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Case Studies of Health Promotion in the Aging Network: Atlanta Regional Commission

Final Report

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CASE STUDIES OF HEALTH PROMOTION IN THE AGING NETWORK:
ATLANTA REGIONAL COMMISSION

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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 efforts 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).^{*} 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 health promotion and disease prevention 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 and 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.

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 Title III-D dollars to develop larger health promotion and disease prevention programs?

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

- 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 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 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 American's 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 this case study were collected from June 2004 through February 2005.

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SECTION 1 INTRODUCTION

Health promotion and disease prevention are critical programs 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 American Acts Title III-D funds, how these funds expanded health promotion and disease prevention programs, the characteristics of these programs, and what data is available to assess these programs.

The Division of Aging Services of the Atlanta Regional Commission is the Area Agency on Aging serving the Atlanta, Georgia, region, a 10-county area. Its mission is to assist older adults, their families and caregivers to live safe, healthy and independent lives. The Atlanta Regional Commission was among the agencies selected as a site for study because of their combined strength in several key areas. Special highlight of their programs demonstrate:

- **Strong Partnerships at the Local Level:** The Atlanta Regional Commission has strong collaborative relationships with many community partners, including the Georgia Division of Aging Services, the Georgia Division of Public Health, the University of Georgia, senior service organizations, CVS Pharmacy, the Georgia Coalition for Physical Activity, the Georgia Golden Olympics, Pfizer, Inc., AARP, the Fuqua Center for Late Life Depression, the Georgia Medical Care Foundation, AB Labs, and Peidmont Hospital.
- **Wide Range of Services:** The Atlanta Regional Commission works with its partners to provide a comprehensive set of health promotion and disease prevention programs in senior centers throughout the ten-county senior area. The Atlanta Regional Commission includes health promotion activities for various populations through its Multicultural Health Initiative.
- **Strong Involvement with the Division of Aging of the Georgia Department of Human Services:** The Atlanta Regional Commission works closely with the Division of Aging, which is the State Unit on Aging, and senior service organizations to provide nutrition and physical education to senior center participants.
- **Deep Commitment to Collecting Data on Health Promotion and Disease Prevention Program:** Along with the Georgia Division on Aging, the Atlanta Regional Commission is a leader in collecting data on program participants and in monitoring the outcomes of its programs.

Between September 7 and October 1, 2004, RTI International conducted telephone interviews with staff from the Atlanta Regional Commission, the Division of Aging Services, the Visiting Nurse Health System of Metropolitan Atlanta, Peidmont Hospital, Senior Information Network, Inc., Fuqua Center for Late Life Depression, and regional senior service organizations to document their health

promotion programs. These individuals were knowledgeable of and involved in the range of health promotion and disease prevention activities for older residents throughout the Atlanta region. In this case study, we provide an overview of the Atlanta Regional Commission, a general description of the health promotion and disease prevention programs being supported by the aging network, a detailed description of key health promotion/disease prevention activities, and concluding remarks about potential opportunities and barriers to be faced, the sustainability of the health promotion disease prevention activities, and lessons learned to date.

This case study examines the following:

- How health promotion and disease prevention activities fit into the overall activities of the Atlanta Regional Commission.
- The leveraging efforts of Atlanta Regional Commission to develop larger health promotion and disease prevention programs.
- Partnerships which the Atlanta Regional Commission developed with other organizations to develop health promotion programs for older people.
- How the Atlanta Regional Commission developed and chose the programs it supports.
- The degree to which the Atlanta Regional Commission developed a comprehensive set of health promotion and disease prevention activities.
- How extensively the Atlanta Regional Commission programs have been implemented in its service area.
- What data are available on program participants and the effectiveness of the Atlanta Regional Commission programs, and how these data are used by program managers and administrators.

SECTION 2 OVERVIEW OF ATLANTA REGIONAL COMMISSION

The Atlanta Regional Commission addresses the key needs of the older population by planning and providing comprehensive services. Its goals are to promote health and wellness to improve the health and quality of life for older adults through services such as information and assistance, case management, transportation, home-delivered meals, homemaker and personal care services, senior centers, and legal services.

Organization and Sources of Funding

The Atlanta Regional Commission, which includes the Area Agency on Aging (AAA), is a regional governing body and planning agency for the 10-county area that includes Atlanta. In addition to their work on aging, the Commission is also involved with business development, transportation, water and sewer services, air pollution and community development. The Atlanta Regional Commission contracts with nine of ten county governments and local community organizations to run local aging programs.

As the Area Agency on Aging for the Atlanta region, the Division on Aging of the Atlanta Regional Commission provides the full range of Older Americans Act-funded services, including those provided through the Title III-D program. These health promotion and disease prevention services include nutrition education, physical education, health screening tests, health education, medication management, case management, mental health initiatives, and multicultural health programs. In addition to services, the Atlanta Regional Commission participates and leads task forces and coalitions. Networks of community-based organizations that collaborate with the Atlanta Regional Commission directly provide most of the Commission's services.

The Atlanta Regional Commission developed an innovative data system that is used by all of Georgia's Area Agencies on Aging to search for providers and other local community resources. It was created to meet a local need for information and expanded to a statewide service. A simplified version of the database, AgeWise, is available to the public on the internet at:

<http://www.agewiseconnection.com/services.html>. The AAA also operates a sophisticated client assessment information system, including screening protocols which identify a comprehensive range of unmet needs and ensure that each caller is assessed for adult protective services and other needs besides the one for which the call was placed.

In addition to its health promotion and disease prevention activities, the Atlanta Regional Commission operates a number of other programs. Importantly, the Atlanta Regional Commission oversees the Division of Aging Service’s Community Care Services Program in the ten-county region. The program serves 1,850 clients in the Atlanta area. The program provides case management and home and community-based services to nursing home eligible consumers, with the goal of enabling them to remain in the community. Funding for the Community Care Services Program is provided through a Medicaid home and community-based services waiver.

Another important program operated by the Atlanta Regional Commission locally is GeorgiaCares, another Division of Aging Service’s programs which helps Georgia’s older adults, their families, and caregivers understand their rights, benefits and services under the Medicare and Medicaid programs and other health insurance options (Division of Aging Services, 2004). In addition, GeorgiaCares assists eligible seniors to “enroll in all applicable low-cost prescription savings programs sponsored by pharmaceutical companies. Services are available to help seniors with the cost of prescription drugs through Georgia’s twelve local AAAs” (Georgia State Plan on Aging FY 2004 - 2007, 2004).

The Atlanta Regional Commission, Division of Aging’s operating budget was \$14,459,300 in State Fiscal Year 2003 (*Exhibit 1*). Medicaid and other State program funds are a significant portion of the Area Agency on Aging’s funding, accounting for 38.4 percent of the AAAs revenue. About 43.5 percent of the AAA’s budget came from Older Americans Act funding, with 0.6 percent from Title III-D to support health promotion and disease prevention activities. Federal dollars are leveraged by a number of other sources, including state and local funds, private grants, and contributions from participants.

Exhibit 1. Atlanta Regional Commission Operating Budget for SFY2003

Source of Revenue	Amount (in \$)	Percent of Operating Budget
Older Americans Act – III D	88,493	.6
Older Americans Act – Non III D	6,284,433	43.5
Medicaid /Community Care Services Program Funding/Other State Funding	5,554,468	38.4
Other Federal Funding	2,531,906	17.5
TOTAL	14,459,300	100.0

Source: Atlanta Regional Commission

Demographics

In 2003, 13.3 percent of the Georgia's population was 60 years of age and older, a slight increase from 13.1 percent in 2000, and a slight decrease from 13.8 percent in 1990 (*Exhibit 2*). In absolute numbers, however, the population age 60 and older grew by about 260,000 since 1990 (U.S. Census Bureau, 2000). Slightly over three-quarters of the age 60 and older population was Caucasian, with African Americans accounting for most of the minority population.

Exhibit 2. Georgia Statewide Demographic Characteristics, 2003

Demographic Characteristic	Number	Percentage
Population age 60+	1,151,540	13.3*
Population distribution		100.0
Age 60-64	325,034	28.2
Age 65-74	454,759	39.5
Age 75-84	274,870	23.9
Age 85+	96,877	8.4
Race of Population 60+:		100.0
Caucasian (Alone)	886,398	77.0
African American (Alone)	223,493	19.4
American Indian/Alaskan Native (Alone)	1,889	0.2
Asian (Alone)	15,993	1.4
Native Hawaiian/Pacific Islander (Alone)	246	0.0
Hispanic/Latino (may be of any race)	17,853	1.6
Two or More Races	5,668	0.5
Growth of Population Age 60+ Since 1990	+258,491	28.9

Source: Census 2003 Population Estimates: July 1, 2003; <http://www.census.gov/popest/datasets.html>

*Percentage of total population.

The aging of the Georgia population is one of the most important trends affecting the state. Georgia has the fastest growing population aged 60 and older and the tenth fastest growing population of those aged 85 and older in the United States (Georgia Division of Aging Services, 2004). The 60 years and older population is expected to increase 81.6 percents between 1990 and 2010, from 893,049 to 1,621,889 people. The population aged 85 and older is expected to increase 265 percent from 1990 to 2101. This age group is the fastest growing group, with a projected total of 208,882 persons in 2010.

SECTION 3

HEALTH PROMOTION/DISEASE PREVENTION ACTIVITIES

The Atlanta Regional Commission Area Agency on Aging advocates, plans, coordinates, develops, and delivers services to persons aged 60 and older, younger adults (aged 21-59) with disabilities and long-term care needs, and family care givers. The Atlanta Regional Commission provides a range of service options, enabling those in need to select the services and living arrangements that are best for them. These programs are designed to provide a continuum of home and community-based services that help older people stay in their homes and communities as long as possible. Programs offered to seniors and their families include information and referral services, case management, transportation, home-delivered meals, senior centers, and legal services.

The Atlanta Regional Commissions health promotion and disease prevention programs and activities include (*Exhibit 3*):

- **Nutrition Education and Screening Programs**, which promote proper nutrition to decrease the risk of chronic disease through healthy eating habits. These programs include Diabetes and You, Take Charge of Your Health, Taking Health to Heart, the Congregate Meals program, and the Nutrition Screening program.
- **Physical Education Programs**, which promote a healthy lifestyle through physical activity and education. These programs include the Mayors' Walk, Steps to Healthy Aging, the Georgia Golden Olympics, and the Physical Fitness Strength program.
- **Medication Management and Disease Management Programs**, which help seniors cope with their medications. Programs include the Vial of Life and the Disease Management Education programs.
- **Infrastructure and Systems Development:** These initiatives include a variety of task forces and data systems designed to improve health promotion and disease prevention services. These task forces include the Pro Health for Seniors Task Force, the Georgia Mental Health for Seniors Task Force, the Multicultural Health Initiative, and the Atlanta Foot Care Coalition.
- **Conference Programs**, which organize meetings to promote health, increase knowledge about health, and exchange promising practices. These programs include the Food, Fun and Fitness conference, and the Annual Nutrition and Health Wellness conference.

Exhibit 3. Atlanta Regional Commission Health Promotion/Disease Prevention Programs

Program	Program Type	Description	Lead Partners
Diabetes and You	Nutrition Education	<ul style="list-style-type: none"> • Targets the low income and low literacy clientele in senior centers • A six-month program that incorporates education and diabetes screening and testing 	<ul style="list-style-type: none"> • Fulton County Office of Aging • Henry County Senior Services • University of Georgia
Take Charge of Your Health	Nutrition Education with Physical Activity	<ul style="list-style-type: none"> • Nutrition education in combination with a physical activity component • Designed to enhance knowledge about nutrition and fitness, and to improve behaviors related to diet and exercise. 	<ul style="list-style-type: none"> • Georgia Division of Aging Services • Georgia Coalition for Physical Activity and Nutrition • University of Georgia
Taking Health to Heart	Nutrition Education, Physical Education, and Screening	<ul style="list-style-type: none"> • Monthly nutrition and physical education to senior center clients • Includes health related screening tests and cooking demonstrations 	<ul style="list-style-type: none"> • Pfizer • Fulton County Office of Aging • Mercer University School of Pharmacy
Health Screening Programs	Screening	<ul style="list-style-type: none"> • Identifies older adults at risk of developing a serious illness or to identify older adults with a serious illness 	<ul style="list-style-type: none"> • Atlanta-region County Based Agencies • Fulton County Health Department and Fire Department
Mayors' Walk	Physical Education and Activity	<ul style="list-style-type: none"> • Older adults living in the Atlanta ten-county region participate in an annual walk that promotes physical activity • Includes a health fair 	<ul style="list-style-type: none"> • Public-Private Organizations • Local Health Departments • Atlanta Region County Based Agencies • Georgia Division of Public Health
Georgia Golden Olympics	Physical Education and Activity	<ul style="list-style-type: none"> • Organized sports as part of Senior Olympics • Encourages adults over 50 years old to participate in physical activity 	<ul style="list-style-type: none"> • Georgia Golden Olympics • Atlanta-region County Based Agencies
Physical Fitness Strength Program	Physical Education and Activity	<ul style="list-style-type: none"> • Exercises increase the upper and lower body strength of older adults through exercise 	<ul style="list-style-type: none"> • Atlanta-region County Based Agencies
Medication Management	Health Education	<ul style="list-style-type: none"> • Help seniors monitor their medications to ensure no adverse medication interactions, and provide opportunities for seniors to purchase prescriptions at lower costs. 	<ul style="list-style-type: none"> • CVS Pharmacy • Christian Pharmacy & Compounding
Disease Management	Health Education	<ul style="list-style-type: none"> • Education to assist older adults in managing chronic disease education 	<ul style="list-style-type: none"> • Visiting Nurse Health System • Atlanta Region County Based Agencies • Georgia Division of Human Resource-Office of Aging
Infrastructure	Task Forces	<ul style="list-style-type: none"> • Organizations developed for health promotion and disease prevention through educational activities. • Focuses include physical and mental health, minority populations, and foot care. 	<ul style="list-style-type: none"> • ProHealth for Senior Task Force • The Aging & Mental Health Task Force • Multicultural Health Initiative • Atlanta Foot Care Coalition • Georgia Striders
Conferences	Nutrition Education	<ul style="list-style-type: none"> • Conferences to promote health, increase knowledge, and exchange promising practices 	<ul style="list-style-type: none"> • Georgia Division of Public Health • AARP • Georgia Division of Aging

The Georgia Division of Aging of the Georgia Department of Human Resources, the State Unit on Aging, provides substantial assistance and guidance to the Area Agencies on Aging. For example, the state funds a wellness coordinator in each of the Area Agencies on Aging. The state focuses on physical activity and nutrition education because they are keys to a wide range of chronic diseases which can be affected by lifestyle changes. In addition to the Area Agencies on Aging, the Division on Aging partners with a number of organizations, including AARP, the University of Georgia and the U.S. Centers for Disease Control and Prevention. They also have a close relationship with the Georgia Division of Public Health.

The Division of Aging Services utilizes an on-line database, the Aging Information Management System (AIMS), to capture data on individuals. Within the Wellness program, AIMS tracks individuals' Nutrition Screening Initiative scores, such as measures of strength, balance, flexibility, and agility using the Fullerton Fitness Test. It also tracks referrals to health care professionals and monitors services provided to clients.

In addition to the Atlanta Regional Commission's database, the Georgia Department of Human Resources operates a statewide database that it uses to monitor publicly funded services, including those provided by Medicaid and the Area Agencies on Aging. It records demographic and service authorization information on all Division of Aging Services clients along with some outcome data. Using this database, the state reports that in State Fiscal Year 2004, Georgia served 16,787 older persons in wellness programs, which is a slight decline from 2003, but a large percentage increase from 2001, when 9,894 persons were served (Georgia Division of Aging Services, 2005). Using this data system, they are able to measure the statewide impact of their programs (*Exhibit 4*).

Exhibit 4. Improvement in Flexibility, Strength, Endurance, and Balance Among Georgia Fitness Participants, by State Fiscal Year (in percent)

	2002	2003	2004
Upper body strength	75	92	85
Lower body strength	47	74	69
Balance and endurance	57	78	76
Flexibility	75	83	80

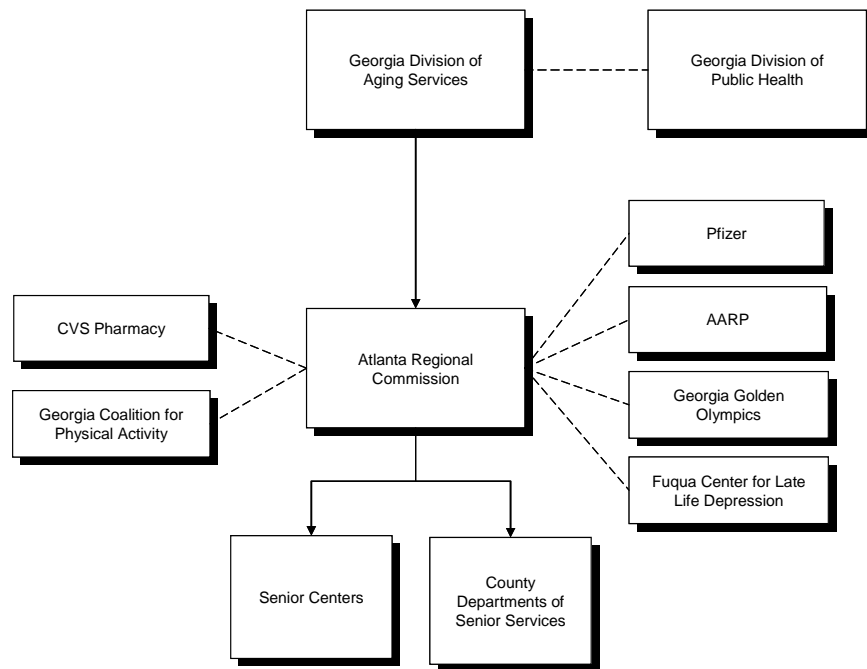
Source: Georgia Division of Aging Services.

The Atlanta Regional Commission developed its own database system, ESP/CHAT, for collecting data within the AAA. They have also sold this program to other AAAs in the state.

The Atlanta Regional Commission leverages its resources by working with many partners in health promotion/disease prevention planning and activities. The Commission consults with state agencies, community organizations, and an academic research center in developing and evaluating its health promotion activities (*Exhibit 5*). Key partners include:

- Georgia Division of Aging Services
- Georgia Division of Public Health
- Senior Centers and County Departments of Senior Services
- CVS Pharmacy
- Georgia Coalition for Physical Activity
- Georgia Golden Olympics
- Pfizer
- AARP
- Fuqua Center for Late Life Depression
- Georgia Division of Aging
- University of Georgia

Exhibit 5. Interaction of the Atlanta Regional Commission with Other Organizations on Health Promotional Disease Prevention Initiatives



Nutrition Education Programs

Nutrition education programs promote proper nutrition as a way to prevent or decrease the risk of chronic disease (Anderson et al., 1998). Proper nutrition is also essential to self-sufficiency and quality of life in older adults (Weddle et al., 2000). Providing support services, marketing “healthy eating” messages, and providing effective community-based meal delivery services are mechanisms to promote eating a healthier diet (Payette et al, 2005). The Atlanta Regional Commission sponsors nutrition education through a variety of programs including Diabetes and You, Take Charge of Your Health, and Taking Health to Heart as well as nutrition screening programs.

Diabetes and You

National studies have shown that healthy nutrition can help prevent diabetes (Kanaya et al, 2003; Knowler et al, 2002). Diabetes is a major concern because the incidence of diabetes in Georgia increased 102 percent between 1991 and 1998 (Gallina, 2001). In 1997, 2.2 percent of Georgia residents died from diabetes complications (Division of Aging Services, 2001).

Diabetes and You is a six-month program that incorporates education and diabetic testing. The education portion is conducted in a classroom format which includes instruction and cooking demonstrations. Participants attend up to six programs focusing on diabetes, nutrition, and health and fitness. Pre- and post-tests are administered to measure what the participants learned. In addition to the educational component, senior centers provide blood glucose monitoring as often as possible. The program is targeted at low income and low literacy adults who attend senior centers in the Atlanta region. The Atlanta Regional Commission collaborated with the University of Georgia to develop the program and with the Georgia Division of Health to implement the program.

Only a few counties, including Fulton County, participate in the program. The Fulton County senior centers, while screening clients, stress the importance of seeing their doctor. The Fulton County senior centers also provide their clients with meals appropriate for diabetics. The program serves 125 participants who are 60 years of age and older. Information about the cost of running the program was not provided.

Take Charge of Your Health

The Take Charge of Your Health program provided nutrition education and physical activity (i.e., leg exercises) to people throughout Georgia who participate in Title III congregate meal programs (Reddy, 2002, McCamey et al., 2003). Senior centers were provided with extensive materials for the nutrition education component that included scripts and colorful overhead transparencies on 12 separate

health topics, such as heart disease, physical activity, water consumption, diabetes, and food safety, as well as leg exercises. The program is based on the Health Belief Model, which hypothesizes that people will change their behavior when they believe they are at risk of developing a particular disease and that changing their behavior will reduce their risk of developing the illness (Reddy, 2002).

The Georgia Division of Aging Services and Wellness, Inc., developed program materials focusing on risk factors for poor nutrition in older adults and facilitating eating behaviors that promote health and well-being for older adults (McCamey et al., 2003). The Georgia Coalition for Physical Activity and Nutrition, a collaboration of public, private, and non-profit organizations, and businesses, developed the key themes of the program, which include Take 5 A Day, Take Down Fat, and Take Action. Take 5 A Day focuses on increasing the consumption of fruits and vegetables. The goal of Take Down Fat is to raise awareness about the importance of diets low in saturated fats. Take Action teaches that physical fitness improves quality of life and lowers the risk for chronic and disabling conditions that can lead to the loss of functional independence.

The exercise component of the program comprises 12 lessons and 5 leg exercises, with modifications made to the leg exercises for persons in wheelchairs and people cannot stand. Lively scripts with colorful overheads are used to entice people to participate. Classes are conducted one to two times a month and participants are encouraged to perform the leg exercises on a daily basis, either at home or in the senior center.

The Atlanta Regional Commission collaborated with the Georgia Division of Aging Services, private and state agencies in Georgia, wellness coordinators, registered dietitians, cooperative extension agents, senior centers, the University of Georgia, and the Georgia Coalition for Physical Activity and Nutrition in implementing the program. Staff at the University of Georgia developed evaluation instruments, trained educators and evaluators, collected and analyzed data, and wrote reports (Reddy, 2002).

The Georgia Department of Human Resources, the Older Americans Act, and the USDA Food Stamp Nutrition Education Program fund the program. The amount of funding was not available.

Program participants included 655 adults aged 60+ from 24 different counties in Georgia. Each of the 12 AAA service areas provided 50 adults for the program (Reddy, 2002). An evaluation of the program was conducted of 501 participants who completed pre- and post-tests of levels of fitness and disability, information about food intake, and knowledge about food and exercise. Overall results show

improved knowledge about nutrition and fitness, and some, but not as much, improvement in the intake of a nutritious diet and in physical activity (*Exhibit 6*) (McCamey et al., 2003).

Exhibit 6. Selected Results from Evaluation of “Take Charge of Your Health for Older Adults” (in percent)

	Pre-Test	Post-Test
Knew recommended consumption of 5 daily servings of fruits and vegetables	34	64
Consume 5 or more servings of fruits and vegetables per day	37	37
Knew saturated fat increases risk of heart disease consumption	55	77
Read nutrition labels on food packages	58	66
Knew people should exercise at least 30 minutes per day	53	68
Can walk 3 blocks without stopping	52	56
Participate in any exercise in past month	82	87

Source: McCamey et al., 2003.

Taking Health to Heart

Coronary heart disease is the leading cause of death worldwide (CDC, 1999); cardiovascular disease is the leading causes of death in the United States (Ranade, 1993). Strategies such as increasing physical activity and changing ones diet can reduce the risk for cardiovascular and heart disease (CDC, 1999).

Taking Health to Heart is a program designed by the Fulton County Office of Aging, the Atlanta Regional Commission, Pfizer, Inc, and area health professionals to help older adults manage cholesterol and decrease their risk of heart disease. The goal of the program is to educate the elder population about the importance of cholesterol management and evaluate the effect of lifestyle interventions on the level of coronary risk among the program participants (Kleyman, 2005).

The program consists of monthly nutrition education sessions at Fulton County senior centers and multi-use centers as well as on-going physical education. Participants are asked to keep a daily log of their physical activities which is monitored by the fitness coordinator. In addition to participating in nutrition and physical education, seniors receive a monthly newsletter, *Close to the Heart*, which provides information about cholesterol, how to grocery shop and the importance of reading labels. Participants receive the newsletter for 12 months. The program began at the senior centers with a day of free cholesterol screening, prizes, entertainment, and breakfast, which was offered because seniors fasted prior to cholesterol screening. If a senior screened positively for being at risk, s/he was asked to participate in the program. Pfizer staff collected the baseline screenings. The second year of the program includes

speakers and food and cooking demonstrations. The Older Americans Act and Pfizer provide funding for the program

A total of 501 seniors from four senior centers were screened, of whom 330 tested at-risk for developing cardiac problems. At-risk status included a cholesterol count of over 200 in combination with other medical factors. Out of the 330 persons who were at risk, 271 signed agreements to participate in the program. Program participants were aged 53 to 84. At the end of the first year, participants' cholesterol levels are re-tested. The average total cholesterol level of program participants dropped 11.5 percents and the LDL cholesterol level dropped 13.7 percent (Atlanta Regional Commission, 2004).

Nutrition Screening

Nutrition screening and health education are provided in all senior centers in Georgia, under the guidance of the Georgia Division of Aging. Health and nutrition screening is conducted using the National Screening Initiative assessment form. The National Screening Initiative, a multi-disciplinary effort developed by the American Academy of Family Physicians, the American Dietetic Association, and a coalition of other health, aging and medical organizations, "promotes the integration of nutrition screening and intervention into health care for older adults (American Academy of Family Physicians, 2005)." Older, malnourished adults are more likely to be sick, have longer recovery periods for injuries, and have longer hospital stays.

If a client scores 6 or higher on the level 1 National Screening Initiative Assessment screening form, s/he is referred for additional screening and receives nutrition information about dental health, improving nutrition, weight management, and medications management. Wellness coordinators determine the best nutrition education program for each client. Staff provide information specific to the clients' medical condition, such as how to prepare foods in a healthy manner to address their medical needs. While professionals conduct the activities at the state level, activities in the senior center level programs are lead by volunteers. The senior centers provide training to the volunteers on what to do and how to do the screening. Centers also contract with professional organizations for exercise programs.

The client information is also inputted into the state's Aging Information Managing Systems (AIMS). This system allows staff to assess the client's progress in the program, what services the client uses, and what, if any, changes to the program need to be made to improve the client's health. Approximately 18,000 clients were served in 2004; the average age was 77.3 years old. Information about program funding, evaluations, and outcomes was not available.

In addition, senior centers provide information about nutrition, diabetes, and high blood pressure through classes associated with their congregate nutrition program. Staff recruit doctors, nurses, and pharmacists to teach classes about different topics. For example, when a pharmacist spoke at one senior center, participants brought their medications to the session and learned about potential interactions among their medications. The program also conducts health screenings, provides transportation to the grocery store, and holds group sessions about health related issues. For example, staff conducted an information session about West Nile Virus and provided free insect repellent to the participants.

Physical Education Programs

Physical education programs promote exercise and physical activity to improve health. Moderate levels of physical activity can decrease the risk of heart disease, diabetes, and high blood pressure (U.S. DHHS, 2000). The Women's Health Initiative Study found that vigorous exercise and walking decreased the risk of cardiovascular episodes and risk (Mason et al, 2002). Physical activity has also been found to increase muscle strength and walking performance among women with arthritis of the knee (Talbot et al., 2003), lower depression (Castro et al., 2002), enhance functional capacity in the frail older population (Binder et al., 2002), and increase flexibility (Orsega-Smith et al., 2003).

Although exercise is beneficial and can help manage chronic disease in the older adult population (Dishman, 1994; Schutzer et al., 2004), they tend to exercise less, in part due to perceptions and fears related to exercise. Non-exercisers tend to fear falling, have inertia, and consider exercise as having a negative affect (Lees et al, 2005). Older adults who do exercise tend to have fewer functional limitations due to their health, perform better functionally, have higher self-efficacy, and tend to fall less than non-exercisers (Resnick et al., 2000). Atlanta Regional Commission's physical education programs include the Mayors' Walk, Steps to Healthy Aging, Georgia Golden Olympics, and the Physical Fitness Strength Program.

Mayors' Walk

The Mayors' Walk, which started in 1996, is an annual one-day event to promote walking among seniors. All 10 counties in the region participate, and the event is hosted by a mayor from one of the 10 counties. The main activity is an organized walk of one to two miles. Following the walk, lunch, entertainment and an educational talk are provided. In addition, exhibitors, including Medicare, Medicaid, and the Fuqua Center for Late Life Depression, set up booths and provide health-related information; some exhibitors provide health-related screenings.

Volunteers are recruited to help with the event. Student nurses conduct blood pressure screenings and are placed along the walking path to monitor the seniors participating. Other volunteers serve lunch, distribute t-shirts and ribbons, and assist with first aide.

A database of regional senior centers, churches, and other organizations is used to distribute brochures advertising the event. Approximately 7,000 brochures are mailed to prospective participants and between 2,000 and 2,500 people attend the fair. Approximately 200 seniors participate in the walk.

Exhibitors, walkers, and corporate and nonprofit sponsors fund the event. Non-profit organizations pay \$30 to set up an exhibit and for-profit organizations pay \$1,000. Walkers pay a \$10 registration fee, which pays for a t-shirt, lunch, and a ribbon for completing the walk. Sponsors include AARP, Pfizer, Coca-Cola, Kroger, and Channel 2, one of the local television stations. In addition to sponsoring the event, Channel 2 provides a news reporter to help host the event. No state or county funds are used.

Steps to Healthy Aging

The goal of Steps to Healthy Aging is to encourage seniors to walk. As a way of achieving this goal, pedometers and logbooks to record the number of steps walked each week were provided to four senior centers. Participants in each senior center walk as a group. The number of steps walked each month by each individual is recorded. At the end of the year, participants will take a post-test which will be compared to the number of the steps walked during the first week of the program. Preliminary results show walking counts have improved and participants report the pedometer encourages them to walk more.

A total of 1,900 seniors participated in the 10-week programs. At the beginning of the program, participants averaged 3,400 steps per day. At the end of the 10 week programs, the participants averaged 8,500 steps per day. The overall goal of the programs was to take 10,000 steps per day; some participants met this goal.

AARP provides the pedometers and logbooks. The Atlanta Regional Commission collaborated with AARP and the Department of Human Resources to implement the program. Information regarding the costs to run the program was not provided.

Some county senior services programs operate their own walking clubs. For example, to encourage participation, the Rockland County Senior Services walking club sets goals of walking the distance to another state; for example, in 2004, the goal was for the club to walk the distance to

California. The walking club also recognizes members for meeting individual goals, such as walking 25 miles in a year.

Georgia Golden Olympics

The goal of the Georgia Golden Olympics is to get adults aged 50 and over to participate in social, competitive, recreational and athletic events (Georgia Golden Olympics, 2001). The Georgia Golden Olympics is the state affiliate of the National Senior Games Association, which operates the Senior Olympics.. Sports include archery, basketball through, billiards, bowling, checkers, clock golf, cycling, Frisbee throw, football throw, horseshoe toss, race walk events, road race and track events, swimming, wheelchair race, badminton, field events, horseshoes, racquetball, shuffleboard, table tennis, and tennis. Competition is within age groups. Participants pay a registration fee of \$20, and some events have small additional fees.

Events are developed so both mobile individuals and persons who use assistive/supportive devices, such as wheelchairs and walkers, can participate in the events. Assistive/supportive devices include wheelchairs and walkers. People can sign up to participate in the sitting or standing category.

Information regarding the number of participants and participant characteristics, funding, and health outcomes were not available.

Physical Fitness Strength Program

The goal of the Physical Fitness Strength Program is to increase upper or lower body strength. These programs vary by senior center. For example, Rockdale County Senior Services offers a physical fitness strength program which consists of between 14 and 20 weeks of weight training activities. Seniors participate in either bi-weekly resistance exercise classes using stretch-bands or a weekly weight lifting class. Staff is trained in the proper use of the stretch-bands to prevent injury. Seniors are able to participate in strength building classes as well as exercise during other times; however, a staff member must be present if a participant chooses to exercise during his/her free time. The strength building classes initially were led by a trained instructor who left; trained volunteers then led the classes.

In this program, a baseline performance level is developed by having participants perform either upper or lower body exercises. For example, the Rockdale County Senior Services conducts an outcomes survey, which includes a pre- and post-test that measures the number of arm curls a senior is able to do with hand-weights. At the end of each month, participating senior centers send data (participant names

and number of exercises completed) to the Atlanta Regional Commission. The Atlanta Regional Commission evaluates the change in upper or lower body strength after a year of exercises.

Approximately 573 older adults participated in the program. Information for program funding, outcomes, and the impact on upper and lower body strength after a year of exercises was not provided.

Health Screening Programs

All senior centers operate health screening programs that identify seniors who have illness or are at risk of developing a serious illness. Common screening programs are for stroke, cholesterol, blood pressure and blindness. Seniors at risk are referred to their doctor for care and are encouraged to participate in an appropriate program to help improve their health. For example, persons with high cholesterol are counseled on diet and what foods to avoid. If a client is found to have a health problem, then the center manager is notified. In some cases, such as stroke screening, trained volunteers rather than professionals are used to conduct the initial screening.

In the blindness prevention program, senior centers provide vision screening and eye glasses for seniors. Optometrists visit senior centers and provide eye exams as well as eyeglasses to 20 clients in each center identified as the “most in need of the service” by the center manager in each center.

The ARC provides funding for screening and educational material for seniors and for senior centers on the operation of screening programs. Some centers, such as Fulton County Senior Services, use these resources to train volunteers. Fulton County Senior Services also collaborates with local hospitals for the cholesterol-screening portion of the program and with the Fulton County Health Department and Fire Department to conduct weekly blood pressure screenings at the senior centers.

Information on the number of clients served, client characteristics, funding and outcomes was not provided.

Medication Management and Disease Management Programs

Elderly Americans make up approximately 13 percent of the population, but they consume 30 percent of all prescription drugs (Williams, 2002). Adverse drug reactions are common in persons over 65 years of age, are associated with increased morbidity and mortality, and raise serious concerns about medication use in older adults (Hobson, 1992; Gurwitz et al., 2003). The risk of reaction increases with the number of prescriptions taken by an older adult (Hobson, 1992). These events are common and often preventable through prudent prescribing practices, patient education, and monitoring medications (Hobson, 1992; Gurwitz et al., 2003). Medication management programs help seniors monitor their

medications, help guard against medication interactions, and provide opportunities for seniors to purchase prescription drugs at an affordable cost. The Atlanta Regional Commission sponsors the Vial of Life program to ensure that emergency responders know what drugs a senior takes.

Chronic disease causes disability and is the primary reason for seeking health care (Hoffman et al., 1996). Although advances in medical and surgical care for chronic disease have advanced, little has been done, until recently, to help people self-manage chronic diseases over the long-term (Lorig et al., 2001). The Atlanta Regional Commission sponsors a nurse who provides disease management information to seniors.

Vial of Life

Seniors who see different doctors and take different medications are at risk for adverse drug interactions that may lead to additional health problems. To address the risk of additional health problems, the Atlanta Regional Commission collaborated with CVS Pharmacy to develop and implement the Vial of Life program. The goal of the Vial of Life program is to provide information about an older person's medications in the case of an emergency. This program targets seniors attending multipurpose senior centers, neighborhood senior centers, senior community groups, and seniors receiving in-home services in the Atlanta region.

Through the program, older adults receive a kit to help them track their medications and review their medications with a pharmacist. A national program, the Vial of Life program is operating in all Atlanta-area senior centers. The Vial of Life kit contains a large vial, an information sheet, and a magnet. Once filled out by the senior, the information sheet has pertinent data that is needed in an emergency, including their name, their doctor's name and phone number, and a list of the seniors' medications. Seniors place the magnet on the refrigerator to inform emergency responders the senior is part of this program. Seniors place pertinent information in the vial and keep it in the refrigerator. The Atlanta Regional Commission worked with county-based offices on aging, local firefighters and police officers, churches, hospitals and CVS Pharmacy to implement the program.

The program was in two phases. In Phase 1 of the program, pharmacists went to the senior centers to review the program participants' medications to make sure that there no interaction problems and to complete the medication portion of the information sheet. In Phase 2, case managers re-assess the medications of senior center clients, and review and update the information contained in the vial. If a case manager notices potential medication adverse interactions, s/he calls the doctor or pharmacist to review medications. Although case managers do not have the expertise of pharmacists, they are trained to

identify adverse medication interactions. Case managers are also implementing Phase 2 with in-home clients as well as senior center attendees. Senior centers send out letters every six months to remind seniors to update the information sheet in the vial and to throw away old medications.

As part of the program, the University of Georgia developed a medication management curriculum that county-based health educators and pharmacists can offer through their senior centers. These programs teach seniors how to spot drug interactions, how to handle medications and the best way to take particular prescriptions.

The Atlanta Regional Commission, county-based offices of aging, local firefighters, police officers, churches, hospitals and CVS Pharmacy collaborated with this program to help older adults better manage their medications. CVS Pharmacy funds the Vial of Life project.

The program was conducted in 38 senior centers in the Atlanta region with 961 older adults participating in Phase I of the program. Program funding information was not available.

Disease Management Education Program

In the Disease Management Education Program, a nurse travels to eight senior centers to teach clients about their medications, hypertension, the importance of overall health, understanding diabetes, the importance of blood pressure, and the common causes of urinary incontinence. The nurse develops the education programs on a monthly basis and provides the same program to all the centers. Older American Act money funds this program.

Infrastructure

The Atlanta Regional Commission also participates in a number of planning and advocacy initiatives designed to strengthen health promotion and disease prevention services for older people. The most important of these is the ProHealth for Seniors Task Force. Although its roots go back to the 1970s, it was founded in 1986 by the Atlanta Regional Commission and the Georgia Division of Public Health to promote the objectives of a national initiative of the U.S. Department of Health and Human Services called “Healthy Older People.” The coalition is comprised of individuals and organizations interested in the health and wellness of mid-life and older people. The Task Force helped develop many of the Atlanta Regional Commission’s programs, such as the Mayors’ Walk, Steps for Healthy Aging, the Foot Care Coalition, Vial of Life, and the Cholesterol Screening program. Currently, it has three major components: the Mental Health for Seniors Task Force, the Multicultural Health Initiative and the Foot Care Atlanta Coalition.

The Mental Health for Seniors Task Force

The Mental Health for Seniors Task Force works with mental health and aging agencies who serve older adults to improve their awareness of mental illness in older adults and to increase appropriate referrals. In order to improve access to mental health services, the Task Force is working to restructure the mental health categories of the AgeWise Connect database, which provides online information about the availability of services for older people and a telephone information and assistance call line to information specialists. In addition, geriatric mental health experts conducted mental health training for AgeWise Connect information and assistance staff and wellness coordinators in the AAAs. Information and assistance staff and wellness coordinators were also trained on how to interview older people, especially with depression and dementia. To help break down the barriers between the aging and mental health networks, the Task Force developed a service framework that both the mental health and aging networks can use. Task Force members found that one of the barriers to cooperation was that the two networks did not “speak the same language.”

Multicultural Health Initiative

The goal of the Multicultural Health Initiative is to improve access to health promotion programs by different ethnic groups and to make programs more culturally sensitive. The initiative provides health promotion information to targeted populations and forms partnerships with multicultural organizations to identify health-related issues relevant to the specific populations. The Multicultural Health Initiative collaborates with the Georgia Consortium for African American Asians, Portsbridge Hospice, Clarkson Community Center (a non-profit senior refugee program), Fulton County’s Human Services Department, the Georgia Association of Homes and Services for the Aging, and other organizations.

The Multicultural Health Initiative Program translates health promotion informational materials into other languages for the various cultures in the Atlanta region. To develop a preliminary draft, staff uses the translation software available through <http://www.babel.altavista.com>. This translation is then refined by someone in the target population who speaks the language. In addition, the initiative hosts forums and participates in conferences, forums, and health fairs for the Asian, African American, Hispanic, Chinese, and Vietnamese populations in the area. At these settings, the initiative operates an exhibit booth and provides health-related information to the public. According to staff, the type of ethnic group to whom they are providing information dictates the types of activities offered. For example, the Hispanic population prefers activities for which they are able to bring their whole family.

Atlanta Foot Care Coalition

Foot care is often neglected, but if it is not treated, it can severely limit the mobility and activities of older people. Most foot problems are related to diabetes, vascular problems, corns, bunions, and obesity. The goal of the Coalition is to enhance mobility and promote preventive and therapeutic foot care to underserved older adults in metropolitan Atlanta through community awareness, education, recruitment, service delivery and research. Started in 1988, the Foot Care Atlanta Coalition provides basic foot care at senior centers and high rise residences for senior adults. The program is staffed by volunteer health professionals and trained peer volunteers. The target population is primarily the minority population; approximately 60 percent of the clients are African American and one high rise apartment complex has a substantial Russian population. Because of the cultural and ethnic mixes, the Coalition has an interpreter on staff who helps with the foot care clinics.

Part of the mission of the Coalition is to educate seniors and other health care professionals about the importance of foot care as well as train professionals to provide services. The Coalition holds an annual two-day workshop which provides hands-on foot care training to case managers and nurses. The Coalition focused on these professionals because case managers look for and identify medical problems when working with seniors, and nurses can provide foot care in community clinics. The Coalition provided foot care toolkits to the trainees. Workshop participants fill out an evaluation of the workshop.

Records of clinic attendees are maintained, evaluating the foot status of clients, and listing referrals. Follow up is conducted after a referral is made. Seniors attending the clinics are asked to fill out satisfaction surveys.

The Atlanta Regional Commission and Sixty Plus Older Adult Services at Piedmont Hospital both budget \$2,500 each for the Atlanta Foot Care Coalition. In addition, the Mercer School of Nursing provides some funding. The Coalition is currently trying to identify additional sources of support. Information about the number of people served and their characteristics is not available for this program.

Aging and Long Term Care Database

The Atlanta Regional Commission developed and maintains the Aging and Long Term Care database. It is a statewide database contains over 1,600 services available for older people and persons with developmental disabilities. The Traumatic Brain Injury Network approached the Commission and asked to have their serves listed. The Atlanta Regional Commission is considering making the database available to hospitals and HMOs. The Older Americans Act funds the Aging and Long-term Care Database.

Conferences

To build a health promotion and disease prevention network, communicate current knowledge, and exchange promising practices, the Atlanta Regional Commission organizes widely-attended conferences. The Atlanta Regional Commission holds a statewide Annual Nutrition and Health Wellness Conference for health care managers and case managers, with a primary focus on improving care for older adults. Session topics include caregiving, managing chronic problems, diabetes, cancer, and arthritis health management. The Food, Fund and Fitness Conference, also sponsored by the Atlanta Regional Commission, is a wellness conference that reaches up to 300 people in the Aging Services Network., including senior center directors, caregivers, social workers, and dietitians. The Atlanta Regional Commission, the Georgia Medical Care Foundation, AB Labs, AARP, Georgia Commission on Women, and the Georgia Division of Public Health fund the conferences.

SECTION 4 DISCUSSION

The key issues for these case studies focus on the role of Title III-D of the Older Americans Act and the Area Agencies on Aging in developing health promotion and disease prevention initiatives for older people. Developing these initiatives is challenging because direct funding through Title III-D is, by design, limited and intended to serve as a catalyst to develop greater capacity and foster the development of comprehensive systems to serve older people. The Atlanta Regional Commission seeks to improve the lives of seniors through a wide array of health promotion and disease prevention programs. In this final section, we address the key research questions outlined in the introduction to this case study, focusing specifically on the Atlanta Regional Commission of the Atlanta region.

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

The overall goal of the Atlanta Regional Commission is to improve the health and quality of life of older adults in the Atlanta area which they meet through programs focusing on nutrition and physical activity. Health promotion and disease prevention programs are highly valued and thought to be critical to the future of the Area Agency on Aging, which sees these activities as key to attracting the younger elderly population and Baby Boomers to their programs. In thinking strategically about the future, they foresee the Area Agency on Aging focusing increasingly on the pre-aged 65 and older population for the purpose of preparing them for retirement. According to staff, they want to be the “go to” organization for pre-retirees and conceive of health promotion and disease prevention activities as important services for this population. They intend to offer services directly and through their partners and to be a major source of information about health promotion and disease prevention activities. The Atlanta Regional Commission has been strongly encouraged in this direction by the Georgia Division of Aging Services, the State Unit on Aging.

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

The Atlanta Regional Commission has leveraged its Older American Acts funds to play a larger role than those funds alone would allow. Title III-D dollars represented less than one percent of the Atlanta Regional Commission Aging Division’s total annual budget in 2003. The Area Agency on Aging used its Title III-D funds as a catalyst to develop larger health promotion and disease prevention initiatives with funding from state and county governments, health care providers, foundations, and corporations. Specifically, the Atlanta Regional Commission and its partners have obtained funds for health promotion and disease prevention programs from the Georgia Department of Human Resources,

the USDA Food Stamp Nutrition Education Program, the Georgia Division of Public Health, the Center for Disease Control and Prevention , AARP, Grady 50+ Hospital, Peidmont Hospital, the University of Georgia, the Mercer School of Nursing, Pfizer, Inc., Coca-Cola, CVS Pharmacy, county governments, and other organizations. This leveraging of funds allows for much larger programs than would otherwise be possible.

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

The Atlanta Regional Commission relies heavily on its partnerships with other organizations to develop its health promotion and disease prevention programs. For example, its partnerships with senior centers and county senior service organizations enabled the Atlanta Regional Commission to obtain physical space and marketing support for most of its nutrition education and physical education programs. Their partnerships also enabled the programs to reach home-bound seniors as well as seniors active in senior centers. In another example, for the Diabetes and You program, the Atlanta Regional Commission partnered with the University of Georgia to develop the program and with the Georgia Division of Public Health to implement the program. In addition to partnerships with senior centers and county senior service organizations, the Atlanta Regional Commission also supports other health promotion and disease prevention activities led by other organizations by providing administrative support, such as providing copy services for manuals.

An important way in which the Atlanta Regional Commission partners with other organizations is through the various health promotion and disease prevention task forces that it sponsors as part of the ProHealth for Seniors Task Force, including the Mental Health for Seniors Task Force, the Multicultural Health Initiative, and the Atlanta Foot Care Coalition. These task forces helped develop many different programs, including the Mayors' Walk, Steps for Healthy Aging, the Foot Care Coalition, Vial for Life, and the Cholesterol Screening program.

4. How Programs Were Chosen and Developed

The Atlanta Regional Commission chooses its health promotion and disease prevention programs based on an analysis of the needs of the community, a strategic choice to focus mainly on lifestyle changes, and opportunities that arise because of the interests of their partners. The Georgia Division of Aging Services provides strong guidance and funds wellness coordinators in each Area Agency on Aging, who meet as a group on a regular basis. The decision to develop physical activity and nutrition education programs reflects national and Georgia-specific statistics on obesity and lack of physical activity and a belief that these programs would be effective in reducing disability and chronic disease. Like much of the

rest of the country, obesity in Georgia increased substantially over the past 10 years. In addition, statistics show relatively few people in Georgia engaging in physical activity, and physical activity levels decline as people aged. In addition, some programs in which the Atlanta Regional Commission participates are mandated by the Title III-D program. As noted above, the ProHealth for Seniors Task Force plays a major role in developing Atlanta Regional Commission wellness programs.

5. Comprehensiveness of Health Promotion and Disease Prevention Activities

Implementing its health promotion and disease prevention strategy, the Atlanta Regional Commission developed a wide range of program in the following areas:

- **Nutrition Education and Screening Programs**, which promote proper nutrition to decrease the risk of chronic disease through healthy eating habits. These programs include Diabetes and You, Take Charge of Your Health, Taking Health to Heart, the Congregate Meals program, and the Nutrition Screening program.
- **Physical Education Programs**, which promote a healthy lifestyle through physical activity and education. These programs include the Mayors' Walk, Steps to Healthy Aging, the Georgia Golden Olympics, and the Physical Fitness Strength program.
- **Medication Management and Disease Management Programs**, which help seniors manage their medications and chronic disease. Programs include the Vial of Life and the Disease Management Education programs.
- **Infrastructure and Systems Development:** These initiatives include a variety of task forces and data systems designed to improve health promotion and disease prevention services. These task forces include the Pro Health for Seniors Task Force, the Georgia Mental Health for Seniors Task Force, the Multicultural Health Initiative, and the Atlanta Foot Care Coalition.
- **Conference Programs**, which utilize professional and educational meetings to promote health, increase knowledge about health, and exchange promising practices. These programs include the Food, Fun and Fitness conference, and the Annual Nutrition and Health Wellness conference.

This range of programs allows the Area Agency on Aging to address the spectrum of health promotion and disease prevention needs.

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

Responding to the growing body of evidence indicating that health promotion and disease prevention programs for older persons help maintain health and independence, the Atlanta Regional Commission used its Title III-D funds and other funding sources to make health promotion and disease prevention a center component of its programming. The Atlanta Regional Commission worked to develop new health promotion and disease prevention programs because it believes that doing so is central to its

mission to assist older adults, their families and care givers to live safe, healthy and independent lives through improving their health and quality of life. By partnering with other organizations, leveraging its limited funds and providing a comprehensive range of services, the Atlanta Regional Commission succeeds in serving a relatively large number of seniors. However, the number of participants in health promotion and disease prevention programs is modest compared to the number of older persons in the Atlanta metropolitan area. Statewide, the Division on Aging estimates that approximately 17,000 seniors statewide participated in publicly supported health promotion and disease prevention services (Georgia Division of Aging Services, 2005).

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

The Atlanta Regional Commission and its partners, especially the Georgia Division of Aging Services, support evidence-based practice research and are committed to evaluating the health promotion programs they offer and collecting and using data that will allow them to manage the system. The Area Agency on Aging developed a client tracking system that it allows it monitor its calls and referrals in addition to maintaining a service resource directory that both professionals and the public can use. The Georgia Division of Aging Services invested heavily in its Aging Information Management Systems (AIMS), which allows it to track participants in many of its publicly funded programs. Moreover, collaborating with the University of Georgia has enhanced the Atlanta Regional Commission's commitment to evaluating the effectiveness of health promotion programs. Both the Atlanta Regional Commission and the state believe collecting good data is crucial to convincing the legislature, the executive branch and other funders of the value of their activities.

Summary

In summary, the Atlanta Regional Commission believes that health promotion and disease prevention programs are critical to its future and that of older people. Working with a large number of governments, private and corporate partners, including the State Unit on Aging, it substantially leveraged its Title III-D funds. It implemented a quite comprehensive range of programs in the areas of nutrition education, physical education, health screening programs, and medication management. Through numerous task forces that it organized and sponsors, the Area Agency on Aging works to build and improve the health promotion and disease prevention infrastructure. However, while serving a substantial number of persons with these programs, they represent a small proportion of older people in the Atlanta region. Finally, the Atlanta Regional Commission is committed to monitoring the involvement and outcomes of its health promotion and disease prevention program participants.

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