefits of laughter and humor. Program staff develop the modules based on the research literature and best practices, and review them annually. Each presentation focuses on a single module, and lasts about an hour, including a topic-specific knowledge pre- and post-tests, which monitor program effectiveness. Nearly 2,300 older adults attended community presentations in FY 2003–04.

Prevention specialists also lead transition workshops to help older adults build resiliency and coping skills in a support group-like format. These interactive groups help older adults navigate more skillfully through major life transitions such as the death of a spouse, retirement, health problems, or relocation. The older adults participating in the workshops determine the topics, which include grief and loss, emotional health, communication skills, and information related to healthy aging. Elements of the program also include discussion of personal responsibilities (for health, exercise, nutrition guidance, stress management, physician access, and care management strategies), exercises, stress management technique practices, and nutritious snacks. Meetings last from 1.5 to 2.5 hours and take place once weekly in senior centers or other venues for eight to ten weeks. To assess the impact of the workshops, each participant completes a Life Satisfaction Index (Neugarten et al., 1961) before and after the series. More than 900 older adults participated in transition workshops in FY 2003–04.

ElderVention's prevention strategies also reach isolated older adults in their homes, who are at a heightened risk of depression. Referrals come from case managers and families, some older adults refer themselves through the *Senior* HELP LINE. Many of the 200 individuals referred for in-home prevention education in FY 2003–04 suffered a major loss such as death of a spouse, have an extremely compromised support system, and are either unable or unwilling to attend a senior center program. Some are homebound for medical or transportation reasons, although this is not a requirement for participation. Using the prevention modules appropriate to the older adult's situation, staff work individually with participants in the home environment. They complete the Life Satisfaction Index for each in-home

referral at the first and last home visits. If the older adult scores low on life satisfaction, staff administer the Geriatric Depression Scale Short Version (Sheikh and Yesavage, 1986); a score greater than nine results in a referral for professional treatment of clinical depression. Staff refer less than 5 percent of the total in-home service caseload for treatment.

ElderVention holds family caregiver forums about four times a year in community settings such as in shopping mall classrooms and retirement centers. Approximately 60 professionals, caregivers, and other community members attended these forums in FY 2003–04 to learn how to take care of themselves while taking care of others. Topics range from massage and aromatherapy to ways to avoid the holiday blues. Program staff also provide suicide prevention presentations to professionals in the community who work with older adults. In conjunction with the Arizona Suicide Prevention Coalition in 2004, program staff provided five trainings to nearly 100 professionals about identification of risk factors associated with suicide, preventive strategies and local referral resources. In addition, ElderVention staff members provide an average of eight social marketing and public information events each week. These events include health fairs and outreach to seniors and health professionals to increase awareness of ElderVention services.

Upon the request of ValueOptions, Region One developed an intergenerational project, Connecting Generations, in partnership with the Boys and Girls Clubs of the East Valley in the town of Guadalupe and expanded to the town of Mesa. The focus of the project is to reduce isolation, depression, and suicide among older adults while reducing school dropout rates for youth through interaction and activities between the two age groups. For example, in addition to fieldtrips and workshops on self-esteem, youth provide instruction to elders on using computers, and the elders serve as mentors and teach the youth about their cultural heritage. Guadalupe is largely a Yaqui Indian community of Hispanic Native Americans.

Based on the success of the ElderVention program, Region One partnered with Valle del Sol, a non-profit Hispanic behavioral health service provider, to obtain a grant from the U.S. Substance Abuse and Mental Health Services Administration to replicate the ElderVention model in two Hispanic communities. The resultant program, Tiempo de Oro, provides prevention and education services to reduce depression and suicide among Hispanic and Native American populations in El Mirage and Guadalupe. Tiempo de Oro is now in its third year of Substance Abuse and Mental Health Services Administration funding.

In addition to its community partners of the Jewish Family and Children's Service and Valle del Sol, Region One established working relationships through ElderVention with numerous referral sources and actively participated with community organizations and coalitions such as Arizonans for Prevention, Arizona Suicide Prevention Coalition, and the Mental Health Association of Arizona.

ElderVention's reports to ValueOptions divide participants into two categories: direct and indirect. Direct participants includes those who attend educational presentations, transition workshops, in-home services, Connecting Generations, and professional trainings, while indirect participants are persons reached through social marketing. In 2003–04, ElderVention served 3,238 direct clients (2,798 older adults, 134 youth, and 306 unspecified) and 7,505 indirect clients (6,905 older adults and 600 youth). Demographic information for indirect clients was not available, but racial composition of the direct participants is as follows: 62 percent of older adults were White, 18 percent were Hispanic, 6 percent were Black, 3 percent were Asian and Native American, respectively, and 8 percent were not specified. Most direct recipients were female (78 percent). The Connecting Generations youth involvement by race was 33 percent Black, 54 percent Hispanic, 7 percent Native American, less than 1 percent White, and no Asian. Seventy percent of the youth were female.

ElderVention received \$37,332 from Title III-D of the Older Americans Act and \$225,000 from ValueOptions in FY 2002–03. ValueOptions is the state Regional Behavioral Health Authority serving Maricopa County, and serves as a pass-through for Medicaid funds.

ElderVention has been collecting outcome and performance measures on participants since its inception. Results from participant surveys suggest that the ElderVention program is effective in reducing the risk factors associated with depression and suicide and increasing the protective factors such as increased socialization and resiliency, and coping skills. Program goals are evaluated quarterly and annually for ValueOptions. Educational presentation participants consistently report at least 80 percent "good to excellent" levels of satisfaction with the seminars (Area Agency on Aging, Region One, 2004). Participants take knowledge tests of risks and protective factors before and after each module, meeting the goal of a 15 percent increase in knowledge for seven of the past nine years.

Transition workshops attendees complete a pre- and post- Life Satisfaction Scale, which measures mood and satisfaction with life. Fifty-five percent of the workshop attendees showed a marked improvement in these scores (at least a 3-point increase out of a total possible score of 24 points). In general, participants report decreased isolation, increased bonding with the group, and increased self-esteem. Recipients of in-home services complete an ElderVention survey at the end of the program as

well as the pre- and post-Life Satisfaction Index. For the last four years, more than 90 percent of participants have consistently rated their in-home prevention education as good to excellent.

ElderVention is gaining national recognition as a model behavioral health prevention program for older adults. The Pennsylvania State Office of Mental Health and Substance Abuse Services is using ElderVention as a model to develop prevention services, and the National Center on Elder Abuse includes ElderVention as a promising practices program (National Center on Elder Abuse).

Healthy Aging 2010 Project of the Arizona Department of Health Services

The Healthy Aging 2010 Project is an initiative of the Arizona Department of Health Services to develop leadership, advocate for and promote collaborative planning for health education, and promote programs to improve the quality of life for older adults who either already have or are at high risk for developing chronic disease related to lifestyle behaviors or inadequate health management. Specific program goals are to increase public awareness of the value of health promotion and disease prevention for older adults and to build support for health promotion and disease prevention programs for older adults at risk for chronic disease within state and federal agencies, private non-profits, foundations, and providers. For the past three years, the Healthy Aging project has administered mini-grants (\$1,000 to 5,000 each) from residual Centers for Disease Control and Promotion health promotion/disease prevention block grant funds to encourage collaborative programs (Arizona Department of Health Services). The project is also conducting a statewide survey to assess resources and community capacity to address the issue of injuries secondary to falls among older adults. They will use survey findings to facilitate the development of a comprehensive state falls prevention plan.

The Division of Public Health within the Arizona Department of Health Services began the Healthy Aging project in 2001 to address the lack of health promotion programs in the Department that target older adults. They staffed the project with a project manager until early 2005, when they hired a full-time falls prevention coordinator. The project manager had worked as a wellness coordinator in the Escalante Senior Wellness Program in the late 90's in collaboration with the ASU College of Nursing. Region One is one of many agencies participating in the assessment process, and received a mini-grant recipient two years ago.

The project initially offered Healthy Aging 2010 mini-grants competitively to community organizations for innovative community-based projects within three major categories: expanded or new projects with health promotion or chronic disease management targeting high-risk older adults, projects that promote Healthy Arizona 2010 objectives related to older adult health, and community health needs

assessments. During the first two years, mini-grants focused on physical activity projects and chronic disease management with an emphasis on nutrition and physical activity.

In FY 2003–04, the mini-grant funds were used for three basic types of projects: to expand or develop community projects that target health promotion and disease prevention for older adults in injury and falls prevention, to conduct a community needs assessment related to health promotion where little data exists, and to build coalitions. Eleven projects received funding, ranging from \$850 to \$4,000 per site, totaling about \$40,000. Mini-grant recipients included the Alzheimer’s Association, the University of Arizona Cooperative Extension, the Institute for Health Professions Education, the Phoenix Area Indian Health Service Elders’ Committee, the Arizona Geriatric Education Center, local county health departments, and private providers such as Scottsdale Healthcare. Currently, programs record the number of attendees, but due to limited funding, the program has not implemented any standardized evaluation of the grants. They anticipate little if any mini-grant funding in the future.

Falls are the primary cause of accidental deaths in people aged 65 and over (Fuller, 2000). A number of interventions to reduce falls among the older adults have proven effective, using varying combinations of education (including medication management), physical activity, vision screening, and home safety screens (Yates & Dunnagan, 2001; Gill et al., 2002; Gill et al., 2003; Messier et al., 2000). The Healthy Aging 2010 project manager is working with the Department of Health Services to incorporate more physical activity programs for older adults with diabetes or arthritis. The study team interviewed two mini-grant recipients for year 2002–03 for falls prevention programs in Maricopa County. The first program involves a falls risk assessment and educational/screening event for seniors in two senior centers; the second project addressed elevated falls risk among people with Alzheimer’s and related diseases by education for staff, patients, and families, and use of an improved home screening tool. (See Appendix A for a review of two mini-grant projects on falls prevention interviewed by the study team.)

SECTION 4 DISCUSSION

The key questions for these case studies focus on the role of Title III-D of the Older Americans Act and the Area Agencies on Aging in establishing health promotion and disease prevention initiatives for older people. Developing these initiatives is challenging because Title III-D is intended to be a catalyst for broader development of health promotion and disease prevention activities rather than to serve as a major source of direct program funding. Region One provides health promotion and disease prevention programs in nearly all Maricopa County senior centers through its contracts, a comprehensive behavioral health program for prevention of depression, and programs for specialized populations such as elder refugees and victims of late-life domestic violence. This final section summarizes the answers to the research questions as they relate to Region One.

1. How Health Promotion and Disease Prevention Initiatives Fit into the Overall Activities of the Area Agency on Aging

Region One has worked to integrate health promotion and disease prevention programs into services for its diverse populations. The most extensive programs supported by Title III-D funds are based in 39 senior centers; the Region contracts these programs out to local providers or other entities that promote healthy living for older adults. The largest of the multi-site contractors is Health Net of Arizona, followed by the Tempe Community Action Agency, and Mesa Senior Services. Region One also has two single-site contracts with the Native American Community Health Center and Sun Health Corporation. The contractors have a significant degree of autonomy in choosing the specific topics and activities for their constituents. In addition to contracted programs, Region One directly administers several other programs, including ElderVention, an intensive education, screening, and prevention behavioral health program offered through the senior centers for the prevention of depression, and health education and activities for specific groups such as caregivers, elder refugees, and victims of late-life domestic violence.

2. Leveraging of Title III-D dollars to Develop Larger Health Promotion and Disease Prevention Programs

Title III-D funds comprise less than one-half of one percent of Region One's total budget. In FY 2002–03, the Area Agency on Aging leveraged \$179,819 in Title III-D funding with \$691,230 of in-kind and other support, bringing the Region One health promotion budget total to \$871,049. Seventy-nine percent of this total comes from sources other than Title III-D. The total amount includes \$107,850 obtained from two foundations, \$70,649 in state tobacco tax dollars, and a \$40,233 SAMHSA grant.

3. Partnerships Developed with Other Organizations to Develop Health Promotion Programs for Older People

Region One uses coalition building and working with state agencies as a major strategy to develop health promotion services. The Tempe Health Coalition has its roots in a partnership in 1991 involving Region One, the Tempe Community Action Agency, Arizona State University, and St. Luke's Hospital. Health promotion programs for elders in the Tempe area senior centers were a priority for the Coalition and their activities evolved into a comprehensive health promotion initiative, the Senior Wellness Program. Area Agency on Aging, Region One created the ElderVention program in 1996 and was instrumental in creating the Arizona Behavioral Health and Aging Coalition.

Linkages among the state agencies and Region One are facilitated through some long-term relationships among nutritionists, the Escalante neighborhood nutrition site, and nurse faculty from the Arizona State University College of Nursing. Region One's director worked as a nutritionist at the Escalante neighborhood senior nutrition site in 1976, and was instrumental in developing health education programs for the Escalante seniors. The director of the Healthy Aging 2010 project within the Department of Health Services also worked as a wellness coordinator in the Escalante program in collaboration with the Arizona State University College of Nursing. The state nutritionist at the Aging and Adult Administration within the Department of Economic Security networked with Region One and the Nutrition Network for many years, and plays a key role in educating senior center food preparation staff about the role of nutrition in disease management.

4. How Programs Were Chosen and Developed

Region One's approach to building health promotion programs has been to identify the gaps in health promotion services, and to collaborate with community and state partners in addressing these gaps. Public hearings, examination of state trends in elder health conditions, and the 24-hour *Senior HELP* LINE operated by Region One have been the major sources of input for identification of problem areas. Early efforts were devoted to nutrition education in the 1980s. Dental health has been a consistently high area of need, and the agency has partnered with foundations to provide these services. High suicide rates for elders were noted in the 1990s, and Region One responded by developing the ElderVention behavioral health program and collaborating with other agencies to implement it. The Maricopa Elder Refugee Program was developed to serve the large elder refugee population in Phoenix, and the DOVES program for victims of late-life domestic violence now includes support groups and other health promotion services by Region One. Region One has depended on the professional health education leadership of its contractors and collaborative relationships, such as the Tempe Health Coalition with Arizona State

University, to employ evidence-based education, physical activity, and screening programs for their clients. Currently plans are in place to increase senior center participation among the baby-boomer generation.

5. Comprehensiveness of Health Promotion and Disease Prevention Activities

Through its competitive contract arrangement, Region One has at least modest health promotion and disease activities in most of the senior centers in Maricopa County. The contracted programs vary somewhat in type, content area, degree of individual and group supervision, range of screenings, and the depth of courses and presentations, but the primary target areas of nutrition, physical activity, falls prevention, behavioral health, and disease prevention and management are covered in the Healthy Roundup, the Senior Wellness Program, and the Passport to Living program. Through Region One's partnership with Jewish Family and Children's Services, the ElderVention program provides a varied approach to prevention of depression for older adults. Some medication management is available in all but the Healthy Roundup program, and plans are underway to fill that gap. Region One is planning to purchase bone densitometers so that contractors can provide bone density screenings for osteoporosis in the near future.

6. Extent to Which Programs Have Been Implemented in the Service Area

The precise degree to which Region One's health promotion programs are reaching county seniors is not available given current methods of recording participation. The Senior Wellness Program offers the most comprehensive program of the three large contracts and does extensive evaluation, but reaches under 1,000 seniors a year. Health Net's Healthy Roundup program reaches the largest number of seniors, but is limited to short, one-time encounters on a monthly basis, with no follow-up. Ongoing courses or evidence-based intensive programs are not possible with fewer than two staff members for 29 senior centers. Passport to Living reported reaching nearly 4,000 seniors in its health promotion activities in 2003, and therefore had the highest rate of penetration per senior center. However, the latter two contractors are unable to track any data on participant outcomes.

Through its senior center contracts and its directly administered programs, Region One is providing widespread geographic coverage to its diverse and largely urban populations. The contract with Health Net serves centers with Chinese- or Spanish-speaking seniors, and Health Net translates programs at those centers into the appropriate language (orally and in writing). Tempe Senior Wellness provides all programs in Spanish and English. The Native American population senior center is operated by the Native American Community Health Center, which provides programs specifically appropriate to their culture.

In addition to one bilingual staff member, ElderVention has specialized materials for the Hispanic culture through its Valle del Sol (SAMHSA) grant.

7. Data on Program Participants and Effectiveness and How these Data are Used by Program Managers and Administrators

Standardized data collection about participation in Region One's contracted out health promotion programs is restricted to a few questions in an annual summary report from the contractors, and it is not possible to monitor the services of most contracted programs in terms of demographics or outcomes. A notable exception is the Senior Wellness Program, which has maintained a comprehensive and longitudinal database on participants since 1995 including outcome measures, quality measures, and clinical values. Various Arizona State University faculty associated with the Senior Wellness Program have published articles about outcomes, and staff are writing a grant to allow further research and program development. The ElderVention depression prevention program uses the Life Satisfaction Index to measure program effectiveness and the Geriatric Depression Scale as a depression-screening tool. Results from participant surveys and the Life Satisfaction Index provide support for ElderVention's effectiveness in reducing the risk factors associated with depression and suicide and increasing the protective factors such as coping skills and increased socialization and resiliency. ElderVention evaluates program goals quarterly and annually for ValueOptions, and revises educational modules and activities according to goal achievement.

Summary

Region One has a long-term commitment to providing health promotion and disease prevention programs, and is an active advocate for elder health through networking, innovative and culturally-sensitive program-building, and significant leveraging of Title III-D funds. Senior center contractors provide nutrition education, chronic disease management and prevention, stress management, a variety of health screenings, and physical activities, although in varying degrees. ElderVention provides significant behavioral health prevention/education, screening, and transition workshops, and is available at all senior centers. ElderVention is gaining national recognition as a model behavioral health prevention program for older adults. Medication management education has not been consistently offered, but is being added into Healthy Roundup program.

In addition to senior center and other programs directly funded by Region One, Maricopa County seniors also benefit from a multiplier effect of the health promotion efforts of the Aging Network via collaborative efforts of state agencies, providers, educational institutions, and foundations. Linkages that serve to promote healthier lifestyles for seniors are operative among Region One, the Aging and Adult

Administration and the Department of Public Health Services' Healthy Aging 2010 project, the Nutrition Network, the Tempe Health Coalition, the Osteoporosis Coalition, and the Arizona Behavioral Health and Aging Coalition. Participation and evaluation of program outcomes and participation has been limited in Region One's contracted senior center programs with the exception of the Tempe Senior Wellness Program, largely because of staff from of the Arizona State University College of Nursing. The ElderVention behavioral health program does collect data for program participation and outcomes. Arizona's aging population is bringing health promotion and disease prevention to the forefront in state planning with the Governor's new Aging 2020 initiative. This initiative provides a planning mechanism to build support for and coordinate elder health promotion and disease prevention programs across state and private agencies and providers.

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APPENDIX A

The study team interviewed two mini-grant recipients for year 2002–03 for falls prevention programs in Maricopa County. The first program involved a falls risk assessment and educational/screening event for seniors in two senior centers; the second project addressed elevated falls risk among people with Alzheimer’s and related diseases by educating staff, patients, and families, and the use of an improved home screening tool.

Scottsdale Community Fall Risk Assessment Program. The Scottsdale Community Fall Risk Assessment Program helped select an evidence-based fall risk assessment instrument for elders and uses the tool for fall risk screening and education at the two local senior centers. Each screening event included an educational video, individual assessment and referrals by health professionals, vision screening, group discussion, provision of resource materials, and an evaluation. The mini-grant recipient for this project was Scottsdale Healthcare Hospital. The program screened 75 seniors at the City of Scottsdale’s two senior centers in July 2004 as a collaborative project with the Community Health Services department and the senior center staff.

The screening events consisted of a series of stations in a large room at the senior centers. Six screeners (nurses, case managers, and a physiologist) administered two falls risk assessment tools to each senior, providing referral letters to all persons with a high or moderately high score on either screen. To address the fall risk factor of poly-pharmacy, the team developed a form on which attendees could list all their medications. Staff performed vision screening as well. Following the screens, a physical therapist led small group discussions. Seniors then went to a resource table with information on fitness for falls prevention, a home safety check list, a safety resource directory, and information about Scottsdale Healthcare services for seniors.

All but one participant was at least 60 years of age, with the majority ranging from 70 to 79 years (Scottsdale Community Fall Risk Assessment Final Report, 2004). Almost 90 percent were female, and with the exception of one African-American, all participants were Caucasian. The hospital catchment area is 97 percent Caucasian, with mostly moderate to high income. Participant annual incomes ranged from \$35,000 to \$143,000.

Twenty-two percent of the population screened with the long form and 32 percent of those screened with the short form scored moderate or high risk for falls. After the program, over 90 percent “agreed” or “strongly agreed” that they could identify their risk factors for falling and that the information they learned will help improve their health and wellness. Monitoring behavioral change resulting from the

screening/educational events and measuring any impact on the rate of participants' falls were beyond the scope of the project. The total budget for the project was \$10,670; Scottsdale Healthcare provided \$6,670 of in-kind support to the \$4,000 mini-grant. The City of Scottsdale provided senior center space for the events at no cost.

The community health services department of the local hospital is developing an exercise, balance, gait, and strength program for those at risk for falling. Staff is also discussing a plan to make the shorter tool available to other community partners, assisted living centers, and health providers upon request.

Standing Tall with Alzheimer's/Related Disorders Program. The Desert Southwest Chapter of the Alzheimer's Association received a 2003–04 mini-grant entitled Standing Tall with Alzheimer's/Related Disorders, or "STAR," which is a fall and injury prevention program targeting elders with Alzheimer's disease and related disorders. Collaborating with the Alzheimer's Association's Family Care consultant staff and the Foundation for Senior Living, which funds adult day centers for seniors and people with disabilities in the greater Phoenix area, the Desert Southwest Chapter designed a program to reduce the number of falls and injuries of people with Alzheimer's disease. The program trained professionals at five Senior Living adult day centers, developed an improved home screening tool, and educated families and patients through home visits by Alzheimer's Association staff. The Family Care Consultant team first reviewed best-practice models to assess and educate family members and professional caregivers (American Geriatrics Society et al., 2001) and the national Alzheimer's Association literature and resource material on safety measures (Alzheimer's Association, 2005). The team developed a 3-hour training about fall and injury risk factors for elders, environment modification, ways to maximize seniors' strength and flexibility, and instruction in conducting vision and hearing screening for staff. They then trained 37 adult day center staff, including director, nurses, and aides. They revised the consultants' routine home visit screening tool to include more safety issues. Staff conducted 32 home safety assessments using the new tool on all new Family Care intakes and on participants at the day centers who were at higher risk for falls. They made referrals and follow-up visits, and distributed 274 educational packets of information about reducing risks for injuries and falls to families of center participants.

The average age of the patients with Alzheimer's disease who received home visits by the Family Care consultant staff in FY 2003 was 78 years. Their average annual income (including spouse if married) was \$21,917, and over half (56 percent) were female. Although about three-fourths of the patients are

Caucasian, almost half the patients receiving home visits were Hispanic. Project materials were available in English only.

The total budget of the project was \$6,080, of which \$4000 came from the mini-grant; the Alzheimer's Association provided in-kind services in staff, supplies, and travel expenses valued at \$2,080. Other community partners included the Foundation for Senior Living, the Psychology Department at the University of Arizona, and Integrated Geriatric Behavioral Health Associates.

Each family that received a home visit completed a combination satisfaction and outcomes survey instrument developed by the national Alzheimer's Association. Of the 16 returned and usable forms, over 90 percent reported that they discussed some of the steps recommended for action made during the home visit, and 70 percent responded that they took action on some of these steps and were working on more suggestions (Arizona Department of Health Services, 2004). Currently, there is no follow up of participants, so the actual impact in terms of numbers of falls pre- and post-program is not available. The care consultant team has formally updated the home screen with an emphasis on injury and falls prevention, and they are planning to expand its use in the Alzheimer's Association chapter and elsewhere.