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Case Studies of Health Promotion in the Aging Network: Senior Resource Alliance: The Area Agency on Aging of Central Florida, Inc.

Final Report

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RTI INTERNATIONAL

CASE STUDIES OF HEALTH PROMOTION IN THE AGING NETWORK: SENIOR RESOURCE ALLIANCE: THE AREA AGENCY ON AGING OF CENTRAL FLORIDA, INC.

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

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

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

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

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

This project has seven principal research questions:

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

These questions are addressed through three major study components:

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

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

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

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

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

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

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

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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 Americans Act 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 Area Agency on Aging (AAA) of Central Florida, Inc., popularly known as the Senior Resource Alliance, is located in Orlando and serves Orange, Osceola, Seminole, and Brevard Counties. Its stated mission is "to enable individuals to age with independence and dignity" (Senior Resource Alliance website, 2005, http://www.seniorresourcealliance.org/About.htm). RTI selected the Senior Resource Alliance 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:

- A Community Wellness Program, which draws on resources from the state of Florida, statewide organizations, and local partners, includes classes and screenings which address specific health-related issues, and also an exercise program which includes a community-based walking program, community-based exercise sessions, and exercise classes in the senior centers
- Effectiveness in leveraging funding through its relationship with the Winter Park Health Foundation as a partner and grant recipient, and in working with other community partners
- An established mobile medical and dental screening clinic program in cooperation with a local hospital and other community partners
- A hospital-based Comprehensive Geriatric Assessment Program at a local hospital, providing advanced diagnostic services for older clients with complex medical needs
- An evidence-based pilot medication management initiative providing geriatric pharmacology consultation services to clients using high numbers of medications.

During September and October 2004, RTI International conducted 12 telephone interviews with Senior Resource Alliance staff, state officials, senior center administrators, special project coordinators, public health providers, and health care and foundation administrators who were knowledgeable about the various health promotion and disease prevention activities for older persons supported by the aging network and the larger community of central Florida. In this case study, we provide an overview of the

Senior Resource Alliance 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/disease prevention activities.

This case study examines:

- How health promotion and disease prevention activities fit into the overall activities of the Senior Resource Alliance
- The leveraging efforts of the Senior Resource Alliance using the small amount of Title III-D dollars to develop larger health promotion and disease prevention programs
- Partnerships the Senior Resource Alliance has developed with other organizations to develop health promotion programs for older people
- How the Senior Resource Alliance developed and chose the programs it supports
- The degree to which the Senior Resource Alliance has developed a comprehensive set of health promotion and disease prevention activities
- How comprehensively these Senior Resource Alliance programs have been implemented in its service area
- What data are available on program participants and the effectiveness of Senior Resource Alliance programs, and how program managers and administrators use these data.

SECTION 2
OVERVIEW OF SENIOR RESOURCE ALLIANCE

The Senior Resource Alliance is responsible for planning, coordinating, and administering programs for older adults in Orange, Osceola, Seminole, and Brevard Counties. Its stated vision is "to enable elders to age with independence and dignity, achieved by planning, contracting for and monitoring services which allow seniors in Central Florida to age in place" (Senior Resource Alliance website, 2005, http://www.seniorresourcealliance.org/index.htm).

Organization and Sources of Funding

The Senior Resource Alliance, incorporated as a separate 501(c)3 organization in 1992, provides a wide range of services to its older population. In addition to its Older Americans Act programs, it provides the following state-funded programs, either directly or through providers with whom it contracts: (a) aged and disabled Medicaid home and community-based services waiver; (b) Alzheimer's support through the Alzheimer's Disease Initiative; (c) community living services through Community Care for the Elderly; (d) Emergency Home Energy Assistance for the Elderly; (e) Home Care for Elderly subsidy program; (f) the Triage Program; and (g) the Serving Health Insurance Needs of Elders (SHINE) program.

Under the Medicaid waiver program, Senior Resource Alliance contracts with service providers to provide a range of services to persons aged 60 and over who have been discharged from nursing home care or who are at risk of nursing home placement.

The Alzheimer's Disease Initiative provides services to address the special needs of individuals with Alzheimer's disease and related memory disorders. This program is funded by the State of Florida, Senior Resource Alliance provides adult day care, respite care, and other supportive services.

The Community Care for the Elderly program makes it possible for frail elders age 60 and older to live independently in their own homes. Along with case management, the program provides support for activities of daily living in the home, along with adult day health care, home health aide, counseling, home repair, medical therapeutic care, home nursing, and emergency alert response services. Eligibility is based on a client's inability to perform activities of daily living. Program funding comes from the State of Florida and co-payments from clients based on their ability to pay for services.

For the Emergency Home Energy Assistance for the Elderly program, Senior Resource Alliance provides low-income individuals age 60 or older with financial assistance twice a year, during the heating

and cooling seasons, to preserve their utility services. The Department of Community Affairs funds this program under the federal Low Income Home Energy Assistance Act. Beneficiaries must have a net household annual income equal to or less than 150 percent of the federal poverty level guidelines, although certain exclusions are allowed.

Senior Resource Alliance administers the state Home Care for the Elderly program, providing a cash subsidy payment to help caregivers maintain low-income elders who are at risk for nursing home placement, in their own homes or in the homes of the caregivers. An annual appropriation by the Florida legislature funds this program. Recipients must have an income less than $1,737 per month and assets of less than $2,000.

Senior Resource Alliance also operates the Triage Program. This program establishes a priority status for persons over the age of 60 who have been identified to be at the greatest risk of nursing home placement, and who have been assessed for supportive services, but are currently on waiting lists for waiver home and community-based services. Florida state general revenues fund this program.

Under the Serving Health Insurance Needs of Elders program (SHINE), Senior Resource Alliance recruits and trains volunteers to provide Medicare and health insurance information, counseling, and assistance to elders. In addition to individual support, program activities include educational presentations and distributing materials at health fairs, senior fairs, and outreach events.

Senior Resource Alliance also administers the Consumer Directed Care pilot project for its service area. In this project, children, disabled adults, and frail elders participating in the state's Medicaid home- and community-based services waiver programs are randomly assigned to experimental and control groups, with the experimental group receiving a budget to self-direct their own care. This pilot project enrolled participants until June 2002 and will continue to serve existing participants until July 2005. Funding comes from a Cash and Counseling grant program implemented under a 1115 Medicaid research and demonstration waiver, the Robert Wood Johnson Foundation, and the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

Senior Resource Alliance also makes referrals to the Long Term Care Community Diversion Pilot for its area, providing managed care through contracted providers to very frail elders. The services, which Senior Resource Alliance provides on a voluntary basis to dually eligible clients, integrate acute and long-term services, such as home-delivered meals, health services, and intensive case management. This pilot program has been operating since 1998 in Orange, Osceola, and Seminole counties, and in Brevard

County since the program was expanded statewide in 2003. The state Medical Care Trust Fund (Medicaid) and general state revenues fund this program.

The Senior Resource Alliance's 2004 operating budget was $11,884,788.66 (Exhibit 1). Fully 53.7 percent of Senior Resource Alliance's revenue came from Older Americans Act funding, with 2.8 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. State funds accounted for 28.9 percent of Senior Resource Alliance's revenue, while an additional 12.5 percent came from funding from Medicaid and other federal programs (Exhibit 1).

Exhibit 1. Senior Resource Alliance Operating Budget for 2003

Source of Revenue	Amount (in $)	Percent of Operating Budget
III-D Older Americans Act	329,838.34	2.8
Non-III-D Older Americans Act	6,048,433.66	50.9
Medicaid and Other Programs	1,488,180.46	12.5
State	3,427,687.79	28.9
Local, Private Grants, and Participant Contributions	443,412.81	3.7
Other Sources	147,235.50	1.2
Total	11,884,788.66	100.0

SOURCE: Area Agency on Aging of Central Florida, Inc. FY 2003 Operating Budget: All Funding Sources From 1/1/2003 through 12/31/2003.

Demographics

Statewide, 21.9 percent of the overall population was 60 years of age and older in 2003, a slight drop from 22.2 percent in 2000, and 23.5 percent in 1990. In absolute numbers, however, the population age 60 and older grew by about 670,000 older persons (U.S. Census Bureau, 2000). See the following table (Exhibit 2) for additional statewide demographic information.

Exhibit 2. Statewide Demographic Characteristics, 2003

Demographic Characteristic	Number	Percentage
Population age 60+	3,718,937	21.9*
Population distribution		100.0
Age 60–64	821,554	22.1
Age 65–74	1,457,853	39.2
Age 75–84	1,067,916	28.7
Age 85+	371,614	10.0
Race:		100.0
Caucasian (alone)	2,949,125	79.3
African American (alone)	268,904	7.2
American Indian/Alaska National (alone)	5,755	0.2
Asian (alone)	35,648	1.0
Native Hawaiian/Pacific Islander (alone)	809	0.0
Hispanic/Latino (may be of any race)	442,881	11.9
Two or more races	15,815	0.4
Growth of population age 60+ since 1990	+670,468	22.0

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

* Percentage of total population.

The total aged 60 or older population of the Senior Resource Alliance planning area is growing rapidly. In 2005 the older population served by the Senior Resource Alliance was 422,339 persons, an increase of 104,367 persons from 2000. Since 1990, the population has grown by 173,728 persons, an increase of 70 percent during the intervening period (Florida Department of Elder Affairs, 2005; U.S. Census Bureau, 1990). This population is projected to grow to 548,314 older people by 2015. Most of the

age 60 and older population of the Senior Resource Alliance service area is located in Orange (38 percent) and Brevard (36 percent) counties, with Seminole (17 percent) and Osceola (9 percent) having much smaller numbers (U.S. Census Bureau, 2000; Senior Resource Alliance, 2003; Senior Resource Alliance 2003 handout).

The age 60 and older population in the Senior Resource Alliance service area is about 94 percent urban and 82 percent Caucasian. Approximately 6 percent of this population is Hispanic. In 2005, about 40,090 of the age 60 and older population was below the federal poverty level, and an estimated 22,039 persons had mobility and self-care limitations (Florida Department of Elder Affairs, 2005).

Senior Resource Alliance staff estimates that the population receiving services from Senior Resource Alliance is currently about 68 percent Caucasian, 18 percent African American, 16 percent Hispanic, and 1 percent Asian. During the most recent available reporting period, July 1, 2004 to June 30, 2005, 8,729 unduplicated participants were receiving on-going services (Senior Resource Alliance, 2005). Senior Resource Alliance staff estimates that, including those receiving one-time services, about 30 percent of the 60 and older population have been served. No precise report of these population estimates was available.

The Senior Resource Alliance collects data counting the clients served by contractors that provide state-mandated activities in each county of the service area. It reports these data to the Department of Elder Affairs through the state-wide consumer data management system for budgetary purposes.

Role of the Senior Centers

The Senior Resource Alliance implements much of its educational and screening program with the cooperation and support of a network of 62 senior centers and congregate meal sites that provide a range of social, recreational, and health promotion/disease prevention activities for older adults. The Senior Resource Alliance provides leadership and funding for these health promotion and disease programs, while these centers provide facilities and recruit participants. The senior centers are administratively independent of the Senior Resource Alliance, organized and operated by a number of different agencies, including independent nonprofit organizations and county governments. As a result, the actual mix of services offered at the centers is a joint decision, with Senior Resource Alliance consulting with local center boards and management in determining the interests of the participants and in scheduling health promotion and disease prevention activities.

SECTION 3
HEALTH PROMOTION/DISEASE PREVENTION ACTIVITIES

The Senior Resource Alliance offers a wide range of programs under Title III of the Older Americans Act and promotes a number of innovative health promotion and disease prevention initiatives. Promoted under the general title of the Community Outreach and Wellness Program, these initiatives began when the Senior Resource Alliance was one of the first three Area Agencies on Aging in Florida to receive Title III-D funds in 1993.

The Senior Resource Alliance determines its priorities through two processes. The Senior Resource Alliance consults with the Florida Department of Elder Affairs and aligns its programming with the mandates of the statewide Community Outreach and Wellness Program. Through this program, the state and the Area Agency on Aging seek to promote healthy activities to the seniors of Central Florida, increase awareness of the Department of Elder Affairs and Senior Resource Alliance-sponsored health and wellness initiatives, and provide information that empowers elders to age in place with security, dignity, and purpose (Senior Resource Alliance website, 2005, http://www.serniorresourcealliance.org/About.htm).

A needs assessment process is another method though which the Senior Resource Alliance determines its priorities Prior needs analyses have employed focus groups, analyzed the service requests received by a state-wide Elder Helpline, and considered surveys and needs assessments conducted by other community organizations. The needs assessment process was developed after a 2002 "Community Health Assessment" conducted in the greater Orlando area under the sponsorship of the locally-based Winter Park Health Foundation. Winter Park Health Foundation, founded from the sale of non-profit Winter Park Hospital, undertook this community-wide needs study, aligning its efforts with the nationwide AdvantAge Initiative (1) to examine the community's priorities for housing, neighborhood safety, and the adequacy of nutrition, and (2) to determine the extent to which the community was promoting healthy behaviors, enhancing the well-being of its citizens, promoting civic involvement, and providing access to preventive health programs.[2] These efforts, implemented through a community health survey and community-based focus groups, provided a body of data that the Senior Resource Alliance has

[2] This study was a part of the ongoing Robert Wood Johnson AdvantAge Initiative, which is designed to support the development of elder-friendly communities. The survey and focus groups sampled community-dwelling adults aged 65 and older.

been able to use as a baseline for subsequent needs assessment efforts (Senior Resource Alliance, January 13, 2003).

The objectives in the most recent Senior Resource Alliance Area Plan relating to health promotion and disease prevention are:

- To improve the nutritional status of elders, including nutritional education and counseling to meet the needs of culturally diverse elders

- To assist elders in maintaining their independence and choices in their homes and communities as long as possible, including providing elders with dental assistance, exercise programs, and health promotion and disease prevention information through educational lectures, materials, and screenings.

The Senior Resource Alliance's health promotion and disease prevention activities include (Exhibit 3):

- A program of classes, outreach activities, and screenings, offered both at senior centers and in the community, which address specific health-related issues. Included in this program are instructional courses in arthritis, medication self-management, and nutrition.

- The Senior Exercise Program, which includes exercise classes in the senior centers and also the LifeSteps mall-walking program, a community-based walking program offered in shopping malls.

- The Mobile Medical Clinic and Dental Screening and Referral Program for Seniors, which brings medical and dental screening and referral services to low-income and underserved clients.

- A hospital-based Comprehensive Geriatric Assessment Program offered in partnership with Florida Hospital, providing advanced diagnostic and referral services to help older clients with complex medical needs maintain the maximum level of functioning.

- An evidence-based pilot Geriatric Pharmacology Consultation initiative providing medication services to clients using high numbers of medications.

Exhibit 3: Aging and Disability Services Health Promotion/Disease Prevention Programs

Program	Program Type	Description	Lead Partners
Education, Outreach, and Screening Program	Screening, outreach, counseling, and instruction	• Events are held periodically at congregate sites. • Education topics include medication self-management, nutrition, gambling, and alcohol abuse. • Screening topics include depression, osteoporosis, and blood pressure checks.	• Orange County Health Department • Brevard County Parks and Recreation
Senior Exercise Program	Group exercise	• Congregate and HUD Housing congregate site classes are held once or twice weekly with instructors trained to work with older persons. • LifeSteps mall-walking program, including both walking and exercise sessions, is held weekly at local shopping malls.	• Central Florida YMCA • Local shopping malls and hospitals • Seniors First, Inc.
Mobile Medical Clinic and Dental Screening and Referral Program for Seniors	Dental and Medical Screening	• A mobile clinic vehicle travels to scheduled sites to provide medical and dental screening. • Clients are referred to community partner agencies for subsidized follow-up care.	• Florida Hospital • Health Care Center for the Homeless • Valencia Community College • Brevard County Dental Society • Brevard County Health Department • Seminole County Community Assistance Program
Comprehensive Geriatric Assistance Program	Outpatient Comprehensive Geriatric Assessment Clinic	• Multidisciplinary team clinic is based at Florida Hospital	• Florida Hospital
Geriatric Pharmacology Consultation Pilot Project	Medication usage analysis and risk assessment study	• Project provides in-home analysis of client medication usage and health behaviors. • Project counsels and instructs clients in proper administration of medicine. • Project provides medical referrals for clients at risk from medication interactions and misdiagnosis.	• Pharmaco Therapy Services

The Senior Resource Alliance leverages its resources by working with many partners in health promotion/disease prevention planning and activities. The Florida Department of Elder Affairs mandates a number of health promotion/disease prevention activities for implementation by the Senior Resource Alliance, and the Senior Resource Alliance also consults with other state agencies, local providers, and research foundations in developing and evaluating its health promotion and disease prevention activities (see Exhibit 4). Key partners include:

- The Florida Department of Elder Affairs, which provides Older Americans Act and state funding for Senior Resource Alliance operations, and also mandates a Community Outreach and Wellness program of presentations, lectures, health screenings, and health fairs. These mandated activities are implemented through a number of the Senior Resource Alliance health promotion/disease prevention programs.

- Winter Park Health Foundation, which conducts research related to the needs of its community and issues grants to develop community resources. The Foundation is interested in supporting programs and initiatives that provide greater access to health care for all segments of the community, with a particular focus on youth and older adults. A core goal of the Foundation is health promotion and disease prevention for seniors. The Winter Park Older Adults Program Director is the Chairperson of the Senior Resource Alliance Advisory Committee.

- Florida Hospital, a non-profit institution and part of the Avantis Health Care System, which is a partner with Senior Resource Alliance in operating a mobile medical/dental clinic and a comprehensive geriatric health care program with joint resources. Senior Resource Alliance also has relationships with other area hospitals.

- The Central Florida YMCA, which operates two senior centers in Orange County and manages exercise classes for Senior Resource Alliance in the senior centers, in congregate sites, and in conjunction with the LifeSteps mall walking program.

- The Health Care Center for the Homeless, which is a key partner in the Senior Resource Alliance dental program, serving clients in its clinic and through its relationships with volunteer professionals.

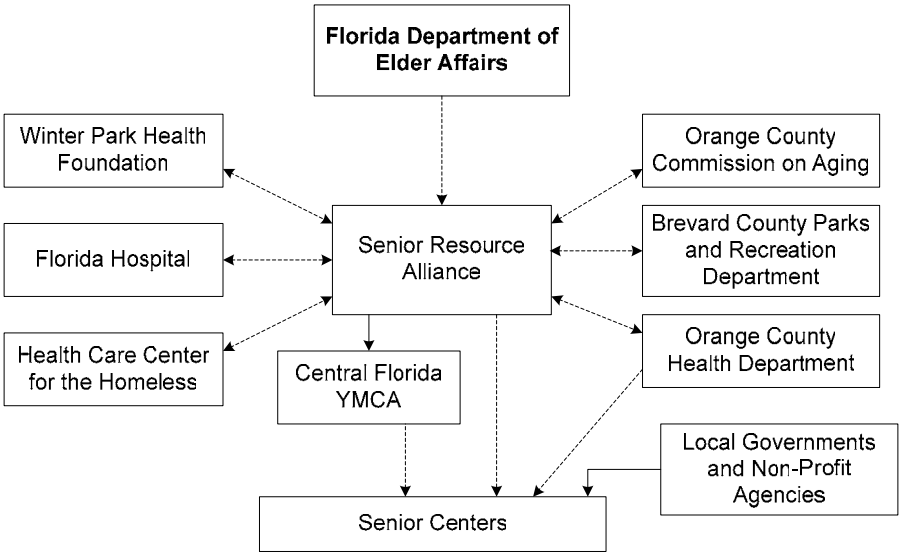
- Orange County Health Department, which provides chronic disease management services under state grant funding and provides presentations on health promotion/disease prevention subjects such as falls prevention, and food safety for Senior Resource Alliance senior centers in Orange County.

- The Orange County Commission on Aging, which develops priorities for services to improve quality of life for older adults in the county; publicizes services and educational opportunities for older adults; and advocates for programs to help older adults, including Senior Resource Alliance.

- The Brevard County Parks and Recreation Department, which coordinates the health and wellness educational events and senior exercise programs for Senior Resource Alliance in Brevard County.

The Senior Resource Alliance also is a member of the Central Florida Partnership on Health Disparities (CFPHD), a community inter-agency organization including Senior Resource Alliance and Winter Park Health Foundation, Orange County Health Department, and Florida Hospital in a cooperative arrangement seeking to coordinate approaches to health disparities in the region and cooperate in grant submissions.

Exhibit 4. Interaction of the Senior Resource Alliance with Other Key Strategic Organizations on Health Promotion/Disease Prevention Initiatives



Education, Outreach and Screening Program

The Senior Resource Alliance offers a program of health promotion/disease prevention classes, clinics, screenings, counseling programs, and outreach events across its service area, covering a broad array of topics. Areas of instruction/screening have included medication self-management, nutrition, and gambling and alcohol abuse classes. Screenings have been conducted for depression, osteoporosis, and blood pressure checks at congregate meal sites. Peer-reviewed research has shown medication self-management counseling and nutrition counseling programs to be effective in promoting health by increasing knowledge of potential drug interactions (Neafsy et al., 2002) and in helping older persons to eat better and improve diabetic-related health outcomes (Miller et al., 2002).

Senior Resource Alliance staff and volunteer nurses have led some of the counseling and screening activities, such as mental health screening for depression and nutritional instruction. Staff members from organizations under contract with the Florida Department of Elder Affairs have led others,

such as the osteoporosis educational presentations. Similarly, volunteer professionals, including nursing students and emergency medical technicians from Florida Hospital and other local medical facilities, have conducted blood pressure checks at congregate sites. A registered nurse funded by the County Council on Aging performs these screenings in Osceola County and pharmacy students from the Orlando branch of Florida State University provide medication instruction classes.

In Orange County, Senior Resource Alliance offers many classes in partnership with the county health department in the areas of nutrition, cardiovascular risk factors, physical activity; and prevention of unintentional injuries in the home. In Brevard County, the Parks and Recreation Department partners with Senior Resource Alliance, providing funding and a coordinator who recruits instructors and schedules health and wellness educational activities at sites in that county.

In all of the counties Senior Resource Alliance serves, it selects classes in consultation with staff from the sites familiar with the needs and interests of their local clients. Classes are held at about 50 sites across the service area, including 9 congregate sites in Orange County, 10 sites in Osceola County, and 15 Housing and Urban Development housing sites, as well as at the Senior Resource Alliance offices. Overall, Senior Resource Alliance provides approximately 10 presentations each month. The classes address the information needs of the older clients, and caregivers are also welcome to attend. Senior Resource Alliance staff, employees from the Orange County Health Department, and other health educators lead the classes. Spanish-speaking leaders deliver presentations to Spanish-speaking audiences whenever possible, and printed materials are available in Spanish. The Orange County Health Department does not have a Spanish presenter, but asks site coordinators to translate presentations made in English into Spanish for the group. Participants who understand English are often able to translate for those who do not. About 30 percent of the population served is Spanish-speaking. Other demographic information on participants is not available.

The Senior Resource Alliance is offering one evidence-based educational program, the Arthritis Self-Help Management course developed by Stanford University Arthritis Center, in Orange County under a mini-grant from Centers for Disease Control and Prevention and AoA to the Florida Department of Elder Affairs. The class helps participants gain the skills necessary to improve their ability to practice arthritis self-management. The Senior Resource Alliance and the Orange County Health Department worked with the Arthritis Foundation, a national voluntary organization under contract to the state Department of Elder Affairs, to recruit and train instructors and select the sites for the classes. Classes are offered in six locations convenient for seniors, including a senior high rise complex, a YMCA, and assisted living facility. The classes meet for 2 hours once a week for 6 consecutive weeks, and are free to

participants. During 2003–2004, about 80 seniors attended this program. Demographic information on the participants is not available. For this program, the state Department of Health is collecting pre- and post-test data for a report to CDC and AoA to assess how participants believe they are managing the disease and coping with pain. We do not know when these data will be available.

The Orange County Health Department provides funding for the osteoporosis training course in Orange County. Senior Resource Alliance's other educational, screening and outreach programs, with the exception of the Arthritis Self Help Management Course, rely on Title III-D funding. These educational, outreach, and screening activities consume roughly 50 percent of the AAA's Title III-D budget.

Senior Resource Alliance collects attendance data to document class participation to the Florida Department of Elder Affairs Community Outreach and Wellness Program. For the most recent available reporting period, April 1 through June 30, 2004, Senior Resource Alliance reported presenting 18 health promotion/disease prevention classes, with 20 more scheduled between July 1 and September 30, 2004. Between October 1, 2003 and June 30, 2004, a total of 3,289 older persons attended these classes. Senior Resource Alliance staff estimate that there is additional demand for these classes, but that they do not have the resources to offer them. No precise report of these estimates and no other demographic, satisfaction, subsequent utilization, or health outcome data were available.

Senior Exercise Program

Congregate and Housing and Urban Development housing site exercise classes

Physical exercise has been shown to have a number of health benefits (Talbot et al., 2003; Castro et al 2002; Binder et al., 2002; King et al., 2002). Research has demonstrated that exercise has measurable physical and psychological benefits, and physical activity is an integral part of many health promotion and disease prevention programs (Geffken et al., 2001; Mazzeo et al., 1998; U.S. Department of Health and Human Services, 2000). Exercise is one of the services most requested by Senior Resource Alliance senior center and meal site clients. In 1994, Senior Resource Alliance began to introduce exercise programming through a contract with a licensed insured exercise specialist to conduct "Train the Trainer" exercise classes for senior centers. This original program offered exercise once a week at one or two sites for 3 months at a time. With assistance provided by the Central Florida YMCA, Senior Resource Alliance then expanded its exercise program to include additional instructors and sites, providing an average of nine exercise programs per program year.

In November 1999, Senior Resource Alliance received additional support from the Winter Park Health Foundation and Orange County to form a partnership with the Central Florida YMCA to develop a

comprehensive senior exercise program. Since 2000, the YMCA has provided administrative services and contracted with certified, insured instructors to conduct classes once or twice weekly in 18 congregate meal sites, senior centers, and community center sites in Orange, Osceola, and Seminole counties. Senior Resource Alliance also recently formed a separate partnership with the Parks and Recreation Department in Brevard County to provide exercise programs using local, licensed physical therapists at three congregate meal or HUD housing sites.[3] The instructors are certified aerobic instructors who are trained for chair exercise with seniors. Nearly all the exercises are chair based to make them appropriate for frail seniors. Before the seniors can participate, instructors assess whether the level of exercise is appropriate to their condition. The classes last about 45 minutes, including a warm-up, 30 minutes of chair exercise, and a cool-down period. The funding for the program is provided for nine sites by Senior Resource Alliance, while the YMCA supports seven sites and Orange County pays for classes at two sites. Instructors are paid $18 to $20 per class. There is no charge to participants.

For most of these programs, attendance is the only data collected and is recorded on paper only. Senior Resource Alliance receives monthly reports from the YMCA with attendance figures kept by each instructor. Class instructors either record attendance using a sign-in sheet or have a volunteer take roll on a main list. YMCA staff then prepares a monthly spreadsheet of meeting dates and the number of attendees. Brevard County, whose programs just began in July, 2004, also plans to provide attendance data in the future. Demographic data on participants and outcome data on program participation are not available. Most of the individuals who participate in the site-based exercise classes are frail and poor. Senior Resource Alliance staff estimate that these exercise programs serve just over 500 people at the congregate sites. The number of persons served per site varies from 10 to 50, with an average of 20 to 25. Most participants are female, as a higher proportion of female clients generally attend center-based activities. No precise report of the number served was available.

[3] Brevard County is administered separately because it is a very long and thin geographic region, along the Florida coast. Sharing instructors with other counties, who would be required to travel long distances, was considered to be impractical. The opening of a fourth Brevard site, originally scheduled for the summer of 2004, has been postponed since the hurricanes of that year.

LifeSteps Mall-Walking Program

In 1999–2000, Senior Resource Alliance, in consultation with the Winter Park Health Foundation, developed a walking program in several of its counties in order to promote physical activity among the older adult population. Senior Resource Alliance and Winter Park Health Foundation were responding to the 1999 AdvantAge Community Health Assessment that identified health promotion/disease prevention as a major need (Winter Park website, 2005, http://www.wphf.org/advantage/initiative.html). Stakeholders gathered for discussions during the 1999 assessment also reported that the summer heat was a major barrier to getting people involved in outside physical activity. After identifying air-conditioned shopping malls as potential sites for exercise, and holding discussions with an existing mall-walking program, Winter Park Health Foundation and Senior Resource Alliance expanded their discussions to include local hospital systems and area malls. In 2000, they formally launched the LifeSteps cooperative program. Winter Park Health Foundation awarded a contract to Senior Resource Alliance to help each mall develop its own program through an agreement, usually with a hospital, under which the mall would provide access and a secure location for clients to exercise while the hospital would organize the exercise program and promote participation through its hospital affinity group. Working together, the program gained legitimacy from its affiliation with the hospitals, the hospitals gained a benefit program for their affinity group members, and the malls gained customer allegiance. Five of the six malls now have active programs.

Participation is intergenerational, fostering interchanges between young mothers with babies in strollers and elders. Although the program is open to participants of all ages, Senior Resource Alliance specifically targets senior clients. Most of the programs are from 8:00–9:30 in the morning, when the malls are accessible but before the stores open. None of the mall programs are targeted to any ethnic group. Publicity includes television advertising, posters, table cards in the mall food courts, and hospital newsletters.

In addition to the walking program, the malls also have senior exercise programs, often held in the food courts, which the YMCA provides twice a week under contract with Senior Resource Alliance. The exercise classes are all chair-based, and about 30 to 45 minutes long. Senior Resource Alliance administers both the LifeSteps mall-walking program and the exercise classes with grant support of about $50,000 a year from the Winter Park Health Foundation. The YMCA supports the program through its annual fund raising campaign. The Winter Park Foundation has renewed the grant that supports the remainder of the LifeSteps program annually since 2000. Although 2005 is scheduled to be the last year

of the grant, these programs are now well established and the Senior Resource Alliance expects them to continue after the grant ends, with funds provided by the malls and the hospital sponsors.

Volunteers keep track of how many people attend each mall walking program and the miles they walk. Since the distance for walking within the mall is known, walkers do not use pedometers. The hospitals and/or Seniors First maintain the attendance data and report them on a regular basis to Senior Resource Alliance. The YMCA also keeps exercise class participation records, which they forward to Senior Resource Alliance. Winter Park Health Foundation reports that enrollment in LifeSteps was 4,231 as of June 30, 2004. No demographic data on class participants was available for this report, however.

Winter Park originally intended to do a data-driven evaluation of the LifeSteps program. Under a contract with the University of Central Florida, program staff administered the Rand 36-item Medical Outcomes Survey to participants before their involvement in the program. Winter Park was planning to compare these results to later administrations of the survey, but most participants declined to complete the survey at program follow-up. In a second attempt to obtain data on program participants, Winter Park has been informally sampling the self-perceptions of participants, but data are not yet available.

Mobile Medical Clinic and Dental Screening and Referral Program for Seniors

The Senior Resource Alliance began its program of mobile medical and dental screenings with Title III-D funding in 1994. Senior Resource Alliance's initial interest in this area stemmed from serving a low-income, rural, and underserved population with great health care needs and an inability to find health care providers willing to serve them. Senior Resource Alliance also became aware of emerging literature on the potential importance and impact of providing mobile medical clinic programs to older persons living in low-income, rural, and underserved regions (Williams, Rabiner, and Hunter, 1994). In subsequent years, the dental literature has increasingly identified the need for adequate dental and medical treatment to prevent periodontal disease as a contributor to heart disease, due to its effect in elevating systemic inflammatory and haemostatic factors (Montebugnoli, et al., 2005). One recent study found a connection between periodontal disease and cardiovascular disease in patients with type 2 diabetes (Saremi, et al., 2005).

The original mobile clinic was at first equipped and used solely for medical services. Through its role in offering these services, however, Senior Resource Alliance discovered a large unmet need for a dental program, with many of the older adults in the Senior Resource Alliance service area having never been to a dentist and without the means to pay for service. In 1996, Senior Resource Alliance added a dental facility to the mobile clinic to allow for screening and referral services and recruited a dentist of

record. This allowed Senior Resource Alliance to receive a permit from the state dental board and begin screenings at sites throughout the Senior Resource Alliance service area. Today, Senior Resource Alliance takes the van to congregate meal sites, churches, HUD senior housing, and senior centers. Senior Resource Alliance shares use of the van with Florida Hospital and the Orange County Health Department, who also use it to provide mobile clinic services and health promotion and disease prevention programs. The van generally is used two to three times per week. The mobile dental clinic is staffed by Senior Resource Alliance personnel and contract dentists. The dentists provide dental screens, oral cancer exams, and treatment plans on every patient seen. Senior Resource Alliance staff members handle patient scheduling and paperwork other than the treatment plan.

Because the mobile clinic dental facility is equipped for screenings only, Senior Resource Alliance needs further resources to provide other dental care. They have formed partnerships with Health Care Center for the Homeless, a charity dental service provider; the Valencia Community College dental assistant student training program; programs in Brevard and Seminole Counties; and other individual providers. The Health Care Center for the Homeless provides extractions, fillings, cleanings, dentures, partial plates, and repairs to dentures and partial plates. They are also able to provide, through networks with local dental practices, more extensive oral surgery for persons at high medical risk. The Valencia program provides X-rays and cleanings to clients at a nominal cost as part of their student training program.[4] In Brevard County, a partnership of the county dental society, the county health department, and independent dentists accepts referrals from the mobile clinic to provide dental care for county residents. The Seminole County community assistance program provides low-income county residents with dental treatment from state funding, accepting referrals from the mobile clinic for county residents. Finally, Senior Resource Alliance welcomes the support of individual dentists, and at present in Osceola and Orange counties, several dentists in private practice accept clients at reduced fees paid by the Senior Resource Alliance. Several oral surgeons also perform surgery at no cost for extreme cases.

Senior Resource Alliance currently holds nine mobile dental screenings a year, seeing about 10 to 12 people at each screening event. They schedule screenings in consultation with the directors of the congregate meal sites that provide the initial referrals for dental screening. After screening, Senior Resource Alliance provides assistance with appointment scheduling to each client to make sure that the dental work specified in the referrals is completed. Title III-D funds cover all screening activities,

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[4] Valencia Community College, located in Orlando, Florida, offers the Associate in Science Degree in Dental Hygiene. Their program includes clinical training in dental techniques.

including those in the mobile clinic. Title III-D funds also reimburse the Clinic for dental care, with the Clinic subsidizing this work by accepting payment at the levels Medicaid was paying in 2002.[5]

Each year, about 80 to 95 people receive clinic treatment, including dentures. In 2003, the program provided 60 dentures and 33 partial dentures. Clients are responsible for the cost of X-rays and cleanings provided by the Valencia program, but client fees are limited to $10 for each of these services. For dentures, the Clinic works with providers who are willing to keep costs to about $5 an hour, including lab fees, professional time, and dental supply materials. Despite the reduced pricing structure provided by the dental care providers, the cost of the program has been significant for Senior Resource Alliance. For example, in 2003, Senior Resource Alliance budgeted about $30,000 for dentures but preliminary reconciliation data indicate that spent somewhat more. Senior Resource Alliance staff coordinates transportation assistance for clients needing it for follow-up care. A Winter Park Health Foundation grant of $20,000 in 2002 financed a 1-year contract with a private transportation company to support this service, but the staff now makes use of the bus system's disadvantaged transportation program and receives support from the county's Council on Aging.

The Florida Department of Elder Affairs funded three-quarters of the cost of the current mobile clinic; Florida Hospital and Orange County shared the remainder. The mobile clinic was built specifically for Senior Resource Alliance, with a medical room, a dental room, and a small waiting room. The Health Care Center for the Homeless provided the dental equipment as an in-kind contribution. The Community Benefits Department at Florida Hospital provides a nurse, gasoline and driver. Florida Hospital also provides repairs, while Senior Resource Alliance pays for the automotive insurance.

Senior Resource Alliance reports its utilization data on a quarterly basis to the state Department of Elder Affairs, including how many dental screenings they held and how many clients completed dental treatment. They keep records manually, taking data from the screening forms each person completes. During the two screenings held between April 1 and June 30, 2004, the most recent available reporting period, the program screened 22 clients. The program usually screens about 120 clients per year and refers 80 to 90 for care. The general population this program serves is age 60 and older, with an income of 150 percent of the federal poverty level or less. No other demographic information on this population, and no outcome data on program participation are available.

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[5] In 2002, the state Medicaid Program dropped its dental coverage. Senior Resource Alliance is currently working with the state Medicaid program to have dental coverage reinstated.

The mobile dental clinic program fills an otherwise unmet need in health promotion/disease prevention, since no other public program in Florida provides a dental care benefit. Letters of thanks from dental clients include these comments:

> Thanks for being there for me. Dental was my one concern when I relocated from western New York, otherwise I was covered by VA and Medicare. My greatest fears were realized, I got an infected tooth. Of course, the classic case of pain and ache vanished when I got into the dentist chair.
>
> Your office is an angel in disguise.
>
> Please keep me in mind for any new projects. At my age I need a total makeover!

Comprehensive Geriatric Assessment Program

Comprehensive Geriatric Assessment is defined as the evaluation of "older people by a multidisciplinary team organized to detect limitation of health and social support" (Overcash et al., 2005). Most older patients have multidisciplinary needs, and comprehensive geriatric assessment is an established method for inpatient care which has demonstrated its benefits, particularly when implemented by a ward-based multidisciplinary team (Hubbard et al., 2004; Ellis and Langhorne, 2005). Originally an inpatient program, comprehensive geriatric assessment is now becoming more common in primary and outpatient care settings and has demonstrated benefit among at-risk populations by improving health outcomes for older persons and preventing or delaying hospitalization (Overcash et al., 2005; Caplan et al., 2004). Recent studies have shown Comprehensive Geriatric Assessment to be effective in detecting osteoporosis risk, urinary incontinence, decreased hearing, fall risk, and lack of pneumococcal vaccination (Mann et al., 2004). Although one recent study indicates that it has little effect on long-term mortality, it has been shown to decrease short-term mortality and available evidence indicates that it can be effective without raising the total cost of care (Kuo et al., 2004; Ellis and Langhorne, 2005; Wieland, 2003). As such, it is an effective way of promoting the highest possible level of health and wellness for older individuals with complex medical needs.

The Comprehensive Geriatric Assessment Program, a partnership between Senior Resource Alliance and Florida Hospital, is both a hospital-based multidisciplinary outpatient service and an inpatient consultation service. Outpatient geriatric clinic services began in 2002 at the main hospital and one hospital branch. Senior Resource Alliance provides a social worker at both clinics, and some outreach services also are provided through this program using the mobile medical van.

Eligible clients are referred to the Geriatric Assessment Clinic after completing a two-tiered screening procedure. Both the initial screening, and the more rigorous risk assessment/referral processes

are conducted by a local consortium of providers. The consortium, which includes representatives from the Osceola County Council on Aging, and the Orange County Primary Care Access Network, conducts screenings for referral to the Comprehensive Geriatric Assessment Clinic. The two-stage screening process is known locally as the Senior Assessment Program. During the initial screening process, trained health care assistants or social workers use the Dartmouth College "How's Your Health Indicators" to collect basic physical, social, and financial data to identify eligibility for federal and state programs. The second, more rigorous phase of the process is designed to assess health and psychosocial risk, as well as the need for referral to other providers. During this part of the process, individuals are assessed for physical health, functional status, nutrition, and other health or psychosocial issues and eligibility for a variety of community resources including Older American Act and Department of Elder Affairs' services. In most cases, individuals' found to have complex medical problems are sent to the Geriatric Assessment Clinic. The clinic also accepts referrals from the hospital's family health center, family physicians, and law enforcement (Orange County, 2003).

The clinic's multidisciplinary team, whose members may include a geriatrician, a geriatric fellow, a social worker, a nurse, medical residents, medical students, and a pharmacist, meets with each patient. A psychiatrist is also available. The patient or the caregiver completes standard nutrition and fall risk evaluation forms before the patient receives a physical examination. The team then meets and prepares a total medical and non-medical assessment of the patient's situation, including treatment recommendations and referrals to follow-up care. The most common client issues are cognitive impairment, falling, incontinence, and psychosocial issues. Another common issue is caregiver burnout. The team may schedule a follow-up appointment at the clinic, but more typically provides further medical care by referral, often to the hospital's family health center, while the clinic can provide counseling for financial and social support needs. The team sends a record of the assessment and recommendations to the patient's primary care physician.

Two components of the Geriatric Assessment Clinic are on-site services and outreach. The clinic is held for a full day once a week at the hospital's main campus and for a half day at the satellite campus. Clinic capacity is currently three new and six returning patients for a full day but the clinic typically averages two new and four returning patients per day due to patients who miss their appointments and other cancellations. The outreach portion of the geriatric assessment services uses the Senior Resource Alliance mobile medical unit, which takes a Senior Resource Alliance social worker with a geriatric doctor and nurse to community sites, such as a HUD high rise senior retirement complex in Winter Park, to provide educational presentations, evaluation services, and refer clients to needed services. By

employing clinical geriatric fellows and students in this work, trainees receive a highly relevant, clinical experience while providing medical services to an older population that is poor, impaired, and immobile.

The costs to the patients for outpatient clinic services are covered by Medicare Part B. Senior Resource Alliance provides a social worker through a three-year grant provided by the Community Health Improvement Council, a Florida Hospital outreach program.[6] The initial screening conducted by the local consortium of providers, as described above, is funded by the three-year grant from the Community Health Improvement Council.

The clinic sees about 160 new patients each year, and while each new patient in the clinic program is assessed for follow-up, Senior Resource Alliance presently has no plans to assess the overall outcomes of this program. Florida Hospital is just beginning to develop geriatric care as one of its core programs, and its program is still in the development phase. However, hypertension, diabetes, depression, and pain are among the most common problems presented.

Geriatric Pharmacology Consultation Pilot Project

About 5 percent of Medicare patients are made ill by their medications annually, leading to as many as 1.9 million drug-related injuries each year from prescription drug misuse (Haber, 2003; Lazarou et al., 1998; Gurwitz et al., 2003). More than half these adverse drug events could be prevented if patients adhered to medication instructions. In 2001, Senior Resource Alliance decided to use Title III-D funding to focus on clients at highest risk of inappropriate medication utilization and to develop a carefully monitored medication management pilot program. In consultation with a pharmacy provider, Pharmaco Therapy Services, Senior Resource Alliance developed a program to assist a sample of vulnerable elders and at the same time to study its impact.

The project designed an assessment tool to select high risk clients: those age 60 and older, prescribed five or more medications daily, and with at least two, comorbid diseases. Since many of the patients in this situation have cognitive impairments, the target population was limited to persons with a reliable caregiver who could provide information during home visits. The client's physician agreed to continue their usual medical care. All participants from the project were Senior Resource Alliance clients

[6] The Community Health Improvement Council was formed by an agreement between Florida Hospital and the Florida Agency for Healthcare Administration (AHCA) in which Florida Hospital committed funding for eight years (1999–2006) for community health improvement projects. Advancing the health of the elderly and of minority populations is one of the Council's goals.

being served by Community Care for the Elderly, an agency that provides housekeeping and case management services.

The study began in January 2001, with 26 clients enrolled during what was the first phase of the project. Services began with a comprehensive physical examination, including a comprehensive medication check and an assessment for risk of falls. Study staff reviewed medications, storage practices, dosages, administration, and compliance with physician's orders with the client and caregiver, and provided counseling for proper use of inhalers, eye drops, and other medication delivery methods. The second phase involved 20 different subjects enrolled from September through December 2002, with study staff following the same protocol. Study staff screened participants using more stringent eligibility criteria to ensure that the second phase sample had more complex medical/mental health conditions and polypharmacy usage than the first phase sample. Exhibits 5 and 6 present the demographics of the program participants and their medication use at baseline.

Exhibit 5. Geriatric Pharmacology Consultation for Frail Elders Demographics

	Phase I	Phase II
Number of Subjects	23	18
Race (%White/African American/Other)	Not reported	57.9/36.8/5.2
Gender (% Female)	78.2	84.2
Mean Age–years (range)	75.2 (62–98)	75.5 (60–93)
Reside in Community (%)	91.3	100
Reside in Assisted Living Facility (%)	8.7	Not applicable
Mean Number of Prescribing Physicians/Subject (range)	2.4 (1–7)	2.0 (1–4)

SOURCE: Daiello 1 and 2, undated

Exhibit 6. Geriatric Pharmacology Consultation for Frail Elders
Medication Use at Baseline

	Phase I	Phase II
Mean Routine Prescription Medications/Day (Range)	9.8 (7–19)	8.4 (0–16)
Mean "As Needed" (PRN) Prescription Medications/Day (Range)	1.2 (0–6)	1.6 (0–4)
Mean Routine Over-the-Counter (OTC) Medications/Day (Range)	2.3 (0–7)	1.4 (0–3)
Mean "As Needed" (PRN) OTC Medications/Day (Range)	0.86 (0–3)	1.8 (0–5)
Mean Total Medications/Day (Prescription + OTC Routine and PRN)	14.1	13.2

SOURCE: Daiello 1 and 2, undated

After the home visit, the study staff person prepared a report and sent it to the patient's physician identifying potential medication problems, as illustrated in Exhibit 7. Since the physicians had agreed to support the study, there was a high degree of acceptance of the recommendations. In some cases, the project staff discovered situations that were very serious and they contacted the doctor in person in addition to sending a written report. Many doctors reacted to the findings with frustration as they discovered that patients were not being honest with them about what medications they were taking, including over the counter medications and prescriptions from other doctors.

Overall for both Phases I and II, 50 to 60 percent of the clients experienced changes in their medication regimen as a result of the intervention (Daiello 1 and 2, undated). For about 20 percent of the clients the project served, the recommended changes in their medication regimen are reported to have led to (unspecified) significant improvements in their health. Another 30 to 40 percent of the clients experienced moderate improvement in their health. Among the health improvements reported were lowered blood pressure, better pain management, and improvement in cognitive functioning, as well as the discontinuance of potentially life-threatening drug interactions (Daiello 1 and 2, undated). Common diagnoses were arthritis and cardiovascular illness, including hypertension, congestive heart failure, and cardiac arrhythmia. Cardiovascular medications were the most common class of medications prescribed, with diuretics being the most common type of cardiovascular medication. Pain, falls, and dizziness were common problems.

Exhibit 7: Geriatric Pharmacology Consultation for Frail Elders—Pharmacist Recommendations

Classification	Phase I Percentage of Total Recommendations	Phase II Percentage of Total Recommendations
Add Drug: Untreated or suboptimally treated condition	23.7	16.4
Adverse Drug Effect (ADE): Discontinue medication or decrease dose	21.7	32
Order Labs/Check BP	13.1	13.6
Discontinue Drug: Lack of efficacy or no longer indicated	10.5	7.2
Duplicate Therapy/ Discontinue Drug: Two or more drugs given that have similar effects	9.9	n/a
Drug-Drug Interaction	7.2	12.7
Increase Drug Dose: Dose given is too low to achieve therapeutic effect	5.9	4.5
Drug-Disease Interaction	5.9	12.7
Patient Non-compliant with Therapy	n/a	9.7
Refer to Memory Disorders Clinic	n/a	4.5

SOURCE: Daiello 1 and 2, undated

A proposed third trial for the project, which is being supported solely with Title III-D funding, is scheduled to be held in the near future. No funding for future services has been identified at this time.

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. The Senior Resource Alliance has worked to use Title III-D as a catalyst in bringing together resources to provide health promotion/disease prevention activities.

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

Health promotion and disease prevention activities have become an increasingly integral part of the overall activities of the Senior Resource Alliance in recent years, joining with the other supportive services they provide to fulfill their stated mission of enabling individuals to age with independence and dignity. The Senior Resource Alliance has had a commitment to health promotion and disease prevention since the beginning of its Title III-D funding with implementation of exercise classes and the mobile clinic program that began in 1994. Health promotion/disease prevention emerged as a strategically central element to their activities in the period after 1999, when the AdvantAge survey identified both the need and the public desire for these activities. Partnering with and gaining funding from the state, the Winter Park Health Foundation, county governments, Florida Hospital, and other local organizations, Senior Resource Alliance was able to serve as a catalyst for expanded exercise and geriatric care programming.

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

The Senior Resource Alliance has been somewhat successful in leveraging its Older Americans Act funds. Educational programs from outside partners, project funding from Winter Park Health Foundation and Florida Hospital, and partnerships such as the discounted dental care from the Health Care Center for the Homeless and other community partners enable Senior Resource Alliance to provide more services than it could with its Older American Act dollars. It would be beneficial for Senior Resource Alliance to develop new sources of funding to support the screening function of the mobile clinic since patient demand far outstrips Senior Resource Alliance's ability to provide its older population with needed services. Senior Resource Alliance leadership has stated that it is seeking new funding sources.

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

A key part of the Senior Resource Alliance's leveraging is its partnerships with other organizations to develop health promotion/disease prevention programs for older people. Senior Resource Alliance has a large number of partners, including a foundation, a major medical center, the local office of the state health department, local service providers, county governments, and the Central Florida YMCA. The Senior Resource Alliance also has followed a policy of reaching out to join other community health promotion and disease prevention efforts, for instance participating in the Central Florida Partnership on Health Disparities through participation on the governing board. Senior Resource Alliance has developed partnerships with the counties in its service area to support educational programming, exercise programs, dental treatment and other health and wellness programs.

4. How Programs Were Chosen and Developed

The Senior Resource Alliance has developed and chosen the programs it supports in consultation with the Florida Department of Elder Affairs, through the statewide Community Outreach and Wellness Program. Because of this program, Senior Resource Alliance has the latitude to respond to public demand and it does so, seeking out the needs of the clients in its local area. Senior Resource Alliance had the advantage of the extensive 2002 AdvantAge survey by Winter Park Health Foundation as a basis for this process, and has continued to assess community need through surveys, focus groups, and conversations and data from other community organizations. Senior Resource Alliance has also used the concept of pilot programming, as in the pharmacology consultation to demonstrate program effectiveness.

5. Comprehensiveness of Health Promotion and Disease Prevention Activities

The Senior Resource Alliance has used its Title III-D funding to make health promotion and disease prevention a central component of their programming. They developed their health promotion/disease prevention programs in response to measured demand from the current and potential participants and the growing body of research indicating that health promotion and disease prevention programs for older persons help them maintain health and independence. Programming covers a wide number of areas, including classes, outreach activities, and screenings, the Senior Exercise Program and the LifeSteps mall-walking program, the Mobile Medical Clinic and Dental Screening and Referral Program for Seniors, the Comprehensive Geriatric Assessment Program, and the evidence-based pilot Geriatric Pharmacology Consultation initiative.

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

While Senior Resource Alliance health promotion and disease prevention programming is becoming more wide-ranging, it is far from comprehensively implemented in the service area. The availability of this programming is limited and some programs involve only a small number of people. For instance, although educational programs have been offered in 50 of the 62 service sites, 18 programs were reported for the 3-month period April through June 2004. Exercise classes are offered in 21 of the 62 senior center sites. The pharmacology consultation pilot project, though effective, has helped only 50 people, and the mobile dental clinic screens fewer than 100 people a year. Although Senior Resource Alliance has been somewhat effective in leveraging support from a large group of community partners its funding remains limited and the size of the community's need for these services is great.

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

While the Senior Resource Alliance is more service- than research-oriented, it recognizes the value of health promotion and disease prevention research and is making efforts to collect data in some of its health promotion/disease prevention programs and to institute evidence-based intervention programs. The lack of a systematic and comprehensive approach to the monitoring and evaluation of its programming, however, makes it difficult to analyze the effectiveness of its programs. Although the Senior Resource Alliance's community assessment activities provide a solid foundation for its planning, an effective system for tracking and assessing programming throughout the Area Agency on Aging service area would enhance its ability to develop strategy and programming. A lack of data-based outcomes also limits Senior Resource Alliance's ability to leverage funding. For instance, the dental screening program is a prime candidate for grant support, but outcomes data will be needed to support its contribution to community heath in requests for outside funding. Health outcomes data for the exercise program also could be used to seek outside support. Senior Resource Alliance staff is aware of the need for this capacity and hope to develop it. Senior Resource Alliance currently is addressing this need by trying to convince providers and clients of the importance of completing paperwork to enhance the tracking and reporting of health promotion/disease prevention outcomes.

Summary

The Senior Resource Alliance is committed to providing health promotion and disease prevention services to its older population. These health promotion and disease prevention activities are integrated into the overall activities of the Senior Resource Alliance. The AAA has been particularly effective in developing community partnerships, and has had some success in using these partnerships to leverage its

Title III-D funding through grant support for health promotion and disease prevention programs. Often, it has assumed the role of a contractor working with support from its partners, and has made some use of pilot programs to demonstrate their effectiveness. Senior Resource Alliance is committed to developing health promotion and disease prevention activities, and has initiated services in evidence-based areas, particularly physical activity, disease management, and medication management. It will need to do additional work, and will need additional funding, to comprehensively implement these activities across the service area, since some of these programs still exist in relatively few sites or serve only a small population. While it is collecting a limited amount of data, Senior Resource Alliance has not yet been able to implement a systematic approach to monitoring its health promotion and disease prevention programs.

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