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Case Studies of Health Promotion in the Aging Network: Southern Maine Agency on Aging

Final Report

Prepared for

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CASE STUDIES OF HEALTH PROMOTION IN THE AGING NETWORK:
AGING AND DISABILITY SERVICES OF PORTLAND, MAINE

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

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

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

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

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

This project has seven principal research questions:

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

These questions are addressed through three major study components:

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

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

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

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

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

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

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

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SECTION 1 INTRODUCTION

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

Southern Maine Agency on Aging (SMAA) is the Area Agency on Aging serving York and Cumberland counties, including the greater Portland area. Its mission is to assure that older people living in Southern Maine, especially those who are frail, live alone, or have low incomes, receive the support necessary to maintain their independence in the community. The Administration on Aging selected Southern Maine Agency on Aging, along with the Partnership for Healthy Aging (PFHA) and the University of Southern Maine (USM) as a site for study because of their combined strength in several areas. These include:

- **Creative Approaches to Extending Resources in a Rural State:** In a state with few senior centers, limited public transportation, and limited public funds for health promotion and disease prevention activities, Southern Maine Agency on Aging and its partners have developed creative solutions to disseminating programs. Of particular interest is their investment in training laypersons to lead an evidence-based program on a volunteer basis, creating a low-cost sustainable program that the Partnership for Healthy Aging is implementing throughout the state through master trainers affiliated with various organizations.
- **Commitment to Evidence-based Programs and Evaluation:** To ensure resources are used effectively, Southern Maine Agency on Aging, the Partnership for Healthy Aging, and the University of Southern Maine select health promotion and disease prevention programs that are being used elsewhere and that have a proven track record.
- **Commitment to Sustainability and Affordability:** Given limited resources, Southern Maine Area Agency on Aging and its partners have developed creative approaches to modifying programs that ensure sustainability beyond grant funding periods, including developing ways to reduce or minimize costs.
- **Strong Partnerships and Community Linkages:** The staff from Southern Maine Agency on Aging, the Partnership for Healthy Aging, Partnership for Healthy Aging's parent organization, the MaineHealth system and Maine Medical Center, and the University of Southern Maine have a strong partnership and history of working well together on a number of health promotion/disease prevention initiatives for older persons. Beyond this partnership is a strong network of state and community agencies who contribute to the success of these programs.

Between June 2004 and April 2005, RTI International conducted telephone interviews with staff from Southern Maine Agency on Aging, the Partnership for Healthy Aging, the University of Southern Maine, and the Bureau of Elder and Adult Services to document their health promotion programs. These individuals were knowledgeable about and involved in funding, planning, program implementation, and evaluation activities. In this case study, we provide an overview of the Southern Maine Agency on Aging; a general description of the health promotion activities supported by the aging network; a detailed description of key health promotion activities conducted by Southern Maine Agency on Aging and its partners; and concluding remarks about potential opportunities and barriers to be faced, the sustainability of the health promotion disease prevention activities, and lessons learned to date. We highlight one program, the translation of A Matter of Balance from a professionally led model to a volunteer, lay leader approach, as a low-cost innovation with the potential to bring an evidence-based health promotion program to many seniors. This evidence-based program provides education and exercises to reduce fear of falling and increase safety and activity levels.

This case study examines the following

- How health promotion and disease prevention activities fit into the overall activities of Southern Maine Agency on Aging
- How Southern Maine Agency on Aging leveraged the small amount of Title III-D dollars to develop larger health promotion and disease prevention programs
- Partnerships that the Southern Maine Agency on Aging developed with other organizations to develop and implement health promotion programs for older people
- How Southern Maine Agency on Aging developed and chose the programs it supports
- The degree to which Southern Maine Agency on Aging developed a comprehensive set of health promotion and disease prevention activities
- How extensively the Southern Maine Agency on Aging programs have been implemented in its service area
- What data are available on program participants and the effectiveness of Southern Maine Agency on Aging programs, and how program managers and administrators are using these data
- A detailed description of a major initiative to modify an evidence-based program, A Matter of Balance, to lower costs, increase dissemination and enhance sustainability

SECTION 2 OVERVIEW OF AGING AND DISABILITY SERVICES

Southern Maine Agency on Aging is responsible for planning, coordination, and administration of a variety of local-, state-, and federally supported programs that serve older persons in Cumberland and York counties. Its goals are to assist older people to receive the support necessary to maintain their independence in the community through a variety of services and programs (Southern Maine Agency on Aging, Annual Report to the Community, 2004).

Organization and Sources of Funding

As the Area Agency on Aging for the greater Portland area, Southern Maine Agency on Aging provides a full range of Older Americans Act funded services, including those provided through the Title III-D program. Southern Maine Agency on Aging is a private, not-for-profit organization with a contractual relationship with the state; it is not part of a county or city government. On the state level, the agency collaborates primarily with the Bureau of Elder and Adult Services, which is the State Unit on Aging and, to a lesser extent, with Medicaid. This collaboration takes in the form of advocacy work, program development, and program implementation on various projects.

Southern Maine Agency on Aging maintains close working relationships with other community agencies, and was a founding partner of the Partnership for Healthy Aging, which developed and implemented several of the health promotion and disease prevention activities described in this study. The Partnership for Healthy Aging is a program of MaineHealth, an integrated health system in southern and central Maine. Its founding partners also include Maine Medical Center, Home Health Visiting Nurses of Southern Maine, and the University of Southern Maine. MaineHealth includes several hospital systems, home health agencies, physician practices, and housing units, and conducts the programmatic, financial, and legal oversight of the Partnership.

In 2004, the Southern Main Agency on Aging had an annual budget of \$8,569,793 and provided services to 20,290 people (Exhibit 1). Southern Maine Agency on Aging receives funding from the federal government, the state through the Bureau of Elder and Adult Services (BEAS), local municipalities, the two county governments in its service area, other entities such as housing authorities, and donations from the general community. Maine Medicaid also provides funding for the Alzheimer's Adult Day Care program run by Southern Maine Agency on Aging. The federal government is providing almost 50 percent of the funds, and 24 percent comes from State funds (Southern Maine Agency on Aging, 2004).

Exhibit 1. Southern Maine Agency on Aging Operating Budget in 2003–2004

Source of Revenue	Amount (in \$)	Percent of Operating Budget
Federal Funds	4,156,396	48.5
State Funds	2,005,727	23.5
Client/Community Donations	947,728	11.0
Programs/Other Income	1,337,316	15.6
Client/Community Donations	122,626	1.4
Total	8,569,793	100.0

Source: Southern Maine Agency on Aging Annual Report, 2004

Demographics

In 2000, the total population of Maine was 1.3 million people (U.S. Census Bureau, 2000) with 452,354 people living in York and Cumberland Counties. Approximately 19 percent of the age 60 and over population in the state lived in York and Cumberland Counties at this time (78,581). As seen in Exhibit 2, in 2003, individuals age 60 and older represent 19.2 percent of the overall state population (250,867). Of individuals age 60 and older, 63 percent are between 65 and 74 (158,437); those age 85 and older represent 10.1 percent (25,289) of the total. Statewide, almost all individuals over 60 are Caucasian, 98.6 percent (247,282). In York and Cumberland Counties, approximately 96 percent of individuals age 60 and over are Caucasian. The remaining groups of seniors, those of African-American, American Indian/Alaska Native, Asian, and Latino descent, each represent only 0.2 to 0.3 percent of the population.

Exhibit 2. Statewide Demographic Characteristics, 2003

Demographic Characteristic	Number	Percentage
Population age 60+	250,867	19.2*
Population distribution		100.0
Age 60 to 64	62,482	24.9
Age 65 to 74	95,955	38.2
Age 75 to 84	67,132	26.8
Age 85+	25,298	10.1
Race of Population 60+:		100.0
Caucasian (alone)	247,282	98.6
African American (alone)	486	0.2
American Indian/Alaska Native (alone)	623	0.2
Asian (alone)	835	0.3
Native Hawaiian/Pacific Islander (alone)	36	0.0
Hispanic/Latino (may be of any race)	765	0.3
Two or more races	840	0.3
Growth of population age 60+ since 1990	+33,260	15.3

* Percentage of total population.

Source: Census 2003 Population Estimates: July 1, 2003

SECTION 3

HEALTH PROMOTION AND DISEASE PREVENTION ACTIVITIES

Southern Maine Agency on Aging provides programs under Title III of the Older Americans Act and promotes a number of healthy aging initiatives that focus on exercise, diet, and disease management. Through the agency's involvement as a partner committed to health promotion and disease prevention programs, the small amount of money received for health promotion and disease prevention serves as a catalyst to the development of larger programs through partnerships with other agencies, supplementary grant funding, and active fundraising. Given limited resources, one of their key strategies is to identify programs that have succeeded elsewhere and modify them as needed, including a special focus on sustainability. This strategy led Southern Maine Agency on Aging and its partners to embrace several programs. Boston University developed A Matter of Balance, a falls prevention program. After MaineHealth brought the original program to Southern Maine, Southern Maine Agency on Aging and its partners sought grant funding to modify and expand the reach of this program. The agency's partners are also implementing the three component projects of the Senior Wellness Project developed in Seattle. Each focuses on a different aspect of health promotion and disease prevention. Lifetime Fitness is a senior exercise program, the Health Enhancement Program works with individuals to develop healthy behaviors, and Living a Healthy Life works with individuals to effectively manage and adapt to chronic conditions. Southern Maine Agency on Aging also collaborates with health facilities and the University of Southern Maine on various health promotion projects as they develop. These shorter-term projects have focused on specific clinical issues, such as osteoporosis and congestive heart failure.

Southern Maine Agency on Aging relies heavily on developing and sustaining partnerships with the medical community to strengthen their programming, access financial support, and build linkages that have the potential to enhance the resources available to their clients. The Partnership for Healthy Aging, primarily supported by the MaineHealth System, was founded by a group of community partners—including Southern Maine Agency on Aging. The Partnership for Healthy Aging implements many of the programs embraced by Southern Maine Agency on Aging, including A Matter of Balance and the Health Enhancement Program. The University of Southern Maine is the site for part of the Senior Wellness Project. All three, plus the Maine Medical Center Division of Geriatrics, are collaborating on A Matter of Balance/Volunteer Lay Leader Model. While we provide some information about the range of health promotion and disease prevention programs implemented in Southern Maine, this report focuses on Maine's innovative modification of A Matter of Balance because of its potential for replicability and sustainability across Maine and in other locales and its creative use of funds to create a low-cost health

promotion program. In addition, Southern Maine Agency on Aging views this program as the centerpiece of its health promotion activities.

Health promotion and disease prevention programs conducted in Maine by Southern Maine Agency on Aging or its community partners include the following (see Exhibit 3):

- A Matter of Balance, an evidence-based program designed to decrease fear of falling and increase strength and balance through group discussions, education and exercises. Southern Maine Agency on Aging, Partnership for Healthy Aging, Maine Medical Center, and the University of Southern Maine translated that program from a professionally led model to a lay leader model.
- The Health Enhancement Program, an evidence-based chronic disease management program offered by Partnership for Healthy Aging and HomeHealth Visiting Nurses of Southern Maine as part of the Partnership for Healthy Aging's Senior Wellness Project.
- The University of Southern Maine offers the Lifetime Fitness Program, an evidence-based exercise program. This program, which they disseminate to six additional sites across the state, is also part of the Senior Wellness Project. The Partnership for Healthy Aging and Maine's Bureau of Elder and Adult Services and Maine's Bureau of Health support the dissemination activities.
- Living a Healthy Life, an evidence-based behavior modification program. Individual choose their own focus and goals to improve their health, for example smoking cessation, weight or increased physical activity. MaineHealth's Learning Resource Centers offer this program, another component of the Senior Wellness Project.
- A Matter of Health Walking Program, a pedometer program to measure participants' activity levels and calendars to record their activity levels.
- Maine Nutrition Network activities, tending to focus on the general population. For several years, Southern Maine Agency on Aging received funding for a registered dietitian or registered dietetic technician to visit Meals on Wheels clients, evaluating their intake and any problems contributing to possible nutritional risk. Their focus has shifted to providing nutrition education to groups through presentations and newsletter articles. They also created a nutrition discussion curriculum presented to A Matter of Balance participants.

Exhibit 3. Health Promotion/Disease Prevention Programs in Southern Maine

Program	Program Type	Description	Lead Partners
A Matter of Balance translation to lay leader model	Falls prevention	<ul style="list-style-type: none"> • Eight sessions held over a 4-week period to teach improved balance, strength, reduce fear of falling, and increase activity levels • Redesigned for volunteer lay leaders to replace health professionals to decrease costs and support dissemination 	<ul style="list-style-type: none"> • Partnership for Healthy Aging • University of Southern Maine, School of Social Work • Maine Medical Center Division of Geriatrics
Health Enhancement Program	Supports participants in making changes to improve their health	<ul style="list-style-type: none"> • 6- to 12-month participant-directed health behavior change program 	<ul style="list-style-type: none"> • Partnership for Healthy Aging • HomeHealth Visiting Nurses of Southern Maine
Lifetime Fitness	Exercise program	<ul style="list-style-type: none"> • Group exercises three times a week (strength, balance, cardio, flexibility) 	<ul style="list-style-type: none"> • University of Southern Maine, Lifeline Program
Living a Healthy Life	Chronic disease self-management	<ul style="list-style-type: none"> • 6-week course, volunteer-led sessions that incorporate motivational and empowerment techniques to help participants manage chronic conditions 	<ul style="list-style-type: none"> • MaineHealth’s Learning Resource Center
Matter of Health Walking Program	Physical activity	<ul style="list-style-type: none"> • Using pedometers as a motivator for increasing daily physical activity, participants set goals and monitor their activity using an activity calendar 	<ul style="list-style-type: none"> • Partnership for Healthy Aging • Maine Bureau of Elder and Adult Services
Maine Senior Games	Physical activity	<ul style="list-style-type: none"> • Annual event with activities over a 2-month period • 600 seniors participate each year • Medal winners participate in the National Senior Games 	<ul style="list-style-type: none"> • Maine Senior Games, Inc.
Maine Nutrition Network	Nutrition analysis and teaching	<ul style="list-style-type: none"> • Registered Dietitians or Dietitian Technicians present nutrition lessons to older persons in group settings • 10-minute nutrition lesson developed and presented to A Matter of Balance participants 	<ul style="list-style-type: none"> • University of Southern Maine • Maine Bureau of Elder and Adult Services • Southern Maine Agency on Aging • Partnership for Healthy Aging

These health promotion programs and interventions aim to produce favorable outcomes for older persons and the communities being served (Rabiner et al., 2004).² Southern Maine Agency on Aging works collaboratively with its key partners to plan for and implement healthy aging initiatives. Indeed, due to its own limited resources, Southern Maine Agency on Aging serves most often as a committed partner involved in planning, outreach and tying the programs in to the Area Agency on Aging system, while the partner organizations implement most of the programs.

Southern Maine Agency on Aging most often partners with the following organizations:

- The Partnership for Healthy Aging is a program of MaineHealth and serves as a community aging service provider. MaineHealth established the Partnership for Healthy Aging with founding membership by MaineHealth, Southern Maine Agency on Aging, HomeHealth Visiting Nurses of Southern Maine, and the University of Southern Maine. Partnership for Healthy Aging is responsible for the development and implementation of several of the programs described in this report and coordinates with the wide range of partners and stakeholders involved.
- The MaineHealth System is a nonprofit integrated delivery system including several hospital systems, home health agencies and physician practices in central and southern Maine. As the sponsoring organization for Partnership for Healthy Aging, it provides the financial support that sustains that organization and conducts the programmatic, financial and legal oversight of Partnership for Healthy Aging. Within the MaineHealth System, the Maine Medical Center Division of Geriatrics takes an active role in ensuring the quality and appropriateness of health components of Partnership for Healthy Aging programming. The MaineHealth System also supports Learning Resource Centers, through which it provides programs like Living a Healthy Life.
- The Maine Bureau of Elder and Adult Services (the bureau that includes the State Unit on Aging) serves as a partner in planning and advocacy. The Bureau actively supports the health promotion and disease prevention activities with funding, including use of yearend carry-over funds available for one year for a health promotion project, with advocacy for funding at the state level, and by supporting the application for the AoA Evidence-Based grant. The Bureau of Elder and Adult Services is also represented on the professional advisory committee for the A Matter of Balance-Lay Leader adaptation project and assists in disseminating programs across the state.
- The University of Southern Maine is part of the statewide University of Maine system. Various programs at the university collaborate with Southern Maine Agency on Aging, Partnership for Healthy Aging, and MaineHealth. The School of Social Work is working on the evaluation of the translation of A Matter of Balance to a lay leader model. The College of Nursing and Sports Medicine houses the exercise and fitness programs designed for seniors, and trains staff at other sites across the state to develop Lifetime Fitness programs.

² Rabiner et al., 2004 summarizes the current research on evidence-based health promotion/disease prevention activities for older people and their outcomes.

A Matter of Balance

Falling results in serious injuries to older adults, and fear of falling can result in activity restrictions with negative impacts on health and quality of life (Lachman et al., 1998). A Matter of Balance is an evidence-based program for falls prevention developed by the Roybal Center at Boston University and the New England Research Institutes, with funding from the National Institute on Aging. In a randomized controlled trial one year after completing the program, A Matter of Balance participants reported less fear of falling, greater falls management, and better mean scores on the total Sickness Impact Profile, and several subscales, compared to the control group (Tennstedt et al., 1998). The Roybal Center received the 1998 Archstone Foundation Award for Excellence in Program Innovation for A Matter of Balance. Designed for small groups of older adults who live independently, the program uses group discussions and exercises focusing on balance and strength training to reduce both the risk of falling and the fear of falling, and to improve activity levels. Senior centers, senior housing sites, hospitals, and home health agencies have implemented the program across the country. Program leaders teach strategies that include changing attitudes and self-efficacy, and exercises to improve balance and strength. The classes are 2 hours long and meet twice a week for 4 weeks.

In 1999, the Partnership for Healthy Aging, in conjunction with MaineHealth, Maine Medical Center and Community Health Services worked with the Roybal Center to implement the program in Maine because it met two important criteria: it was an evidence-based intervention and it lent itself to building partnerships and linkages across various organizations serving older adults in Southern Maine. In 2000, the Maine Department of Human Services' Bureau of Elder and Adult Services (BEAS) used \$50,000 in year-end carry-over monies to pilot the program at Area Agencies on Aging, in part by providing \$10,000 to the Partnership for Healthy Aging for training and mentorship to the Area Agencies on Aging staff. Participants in A Matter of Balance classes were enthusiastic in their class evaluations, with over 200 people participating in the Southern Maine classes, and a similar number in the remainder of the state. However, the limited availability of health professionals to lead the classes, especially in rural areas, and the high cost of using health professionals were barriers to continued program implementation and expansion.

To address the shortage of health professionals and associated high costs, Southern Maine Agency on Aging and its partners developed an innovative concept: train volunteer lay leaders to run the classes. Southern Maine Agency on Aging used its share of settlement money from a lawsuit against a vitamin company, combined with funding from the Bureau of Elder and Adult Services, to support Partnership for Healthy Aging in testing a lay leader model for A Matter of Balance. In this model,

trained lay “coaches” working in pairs replace health professionals as the class leaders. Newer coaches pair with experienced coaches, who serve as mentors. The two organizations, Southern Maine Agency on Aging and the Partnership for Healthy Aging, piloted the lay leader program in 2003 by training a group of volunteers from Southern Maine Agency on Aging’s Retired Senior Volunteers Program (RSVP). Building on this new idea and in collaboration with Maine Medical Center (MMC) Division of Geriatrics and the University of Southern Maine (USM) School of Social Work, Southern Maine Agency on Aging and Partnership for Healthy Aging applied for and received an Evidence-Based Prevention grant (under Title III-D) from the Administration on Aging and a 2-year grant from the Betterment Foundation to expand the program.

In addition to the AoA and private foundation grant funding, the conversion to a lay leader model receives in-kind support from Southern Maine Agency on Aging, MaineHealth’s Partnership for Healthy Aging, Maine Medical Center’s Division of Geriatrics, and the University of Southern Maine School of Social Work. The Administration on Aging is providing \$125,000 annually for 3 years. Partnership for Healthy Aging developed the procedures and materials for recruiting, training, and supervising the lay leaders; translating program materials for use by volunteer coaches; recruiting and scheduling A Matter of Balance classes; and most recently, training “master trainers” around the state. These master trainers will train volunteer coaches in their own geographic areas to sustain the program after the funding ends. The Betterment Foundation provided \$10,000 to supplement the funds from the Administration on Aging. These funds were used to help produce the lay leader manual and to pick up unbudgeted costs such as lodging and meals for the master training class, which was held in a central location in the state. Sponsoring sites provide space for the classes at no cost. These sites include churches, senior centers, and housing developments. The project has a large professional advisory committee, providing guidance and active support. The various community partners serving on the advisory committee provide publicity and linkage to their networks of potential participants, coaches, and sites. Publicity through the resident service coordinators in senior housing is especially effective and led to training of the coordinators as A Matter of Balance coaches. This partnership evolved through inclusion of the Maine State Housing Authority on the project’s Professional Advisory Council and a presentation about the program at the annual meeting of the resident service coordinators.

Translating the program from a professional to a lay leader model has several components:

Updating participant materials. Partnership for Healthy Aging updated handouts used in the original program on topics like home safety evaluation and created a workbook for participants combining exercise instructions, handouts, and other materials.

Modifying the exercise program. In the original model, the leader, a health professional, could make individual modifications in the exercises. Because this option is not available in a lay led model, the Partnership for Healthy Aging adapted the original exercises to be safe and effective for almost everyone. They did so with input from Maine Medical Center, Community Health Services, and the University of Southern Maine Lifetime Fitness Program staff.

Developing a “guest therapist” role and materials. Some aspects of the core curriculum require the expertise of a physical or occupational therapist. A guest therapist attends one of the eight class sessions to cover this material. Partnership for Healthy Aging developed a handbook for guest therapists with frequently asked questions to cover those aspects of the program requiring their expertise.

Modifying the training materials and curriculum for lay leaders. The original materials, designed for use by health professionals, assumed a level of experience teaching adults and eliciting group discussion. Partnership for Healthy Aging modified these materials for use by lay leaders, including reformatting the materials to be more “user friendly” (for example, using icons in the margins to identify sections as either group discussion, exercises, or opportunities for breaks), simplifying the language, and adding information and training on working with adult learners and directing brainstorming sessions.

Developing mentoring role and coach evaluation processes. Each new coach pairs with an experienced coach to teach his or her first class. Partnership for Healthy Aging staff observe new coaches as they lead a session and then meet with them for feedback and discussion. To evaluate how well the program is preparing new coaches, each coach completes a training course evaluation and a survey about his or her confidence and experience with leading A Matter of Balance 6 months after completing the training and having led at least one class.

Creating a master trainer curriculum. In addition to class leadership materials developed by Partnership for Healthy Aging, the Master Trainer curriculum includes information about recruiting and retaining coaches, marketing and site selection for classes, recruiting participants, and measuring outcomes.

By April 2005, Southern Maine Agency on Aging and Partnership for Healthy Aging had trained 47 lay leaders ranging in age from 28 to 83, with additional trainings planned. Together, working in pairs, they have conducted 20 classes. Nine individuals have completed the master trainer curriculum. Lay leader volunteers have diverse affiliations (Exhibit 4). While Southern Maine Agency on Aging and Partnership for Healthy Aging expected the RSVP program to be the main source of volunteers, the number of lay leaders from that program (6) was in line with the majority of other sources. The

partnership with Maine State Housing Authority was especially fruitful (14), as housing developments allowed resident service coordinators to take the training and conduct A Matter of Balance classes during their work hours. Six YMCA employees received training as coaches with the expectation that the YMCA will offer classes. Some leaders were originally class participants and Partnership for Healthy Aging cross trains interested Health Enhancement Program mentors as A Matter of Balance leaders. Future plans include collaborating with the Osher Lifelong Learning Institute at the University of Southern Maine to offer the class and to recruit and train potential leaders.

Exhibit 4. Leader Recruitment Sources as of April 2005

Source	Number Trained	Source	Number Trained
Southern Maine Agency on Aging, Retired Senior Volunteers Program (RSVP)	6	Community Members	8
Resident service coordinators in subsidized housing	14	Healthcare/Healthy Maine Partnership	7
YMCA staff	6	Salvation Army	1
Partnership for Healthy Aging Health Enhancement Program Mentors	4	Foster Grandparents Program	1

Source: The Partnership for Health Aging

Coach trainees receive 6 hours of training through two, 3-hour classes, with some homework assigned between the two classes. The curriculum provides background information about the program, the grant, the role of the coach and working with adult learners, as well as covering the content of the eight class sessions. After the training, a new coach co-leads his or her first class teamed with an experienced coach, receiving feedback and participating in a self-evaluation. The mentoring and co-leading model continues. Only experienced, very confident coaches lead a class alone.

Guest therapists (physical or occupational therapists) attend one session in each A Matter of Balance class. These therapists are able to teach class participants the appropriate ways to get in and out of chairs, go up and down stairs, and get up from a fall. They also answer various clinical questions and identify individuals who would benefit from a referral for physical or occupational therapy. While it was costly and difficult for professionals to teach the full eight session classes under the professionally led model, Partnership for Healthy Aging has been able to recruit therapists to teach one of the sessions in each class. In Southern Maine, these volunteers have been recruited through the Partnership for Healthy Aging staff’s professional networks and include a professor of occupational therapy at the University of New England, therapists from New England Rehabilitation Hospital of Portland, and a retired occupational therapist. Dissemination partners in other areas of the state are finding local health care

organizations, such as home health agencies and community hospitals, are willing to provide staff for this purpose as a public relations activity.

In the first year of the Administration on Aging grant, Partnership for Healthy Aging focused on training coaches in the Southern Maine Agency on Aging catchment area. The goal for Year 2 was to disseminate the program to two other Area Agencies on Aging by training master trainers for those areas. Partnership for Healthy Aging exceeded that goal, training individuals from all the rest of the state. Two of the Area Agencies on Aging are hoping to work with the local tribes to offer classes and coach training on local reservations. The goals for Year 3 include expanding the reach of the program through increased training of master trainers, recruiting organizations to take ongoing responsibility for maintaining the program locally, and creating a replication toolkit and dissemination plan. Partner organizations sponsoring master trainers receive free training for their Master Trainers, program materials for both facilitators and participants, recruitment and program planning assistance, outreach and marketing materials, and technical support for the duration of the Administration on Aging grant period. They must also participate in the outcomes analysis conducted by University of Southern Maine. While Southern Maine Agency on Aging and the Partnership for Healthy Aging will provide training and materials, they are not including any funding to local organizations interested in maintaining the program. Thus, applicant organizations are required to have a plan for expanding and sustaining their involvement that does not rely on grant funding or financial support from Southern Maine Agency on Aging or the Partnership for Health Aging.

The Partnership for Healthy Aging and the University of Southern Maine School of Social Work are conducting several evaluation activities. The Partnership for Healthy Aging is tracking class participation levels and class evaluations completed by the participants. The University of Southern Maine School of Social Work is currently evaluating both participant and lay leader outcomes, comparing Partnership for Healthy Aging's outcomes to the published outcomes achieved by the Roybal Center for the professionally led model (Healy, 2005). Because the program is still young, the evaluation data available at this time are limited. The University of Southern Maine School of Social Work evaluation plan includes a process evaluation to aid future adoption of the program; a participant satisfaction survey and participant questionnaires completed at baseline, 6 weeks, 6 months and 1 year to evaluate outcomes and compare them to the results achieved in the original BU program; and a shortened outcome tool for use in the statewide dissemination. The evaluation also includes focus groups for coaches and a satisfaction survey for volunteer coaches used at the end of the training and after six months and having conducted at least one class.

Exhibit 5 shows early results, based on 6-week and 6-month data generated from participants in the first year of implementation. These data suggest that Maine’s lay leader model is achieving positive results that are similar to or exceeding those achieved in the original Boston University program, which professionals lead. However, while the results seem favorable for Partnership for Healthy Aging’s lay leader model, it is difficult to interpret the findings given differences in the characteristics of the participants in the two studies (not shown) and differences in some of the measures selected.

Exhibit 5. Comparison of Maine Lay Leader Model Outcomes to Roybal Professional Model Outcomes, 6 weeks and 6 months after participating in A Matter of Balance

	Results at 6-week follow-up		Results at 6-month follow-up	
	Maine Lay Leader Model n=128	Roybal Professional Model n=131	Maine Lay Leader Model n=47*	Roybal Professional Model n=120
Falls Efficacy	No change	Improved	Improved	No change
Falls Management	Improved	Improved	Improved	No change
Falls Control	Improved	No change	No change	No change
PACE Exercise Level	Improved	Not measured	Improved	Not measured
Psychosocial/Mental Health [†]	No change	No change	Improved	No change

* Few participants had taken the course early enough to be included in a 6-month follow-up at the time researchers at the University of Southern Maine made these calculations

† USM and BU used different instruments to measure these domains. USM used the SF12, version 2 due to its brevity. BU used the Sickness Impact Profile. Other subscales in these two instruments were not comparable.

Source: Healy, 2005. The original Boston University research is published in Tennstedt et al., 1998.

In a survey conducted by the University of Southern Maine, A Matter of Balance participants unanimously reported that they plan to continue exercising and would recommend the class to others. Ninety-nine percent reported being more comfortable increasing their activity levels and almost as many felt comfortable talking with others about fear of falling. In class evaluations, participants report changes they have made as a result of the course and provide comments about the course. Participants report making changes in their behavior or their environment to improve their safety, such as installing grab bars for the bathroom, moving groceries to shelves that are more accessible, and using a flashlight at night when going to the bathroom. They report exercising regularly, walking more, and using stairs more frequently and with more confidence. The classes, many of which occur in senior housing developments, have led to unanticipated increased socialization beyond the classes. Some have reported continuing to meet weekly to exercise together. Others have formed a walking club.

Before taking the A Matter of Balance, I was not in a happy state of mind. This class was so pleasant. The staff was so caring as were the other participating people. It is a joy to be there. I've had a new light in my life. My walking has improved so much.

The translation of A Matter of Balance to a lay-led model is the single largest health promotion/disease prevention program in which Southern Maine Agency on Aging participates. In the remainder of this section, we provide a brief description of the other programs undertaken either by Southern Maine Agency on Aging or by its partners. While Southern Maine Agency on Aging is limited in its ability to contribute financially, Partnership for Healthy Aging staff report the Area Agency on Aging's participation, commitment, leadership, and collaboration with health care providers have been important to the development and success of a variety of programs and to the founding of Partnership for Healthy Aging itself. In the next section, we provide brief descriptions of additional health promotion and disease prevention programs in Southern Maine.

Maine Senior Games. Southern Maine Agency on Aging uses its Title III-D monies (\$6,369 in 2004) to support this annual event. Part of the National Senior Games, it is now in its 15th year and reaches 600 seniors. With events taking place over a 2-month period, the Maine Senior Games sponsors activities that promote and encourage maintaining physical health. In addition to the Title III-D funds, in-kind contributions of Southern Maine Agency on Aging staff and fundraising support the program.

Health Enhancement Program. Chronic disease is the principal cause of disability and the primary reason for seeking health care and accounts for 70 percent of all health care expenditures (Hoffman et al., 1996). One component of the Seattle-based Senior Wellness Project, the Health Enhancement Program, is a comprehensive participant-directed behavior change program supported by nurses, social workers, and volunteer mentors. Designed for older adults with chronic health conditions, the components of the program vary based on the interests of the participants (Phelan, 2003; Phelan 2002). Senior Services of Seattle/King County created the program to promote wellness of mind and body. The original results achieved in Seattle include substantial reductions in hospitalizations, hospital days, medication use for sleep and depression, and improvements in physical activity and functional status (Leveille et al., 1998; Phelan et al., 2004). The Partnership for Health Aging, since implementing this program in 2002 and serving 93 individuals, reports similar outcomes. Maintaining fidelity to the Seattle model, the program differs only in the "sites" used. Lacking a network of senior centers, Maine based their approach on active outreach and meeting people at various community locations including their own offices, Southern Maine Agency on Aging, senior housing sites, and at the MaineHealth Learning Resource centers. Southern Maine Agency on Aging's role includes locating potential clients,

some volunteer mentors, and conducting outreach through articles, mailings, Meals on Wheels, and congregate dining programs.

Lifetime Fitness. Another component of the Seattle Senior Services Inc. Senior Wellness Project, this program is a low-cost, supervised exercise class offered for 1 hour three times a week at the University of Southern Maine. Classes include strength training, aerobics, stretching, and balancing exercises for seniors with different levels of physical ability (Rabiner et al., 2004; Wallace et al., 1998). USM has offered senior fitness classes for 25 years that consistently have 100 to 125 enrollees, with 65 to 70 people attending each class. The wide range of fitness opportunities now offered in the greater Portland area has limited program growth. The University of Southern Maine chose to affiliate with Lifetime Fitness to take advantage of its national reputation and participate in disseminating this evidence-based program. The previous USM senior fitness program required minor changes to meet the Lifetime Fitness standards: adding a leg-strengthening program using leg and ankle weights and a balance component to the program. As a formal Lifetime Fitness site, the University of Southern Maine program contributes outcome data to the Senior Wellness Project.

Through a Healthy Aging Initiative Mini Grant, the director of the University of Southern Maine program became a Lifetime Fitness master trainer, providing training and support to six sites across the state including community hospitals, YMCAs, and community fitness centers. However, since the Seattle-based Lifetime Fitness program became a fee-based franchise, the program faces barriers to growth and sustainability in other areas of Maine. While the franchise fees are modest at \$250 annually, this was enough to stop one site from offering the program. Also, some sites perceive participating in the national program as administratively burdensome, requiring substantial data collection. USM does not maintain or analyze the data in-house. Sites collect and send to Seattle for analysis outcome data on health status, falls prevention, and three measures: leg strength, sit and stand, and arm curls. The University of Southern Maine collects feedback from the participants who are enthusiastic about the program, appreciating both the exercise and socialization.

When I joined Lifetime Fitness I could only walk two to three laps around the gym before my leg hurt so I had to stop walking. Now I can walk ten and a half laps with minimum pain and don't have to stop. I have kept in better shape and better health since joining the program.

The benefits I have gained include better balance, condition, minor weight reduction, better muscle tone, new friends, and support for a healthy lifestyle.

I have COPD and back problems and my doctor referred me to this program. I highly recommend this program to all seniors for health reasons and making new friends. I feel 100 percent better after going to class.

I joined Lifetime Fitness when I saw the benefits my mother was gaining...the exercise and sociability are great. The trainers are knowledgeable and supportive.

Living a Healthy Life Workshop. This 6-week chronic disease management course aims to provide participants with information on a variety of health promotion/disease management topics (Rabiner et al., 2004; Lorig et al., 1999.) This is the third component of the Seattle programs that include the Health Enhancement Program and Lifetime Fitness; Kate Lorig at Stanford University developed the program and replicated it nationally. The workshop takes place for two hours per week and covers topics including techniques to deal with illness-related problems, appropriate exercise, proper medication use, effective communication, correct nutrition, and making informed treatment choices. The MaineHealth System has the license for and operates this program in Southern Maine.

A Matter of Health Walking Program. The goal of this program is to encourage increased physical activity by providing pedometers and activity logs to participants. Funded by a Healthy Aging Grant from the Centers for Disease Control and Prevention and the Administration on Aging to the State of Maine Bureaus of Health and Elder and Adult Services, the Partnership for Healthy Aging developed and managed this program in several sites across the state for a 6-month period (November 2002 to May 2003). A faculty member from the University of Southern Maine Sports Medicine designed the program and Partnership for Healthy Aging served as the site in Southern Maine, while AAAs in other parts of the state implemented the program. Individually or in groups, participants received a step counter, instructions on its use, and a calendar to track their daily steps. On average, the 154 seniors who participated during the data collection period increased their steps by 143 percent. Over 250 older adults participated during the grant period, ending with a tea at the Governor's home. Some areas have continued the program; others find the cost of pedometers to be a barrier. Data collection ended at the end of the grant-funding period.

Maine Nutrition Network Activities. The Maine Nutrition Network, funded by the U.S. Department of Agriculture, addresses a range of nutrition issues through the lifespan and is housed at the

Muskie School at the University of Southern Maine. Local or state matching funds are required. The Area Agencies on Aging in Maine provide some matching funds and in return are able to hire registered dietitians and registered dietetic technicians to work in their regions. For several years, nutrition assistants used a screening tool to identify potential nutritional risk with all Meals on Wheels recipients, followed-up by individual nutrition education home visits as indicated by a registered dietitian or registered dietetic technician—making about 450 education visits each year to Southern Maine Agency on Aging clients. More recently, Southern Maine Agency on Aging shifted its focus to providing group nutrition education to low-income seniors, providing presentations at dining clubs, senior housing and other groups, and publishing nutrition articles in its newsletter. Staff made 68 presentations attended by 920 seniors in the last year. Southern Maine Agency on Aging also took this opportunity to create a 10-minute discussion curriculum that they added to the end of A Matter of Balance classes, and recently expanded to a full 2-hour 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 direct funding through Title III-D is, by design, limited: it should serve as a catalyst to develop greater capacity and foster the development of comprehensive systems to serve older people. The Southern Maine Agency on Aging recognizes this intention and, with its partners, seeks to improve the lives of seniors through varied health promotion and disease prevention activities. In this final section, we address the key research questions outlined in the introduction to this case study, focusing specifically on the Southern Maine Agency on Aging, serving York and Cumberland Counties.

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

The Southern Maine Agency on Aging received \$6,329 in Title III-D money in 2004. Southern Maine Agency on Aging chooses to use its III-D monies to support the Maine Senior Games, a high-visibility program that keeps senior fitness in the public eye. Other programs are selected opportunistically— that is, if funding is available to the agency itself or to one of its community partners. While Southern Maine Agency on Aging has identified other important areas of health promotion and disease prevention for seniors, such as substance abuse, depression, and poly-pharmacy, resources are inadequate to develop additional new programming. Health promotion and disease prevention activities remain a very small part of Southern Maine Agency on Aging’s overall activities. Within this context, Southern Maine Agency on Aging aggressively seeks grant funding and works closely with the medical care system, which has more extensive resources.

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

Southern Maine Agency on Aging does not have sufficient Title III-D dollars to leverage additional programming, but the agency has been very creative in being a catalyst to promote community programming and outreach, as an advocate of senior wellness and as an organization with access to Administration on Aging and Bureau of Elderly and Adult Services grant funding. Creative approaches to other partnerships, seeking additional grant funding (for example, the Administration on Aging Evidence-Based Translation grant), Betterment Foundation funding, and soliciting in-kind contributions from community partners are important strategies used by Southern Maine Agency on Aging. Given the real limits to ongoing funding and competing demands for state and federal resources, Southern Maine

Agency on Aging’s strategies include identifying evidence-based programs, finding ways to maximize the scope and reach of health promotion and disease prevention programs through partnerships, and designing programs to be self-sustaining. Southern Maine Agency on Aging and its partners are creative in identifying ways health care organizations and health professionals can contribute to programs, for example by creating the “guest therapist” component of the lay leader translation of A Matter of Balance.

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

Southern Maine Agency on Aging relies heavily on its partnerships with other organizations to implement evidence-based health promotion programs for older people. These include substantial formal partnerships, and ongoing, less formalized collaborations. For instance, the Partnership for Healthy Aging exemplifies its partnership with major medical providers. The resources of the MaineHealth System serve as the foundation of support for Partnership for Healthy Aging, which in turn serves as the “home base” for several health promotion programs supported by Southern Maine Agency on Aging. Southern Maine Agency on Aging’s contributions of funding, such as contributing its share of the Administration on Aging grant monies to this project and in-kind support, combine with these other resources to create substantial programs. Active partnerships also result in community outreach activities shared across agencies, ensuring that a broad segment of the older population learns of the various programs offered by several sponsoring organizations. Finally, through an inclusive approach, Professional Advisory Committee membership, Southern Maine Agency on Aging, and Partnership for Healthy Aging achieve enhanced collaboration. Professional Advisory Committee members provide new sources of in-kind support, for example sites for health promotion activities, and broader networks, increasing the pool of participants and offering new perspectives on program design features. For example, inclusion of the Maine State Housing Authority on the Professional Advisory Committee for A Matter of Balance led to a very effective outreach approach, successful recruitment and training of resident service coordinators as lay leaders, and readily accessible locations for A Matter of Balance classes. The Maine Bureau of Elder and Adult Services has actively supported these efforts through participation on the advisory committee and mini-grants.

4. How Programs Were Chosen and Developed

Southern Maine Agency on Aging and its partners selected programs that had succeeded elsewhere, that lent themselves to collaboration with community partners, that had potential benefits across the state, and that were evidence based. Given limited resources, these strategies have been crucial to ensuring that they maximized the effect of funds and that Southern Maine Agency on Aging has

support from the State Unit on Aging. While these program selection criteria are common to other states or Area Agencies on Aging, Southern Maine Agency on Aging and the Partnership for Healthy Aging have gone beyond this to focus on independently sustainable programs.

5. Comprehensiveness of Health Promotion and Disease Prevention Activities

Southern Maine Agency on Aging is selective in adding new programs. Both funding and the challenges to program dissemination associated with being a predominantly rural state limit growth in most programs. There is limited public transportation and few senior centers; the combination creates challenges to bringing programming to consumers. It is also hard to carve out elder-specific programming from other funding sources because the state has substantial health problems that cut across age groups, including obesity and depression. In addition, even small fees can serve as barriers in this state, as illustrated in efforts to expand Lifetime Fitness (program founders in Washington State require a \$250 annual franchise fee) and the continuation of A Matter of Health walking programs for lack of resources to purchase pedometers.

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

It is difficult to assess the reach of these programs. With the exception of fitness programs for seniors at the University of Southern Maine and the Maine Senior Games, the health promotion and disease prevention programs in Southern Maine are recent undertakings and the total number of seniors participating in any one of these programs appears small. However, the overall senior population is also small and many of these programs target selected segments of the senior population. Geographically, dissemination efforts bring several of these programs to many parts of the service area and of the state—literally right to people’s homes in terms of programs being implemented in senior housing developments. Over 400 seniors participated in the earlier professionally led A Matter of Balance Program, close to 200 have participated in lay-led classes, and almost 50 volunteers are now trained coaches. This compares favorably to the statistics in more populous areas like Washington State, where about 1,000 seniors have participated in components of the Senior Wellness Project (Osber et al., 2005). Their innovative approach to translating A Matter of Balance from a professionally led program to a low cost lay leader model has the potential to extend and sustain this health promotion program in many communities. The result of the Administration on Aging health promotion grant to this one part of the state will include dissemination across the state. Similarly, the Lifetime Fitness program at the University of Southern Maine used mini-grant funding to develop master trainer capacity, bringing the program to other areas of the state.

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

Southern Maine Agency on Aging and its partners strongly support evidence-based practice research and are committed to evaluating the health promotion programs they offer as funding permits. By collaborating with the University of Southern Maine, Southern Maine Agency on Aging and the Partnership for Healthy Aging have developed evaluation activities for A Matter of Balance. The programs in place appear to have benefits beyond their immediate focus. Participants in both A Matter of Balance and Lifetime Fitness cite increased socialization and improved mental health in addition to the expected improvements in physical function. By locating the programs within naturally occurring communities such as senior housing, it has been easy for motivated participants to continue to meet together for exercise and socialization.

Southern Maine Agency on Aging and the Partnership for Healthy Aging actively use the information generated by this research to modify and improve the training and support provided to the lay leaders. For example, they compare their outcomes to those achieved in the original research conducted by Boston University for this program, and compare outcomes for their Health Enhancement Program to those of the original program in Seattle. For Lifetime Fitness, University of Southern Maine contributes data from the Maine participants to the national statistics. While this permits USM to market the program based on its affiliation with Lifetime Fitness in Seattle, it is not clear in what way submitting this data affects the Maine program, although individual participants receive outcome data to track their own progress toward personal goals. Similarly, participants in the Health Enhancement Program also receive personal data to monitor their progress. MaineHealth tracks program effectiveness and monitors participant outcomes in Living a Healthy Life through pre-post data collection. For grant-funded programs, such as a Matter of Health, the data collection ends with the grant.

Summary

Using limited resources, Southern Maine Agency on Aging has been able to create and support the dissemination of successful health promotion and disease prevention programs through its partnerships with other organizations, especially with the Partnership for Healthy Aging and the University of Southern Maine. The focus is on fitness programs serving individuals with some degree of physical or functional limitations, with disease management programs growing more slowly. Through creative program design and realistic concerns about sustainability, these organizations are succeeding in developing and disseminating low-cost programs that have the potential to achieve substantial impacts on the health and wellbeing of Maine seniors.

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