

January 2006

Case Studies of Health Promotion in the Aging Network: Division of Services for Aging and Adults with Physical Disabilities of Delaware

Final Report

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RTI Project Number 08490.007.005



**CASE STUDIES OF HEALTH PROMOTION IN THE AGING NETWORK:
DIVISION OF SERVICES FOR AGING AND ADULTS WITH
PHYSICAL DISABILITIES OF DELAWARE**

DRAFT REPORT

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January 2006

*RTI International is a trade name of Research Triangle Institute.

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.

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?

¹ 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 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.

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SECTION 1 INTRODUCTION

Health promotion and disease prevention efforts 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, characteristics of these programs, and how to assess these programs to improve them over time.

The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) in the Delaware Department of Health and Social Services is the Area Agency of Aging as well as the State Unit on Aging for the state of Delaware. DSAAPD was selected as one of the sites for this study of health promotion and disease prevention programs of the Aging Network because of its strength in several key areas. These include:

- **Strong Partnerships at the State and Local Level.** DSAAPD has strong collaborative relationships with state and community organizations. Several lead partners include the Division of Public Health, Division of Substance Abuse and Mental Health, University of Delaware, Delaware Senior Olympics, the Lieutenant Governor's Office, Wilmington Senior Center, and Delaware Ecumenical Council on Children & Families.
- **Commitment to Evidence-based Programs.** DSAAPD links its health promotion and disease prevention efforts to the goals and objectives of Health Delaware 2010 (2002) and Healthy People 2010 (2000). It makes use of national initiatives and programs endorsed by the Centers for Disease Control (CDC), Administration on Aging (AOA), National Cancer Institute (NCI), National Diabetes Education Program (NDEP) and other lead health organizations such as the 5-a-Day for Better Health campaign to increase the daily consumption of fruits and vegetables and the Small Steps, Big Rewards program to prevent and manage Type 2 Diabetes.
- **Balance between State and Local Activities.** As both the State Unit on Aging and the Area Agency on Aging for Delaware, DSAAPD balances state policy, planning and advocacy with direct service provision.
- **State Innovations in Health Promotion.** Working with Virginia Commonwealth University, the Division of Substance Abuse & Mental Health, and community organizations, DSAAPD developed a health promotion and disease prevention program focusing on behavioral and mental health issues such as compulsive gambling, substance abuse, depression and suicide among older persons.

In October 2004, ten in-person interviews were conducted with DSAAPD staff, other state officials, senior center administrators, and special project coordinators who were knowledgeable about the various health promotion and disease prevention activities for older persons supported by the aging network. In this case study, we provide an overview of the DSAAPD site, a general description of the health promotion and disease prevention programs being supported by the aging network, and a detailed description of key health promotion and disease prevention activities.

This case study examines:

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

SECTION 2
OVERVIEW OF DIVISION OF SERVICES FOR AGING AND
ADULTS WITH PHYSICAL DISABILITIES OF DELAWARE

The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) in the Delaware Department of Health and Social Services is responsible for planning and providing funds for programs for older people and younger persons with disabilities in Delaware's three counties: Kent, New Castle, and Sussex. The mission of DSAAPD is to "improve or maintain the quality of life for Delawareans who are at least eighteen years of age with physical disabilities or who are elderly. The Division is committed to the development and delivery of consumer-driven services which maximize independence through individual choice, enable individuals to continue living active and productive lives, and protect those who may be vulnerable and at risk. This mission is accomplished through service development and delivery; advocacy, training and communication; and public/private systems coordination" (Division of Services for Aging and Adults with Physical Disabilities, 2003).

Organization and Sources of Funding

The Division of Services for Aging and Adults with Physical Disabilities is part of the Delaware Department of Health and Social Services. The Division serves as the Area Agency on Aging as well as the State Unit on Aging. In addition, it is the focal point for services for adults with physical disabilities. The Division was established in the early to mid-1990s when responsibility for younger persons with disabilities was transferred to the Aging Division. Health promotion and disease prevention activities are housed in the Planning and Program Development Unit.

In the view of DSAAPD staff, serving as both the Area Agency on Aging and the State Unit on Aging has both advantages and disadvantages. Operating as the Area Agency on Aging is advantageous because it gives DSAAPD extensive knowledge about local conditions which it can integrate into state policy; operating as the State Unit on Aging is advantageous to DSAAPD because it eases the implementation of state policy decisions at the local level. Coordination is improved because they are coordinating with themselves and not other organizations.

However, there are also disadvantages to dual designation. The most important disadvantage is that a single organization must perform very different types of functions with limited resources. Area Agencies on Aging focus on the provision of direct care services to individuals, with a heavy emphasis on constituent services. In contrast, State Units on Aging are more involved with policy, planning, advocacy and legislation. DSAAPD feels they are constantly torn between the two roles.

DSAAPD is also responsible for the implementation of the Medicaid home and community-based services waiver for older persons and younger persons with physical disabilities, while the Division of Social Services oversees the waivers and sets waiver regulations. This responsibility adds substantially to DSAAPD’s workload and some staff believes that managing the waiver dominates the agencies activities, sometimes to the detriment of other activities. Coordination with the Division of Social Services and related state agencies is fragmented and sometimes problematic. In addition, waiver caseloads are increasing without an increase in personnel, thereby creating competing priorities within the Division.

In terms of funding, approximately 92 percent of DSAAPD’s funding is for the aging population and about 8 percent of funds are for the younger disabled population. The younger disability community is lobbying for a larger share of the spending. Funding sources for DSAAPD include the Older Americans Act, block grants, Medicaid, State general funds, and private sources. DSAAPD’s 2005 operating budget is \$11,987,415; of this amount, approximately 96 percent of funds came from the Older Americans Act (**Exhibit 1**).

Exhibit 1. Aging and Disability Services Operating Budget, 2005

Source of Revenue	Amount (in \$)	Percent of Operating Budget
Older Americans Act – III-D	107,859	0.9
Older Americans Act – Non III-D	11,416,330	95.2
Medicaid and Other Federal Programs	416,000	3.5
State Programs	47,226	0.4
Local, Private Grants, and Participant Contribution	0	0.0
Total	11,987,415	100.0

SOURCE: State Plan on Aging: for the Four-Year Period from October 1, 2004 to September 30, 2008.

Demographics

In 2003, 143,456 persons, 17.6 percent of Delaware’s population, were age 60 and older (**Exhibit 2**). This is a 29.6 percent increase since 1990. The age 60 and older population is predominantly Caucasian (84.5 percent), with African Americans accounting for the vast majority (11.9 percent) of the minority population; American Indian/Alaskan Natives (0.3 percent), Asians

(1.4 percent), Native Hawaiian/Pacific Islander (0.0 percent), Hispanic (1.4 percent), and two or more races (0.4 percent) account for a small proportion of the older population.

Exhibit 2. Statewide Demographic Characteristics, 2003

Demographic Characteristic	Number	Percentage
Population age 60+	143,456	17.6*
Population distribution		100.0
Age 60-64	36,560	25.4
Age 65-74	57,216	39.9
Age 75-84	37,243	26.0
Age 85+	12,437	8.7
Race of Population 60+:		100.0
Caucasian (Alone)	121,234	84.5
African American (Alone)	17,099	11.9
American Indian/Alaskan Native (Alone)	474	0.3
Asian (Alone)	2,022	1.4
Native Hawaiian/Pacific Islander (Alone)	29	0.0
Hispanic/Latino (may be of any race)	2,056	1.4
Two or More Races	542	0.4
Growth of Population Age 60+ Since 1990	+32,818	29.7

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

* Percentage of total population.

Delaware’s Title III programs directly served 30,680 persons in fiscal year 2003 (Delaware State Plan on Aging, 2004). Of those served, approximately 76 percent were non-Hispanic Caucasians, somewhat less than the overall older population. Thirty-two percent of Title III program participants live in rural areas; 23 percent of participants have incomes below the federal poverty level, and 35 percent of all minority clients have incomes below the federal poverty level (State Plan on Aging, 2004). Health promotion statistics are neither uniformly collected nor aggregately reported. Moreover, although these statistics reflect a portion of the population directly served by some Title-III programs, the data do not capture the people reached via statewide health promotion media campaigns, health initiatives, outreach events (i.e., expos, screenings, senior fairs, etc.) and collaborations with partners in health education and disease prevention programs.

Role of the Senior Centers

Senior Centers throughout Delaware are recognized as the focal point for coordinating and delivering senior services and activities in the community. DSAAPD collaborates with all 50 Delaware senior and community centers throughout Sussex, Kent and New Castle Counties to develop and provide a range of social, recreational, and health promotion/disease prevention activities for their target populations. Selected sites play an especially important role in DSAAPD's health promotion efforts, serving as sites for specific demonstration projects and outreach activities. Some centers participate in pilot programs and others initiate health forums with guidance from DSAAPD. DSAAPD provides assistance to senior centers in planning and implementing health activities; providing resources, funding, and technical expertise; identifying and linking community and state partners; and providing subject experts and trainers for targeted programs and events. Overall, DSAAPD serves as a link between the State and national aging networks and as a conduit for health information, programs, and interventions.

SECTION 3 HEALTH PROMOTION/DISEASE PREVENTION ACTIVITIES

DSAAPD initiated its health promotion activities with an assessment of key health concerns affecting Delaware seniors and a comprehensive review of state and national health plans and initiatives. DSAAPD also conducted focus groups and needs assessments to guide its health-related activities and determine program priorities. DSAAPD began by collaborating with the National Association of State Units on Aging, the Division of Public Health (DPH)'s Chronic Disease Division, and other partners throughout the State's aging network to identify and prioritize health concerns of older Delawareans. The partners reviewed Healthy People 2010 (2000) and major health plans and strategies. In a statewide effort, DSAAPD joined other stakeholders to create Healthy Delaware 2010 (2001), a comprehensive prevention agenda and community health guide for the State of Delaware, identifying key areas of focus taken from Healthy People 2010. As an outgrowth of this effort, partners produced the Blueprint for a Healthier Delaware (2002), a strategic plan for promoting physical activity and healthy nutrition for all Delawareans, along with the first statewide diabetes prevention and control plan. These, along with the State Plan on Aging, helped guide and shape the Division's health education and disease prevention efforts and programs.

As an outcome of this collaborative planning process, DSAAPD developed its first comprehensive health promotion and disease prevention initiative called Healthy for Life. The initiative identified 4 key focus areas (as noted below) along with lead partners, objectives, signature programs, activities, and key messages around each focal area (**Exhibit 3**):

- **Health and Wellness** is designed to promote health through primary prevention practices and management of chronic diseases associated with aging. These programs include Time of Your Life, Small Steps, Big Rewards diabetes control program, Champions of Change cancer prevention programs, and HIV prevention, adult immunization, and other minority-focused initiatives. Lead partners are the Division of Public Health, local health care organizations, the Wilmington Senior Center, and the Newark Senior Center.
- **Physical Activity** is designed to improve health, fitness, and quality of life through increased physical activity. Programs and activities include the Delaware Senior Olympics sports programs and Walk Delaware, the Lt. Governor's Challenge, and Governor's Walk at Senior Beach Day. Lead partners are the Delaware Senior Olympics, Inc., and the Lt. Governor's office.
- **Healthy Nutrition** is designed to "promote healthy eating habits to decrease risk of chronic disease" (Healthy Delaware 2010, 2001). Programs include the Elder Nutrition Program, including the 5-A-Day for Better Health campaign. Lead partners are the Elder Nutrition Programs, Meals on Wheels Delaware, the Produce for Better Health Foundation, and the Division of Public Health–Diabetes Prevention and Control Program.

- **Mental Health and Substance Abuse** is designed to improve the mental health status of older adults and those with physical disabilities. Activities include the More Life to Live program, toolkit, and training for seniors and service providers. Lead partners are the Division of Substance Abuse and Mental Health, Delaware Council on Gambling Problems, Mental Health Association in Delaware, and the Delaware Ecumenical Council on Children and Families.

DSAAPD leverages its resources by working with a broad spectrum of partners in health promotion/disease prevention planning and activities. DSAAPD consults with state agencies, community organizations, and academic research centers in developing and evaluating its health promotion activities (see *Exhibit 4*). Key partners include:

- **Division of Public Health**, which works closely with DSAAPD to develop and promote prevention programs; also seeks grant opportunities and provides funding for health promotion activities (i.e., mini-grants to Delaware Senior Olympics). Collaborated with DSAAPD and statewide partners to develop *Healthy Delaware 2010* and other major strategic health plans for diabetes, cancer, physical activity, and healthy nutrition.
- **University of Delaware**, which helped to develop and implement the Get Healthy for Life program. The University evaluates selected programs and conducts pilot studies funded by a small university grant and support from DSAAPD.
- **Senior Centers**, which implement DSAAPD-funded programs. Several centers developed programs to promote healthy lifestyles with the assistance of DSAAPD.
- **Delaware Senior Olympics**, which promotes year-round sports and fitness activities such as Senior Olympics, Walk Delaware, and the Lt. Governor's Challenge. Participates in senior health fairs and provides presentations, training, and technical assistance to organizations promoting physical activities for seniors and those with disabilities.

The Healthy for Life Initiative is identified by five focal areas: health and wellness, physical activity, nutrition, mental health and substance abuse, and safety (which is in development).

Health and Wellness

The goal of health and wellness programs is the primary prevention of disease or injury before it occurs by reducing susceptibility or exposure to health risks (Rabiner et al., 2004). In Delaware, the Wilmington Senior Center's Time of Your Life initiatives and activities focus on improving the quality of life for older adults by increasing knowledge and awareness of different chronic diseases and promoting primary prevention practices (i.e., health screenings, lifestyle and positive behavior change).

Exhibit 3. DSAAPD Health Promotion/Disease Prevention Initiatives/Programs/Activities

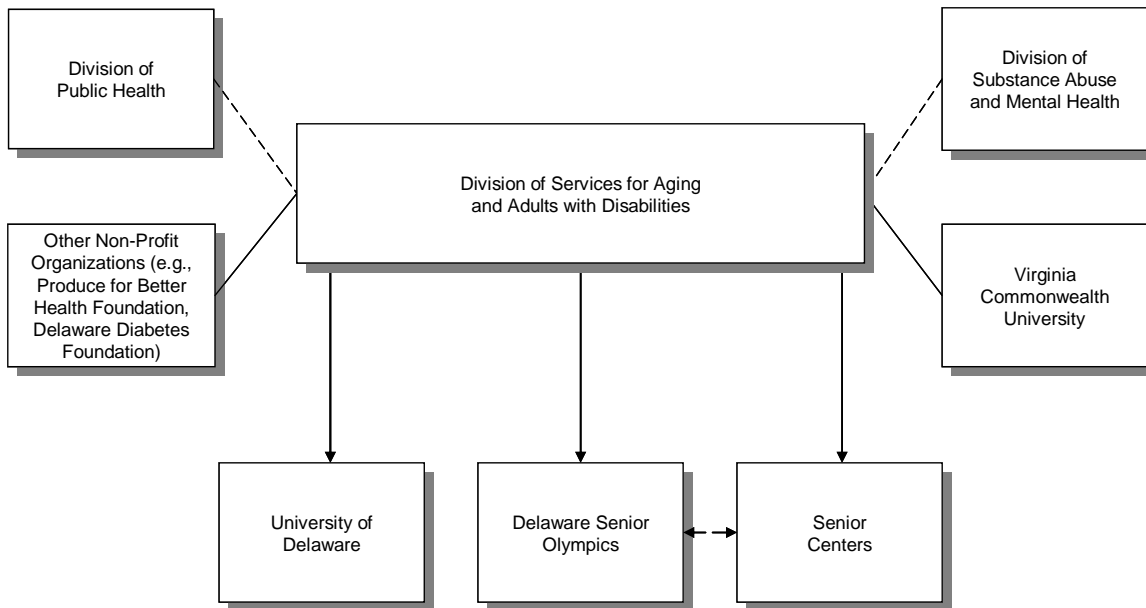
Name	Program Type	Description	Lead Partners (includes DSAAPD)
Time of Your Life Initiative	Health and Wellness	<ul style="list-style-type: none"> • A three-year project focusing on health, wellness, and healthy aging through lifestyle changes. • Provides agency network leadership training, community education, and health education forums. 	<ul style="list-style-type: none"> • Wilmington Senior Center • University of Delaware • AstraZeneca
Champions of Change	Health and Wellness	<ul style="list-style-type: none"> • A breast & cervical cancer screening program for low-income women. • A colorectal screening program focusing on the African American community. • Provides funds for cancer treatment to those who cannot afford it. 	<ul style="list-style-type: none"> • Delaware Division of Public Health
Small Steps, Big Rewards	Health and Wellness	<ul style="list-style-type: none"> • Type II diabetes prevention program for people at high risk for the disease 	<ul style="list-style-type: none"> • Division of Public Health • Delaware Senior Olympics
Minority-focused activities	Health and Wellness	<ul style="list-style-type: none"> • Conducts an Alzheimer’s program for Hispanic seniors, teaching families about health issues and establishing trust in the medical community. • Increase lipid, vision, foot, and hemoglobin A1c diabetic screenings among African Americans. • Provides funding for HIV prevention and screening programs for African Americans. • Increases the minority population’s trust in the medical community. 	<ul style="list-style-type: none"> • Division of Public Health • African American Nursing Sorority • Parish Nurses
Delaware Senior Olympics	Physical Activity	<ul style="list-style-type: none"> • Promotes activity, fitness, and healthy lifestyles among the senior population through competitive (Senior Games) and non-competitive activities. Adapts programs for adults with special needs. 	<ul style="list-style-type: none"> • Delaware Senior Olympics • Division of Public Health • University of Delaware
Walk Delaware & Sr. Fitness Challenge	Physical Activity	<ul style="list-style-type: none"> • Promotes physical activity through walking (swimming, bicycling, running) specific distances, such as the length and width of Delaware, in a year. Adapts program for adults with special needs. 	<ul style="list-style-type: none"> • Delaware Senior Olympics • Division of Public Health • University of Delaware

continued

Exhibit 3. DSAAPD Health Promotion/Disease Prevention Initiatives/Programs/Activities—Continued

Name	Program Type	Description	Lead Partners (includes DSAAPD)
Elder Nutrition Program	Nutrition	<ul style="list-style-type: none"> • A nutrition education program comprising sub-programs (5-A-Day) conducted through congregate and home delivered meal program. 	<ul style="list-style-type: none"> • Senior center nutrition program • Meals on Wheels Delaware
Get Healthy for Life Demo Project	Physical Activity and Nutrition	<ul style="list-style-type: none"> • Demonstration project that promotes physical activity and healthy nutrition through behavior change. 	<ul style="list-style-type: none"> • University of Delaware • Newark & Howard Weston Senior Centers
More Life to Live Program	Behavioral Health	<ul style="list-style-type: none"> • Focuses on substance abuse, obsessive gambling, and depression among the senior population. 	<ul style="list-style-type: none"> • Division of Mental Health & Substance Abuse • Delaware Council on Gambling Problems • Virginia Commonwealth University • Delaware Ecumenical Council on Children and Families

Exhibit 4. Interaction of DSAAPD with Other Organizations on Health Promotion/Disease Prevention Initiatives



Time of Your Life Initiative

The Time of Your Life is a three-year program initiated by the Wilmington Senior Center consisting of quarterly health forums designed to educate seniors on the importance of taking care of themselves; educational resource kits for senior centers program administrators; and a quarterly newsletters reinforcing the forum themes and educational content. Specific diseases are not a focus of this initiative; instead the emphasis is on lifestyle change. The initiative developed from a study of best-practices conducted by the Wilmington Senior Center. In addition to a literature review, local experts including DSAAPD, healthcare professionals, and other aging network providers were interviewed about the best ways to promote healthy lifestyles in New Castle County. While the Wilmington Senior Center is the principal organizer of the process, they seek to engage other senior centers and residential facilities as partners. To join the initiative, partners sign a letter of commitment pledging to support the effort by promoting the forums, transporting clients to the forums, and conducting follow-up activities at their respective sites.

The initiative has three distinct components. The first consists of free quarterly forums on specific health topics. The 90-minute forums include a lecture by an expert on a specific health topic. Wilmington Senior Center worked with senior centers and other organizations to develop the forum topics: senior health, nutrition, fitness and movement, mental health, prescription drugs, boosting brainpower,

communicating with health care providers, making the most of leisure time, and spirituality. In addition to a 45 minute lecture, the forums include entertainment, such as senior line-dancing or choral groups, designed to make the experience enjoyable and fun. Wilmington Senior Center would like all attendees to learn about healthy aging and to make a personal commitment to positive lifestyle change. To encourage commitments, staff developed a simple pledge form for seniors to complete, promising to do something to take better care of themselves. At all forums, staff recognizes selected “healthy heroes”—seniors in the community who made a difference by overcoming serious health challenges and who now serve as positive role models for others. Exhibits provide health promotion and disease prevention information and resources to all participants. Selected exhibitors include Wilmington Senior Center, DSAAPD, AstraZeneca, community organizations whose mission supports the theme of the forum, and senior centers that select a “healthy hero.”

The second component of the project involves follow-up activities that support the theme of the forum. The Wilmington Senior Center and collaborating community organizations develop and distribute resource kits for senior centers participating in the forums. Specific to each forum, the resource kits include information about the speaker and the presentation along with additional resource donated by lead partners like DSAAPD. Senior center staff are encouraged to provide follow-up education on the topics addressed at the forum, using the resources kits provided. Wilmington Senior Center delivers all resource kits to partnering centers at or in advance of each forum.

The third component of the initiative is a short newsletter designed to reinforce forum topics and provide information about upcoming forums. The Wilmington Senior Center delivers the newsletters to other senior centers and provides display stands. In an effort to attract older adults who do not attend senior centers, the Wilmington Senior Center also distributes the newsletter in public housing for seniors.

Approximately 200-300 older adults attend each of the forums, many of whom are African-American elders. Wilmington Senior Center tries to be sensitive to the ethnic populations participating in this initiative. To engage more minority elders, however, the staff involves minority community in planning forums, selecting speakers, and identifying effective resources. For example, one forum speaker was an African American physician who works in the minority community.

The Wilmington Senior Center contracted with two professors at the University of Delaware to conduct an evaluation of the forums’ effectiveness. Staff surveys all forum attendees, asking questions about general demographic characteristics, their personal pledges, and progress to date in achieving their health goals. The survey is completed at the end of the forum, and those returning a survey receive an

incentive, generally an educational resource provided by DSAAPD or other lead partner. Approximately 180 surveys were returned at the first forum and 175 returned at the second. Wilmington Senior Center staff did not provide the authors with data or results of the surveys. The Wilmington Senior Center will conduct the initiative for three years and then issue a final report based on their experience.

The overall cost of the project is \$650,000 for three years. As a lead partner, DSAAPD provided \$5,000 in 2004 and \$10,000 in 2005. A substantial portion of support came from corporations, local foundations, and senior providers. AstraZeneca provided \$26,000 as well as provided volunteers to help at the forums. The Laffey-McHugh Foundation contributed \$15,000 to pay for the evaluation component and Peninsula United Methodist Home sponsored a forum and donated funds.

Champions of Change

Colorectal cancer is the second leading cause of cancer related death in the United States (Ouyang et al., 2005). Screening for this disease reduces mortality rates and is cost-effective relative to other health care services (Helm et al., 2000). As a way to increase cancer awareness and potentially decrease mortality rates, the Delaware Division of Public Health, in collaboration with the Delaware Cancer Consortium, developed the Champions of Change program. The Delaware Cancer Consortium is a coalition of individuals and agencies concerned with cancer prevention and treatment.

The Champions of Change program is a colorectal cancer screening program, focusing primarily on the African American community. Champions of Change supplies free educational materials to participating groups throughout Delaware. This includes brochures and information about Screening for Life, a cooperative effort by the Delaware Division of Public Health and the U.S. Centers for Disease Control and Prevention that pays for breast, cervical, and colon cancer screening for low-income, uninsured, and underinsured Delawareans (Delaware Division of Public Health, undated). In addition to distributing materials, Champions of Change helps groups identify resources to overcome obstacles to testing, such as lack of transportation for those who are getting tested. DSAAPD contributes in-kind resources and staff to promote this effort. The program is currently being evaluated by the Division of Public Health.

Small Steps, Big Rewards

The Small Steps, Big Rewards program is a National Institute for Health and Centers for Disease Control and Prevention Type-II diabetes prevention program for people at high risk of the disease conducted by Delaware's Division of Public Health's Diabetes Prevention and Control Program, with involvement from DSAAPD and the Delaware Senior Olympics. Developed by the National Institutes of

Health, the program promotes moderate weight and a healthier life as small steps to prevent diabetes and its potential complications, such as heart disease, stroke, blindness, kidney failure, and amputations (National Diabetes Prevention Education Program, undated). The program has an exercise and nutrition component and consists of self-monitoring and behavioral goal-setting. It is a community-based implementation of a clinical trial that was effective in preventing Type II diabetes (Goldhaber-Fiebert et al., 2003; Keyserling et al., 2002). National studies have shown that people with high blood sugar can keep from developing diabetes by losing weight (Kanaya & Narayan, 2003; Knowler et al., 2002). *Small Steps, Big Rewards* is intended for all age groups, but Delaware is focused on persons age 55 and older in senior centers and other community sites.

The national program provides public service announcements, ideas for publicity events, toolkits on diabetes for providers, consumer information booklets, and a speaker's kit. The exercise component incorporates education with physical activity. In addition to learning about and doing aerobic exercise through walking, clients get information about strength and balance exercises. The Delaware Senior Olympics supports this effort by mapping out walking courses at senior centers and providing clients with pedometers to measure their physical activity levels. DSAAPD and DPH plan to incorporate an evaluation component to the program as more sessions are conducted. DSAAPD provided both in-kind and financial resources in support of this effort. A total of 136 persons participated in the program. Funds are used to provide educational resources, outreach at senior health venues, training, promotion, and administration.

A formative evaluation of the Small Steps, Big Rewards pilot program in Delaware was conducted by the Delaware's Division of Public Health using a pre-test/post test research design to assess knowledge of diabetes and to assess satisfaction with the program, knowledge of calculation of body mass indices, and changes in diet and exercise. A total of 114 persons completed the pre-test and 71 participants completed the post-test questionnaire to assess baseline information; in addition, 65 persons completed a post-test questionnaire that measured satisfaction with the curriculum and self-reported behavioral change. Although the analysis does not control for attrition, the program appears to have had a favorable impact, with increases in knowledge about Type 1 and Type 2 diabetes and its risk factors. Persons completing the course also appear to have increased exercise and improved their nutrition, at least for the short term (*Exhibit 5*).

Exhibit 5. Evaluation of Small Steps, Big Rewards in Delaware

	Pre-Test (%)	Post-Test (%)
Knew BMI means Body Mass Index	65	90
Knew necessary to exercise 30 minutes 5 times a week to prevent Type II diabetes	60	78
Exercised at least recommended amount	45	75
Felt learned useful information		94*
Believed instructors knowledgeable		100*
As result of program, ate less fat		86*
As result of program, ate more fiber		85*
As result of program, ate fewer calories		71*
N=	114	71

* Based on 65 respondents.

SOURCE: Delaware Division of Public Health, Diabetes Prevention and Control Program.

Minority-focused Initiatives

Racial and ethnic minorities disproportionately consider themselves in fair or poor health compared to Caucasians (Liao et al., 2004). For example, African Americans are 1.3 times more likely to die of cancer than a Caucasian (Wolff et al., 2003). DSAAPD and the Division of Public Health are involved in minority-focused initiatives, including those designed to establish trust, disseminate information about what services are available, increase levels of “health literacy,” and address cultural differences. In addition to the Screening for Life-Champions of Change program, the Division of Public Health, with input from DSAAPD, sponsors the following activities and programs:

- The Division of Public Health offers lipid, vision, foot, and hemoglobin A1c screenings for African Americans over the age of 60. With the assistance of DSAAPD acting as a liaison between the Division of Public health and minority communities, community screenings were offered at 100 different sites. The Division of Public Health staff is working with the African American Nursing Sorority.
- The Division of Public Health is conducting diabetic screening of African Americans with funds from the Pharmacist Society of Delaware. In 2004, the Department of Public Health contracted with the Pharmacist Society of Delaware to conduct diabetic screening at 100 community sites. In addition to diabetic testing, the Department of Public Health is also providing disposable hemoglobin A1c testing. Age is the only piece of demographic data collected to enable DPH staff to learn more about the population.
- The Division of Public Health works with the senior community, focusing on other health related issues such as HIV. The rate of HIV infection within the aging population is increasing (Goodroad, 2003). In partnership with DSAAPD, the Division of Public Health funded a community organization to operate a HIV prevention and screening program and provided a speaker on HIV for senior center representatives and physicians.

Physical Activity Programs

Physical activity benefits persons of all ages. Moderate levels of physical activity can reduce or 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 (Manson 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).

Delaware Senior Olympics

Founded in 1992, the Delaware Senior Olympics organization promotes physical activity, fitness, and healthy lifestyles among the Delaware senior population through competitive games and non-competitive fitness activities. A not-for-profit organization, it is part of the National Senior Games Association.

The Delaware Senior Olympic state games, modeled after the International Olympics, are an annual event that began in 1992. In 2004, 925 athletes participated in 22 sports, including archery, bowling, basketball, softball, track and field, and swimming. Athletes compete in 5-year age groups, starting at age 50 up to age 99 and older. Competitions are offered for both men and women. Each event may have multiple sub-events due to gender and age categories. For example, swimming comprises 10 or 11 events. A total of 356 different competitions are offered. The games are located all over the state. Competitors who win either a silver or gold medal in an event qualify for the National Games (held every other year). Delaware had senior athletes competing in 18 sports at the 2003 National Games.

The physical health of athletes participating in the games is an ongoing concern, and all participants must have physician approval to play in the games. Qualified emergency medical technicians or first-aide personnel are at the events, and an automatic external defibrillator is on site. In addition to having a signed physician's permission form, participants must sign a disclaimer and a consent form to have their photo and name used for publicity purposes.

Between 1992 and 2000, the Delaware Senior Olympics organization focused primarily on competitive sports events and the annual games. While successful, the organization realized they were not reaching the majority of Delaware seniors. To increase participation, the Delaware State Olympics added both competitive and non-competitive fitness programs that involved year round participation.

Each sport has a volunteer coordinator who is responsible for setting up their sporting events, publicizing it, and running it year round to keep people involved and active. For example, volleyball sessions are held three times a week, with approximately 25 people participating in each session. The organization's goal is to double the number of participants involved in team sports each year through its "each one-brings one" campaign.

The Delaware Senior Olympics has taken the lead in promoting Walk Delaware as its signature year-round fitness activity. Walk Delaware offers a flexible walking program for people of all ages and function. Seniors participating in the program are challenged to walk 131 miles, the length (96 miles) and width (35 miles) of Delaware, over the course of a year. DSAAPD produces Walk Delaware logbooks for tracking distance and duration walked, which are distributed to individuals when they sign up for the program. An estimated 30 percent of those who sign up monitor their walking distances and return the results to the Delaware Senior Olympics for recognition awards. Seniors who walk the minimum as well as longer distances receive incentives including bronze, silver and gold medals, pins, award certificates, letters of congratulations, and hats or shirts for multiple year participants.

In 2003, the Delaware Senior Olympics expanded Walk Delaware to include other physical activities such as running, bicycling, or swimming. The Delaware Senior Fitness Challenge, like the Lt. Governor's Challenge, offers participants more options for accomplishing their fitness goals by including activities such as running, bicycling, or swimming. All year-round fitness programs are flexible and can be tailored to meet individual needs, allowing for participants at any level of function to be active anytime and anywhere—in a neighborhood, at the mall, on a treadmill, or in a senior center or adult day facility.

The Walk Delaware program is coordinated and administered by the Delaware Senior Olympics and DSAAPD. The Delaware Senior Olympics, in collaboration with DSAAPD, promotes healthy active aging through the Delaware Senior Games, the Delaware Senior Olympics quarterly newsletter, local media outlets, senior health outreach venues, senior centers, faith-based communities, and places where seniors meet. As lead partner in Walk Delaware, the Delaware Senior Olympics actively recruits seniors statewide and maintains a database of all participants in both the competitive and non-competitive activities. By 2004, approximately 3,800 seniors signed up for Walk Delaware, and their goal is to have 5,000 persons plus signed up for the program by the end of 2005. DSAAPD provides limited funds but substantial in-kind support for this statewide senior walking program. In-kind support includes the Walk Delaware Logbooks, incentives, training, subject experts, technical support, marketing, promotional materials, evaluations, and administration.

In addition, Delaware Senior Olympics volunteers provide presentations and technical assistance, setting up walking courses and fitness activities at senior centers, adult day care and senior residential facilities throughout the state. The Delaware Senior Olympics gathers limited demographic data and conducts follow-up surveys on those who sign up and complete Walk Delaware and related programs. In 2003, the survey response rate was approximately 15-20 percent. Survey results and anecdotal testimonies suggest people enjoy the program and are participating because it is flexible, fun, and easy to do.

The Delaware Senior Olympics' office, which is centrally located in a large senior center in Dover, has one full-time paid staff person who is the Executive Director and a part-time staff person who assists with administrative details. The Delaware Senior Olympics has a board composed of 24 volunteers who participate in the planning and promotion of Walk Delaware and related activities. Delaware Senior Olympics has an annual budget of about \$130,000. Program funds are from State grants-in-aid program funds and sponsors, including Dupont and the United Methodist Home. In 2002 and 2003, Delaware Senior Olympics received a grant of \$15,000 for the Walk Delaware program funded from tobacco settlement money administered through the Division of Public Health and the University of Delaware. In addition to these funding sources, the legislature established a Grant-in- Aid Program for which the Delaware Senior Olympics applies annually. DSAAPD provides limited funding to the Delaware Senior Olympics to promote and sustain Walk Delaware and related physical activities. However, it provides substantial in-kind resources, including the logbooks for the non-competitive programs.

The Delaware Senior Olympics does not charge a participation fee for their many year-round programs. However, there is a nominal fee to participate in each event at the annual games competition: \$19 entrance fee plus \$4 for participating in each event at the annual games. For the Annual Games, the Delaware Senior Olympics provides participants with t-shirts and medals. In addition to the annual game fees, the organization has some special events, including an annual banquet and an annual spring picnic, for which participants pay a nominal fee to help defray the costs. Even though space is usually donated, there are costs for janitorial services, medical coverage, officials, referees, umpires, equipment, and insurance.

Healthy Nutrition Programs

Nutrition interventions, such as nutrition education programs, can 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 help seniors eat a healthier

diet (Payette & Shatenstein, 2005). The DSAAPD Elder Nutrition Program conducts a variety of activities to promote healthy eating in older adults.

Elder Nutrition Program

DSAAPD developed health promotion and disease prevention education programs for the Elder Nutrition Program based on a review of *Healthy Delaware 2010* and *Healthy People 2010* goals. The program provides general nutrition education to participants in the congregate and home-delivered meals with topics ranging from chronic disease management, obesity, physical activity, and fruit and vegetable consumption. DSAAPD's fruit and vegetable consumption goals are based on the "5-a-day" standard promoted by the Produce for Better Health Foundation and the National Cancer Institute (Produce for Better Health Foundation, undated; 5-A-Day for Better Health Evaluation Group, undated).² The 5-A-Day Campaign, a sub-program within the Elder Nutrition Program, educates seniors on the importance of increasing their daily fruits and vegetables consumption.

To further the goals of DSAAPD's Healthy for Life initiative, DSAAPD collaborated with all senior center dietitians to plan and provide quarterly training, resources and educational materials for all ENP participants. A small amount of Title III-D funds were used for this program; significant in-kind resources were used including the time of DSAAPD staff.

Programming is a combination of statewide topics and local discretion in implementation. DSAAPD dietitians recruit speakers for senior centers and ensure that the topics discussed are of relevance to the statewide weekly program topics. As part of this effort, DSAAPD created a toolkit for senior center dietitians to use to promote better nutrition; dietitians have the option of using educational materials from the toolkit or developing their own resources. If they choose to develop their own materials, they are encouraged to focus on the same weekly topic that is being addressed statewide. After each nutrition education class/presentation is completed, senior center dietitians conduct an evaluation to determine the effectiveness of the presentation.

² The National 5 A Day Partnership was established in January 2001 with a base of health-oriented government agencies, businesses, and non-profits willing to commit significant resources to the 5 A Day effort. Also designed to mobilize organizations and agencies from federal, state, and community levels, the Partnership works to increase fruit and vegetable consumption by capitalizing on local volunteer networks, enhanced advocacy capabilities, and the targeted research of its partners. The Partnership's steering committee is composed of representatives from the National Cancer Institute, the U.S. Department of Agriculture, the Centers for Disease Control and Prevention, the American Cancer Society, the Produce Marketing Association, the United Fresh Fruit and Vegetable Association, the National Alliance for Nutrition and Activity, Directors of Health Promotion and Education, American Heart Association, and Council of 5 A Day Coordinators.

The programs are conducted in a class-like setting at senior centers, usually before lunch. During these interactive learning sessions, dietitians conduct cooking demonstrations and provide information using innovative activities and resources such as 5-A-Day bingo, recipe cards, cooking tips, and supermarket tours. Seniors participants also complete logbooks detailing their daily food consumption and nutrition concerns.

In addition to offering programs in senior centers, DSAAPD provides nutrition and service information to persons receiving home delivered meals through periodic newsletters, counseling, and targeted brochures. Large-print materials are used as many homebound seniors have vision problems. Outreach workers assess homebound seniors when they enter the meals program and as needed. If counseling is necessary, the senior is referred to a dietitian who conducts home and phone visits.

In 2003, 156 sessions were offered at 46 different congregate nutrition sites. Approximately 14,000 unduplicated individuals participated in these sessions. For the home-delivered meal participants, approximately 3,500 unduplicated home-bound clients received monthly educational newsletters and resources. In addition, approximately 2,100 elder nutrition program clients received close to 5,000 units of nutrition counseling. In most sites, process evaluations were conducted to measure increase in knowledge. Aggregate data was not collected or reported on behavior change.

Combination Physical Activity and Nutrition

Some of the DSAAPD programs, such as the Get Healthy for Life demonstration project, are a combination of physical activity and nutrition programs.

Get Healthy for Life

The Get Healthy for Life project focuses on individuals' behaviors towards nutrition and physical activity, encouraging healthier lifestyles through education, demonstration, and personal goal-setting. Senior center clientele participate in the 10-week course (45-60 minute sessions) to learn the importance of eating better and moving more. They also learn the value of goal-setting and record-keeping in facilitating behavior change. In 2003, the program was implemented in two senior centers and a seniors' housing project by a professor at the University of Delaware with the aid of DSAAPD. University of Delaware students facilitated many of these interactive sessions.

This project uses social cognitive theory as the basis for the program, which states that human behavior is the result of an interaction among the person, behavior, and environment (Bandura, 1986). Using this theory, project staff emphasizes self-efficacy and use group structure as a social support. In

addition, the seniors are taught about overcoming barriers to physical activity and fruit and vegetable consumption. They examine seniors' basic knowledge of nutrition and attitudes towards physical activity at the beginning of the program, and their changes in attitude towards healthier eating and physical activity as a result of the program. The project staff members promote taking small steps to increase daily activity levels and fruit and vegetable consumption.

The program consists of a 10-week course that includes interactive sessions with weekly themes. Sessions are 45-50 minutes in length. Group sessions inform seniors about improving nutrition and increasing physical activity. Participants set weekly goals, track daily activity in logbooks, and report their progress on a weekly basis.

The nutrition education component focuses on the Color Your Way to 5-A-Day concept, which encourages eating five or more fruits and vegetables a day. Weekly nutrition topics are color-coded. Program participants agree on a color for each week's topic, thus, enabling them to "Color Your Way to 5-A-Day." The health benefits of a rich assortment of fruits and vegetables are presented and reinforced with discussions on color, selection, storage tips, and cooking methods. Presentations often include examining and tasting food samples. Seniors maintain and submit daily logs to monitor their fruit and vegetable consumption. Other topics addressed include dietary guidelines, serving sizes and portion control, label reading, virtual shopping tours, and general nutrition information. The program concludes with a potluck meal where seniors bring in their favorite fruit and vegetable based recipes.

The physical activity component of this program focuses on increasing daily "physical activity" as opposed to "exercise," since many sedentary adults have a negative view of exercise. According to program staff, seniors often view "exercise" as too strenuous, involving hard work which makes them sweat and must be planned and repetitive to be effective. Instead of exercise, the program promotes 30 minutes of daily physical activity. Students facilitate discussions and encourage seniors to stay active by walking, gardening, doing housework, or any other activities that fit comfortably into their daily routine. Seniors often mention walking as their preferred physical activity.

Though the program focuses on increasing physical activity, it also includes strength and flexibility training activities. Seniors are taught how to use Thera-Bands and are encouraged to use them anywhere and at anytime, even while watching television. The program also provides easy strength training activities, such as using a laundry detergent bottle filled with water as an exercise weight. All participants receive a copy of the National Institutes of Health's exercise manual, *Exercise: A Guide from the National Institute on Aging* (National Institute on Aging, 1999). Program staff help participants

establish goals and review weekly activity in logbooks to assess progress and identify barriers to achieving personal goals.

After the 10-week program, staff conduct a booster session and encourage program participants to serve as a peer leader, a point person for receiving and disseminating ongoing health information. Ideally, the program is designed to continue with peers providing the leadership. The booster sessions are conducted every three to four months.

University of Delaware student volunteers are the core staff of the program. Students are trained and use a self-guided facilitator's guide. Both graduate and undergraduate students conducted the classes at the sites. The graduate students include registered dietitians returning for an additional degree and students in the graduate health promotion program. While students provide volunteer labor, turnover is constant because of the change in course schedules each semester and students are not always reliable.

DSAAPD and University of Delaware staff conducted pilot programs at the Newark Senior Center, Main Towers, a Department of Housing and Urban Development-funded housing project for older adults, and Howard Weston Senior Center. A total of 89 persons participated in the first four rounds of the program, but the numbers and interest in the program are increasing. The University of Delaware professor and DSAAPD would like to implement the program in other senior centers, but funding is not available.

Program funding sources include approximately \$2,800 in Title III-D of the Older Americans Act and a small grant from the University of Delaware to pay for data entry. The time of the University of Delaware professor was covered through her research time. DSAAPD provided technical assistance as well as all educational resources, printing, promotion, and administration expenses.

The University of Delaware is conducting an evaluation of physical and mental health status using the Medical Outcomes Survey–SF (short form). In addition, life satisfaction, walk/jog self-efficacy, social support for exercise, physical activity, and activities of daily living are measured. Their evaluation uses a pre-post evaluation with no control group research design. Staff will evaluate the physical activity program by analyzing responses to the questionnaire and information in the logs books and will evaluate the nutrition program by examining the number of fruits and vegetables consumer per day.

During the time prior to the site visit, 63 seniors completed the pre-test evaluation and 32 completed the post-test evaluation. The smaller sample size is due to several problems that were determined during the course of the different programs. First, because of their age, several of the

participants or their family members became ill during the program and were unable to complete the 10-week program. In addition, several of the participants missed sessions due to numerous physician/medical related appointments. Furthermore, several had other care-taking responsibilities that developed over the time period.

The demographics of the population were as follows. The age ranged from 54 to 88 years of age with a mean age of 70.3 years. Twenty-seven percent of the population was male. All of the participants who completed both the pre and post surveys were Caucasian. The education level varied in the population; 85 percent of the population had at least a high school education.

Examination of the questionnaires found a trend towards an increase in the physical activity level, but the difference was not statistically significant. The lack of significance may be due to these older participants requiring more than 10 weeks to make a behavior change. However, analysis of the program revealed that there was a significant increase in walk /jog efficacy from pre-post ($p < .05$). Therefore, participants had increased their confidence in being able to walk for longer periods of time.

Behavioral and Mental Health

Isolation, declining health, disability, and loss of spouse and job are more likely to occur in later life and are risk factors for depression, suicidal thinking, and other unhealthy behaviors (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). In response to these problems, DSAAPD helped to develop the More Life to Live program to address behavioral and mental health issues arising in those aged 60 and older.

More Life to Live

The More Life to Live program focuses on substance abuse, compulsive gambling, depression, and suicide. Virginia Commonwealth University, in collaboration with DSAAPD, developed the project to focus on unhealthy behaviors in adults age 60+ in the state of Delaware (Virginia Commonwealth University, undated). The main goal of this program is to develop an education and prevention program for older adults and service professionals in aging, gambling, substance abuse, and mental health services. This program, utilizing a “train the trainer” approach, is designed to provide education and training about compulsive gambling, smoking, alcoholism, depression and suicide, healthy behaviors, and wellness in late life. As part of the project, a 25-minute video, More Life to Live was developed to illustrate the connections between gambling, smoking, drinking, depression and suicidal ideation. The project plans to develop a statewide survey to assess the prevalence of gambling, smoking, alcohol use and abuse, depression, and suicidal thoughts and behaviors in adults age 60+ in Delaware, identify “at risk”

subgroups, establish connections among these unhealthy behaviors, identify possible “protective factors” that reduce risk, and assess the level of knowledge of existing services.

The More Life to Live Program was developed using state lottery funds and is administered by the Division of Mental Health and Substance Abuse. The program was rolled out at a statewide seminar in October 2004 and was a featured training for professionals at the 34th Annual Summer Institute in July, 2005, sponsored by the Division of Mental Health and Substance Abuse. Additional funds are necessary to implement and sustain this comprehensive prevention program. Funding limitations are restricting the promotion of this program.

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 developing 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. The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) of the Delaware Department of Health and Social Services functions as both the State Unit on Aging and the single Area Agency on Aging. In this final section, we address the research questions outlined in the introduction to this case study, focusing specifically on the activities of DSAAPD.

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

Health promotion and disease prevention activities advance the mission of DSAAPD, which is to keep older adults and adults with disabilities active in the community for as long as possible. They have been able to advance their mission by developing health promotion and disease prevention programs that are accessible to community dwelling older adults. Health promotion and disease prevention programs developed include programs focusing on health and wellness, improving physical activity and nutrition, and programs that focus on improving ones mental health and reducing substance abuse. The state would like to do more to further this mission, recognizing that health promotion is a key to accomplishing this goal in the future. DSAAPD has one staff person who is responsible for health promotion and disease prevention throughout the state. In addition, DSAAPD feels pressed by having to combine the functions of both an Area Agency on Aging and a State Unit on Aging, and by its increasing responsibilities to manage the Medicaid home and community-based services waiver for older people and younger persons with physical disabilities. These other responsibilities limit the amount of time and resources that the agency can devote to these activities.

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

Delaware received \$107,859 in Title III-D funds in fiscal year 2005, and the state provided a small amount of additional financial support for health promotion and disease prevention activities. Although DSAAPD has limited funds to dedicate to many projects, it does offer in-kind support, primarily through the time and expertise of the health promotion/disease prevention staff person. DSAAPD's partners draw their funds from a wide variety of funds, including the Centers for Disease

Control and Prevention, the University of Delaware (both faculty support and direct grants), local foundations, Delaware-based health-oriented corporations, local service providers, local professional societies, participant fees, and Delaware lottery proceeds. A coalition of state and outside organizations worked together to write a health promotion grant, but it was not funded. The Division continues to seek grant opportunities and outside funding sources to expand its wellness efforts.

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

Closely related to its leveraging activities, a key part of DSAAPD's strategy is to build and mobilize state and community partners in a collective effort to promote the quality of life of older Delawareans and those with physical disabilities. Within state government, DSAAPD collaborates with the Division of Public Health and the Division of Substance Abuse and Mental Health to develop and promote prevention programs. DSAAPD has a strong relationship with the Division of Public Health which funds disease prevention and health screening programs for diabetes, cancer, HIV/AIDS, osteoporosis, adult immunizations, and many others with a strong focus on the minority community. Likewise, DSAAPD partners with the Division of Substance Abuse and Mental Health, to help improve the mental health status of those they serve.

DSAAPD also forged a relationship with regional academic institutions, particularly with the University of Delaware. DSAAPD collaborated with the Department of Health and Exercise Sciences to develop an evidence-based health and wellness program, now being piloted in a few senior settings. Together with state and academic partners, DSAAPD provides technical assistance and critical support for innovative health programs like Wilmington Senior Center's *Time of Your Life* initiative and senior health forums.

As the State Unit on Aging and Delaware's Area Agency on Aging, DSAAPD works closely with the aging network and all senior centers, the primary focal points for delivering services and programs to seniors in the community. DSAAPD recognizes that senior centers, together with faith-based and community organizations, play a critical role in meeting the needs of seniors, especially through congregate and home-delivered meals program. Under DSAAPD's leadership, senior food programs offer participants not only a meal, but nutrition assessments, counseling and medical foods (as needed), and general education.

DSAAPD partners with many non-profit organizations, such as the Delaware Senior Olympics, Produce for Better Health Foundation, Meals on Wheels Delaware, the Delaware Ecumenical Council on

Children and Families, American Diabetes Association, and the American Cancer Society. For example, with the aid of DSAAPD, the Delaware Senior Olympics expanded its role beyond the senior games to year-round sports activities and walking programs. Through their efforts, the National Senior Olympics and other state organizations are considering adopting the Delaware model for promoting senior health and fitness.

4. How Programs Were Chosen and Developed

DSAAPD's health initiative and programs developed out of a comprehensive review of health concerns affecting Delaware's elderly population and an assessment of successful public health strategies. Though DSAAPD focuses on evidence-based programs, it is also opportunistic, supporting the activities of other organizations that work in the senior health promotion field. Priority areas and objectives draw heavily from national and state prevention plans, such as *Healthy People 2010* (2000), *Healthy Delaware 2010* (2001), the *Blueprint for a Healthier Delaware*, Delaware's diabetes prevention and control plan, and the State Plan on Aging.

DSAAPD's initiative supports successful national health campaigns and utilized effective evidence-based and national programs, including the 5-A-Day for Better Health campaign, Small Steps, Big Rewards program, Steps to a Healthier US campaign, and National Senior Olympics Association. DSAAPD also works with the University of Delaware and Virginia Commonwealth University to develop and pilot new evidence-based programs; others, like Walk Delaware and the 5-A-Day programs, are evidence-based in terms of the behaviors they promote.

Like DSAAPD, the Wilmington Senior Center spent a substantial amount of time reviewing the literature and talking with state and local government agencies, service providers, and academic experts in health promotion for older adults before implementing its Time of Your Life Initiative and senior health forums.

5. Comprehensiveness of Health Promotion and Disease Prevention Activities

DSAAPD is involved in a wide range of health promotion and disease prevention efforts, known collectively as the Healthy for Life Initiative, which focuses on health and wellness, physical activity, nutrition, and mental health and substance abuse. In addition, an initiative, which focuses on safety, is in development. Each focal area has lead objectives, partners, signature programs, activities, resources, and messages associated with it. Implementation is coordinated through state and community partnerships and outreach.

- **Health and Wellness:** promotes primary prevention practices and medication management through signature programs and resources: Healthwise for Life, Passport to Health senior health records, Time of Your Life Initiative, Division of Public Health programs including Screening for Life, Champions of Change, Small Steps, Big Rewards, HIV prevention, adult immunizations, women’s health, and various minority health initiatives.
- **Physical Activity:** promotes increased physical activity through the Delaware Senior Olympics, Walk Delaware, the Delaware Senior Fitness Challenge, and the Lt. Governor’s Challenge.
- **Nutrition:** promotes healthy nutrition through the 5-A-Day for Better Health campaign and the Elder Nutrition Program.
- **Mental Health & Substance Abuse:** informs older consumers and service providers about problem behaviors and mental health issues including substance abuse, compulsive gambling, depression, and suicide. Promotes health-sustaining behaviors and lifestyles through the More Life to Live program, toolkit, and training.

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

Delaware is a small state, almost all of which is accessible within a few hours’ drive. As a result, most health promotion and disease prevention programs are implemented on a state-wide basis. An example is DSAAPD’s Healthy for Life Initiative, associated partnerships, and signature activities including Walk Delaware, Delaware Senior Fitness Challenge, Delaware Senior Olympics, the 5-A-Day for Better Health and Elder Nutrition Programs, More Life to Live program, the Time of Your Life Initiative, Annual Diabetes Expo, Women’s Wellness Expo and other targeted prevention interventions through the State Health Department, the Division of Public Health. Even the Time of Your Life initiative, which is based in Wilmington, draws people to its forums from all three counties.

Though DSAAPD’s Healthy for Life initiative and associated programs (i.e., Walk Delaware, Elder Nutrition Program) are promoted statewide and involve large segments of the targeted population, others serve a relatively small number of people, often reflecting the limitations posed by funds available. DSAAPD would like to expand the Health for Life initiative and components such as the Get Healthy for Life project, but it lacks sufficient funding and support to do so. As a result, some activities have been offered at only a few senior centers and senior housing projects.

7. Data on Program Participants and Effectiveness and How These Data Are Used by Program Managers and Administrators

Many of the projects that DSAAPD works with are not funded to any great extent with government funds. Thus, the ability of the State to require data is limited. Although many of the projects collect information about participants, information about outcomes such as behavior change is often not

aggregated nor is it transmitted to the state agency. For some programs noted, partnering organizations collect outcome data, such as how many fruits and vegetables one eats a day and how far one walks or exercises on a daily basis, but that information is not collected centrally. For most activities, information is collected from satisfaction surveys and/or process evaluations. For example, satisfaction surveys are collected at the conclusion of each Time of Your Life senior health forum to assess the effectiveness of this outreach: knowledge gained, behaviors changed, satisfaction with forum, and recommendations for future forums. Programs such as the Get Healthy for Life demonstration projects and the Time of Your Life initiative are being evaluated by university-based researchers, but results are not yet available.

Summary

As both the State Unit on Aging and the single Area Agency on Aging for the state of Delaware, the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) is committed to providing a wide range of health promotion and disease prevention resources and services to its older and disabled population. DSAAPD's strategy focuses on building and mobilizing state and community partners to inform its target populations and promote quality resources and programming, ranging from health and wellness programs, screenings, nutrition and fitness education, and activities that encourage healthy behavior. DSAAPD works closely with its many partners to plan, train, inform, and advocate for issues affecting the health and wellness of those it serves. In addition, DSAAPD leverages existing resources while seeking new grants and outside funding opportunities to further the effectiveness of the services and programs it delivers. Evidence-based programs play a prominent role in the programs with which DSAAPD is involved. While DSAAPD promotes and coordinates a wide range of services and programs, financial constraints limit the reach of these programs, with few reaching large numbers of people. Moreover, since the state does not directly fund many programs, it does not have much data to assess current programs and to guide future initiatives.

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