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Case Studies of Health Promotion in the Aging Network: Aging and Disability Services of Seattle, Washington

Final Report

Prepared for

Frank Burns
U.S. Department of Health & Human Services
Administration on Aging, Office of Evaluation
1 Massachusetts Avenue
Washington, DC 20201

Prepared by

Deborah Osber, M. P. H.
Donna Rabiner, Ph. D.
Joshua Wiener, Ph. D.
Barbara Gage, Ph. D.
RTI International
Health, Social, and Economics Research
411 Waverley Oaks Road, Suite 330
Waltham, MA 02452-8414

RTI Project Number 08490.007.005

CASE STUDIES OF HEALTH PROMOTION IN THE AGING NETWORK: AGING AND DISABILITY SERVICES OF SEATTLE, WASHINGTON

Authors: Deborah Osber, M. P. H.
Donna Rabiner, Ph. D.
Joshua Wiener, Ph. D.
Barbara Gage, Ph. D.

Project Director: Barbara Gage, Ph. D.

Federal Project Officer: Frank Burns

RTI International*

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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

Increasing attention is being given to health promotion and disease prevention strategies for the population in general, and for the older population in particular. As part of that initiative, Title III-D of the Older Americans Act funds activities to keep seniors healthy and acts as a catalyst to encourage these activities. Compared with other titles under the Older Americans Act, the funding for Title III-D is very small, $21.9 million nationally in 2003, out of combined funding for meals and services that support frail elders under Title III of $1.25 billion. This disparity in the investment for these programs reflects the intent of the Act not to fund health promotion programs for all elders across the United States, or even all clients served through other Older Americans Act programs. Rather, it reflects the intent of the Act to provide a small level of support that can be a catalyst to leverage resources from other sources to expand health promotion and disease prevention programs for older people. This case study is part of a larger effort to understand what the Aging Network has done with the modest investment the Older Americans Act provides, how they have expanded their health promotion and disease prevention efforts, what the characteristics of these programs are, and what needs to be done to better assess these programs and improve them over time.

Aging and Disability Services is the Area Agency on Aging serving Seattle/King County, Washington. Its mission is to develop a community that promotes quality of life, independence, and choice for older people and adults with disabilities in King County (Aging and Disability Services [ADS], 2004). Aging and Disability Services, along with the University of Washington Health Promotion Research Center, and Senior Services, Inc., were among the agencies selected as a site for evaluation of the disease prevention and health promotion services program of the Aging Network because of their combined strength in several key areas. These include the following:

- Wide Range of Services: This team of professionals leveraged health promotion and disease prevention resources to serve as a catalyst to provide a wide range of services to the diverse older population of Seattle/King County. The services range from bi-weekly delivery of produce to Meals on Wheels recipients, to helping seniors manage their symptoms of mild/moderate depression, to developing culturally sensitive fitness programs for immigrant elders. Aging and Disability Services, along with its community partners, has prioritized and actively pursued programs that emphasize the development, promotion, and measurement of healthy aging services.

- Commitment to Evidence-based Programs and Evaluation: The Aging and Disability Services, University of Washington's Health Promotion Research Center, and Senior Services, Inc. have a commitment to evidence-based approaches and to evaluate the impact of their programs.

- Strong Partnerships: The staff from Aging and Disability Services, University of Washington's Health Promotion Research Center, and Senior Services, Inc., have a strong partnership and history of working well together on a number of health promotion/disease prevention initiatives for older persons.

Between August 2 and 4 2004, RTI International conducted a site visit with staff from Aging and Disability Services of Seattle/King County, Senior Services Inc., University of Washington's Health Promotion Research Center, and the Healthy Aging Partnership to document their health promotion programs. These individuals were knowledgeable of and involved in the range of health promotion and disease prevention activities for older residents through Seattle/King County. In this case study, we provide an overview of the Aging and Disability Services site, a general description of the health promotion and disease prevention programs being supported by the aging network, a detailed description of key health promotion/disease prevention activities, and concluding remarks about potential opportunities and barriers to be faced, the sustainability of the Health Promotion Disease Prevention activities, and lessons learned to-date.

This case study examines the following:

- How health promotion and disease prevention activities fit into the overall activities of the Aging and Disability Services.
- How Aging and Disability Services leveraged the small amount of Title III-D dollars to develop larger health promotion and disease prevention programs.
- Partnerships which the Aging and Disability Services developed with other organizations to develop health promotion programs for older people.
- How Aging and Disability Services developed and chose the programs it supports.
- The degree to which Aging and Disability Services developed a comprehensive set of health promotion and disease prevention activities.
- How extensively the Aging and Disability Services programs have been implemented in its service area.
- What data are available on program participants and the effectiveness of Aging and Disability Services programs, and how these data are used by program managers and administrators.

SECTION 2
BACKGROUND
OVERVIEW OF AGING AND DISABILITY SERVICES

Aging and Disability Services is responsible for the planning, coordination, and administration of a variety of local-, state-, and federally-supported programs to serve older persons in Seattle/King County. Its goals are to address basic needs, improve health and well-being, promote civic and social engagement, and offer services that increase the independence for frail older adults and people with disabilities (ADS, 2004).

Organization and Sources of Funding

As the Area Agency on Aging for both Seattle and the surrounding county, Aging and Disability Services provides a full range of Older Americans Act funded services, including those provided through the Title III-D program. These services include adult day care, legal services, mental health services, nurse consultation, home health and home maintenance, home sharing, caregiver information and support, Alzheimer's support, health promotion/disease prevention, transportation, information and assistance, chore and personal care services, nutrition services, outreach/advocacy, respite care, elder abuse prevention, and job placement assistance. Most of these services are provided by a network of community-based organizations that contract with Aging and Disability Services. In addition, Aging and Disability Services also provides direct case management to approximately 4,000 clients for the state's Medicaid home and community-based services program (ADS, 2004).

In 2003, the agency had an annual budget of $58 million and provided services to 20,000 people (***Exhibit 1***). Most of this funding ($50 million) was non-discretionary and earmarked for specific services, such as Medicaid case management and home care, congregate and home delivered meals funded meals, and state-funded respite care (ADS, 2004). Federal funds provided from the Older Americans Act represented approximately 16.1 percent of total revenue for the Area Agency on Aging. Of this total, $134,189 (0.2 percent of total revenue) represented Title III-D funds. An additional 15.9 percent of its resources came from other federal sources, including the Senior Farmers Market Nutrition Program known locally and for the purposes of this report as Senior Market Basket Program, Vitamin Settlement Trust Fund Grant, ($85,000), Washington's Basic Health Plan Premiums ($2,655,245), Medicaid funding used to conduct training for agency homecare workers, ($716,107), the Office of Refugee Resettlement ($70,213), and the Centers for Disease Control and Prevention ($12,000). Approximately 74 percent of Aging and Disability Services revenues came from Medicaid and other state programs while local (City of Seattle) funds, private grants and participant contributions, represent approximately 9.7 percent of total funding (ADS, 2004).

Exhibit 1. Aging and Disability Services Operating Budget, 2003

Source of Revenue	Amount (in $)	Percent of Operating Budget
Older Americans Act – III D	134,189	0.2
Older Americans Act – Non III D	9,343,578	15.9
Medicaid & Other State Programs	43,527,020	74.1
Local (City of Seattle), Private Grants, and Participant Contribution	5,708,371	9.7
Total	$58,713,158	100.0

SOURCE: Aging and Disability Services Area Plan on Aging, 2004.

Demographics

In 2000, the total population of Washington State was 6.1 million people (U.S. Census Bureau, 2004) with 1.7 million people living in Seattle/King County. Twenty-seven percent of the 60+ population in the state (239,857 people) lived in Seattle/King County at this time. As seen in ***Exhibit 2***, in 2003, individuals who are 60 or older represent 15.3 percent of the overall state population (939,001). Of individuals aged 60 and older, almost 37 percent are between the ages of 65-74 (344,442); those 85 plus represent only 10.3 percent (97,002) of the total. Statewide, the majority of individuals over 60 are Caucasian, 89.4 percent (839,071), while Caucasian individuals comprise only 85 percent (203, 594) of the older population in Seattle/King County. Seniors of Asian descent are the largest minority group at 4.7 percent (44,170) of the population age 60 in the state as a whole; this same group in Seattle/King County represents more than 9 percent (21,646) of those 60 and older.

In Washington state, individuals of Hispanic/Latino descent represent 2.2 percent (20,949) of the population age 60 and older and African-Americans represent 1.8 percent (16,769) (U.S. Census Bureau, 2003). In contrast, in Seattle/King County, older people of African-American descent represent a larger portion of the 60+ population at 3.6 percent (8,573). In Seattle/ King County, population projections suggest that the total proportion of people of color will continue to grow, increasing from roughly 15 percent of the older population in 2000 to as much as 33 percent of the population aged 60 and over in 2050 (ADS, 2004).

Exhibit 2. Statewide Demographic Characteristics, 2003

Demographic Characteristic	Number	Percentage
Population age 60+	939,001	15.3%*
Population distribution		100.0
Age 60-64	248,418	26.5
Age 65-74	344,442	36.7
Age 75-84	249,139	26.5
Age 85+	97,002	10.3
Race of Population 60+:		100.0
Caucasian (Alone)	839,071	89.4
African American (Alone)	16,769	1.8
American Indian/Alaska National (Alone)	8,326	0.9
Asian (Alone)	44,170	4.7
Native Hawaiian/Pacific Islander (Alone)	1,517	0.2
Hispanic/Latino (may be of any race)	20,949	2.2
Two or More Races	8,199	0.9
Growth of Population Age 60+ Since 1990	+174,331	22.8%

SOURCE: Census 2003 Population Estimates: July 1, 2003

http://www.census.gov/popest/datasets.html

* Percentage of total population.

Between 2000 and 2010, the 60 and older aged population in Seattle/King County is expected to increase in absolute terms from 239,857 to 313,456 and as a share of the total population (from 13.8 to 16.8 percent). This anticipated increase follows a relatively stable decade of 1990–2000, when the older population increased modestly in number but decreased in share (ADS, 2004). The anticipated increases between 2000–2010 “are a prelude to more dramatic increases in the decades to come, as the baby boomers begin to retire” (ADS, 2004, p. 10). It is estimated that by 2025 the 60 and older cohort will represent almost 25 percent of the county’s population. While the number of 60+ residents is expected to see the most dramatic increases after 2010, the number of 85+ residents is already climbing quickly and will continue to do so for the remainder of the decade (ADS, 2004).

SECTION 3
HEALTH PROMOTION AND DISEASE PREVENTION ACTIVITIES

Aging and Disability Services offers a wide array of programs under Title III of the Older Americans Act and promotes a number of healthy aging initiatives. Many of these programs have become national models for other communities that are interested in enhancing the health and well-being of their older population. Although Aging and Disability Services has focused at least to some degree on health promotion and disease prevention activities for several decades, its philosophy, policies, and emphasis changed in 1999 when it began to more aggressively promote the organization, management, and delivery of healthy aging services.

Aging and Disability Services staff reported that the shift in its overall philosophy and emphasis was due, in part, to its increased collaboration and involvement with University of Washington's Health Promotion Research Center. By working with University of Washington's Health Promotion Research Center over a number of years, Aging and Disability Services staff began to recognize the value and importance of evidence-based research, and increasingly began to conduct rigorous evaluations of local-, state- and federally-funded community-based programs for older participants.

During the period of increasing collaboration with the University of Washington's Health Promotion Research Center, Aging and Disability Services staff members reportedly had an 'epiphany' when they recognized that the key services that they provided—information and assistance, physical activity programs, and nutritional services—were in fact components of a "healthy aging" paradigm for older persons. Aging and Disability Services integrated this new philosophy into both the 2000–2003 and 2004–2007 area plans. Aging and Disability Services incorporated four indicators that measure the impact of health promotion/disease prevention programs on the health and wellbeing of seniors receiving services (ADS, 2004).[2]

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[2] The data are collected from the state version of Centers of Disease Control Behavioral Risk Factor Surveillance Survey, the Visiting Nurse Services of New York Advantage Initiative, and two local surveys, Communities Count and King County Metro Rider Survey.

The domains and the specific indicators include the following (***Exhibit 3***):

Exhibit 3. Aging and Disability Service Indicators, 2004-2007 Plan

1. Civic and Social Engagement
    a. Percent of people who are active in three or more life-enriching activities.
    b. Percent of people who volunteer.
2. Independence for Frail Older Adults and People with Disabilities
    a. Percent of people with adequate assistance in activities of daily living.
    b. Percent of people who have someone to help them if they are homebound.
    c. Percent of people who get respite/relief from caregiving activity.
3. Basic Needs
    a. Percent of rental housing that is affordable.
    b. Percent of people who are aware of selected services in community.
    c. Percent of householders with unmet home modification needs.
    d. Percent of people who have access to public transportation.
4. Physical and Mental Health
    a. Percent of people whose physical or mental health interfered with their activities in the past month.
    b. Percent of people who report being in good to excellent health.
    c. Percent of people who participate in regular physical exercise.
    d. Percent of people who report cutting size or skipping meals due to lack of money.
    e. Percent of people who have a usual source of health care.

Since 1999, promoting healthy aging has been central to the mission of Aging and Disability Services. The Aging and Disability Services health promotion/disease prevention activities include the following ***(Exhibit 4***):

- The Senior Wellness Project, which is a three-component, evidence-based health promotion and disease prevention program for older persons with chronic conditions. The components include physical fitness classes, a chronic disease management course and a behavior modification program.

Exhibit 4. Aging and Disability Services Health Promotion/Disease Prevention Programs

Program	Program Type	Description	Lead Partners
Senior Wellness Program • Health Enhancement Program • Lifetime Fitness • Chronic Disease Self-Management	Multi-component intervention, including: behavioral health assessment, physical activity program, and chronic disease management program	• 6-12 month participant-directed health behavior change program. • Group exercises 3x /week (strength, balance, cardio, flexibility) • Six week course, volunteer led sessions which incorporates motivational and empowerment techniques to help participants manage chronic conditions.	• Senior Services of Seattle/King County • University of Washington's Health Promotion Research Center
PEARLS (Program to Encourage Active, Rewarding Lives for Seniors)	Depression screening/ intervention	Problem-solving counseling intervention to alleviate symptoms of minor depression	University of Washington's Health Promotion Research Center
Senior Market Basket (Senior Farmers Market Nutrition Program)	Nutrition	• Fresh produce bags delivered bi-weekly to Meals on Wheels recipients. Bags include newsletters with information about unfamiliar foods, recipes, and information about the farmers. • Market vouchers provided to low-income seniors to obtain $40 worth of produce per season from farmers' market.	• Pike Place Market Community-Supported Agriculture (CSA) • Senior Services of Seattle/King County Meals on Wheels(congregate meal providers) • Public Health Department
Healthy Aging Partnership (HAP) • Sound Steps	Physical activity program	• Coalition dedicated to helping older adults live longer, healthier lives. • Sound Steps Program: physical activity program that encourages seniors to walk independently or with a group for fun and fitness. Program organizers established sites throughout the city where participants could join a group for a supervised, pre-arranged walk or walk the route without supervision. Incentives were given to participants to encourage on-going participation.	• Public Health Department • Comprehensive Health Education Foundation (CHEF) • Senior Services of Seattle/King County • University of Washington's Health Promotion Research Center (HPRC) • Seattle Parks Department • AARP
Congregate Nutrition / Physical Activity	Nutrition and physical activity	Helps meet the dietary needs of adults 60 years and older by providing nutritionally sound meals in a group setting. Nutrition education, nutrition counseling, and social and fitness activities are also provided. Physical activity component required for 2004.	None

- Program to Encourage Active Rewarding Lives for Seniors, known as PEARLS, is an intervention designed to help those with mild to moderate depression develop problem-solving skills to improve the quality and productivity of their lives.

- The Senior Market Basket Program, which provides low-income, community-dwelling seniors with an increased supply of fruits and vegetables both to improve the quality of their nutritional intake and to expose them to a wider variety of produce. The market program also provides low income seniors with a $40 voucher for produce to be redeemed at local farmer's market during the growing season.

- The Sound Steps Program, designed to promote walking in a number of community venues throughout the greater Seattle area.

- The ongoing health promotion/disease prevention programming at senior centers, which include a variety of physical activity programs in conjunction with the delivery of congregate meals.

These types of health promotion programs/interventions have been designed to produce favorable outcomes for older persons and the communities being served (Rabiner et al., 2004)[3]. Aging and Disability Services works collaboratively with its key partners to plan for and implement its healthy aging initiatives. The primary partners that work with Aging and Disability Services include the following ***(Exhibit 5***):

- Senior Services, Inc., a large nonprofit agency that provides community-based services to older people through a network of senior centers, and programs (wellness, nutrition, transportation, adult day health, information and assistance, home sharing, senior rights, home repair, caregiver, outreach). In 2003, the agency provided services to 51,000 seniors, families and caregivers through nine senior centers, five adult day health programs, and the Senior Wellness Project.

- The University of Washington's University of Washington's Health Promotion Research Center, which is one of 33 research centers funded by the U.S. Centers for Disease Control and Prevention (CDC), and is a member of CDC's Healthy Aging Research Network (HAN) (http://depts.washington.edu.harn/). Recently completed Aging and Disability Services/University of Washington's Health Promotion Research Center evaluations include PEARLS, the Senior Wellness Project, Senior Market Basket Program, and Sound Steps.

- The Healthy Aging Partnership. Comprised of representatives from 32 not-for-profit government and community-based agencies, this coalition was established to promote healthy aging through community partnerships. The Healthy Aging Partnership initiatives include free, confidential information and assistance through an 800 toll-free telephone number. It also

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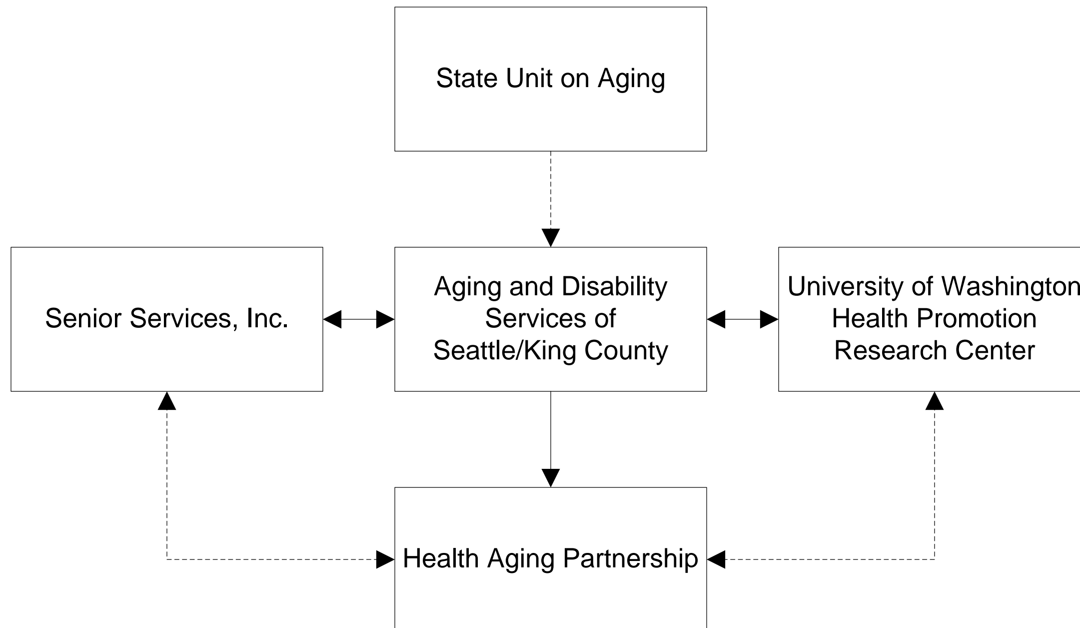
[3] Rabiner et al., 2004, summarizes the current research on evidence-based health promotion/disease prevention activities for older people and their outcomes.

publicizes health messages in newspapers and sponsors Sound Steps, a walking program for older persons.

Exhibit 5. Interaction of the Primary Health Promotion/Disease Prevention Partners in Seattle/King County



Aging and Disability Services officials report that the State Office of Aging has little direct involvement with the Healthy Aging initiative in Seattle/King County. Similarly, health promotion and disease prevention is not a priority in the Washington State Plan on Aging (Aging and Adult Services Administration, Department of Social and Health Services, 2002). Nonetheless, two State Unit on Aging-sponsored health promotion/disease prevention programs funded by Medicaid recently have been developed in response to the successful implementation of the Lifetime Fitness and Health Enhancement Programs by Aging and Disability Services of Seattle/King County and its partners and to provide additional chronic disease management for Medicaid clients throughout the state. The two main state health promotion/disease prevention initiatives that involve Seattle/King County, but do not involve Aging and Disability Services are:

- A pilot Lifetime Fitness Program and Health Enhancement Program for Medicaid clients who attend adult day health programs and who live in Adult Family Homes (which are small residential settings serving up to six residents that provide long-term care services) and have medical costs of up to $10,000 a year Residents of Adult Family Homes are case managed by the State Unit on Aging rather than by Aging and Disability Services, since they are considered residential, rather than community-based services. To date, 30 individuals have been involved with the program and an additional 30 people are about to be screened to determine program eligibility. This pilot program, like the overall Senior Wellness Program, is designed to

promote exercise and positive behavior change among older persons with chronic health conditions. This pilot project started in June 2004 and will end in May 2006.

- The Washington State Medical Assistance Administration Disease Management Program for Medicaid beneficiaries. This program was designed to provide chronic disease management services to Medicaid clients with diabetes, chronic respiratory problems, asthma and/or kidney disease. The program is offered throughout the state, and has been in operation for approximately 2 years). Many of the community-based individuals participating in this program receive case management for long-term care services from Aging and Disability Services. For this one program, Aging and Disability Services case managers are able to obtain support and technical assistance from disease management case managers who have contracted with the state (through provider organizations such as McKesson and Renaissance, two large chronic disease management firms) to obtain specific health education materials and in-home visits (on an as-needed basis). Approximately 17,000 Medicaid participants ages 18 and over have been served to-date across the state of Washington, and approximately 2,500 individuals age 18+ have been served in Seattle/King County. Approximately 1,800 of the 17,000 Medicaid participants in the program (statewide) are aged 60 and over (State Unit on Aging, May 12, 2005).

Senior Wellness Project

Chronic disease is the principal cause of disability and the primary reason for seeking health care, accounting for 70 percent of all health care expenditures (Hoffman et al., 1996). There have been major advances in the medical and surgical care of chronic disease, but until recently, little has been done to help patients with self-management of chronic diseases over the long term (Rabiner et al., 2004; Lorig et al., 2001). In recent years, there has been a growing interest in self-management programs, which emphasize the patient's central role in managing his/her illness (Lorig et al., 2001; Sobel et al., 2002).

The Senior Wellness Project, a service of Senior Services, Inc., is an evidence-based health promotion and disease management program designed for older persons with chronic conditions. The Senior Wellness Project has three primary components: the Health Enhancement Program, a participant directed behavior change program; the Lifetime Fitness Program, physical fitness classes; and Living a Healthy Life Workshop, a chronic diseases management course.

The goal of the Senior Wellness Project is to implement and evaluate health promotion/disease prevention activities that are effective for seniors and cost-effective for providers. To accomplish this aim, University of Washington's Health Promotion Research Center staff assisted with the design of the programs to ensure that rigorous data would be collected on the use of program activities and client health outcomes. Each of the three programs is available to other sites for purchase. Senior Wellness, Health Enhancement Program and Lifetime Fitness are the property of Senior Services; training for Living a Healthy Life Workshop is available for purchase through Stanford University in California. Senior Services, Inc. provides program software and instructions, manuals and technical assistance to

participating sites along with on-site training. Local programs receive these services at no cost; non-local (outside King County, Washington) sites are charged for program training and licensing fees.

Health Enhancement Program. This program is a comprehensive participant-directed behavior change program supported by nurses, social workers, and volunteer mentors, with several components that vary based on the interests of program participants (Phelan, 2003; Phelan, 2002). Launched in 1996 as a randomized control trial, it has since been offered to participants and sites throughout the State of Washington, in eight other states, the District of Columbia and abroad. The program is designed to encourage and support seniors in making better choices about their health (Phelan et al., 2002). The Health Enhancement Program's components include

- health screening to determine actual and potential risks,
- development of a plan of action focusing on problems selected by senior participants,
- ongoing encouragement and feedback,
- problem solving health education and monitoring,
- access to individual and family counseling and support groups,
- links to community services, and
- access to volunteer support.

Participants also may take part in programs or support groups to learn how to provide self-care for chronic disease, increase physical or social activity, improve nutrition, and manage grief or loss, or depression. Individuals set individual goals from a list of 11 health risk areas including physical activity, nutrition/weight control, alcohol, smoking, incontinence, health self-management, socialization, falls, memory, depression, and medication management. With the help of a social worker or geriatric nurse, the senior develops a health action plan, which is designed to encourage and assist a senior in making better choices about their own health. The result is a combined effort on the part of the senior, the nurse and social worker, and physician to improve health and functioning, thereby reducing unnecessary medical care. The staff nurses and social workers, complemented by volunteer health mentors in the community, provide support to individuals to help them implement their plans.

The health mentor program, a component of the Health Enhancement Program, relies on trained volunteers who serve as models to coach and reinforce the adoption of healthy behaviors (Davis et al., 1998). Under the supervision of the Health Enhancement Program social worker and nurse, volunteers are

recruited, trained, and paired with participants who serve as models and coaches. The role of the volunteer is to extend and enhance the work of the staff, increase program effectiveness, and reduce costs.

In a suburb north of Seattle, a randomized controlled trial of the Health Enhancement Program, which compared 101 chronically ill participants aged 70 and older and 100 control group subjects, found a 38 percent decrease in the number of hospitalizations, 72 percent decrease in hospital days, 35 percent reduction in the use of pain killers and sleeping pills and a statistically significant reduction in physical inactivity for program participants at one-year follow-up (Leveille et al., 1998; Phelan et al., 2004). Subsequently, a community-based dissemination study of 304 participants aged 65 and over found an 11 percent decline in depressive symptoms, an 18 percent decline in physical inactivity at one-year follow-up, and an 11 percent increase in participants' rating their health the same or better at one-year follow-up (Phelan et al., 2002).

Lifetime Fitness Program. This program is a physical fitness class offered three times per week in ongoing sessions that includes strength training, aerobics, stretching, and balancing exercises for seniors with different levels of physical ability (Rabiner et al., 2004; Wallace et al., 1998). It was launched in 1995 as a pilot program and has since expanded to many sites in Washington and to many parts of the United States and abroad. Although some components of the course are uniform across sites, the aerobic component may be designed to reflect the ethnic/cultural background of the participants. For example, participants in a class in the South Eastern section of Seattle are primarily of Hmong or Laotian descent. Instructors incorporate familiar music and dance moves to generate increased interest and participation. See ***Exhibit 6*** for a photograph of Lifetime Fitness participants wearing traditional Hmong dress.

Exhibit 6. Lifetime Fitness Program Participants

A recent evaluation that assessed individuals (n=21) who participated in a one-hour Lifetime Fitness class twice a week for 12 consecutive weeks found that physical function improved by 15 percent, balance and coordination by 26 percent, and endurance by 18 percent (Cress et al., 2003). General health status improved by 33 percent, mental health by 40 percent, and social functioning by 89 percent). Cost and utilization analyses from a retrospective matched cohort study of 114 adults aged 65 and older who participated in at least one Lifetime Fitness program found that the total average annual increase in health costs was $642 among Lifetime Fitness participants versus $1,175 ($533 less) among similar enrollees who did not participate in the program, and program participants had a lower probability of hospitalization (Ackerman et al., 2003).

Living a Healthy Life Workshop. This six-week chronic disease management course is designed to provide participants with information on a variety of health promotion/disease maintenance topics (Rabiner et al., 2004; Lorig et al., 1999). The workshop is conducted for two hours per week in a community setting such as a senior center, church, or library. Workshops are facilitated by two leaders, at least one of which has a chronic condition, using a detailed instruction manual. Workshop topics include

- techniques to deal with problems such as frustration, fatigue, pain and isolation;
- appropriate exercise for maintaining and improving strength, flexibility, and endurance;
- appropriate use of medications;
- communicating effectively with family, friends and health professionals;
- importance of proper nutrition; and
- making informed treatment decisions.

The Living a Healthy Life workshop initially was developed by Kate Lorig and her team at the Stanford University Patient Education Center and is known as Chronic Disease Self-Management Model. When evaluating the initial program as a randomized study, program participants reported that persons in the treatment group had improved health status, improved healthful behaviors, and decreased days in the hospital (Lorig et al., 1999). Additional studies at Stanford University are currently underway to examine the impact of in-person versus telephone-based administration of the Living a Healthy Life workshop.

As part of an ongoing effort to measure the impact of the Lifetime Fitness Program and the Health Enhancement Program, University of Washington's Health Promotion Research Center has worked closely with Senior Services, Inc., to develop the data collection instruments and data analysis procedures; Senior Services, Inc. staff obtain baseline and follow-up data from participants. In addition,

several evaluations of the Senior Wellness Project are planned for the next two years. Three of the planned evaluations will focus on the Lifetime Fitness Program (one will deal with the impact of the Lifetime Fitness Program on arthritis, another will study the impact of combining the Lifetime Fitness Program with group discussion sessions, and a third will examine the impact of both the Lifetime Fitness Program and Health Enhancement Program on the well-being of Medicaid patients in adult family homes). A fourth planned evaluation will examine the impact of the Health Enhancement Program at work sites when health educators, rather than nurses, implement the intervention.

The Senior Wellness Project has been supported by a number of different sources since its inception. The Lifetime Fitness Pilot Project (the first component to be developed) was funded in 1995 by a grant from the U.S. Centers for Disease Control and Prevention. The following year, a Health Enhancement Program randomized controlled trial was funded by the Retirement Research Foundation. Aging and Disability Services began funding the Senior Wellness Program in 1997. The Administration on Aging provided $100,000 in discretionary funds later contributing an additional $50,000 to further refine the program for wider dissemination and for work with health care providers. Local area hospitals also have provided some in-kind and direct program support since 1998. Similarly, Group Health Cooperative of Puget Sound has paid the cost of the Lifetime Fitness Program for Medicare-enrolled members since 1998. In 2001, the Robert Wood Johnson Foundation provided an additional $749,000 for a two-year national Health Enhancement Program replication and evaluation study. Finally, the Seattle/King County Public Health Department has provided a total of $40,000 in additional funding to support the program.

The Senior Wellness project is being offered on an ongoing basis to chronically ill older persons in four languages and settings to match the needs and desires of local populations. ***Exhibits 7*** and ***8*** list the numbers of individuals participating in each program and total demographic information.

Exhibit 7. Number of Individuals Served by Senior Wellness Project, 2002-2004

Program	2002	2003	2004	Total
Lifetime Fitness Program	1,445	2,584	3,042	7,071
Health Enhancement Program	985	1,012	1,088	3,085
Living a Healthy Life Workshop *	71	93	91	255
Total	2,501	3,689	4,221	10,411

* The number of Healthy Life Workshop participants is assumed to be underestimated due to a lack of complete reporting by the sites.

SOURCE: Senior Services, Inc., 2005.

Exhibit 8. Combined Demographics on Senior Wellness Project Participants, 2004 (n=4,221)

	Percent
Gender	
Female	69
Male	26
Unknown	5
Ethnicity	
Asian/Pacific Islander	6
African American	5
Hispanic/Latino	4
Native American	1
Caucasian	71
Other	1
Unknown	12
Age	
Under 59	4
60-74	37
75-84	40
85+	13
Unknown	12
Income	
Low (less than 50% median income	37
Unknown	40
Location	
Rural	12

SOURCE: Senior Services, Inc., 2005.

The Lifetime Fitness Program is available in Spanish, Hmong/Lao, Somali, and English. The Health Enhancement Program is available in both English and Spanish. The Living a Healthy Life Workshop is available in English only. As of August 2004, over 1,000 Washington State seniors, 50 sites in Washington and 28 additional sites in other states either previously or were then participating in and paying Senior Services, Inc., for both the substantive content, and legal right to use of least some components the Senior Wellness Program.

Senior Services, Inc., is eager to expand and promote the Senior Wellness program both throughout Washington as well as in other states and countries. A business plan has been developed for the organization to better target to organizations that would find benefits in the program and for better marketing materials. The program hopes to generate sufficient income to become self-sustaining within five years so that it does not have to rely sole on government or grant funding.

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)

To respond to concerns about the high prevalence of untreated depression among older persons, the PEARLS program was designed to help persons with mild to moderate depression develop problem solving skills to improve the quality and productivity of their lives (Ciechanowski et al., 2004). The intervention relies primarily on non-medical personnel to implement a structured problem-solving intervention with low-income Medicaid eligible frail seniors using other home-based services. The degree of depression is assessed through the application of a screening instrument which is administered by telephone both before and after the PEARL intervention. Working collaboratively with staff from a variety of Seattle-based organizations, such as Aging and Disability Services, University of Washington's Health Promotion Research Center developed PEARLS. Aging and Disability Services serves as the lead provider of the service and the University of Washington's Health Promotion Center conducted the analysis of PEARLS during the initial intervention phase to determine program effectiveness. Aging and Disability Services assumed responsibility for evaluating the effectiveness of PEARLS once the initial intervention study was completed in 2003. The PEARLS intervention has since been incorporated into Aging and Disability Services' case management program.

The PEARLS intervention consists of six to eight home visits with an interventionist who helps participants select problems to address and develop action plans. After approximately five months of visits (one to two visits per participant per month), a series of follow-up telephone calls are made to check on participants through the 12th month of the intervention. During this period of time, individuals are encouraged to identify social, physical, and pleasurable activities which would assist in the participant's ability to re-engage with their community. Final measures of depression are taken at 12 months to examine change in quality of life outcomes, including depression, over time.

Individuals who are interested in enrolling in the program are required to undergo an initial screening using a variety of health, cognitive, and assessment tools. Project staff members, known as interventionists, visit participants in their homes. Persons with serious mental illness, cognitive decline, alcohol and or substance abuse problems, those unable to speak English, and those under the age of 60 are eliminated from the study. During the initial round of the study, 138 individuals participated in the 2-year randomized controlled trial (72 of whom received the PEARLS intervention and 66 of whom received usual care). Forty-two percent of PEARLS participants were persons of color; 82 percent were women, all of whom were low-income, and most of whom had co-morbidities (Ciechanowski et al., 2004). The program cost for the first round was $630 per participant per year (Ciechanowski et al., 2004).

Results of the initial PEARLS study indicated that the program made a significant difference in quality of life outcomes (including a reduction of depressive symptoms, increased likelihood that the symptoms of depression will not return, increased functional well-being and enhanced emotional well-being) for frail home-based seniors (Ciechanowski, et al., 2004). A decrease in health care utilization, including outpatient visits, mental health visits, medical hospitalizations, emergency room visits or in-home assistance also was reported, as was increased self-efficacy, and sense of control among participants. A *Seattle Times* article, published in April 2004, summarized one PEARLS participant's experience with the program; a synopsis of his comments may be found in ***Appendix A***.

Despite the initial success of the pilot program, several logistical and research challenges needed to be overcome by the study team. In particular, the University of Washington's evaluation staff reported that the most significant barrier was client recruitment. Only one out of every 10 people who satisfied the study's enrollment criteria were interested in participating. The study enrolled an adequate number of participants only after using all available case managers in Seattle. Since that time, PEARLS implementation staff at Aging and Disability Services sites has reported similar difficulties in enrolling individuals. To compound matters further, only one half-time Aging and Disability Services staff member is available to conduct the initial and/or follow-up screening. Because of the difficulty enrolling participants and the lack of available staffing, Aging and Disability Services set 30 participants per year as a goal for both 2004 and 2005. In 2004, 23 individuals participated. See ***Exhibit 9*** for demographic information on PEARLS participants during 2004. To improve participant retention, Aging and Disability Services offers a food voucher as an incentive.

Other challenges reported by program staff (during both the pilot, and full implementation phase of the program) include the fact that it has been difficult to determine from the telephone screening whether the client has cognitive deficits, a personality disorder, anxiety disorder, or drug/alcohol abuse. Additionally, when asked to divulge whether they have depression, individuals may deny feeling depressed or may not be truthful in answering screening questions. The stigma of depression as a character flaw or weakness has been an additional barrier to program enrollment. Similarly, the clinical effects of depression—having low energy, a lack of initiative and a negative outlook—often affect a participant's ability to engage in treatment and limit the success of the program.

Exhibit 9. Demographic Information for PEARLS Program Participants, 2004 (n=23)

	Percent
Gender	
Female	78
Male	22
Ethnicity	
African American	35
Caucasian	61
Other	4
Income	
Low Income	100
Age	
Mean	74. 4 years

SOURCE: Aging and Disability Services, 2005.

The PEARLS study was funded with a $35,000 grant from the U.S. Centers for Disease Control and Prevention to the University of Washington through its Healthy Aging Partnership). An additional $20,000 was provided by the Administration on Aging in 2004 for program expansion. Although the official PEARLS study period has ended, the intervention has continued. Aging and Disability Services uses Title III-B case management and state funding to support the PEARLS interventionists for the foreseeable future. The University of Washington's Health Promotion Research Center will provide technical assistance and statistical consultation to Aging and Disability Services. Among the measures that Aging and Disability Services is monitoring include physical health, which is being assessed via surveys at all counseling sessions; general health, social and physical activity, which are being assessed via surveys at the first and final counseling session; satisfaction, which is being evaluated at each counseling session; reason for termination (if the person does not complete all sessions); and depressive symptomatology, which is being measured at annual case management assessments.

Seniors Farmer's Market/Market Basket Program

While the nutritional status of the younger population has been a focus of ongoing research and public policy interest, it is not as well known that many older people do not have proper nutrition (Rowe and Kahn, 1998). A combination of long-term bad health habits, sometimes poverty, dental problems, and lack of knowledge about the nutritional requirements of aging all play a part (Rabiner et al., 2004; Rowe and Kahn, 1998). Over the past few years, a number of health promotion programs have been implemented to improve the nutritional health status of older individuals (Rabiner et al., 2004).

The Senior Farmer's Market Program is one such program. The program has two components; one delivers fresh produce to disabled low-income seniors receiving Meals on Wheels and the second provides low-income seniors with a $40 voucher to purchase produce at farmer's markets. The original program was designed to provide low-income, community-dwelling seniors with an increased supply of fruits and vegetables, both to improve the quality of their nutritional intake and to expose them to a wider variety of healthy foods than would otherwise be available through the Meals on Wheels program.

The program was developed as a collaboration between Aging and Disability Services, the Public Health Department, Pike Place Market Community Supported Agriculture, Senior Services, Inc., and the University of Washington's Health Promotion Research Center. The University, Aging and Disability Services, and the Agriculture Program wrote a grant proposal to the U.S. Department of Agriculture (USDA), and in 2001, they received $50,000 in USDA funds to purchase fruits and vegetables for low-income seniors. The program initially was developed as a pilot project with the hope of expanding it if it was successful. A total of 480 low-income Meals on Wheels participants were served between June and October 2001 (Johnson, Beaudoin et al., 2004). In 2004, 749 individuals received home delivery of produce. See ***Exhibit 10*** for demographic information on participants, which had majority participation by minority older persons.

The initial Meals on Wheels component of the Senior Farmer's Market program has remained largely unchanged since its inception. Seniors receive one bag of fresh produce every two weeks for a total of 10 bags during a given growing season. A bi-weekly newsletter is included in each bag that is distributed to members' homes to provide Farmer's Market news, information on the nutritional content of the current grocery bag, and suggestions for how to cook or prepare the items in each week's order.

Exhibit 10. Demographics on Market Basket Home Delivery Participants, 2004 (n=749)

	Percent
Ethnicity	
Minority	41
Caucasian	53
Unknown	6
Age	
60-74	41
75-84	37
85+	19
Unknown	3

SOURCE: Aging and Disability Services, 2005.

The University of Washington evaluated the pilot program using a fruit and vegetable intake survey administered by telephone to 87 participants and 44 comparison group members before and during the last month of basket delivery, as well as in-depth interviews with 27 participants at home. The evaluators found that home delivered produce increases fruit and vegetable intake (Beaudoin, Smith, and Johnson, 2001; Johnson, Beaudoin, et al., 2004). Results indicated the following:

- Participants appreciated and enjoyed the variety and quality of the produce.
- Some participants would not have had access to the fresh fruits and vegetables without the program.
- Home delivered produce stimulated participants' interest in healthy foods.
- Seventeen percent of participants increased their consumption of fruits and vegetables to five or more servings per day by the end of the season.
- The program newsletter supported the consumption of fresh produce.

Senior Market Basket staff members have described the partnership as a "win-win" for both seniors and farmers. Seniors are able to receive a wide variety of good-tasting fresh fruits and vegetables while farmers benefit from having a guaranteed market for their crops. Typical responses from the participants and farmers who participated in the pilot study are featured below.

> "I just wanted to write a few lines and thank you for the senior farmers market checks that you gave to me while you were here in Omak. I am not accustomed to asking for, or accepting anything I have not earned, but I must tell you that these checks have been a God send. I used my last one today. I have been able to enjoy a variety of fruits and vegetables that I never would have without the checks. " (From Farmer's Market participant)
>
> "The senior check program was one of my highlights of the year at the farmers market. I met lots of new people and expanded my customer base. The seniors were so enthusiastic about the chance to try varieties of vegetables they don't see in the store. I think it got them more interested in eating fresh food. It also gave them a reason to get out and interact with the rest of the community. I hope the newspapers cover this program. It is one of the best things our state has ever done! You definitely have my vote to keep this program going and growing!" (From Farmer's Market Participating Farmer)

Because of the initial success of the pilot program, Aging and Disability Services applied for, and obtained $30,000 of additional funding from State of Washington Vitamin Settlement funds,[4] along with

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[4] As part of the vitamins lawsuit in 2000, Washington State received $10.6 million in damages under a settlement in a global price fixing conspiracy case. Six companies were accused of illegally conspiring to raise the price of vitamins purchased by consumers and vitamin products used in the manufacture of food products. Businesses and consumers applied to receive portions of the settlement.

$40,000 from the Administration on Aging and the State Senior Citizen Services Act discretionary funds to expand the program throughout the state. After the appropriate allocation of the various funding sources, the program is administered by Aging and Disability Services in partnership with the Public Health Department, WIC Farmers Market Nutrition Program, other Area Agencies on Aging, Washington State Farmers Market Association, Washington Association of Senior Nutrition Programs, Department of Agriculture, Washington State University Cooperative Extension, Northwest Urban Indian Community, food banks, individual farmers, civic groups, and advisory boards.

The recently expanded Senior Market Basket Program provides vouchers/coupon books to seniors who earn less than 185 percent of the federal poverty level and are age 60 and over. In 2004, 900 seniors received a book of vouchers worth $40 per season to be redeemed at their local farmers market. Program staff acknowledge that $40 does not go very far; however, it does give seniors the opportunity to "get a taste" of the local market while supplementing their groceries. Additionally, as a way to stretch voucher dollars as much as possible, farmers discount the price of produce for the participants. Of the 900 vouchers, 350 coupons were distributed to ethnic minorities.

The expanded Senior Market Basket Program was evaluated by the State Department of Social and Health Services (i.e., the State Unit on Aging) and Aging and Disability Services. The State Unit on Aging and Aging and Disability Services staff surveyed four groups, including participating farmers (n=221), farmer's market managers (n=352), seniors receiving vouchers for the farmers market (n=449), and seniors receiving home delivered produce (n=270). The survey results indicated that the program goals of increasing farm sales and consumption of fruits and vegetables were achieved. Additionally, the program was well received and popular with all four groups (2003 Farmers Market Nutrition Program Survey, no date). Ongoing monitoring of the Senior Market Basket program will be the responsibility of the State Department of Social and Health Services, Aging and Disability Services Administration.

Sound Steps Program

Physical and psychological benefits of increased physical activity have been widely documented in healthy and in chronically ill older populations (Geffken et al., 2001, Mazzeo et al., 1998, U.S. Department of Health and Human Services [US DHHS], 2000, Marcus et al., 2000, Jette et al., 1999). Despite this information, older adults remain largely sedentary. During the past five years, the number of programs designed to increase general physical activity or aerobic exercise by aging adults has increased dramatically (Rabiner et al., 2004). The Sound Steps Program, launched in the summer of 2003, is a physical activity program that is designed to encourage sedentary older adults to walk for fun and fitness. During the first year, the program was based at seven of the 44 Seattle Parks and Recreation

senior/community centers, and in the second year, expanded to include nearby senior centers and community centers. In 2003, 427 walkers registered and 599 walkers registered during 2004. See ***Exhibit 11*** for participant characteristics. Senior adult program staff from Seattle Parks and Recreation and volunteers has been trained to implement the program (University of Washington, 2003).

The program offers walkers several choices: participants may walk on their own, walk with organized groups from the local community center, or walk with others participants independent of the organized walks. Weekly organized walks are arranged at each of the sites and led by a volunteer or Parks and Recreation staff. Participants are given a monthly walking log to track the time or distance accomplished during each walk. Incentives such as neck wallets, pedometers, and brightly colored tee-shirts are provided to encourage ongoing participation in the Sound Steps program. Sound Steps, which runs from May to October of each calendar year, is free to participants.

Exhibit 11. Demographic Information on Sound Step Participants, 2003-2004

	2003	2004
	Percent	**Percent**
Age		
Under 55	7	9
55-64	22	24
65-74	40	43
75 or older	31	24
Gender		
Female	83	84
Male	17	16
Race/Ethnicity		
White	82	73
African American	7	7
American Indian	n/a	1
Asian or Pacific Islander	8	16
Latino	1	2
Multi-ethnic	1	2
Number of participants registered	**427**	**599**

SOURCE: University of Washington’s Health Promotion Research Center, 2004.

Results from two evaluations of the effectiveness of Sounds Steps by University of Washington's Health Promotion Research Center[5] in 2003 and 2004 found that Sounds Steps has done the following:

- Increased physical activity: Of those who reported at baseline that they had not walked at all, 41 percent turned in walking logs indicating that they had become more active. Previous walkers showed a modest increase both in how long and how many times per week they walked. These self-identified walkers increased their average walking time from 30 to 39 minutes a day, and the average number of times they walked from 3.75 to 4.19 times per week. Previous non-walkers averaged 41 minutes a day, 3.1 times per week.

- Improved health: A number of walkers reported noticeable improvement in their health status and stamina over the course of the summer. People found it much easier to walk a longer distance. They experienced fewer chest pains on inclines, decreased back pain, more energy, better sleep, and boosted spirits.

- Increased exposure to Parks and Recreation Department programming: Organized walkers and Sounds Steps staff both commented on the fact that those who came to the Sounds Steps program became more aware of existing programs at the community centers. According to University of Washington's Health Promotion Research Center, "exposure to community programs not only enhances the likelihood that these older adults will be more physically active; it also addresses the increased need in older age to avoid social isolation" (Cheadle et al., 2004).

Although the Sound Steps program is anticipated to continue during the spring/summer of 2005, it is not clear whether subsequent evaluations will be conducted in 2005 and beyond. More specifically, while each program has received general implementation/evaluation guidelines from the University of Washington, no formal evaluations have been planned beyond that at this time.

The program has been supported by a $25,000 grant from the Robert Wood Johnson Foundation, and a $15,000 National Blueprint Mini Grant from six partnering Blueprint organizations—AARP, National College of Sports Medicine, American Geriatrics Society, Centers for Disease Control and Prevention, National Institute on Aging and the Robert Wood Johnson Foundation—to develop the Sound

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[5] To conduct this evaluation, University of Washington's Health Promotion Research Center analyzed baseline questionnaire data completed at registration and walking logs. In addition, it conducted six focus groups of organized walkers from six of the community centers and interviewed 53 individuals from the following groups: (1) Parks and Recreation Senior Adult Program staff; (2) Parks and Recreation Community Center Coordinators; (3) Sounds Steps volunteers; (4) walkers who did not participate in organized walks; and (5) people who left the program (Cheadle, 2004).

Steps Program (The Robert Wood Johnson Foundation [RWJF], 2001).[6] The Healthy Aging Partnership, Seattle/King County, Aging and Disability Services, the Seattle Public Health Department, and the Seattle Parks and Recreation Department also have provided financial or in-kind support to implement this walking program.

Congregate Nutrition/Physical Exercise Program

Aging and Disability Services is responsible for providing nutritionally sound meals in a group setting. As part of that mandate, Aging and Disability Services determines which senior centers will receive funds to provide congregate meals to seniors. In order to encourage meal sites to offer exercise programs during the prior contract period, Aging and Disability Services created a payment structure whereby sites received full reimbursement when congregate meals were paired with physical activity. If no physical activity occurred, sites received only 85 percent of the reimbursement level. The type of physical activity provided could include an exercise class, lifetime fitness program or a walking program. During the 2004 RFP cycle for nutrition service contracts, the linkage of physical activity programming to congregate meals was made a requirement of all sites

In 2000, Aging and Disability Services worked with a number of its senior and community centers to develop a bar-coded identification card known as the "Gold Card" which could be used both by program staff as a means to provide the Aging and Disability Services with real-time, web-based data on use of meal services, and by program participants as a discount card, free pass to the zoo and aquarium, library card, information and assistance card entry, and an entry pass for meal sites. In 2004, 12 ethnic minority sites reported that 2,522 unduplicated congregate meal clients were tracked using the Gold Card. See ***Exhibit 12*** for participant information at the 12 sites using the Gold Card for congregate meal clients. Aging and Disability Services also reported that one of these sites uses the card to track/report both nutrition and health promotion related activities.

While the 12 ethnic/minority centers use the Gold Card system to report their monthly meal service activity (as no other computer-based system previously was developed for reporting to Aging and Disability Services), Senior Services, Inc., the main provider of meals and exercise programs in the

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6 National Blueprint mini-grants provide one-time funding for programs that are designed to increase physical activity among adults aged 50 and over.

greater Seattle service area, declined to participate in this program as it already had developed its own method of providing utilization data to Aging and Disability Services.

Exhibit 12. Participants at Gold Card Sites, 2004

	Total Percent
I. Geographic Location	
Region	
Seattle Neighborhoods	58.6
East Rural	0.1
East Urban	5.5
North Urban	4.8
South Urban	18.2
Other (Outside King County)	6.0
Unknown	6.7
II. Income Based on HUD Guidelines	
Very Low (<30% Median)	73.3
Low (<50% Median)	9.2
Moderate (<80% Median)	0.8
Above Moderate (>80% Median)	0.1
Unknown	16.6
III. Age	
35 to 59	4.4
60 to 74	53.5
75 to 84	31.5
85 and over	8.2
Unknown	2.4
IV. Gender	
Female	58.5
Male	39.5
Unknown	1.9
V. Persons with Disabilities	
Yes	13.1
No	55.1
Unknown	31.8
VII. Race/Ethnicity	
American Indian or Alaska Native	3.8
Asian, Asian-American	74.2
Black, African-American, Other African	2.6
Hawaiian Native or Pacific Islander	3.3
Hispanic, Latino	3.0
Multi-Racial/Other	1.0
Unknown	12.1
Total Number of Clients Served:	**2,522**

SOURCE: Aging and Disability Services.

An additional barrier to system development is that Aging and Disability Services has run into logistical difficulties expanding the implementation of the Gold Card. As a result, plans to expand the use of the Gold Card to allow for the additional tracking of data on both meals and exercise program utilization have been halted for the time being.

Although Aging and Disability Services has collaborated with the University of Washington's Health Promotion Research Center on many of its rigorous interventions, it currently lacks an easy-to-use tracking system that all centers would be willing to use in order to uniformly assess the number of people who have benefited from nutrition, exercise, and other Older Americans Act-sponsored programs. Collection of systematic data, particularly of attendance records and costs for the various activities, would help the Aging and Disability Services assess levels of participation, productivity, and financing and help guide the allocation of Aging and Disability Services funding.

SECTION 4
CONCLUSION

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 and intended to serve as a funding catalyst to develop greater capacity and foster the development of comprehensive systems to serve older people. Aging and Disability Services realized this intention and seeks to improve the lives of seniors through a wide array of health promotion and disease prevention programs. In this final section, we address the key research questions outlined in the introduction to this case study, focusing specifically on the Aging and Disability Services of Seattle/King County site.

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

While Aging and Disability Services has had a commitment to health promotion and disease prevention since the beginning of Title III-D funding in 1992, the emergence of healthy aging as a primary focus dates to the late 1990s. At that time, Aging and Disability Services staff members recognized that the key services that they offered were components of a healthy aging paradigm. As a result, Aging and Disability Services incorporated this philosophy into the Area Agency on Aging plan for the years 2000–2003 and expanded it in the 2004–2007 plan. Since that time, Aging and Disability Services has continued to develop health promotion programming and to aggressively promote the dissemination of evidence-based health and wellness services to its older population.

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

Aging and Disability Services has leveraged its Older Americans Act funds to play a larger role than those funds alone would allow. Title III-D dollars represented less than one percent of Aging and Disability Services' total annual budget in 2003. The Area Agency on Aging has used its Title III-D dollars as a catalyst to develop larger health promotion and disease prevention initiatives. One important strategy used by Aging and Disability Services and its partners has been the aggressive pursuit of grant funds from a diverse range of agencies and foundations, including the Administration on Aging, Centers for Disease Control and Prevention , U.S. Department of Agriculture, Office of Refugee Settlement and the Robert Wood Johnson Foundation. For example, Aging and Disability Services successfully collaborated with Group Health of Puget Sound, Senior Services, Inc., the University of Washington's

Health Promotion Research Center, and the Healthy Aging Partnership to secure grant support for the Senior Wellness Project, PEARLS, Sound Steps and the Senior Market Basket Programs.

In addition to leveraging its Title III-D funding with community partners and its pursuit of grant opportunities to support additional health promotion efforts, Aging and Disability Services also has maximized its resources through a policy of using pilot projects to demonstrate new programming before making major funding commitments to health promotion programs. For example, the Senior Market Basket program was launched as a pilot effort that became permanent only after it had been shown to be effective on a smaller scale. Similarly, the PEARLS project was formally incorporated into the Aging and Disability Services case management program only after a Centers for Disease Control-funded pilot study. Introducing new activities through pilot programs has provided the Aging and Disability Services with the opportunity to demonstrate the utility and feasibility of programs before making a commitment to sustain them.

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

Aging and Disability Services relies heavily on its partnerships with other organizations to develop evidence-based health promotion programs for older people. For example, its partnership with its senior and community centers enabled Aging and Disability Services to obtain physical space and marketing support for the Senior Wellness, PEARLS, and Sound Steps programs, and to generate additional support from private institutions and state and local governments. Aging and Disability Services also has adopted a policy of participating in other community health promotion efforts. For example, it became an early contributing partner of the Healthy Aging Partnership in order to support the activities of others in promoting the health of older persons and to gain the opportunity to establish contacts for future collaboration. The fact that many individuals working at or with the Area Agency on Aging have worked together for more than seven years has enhanced Aging and Disability Services' ability to collaborate effectively with its partners.

How Programs Were Chosen and Developed

Aging and Disability Services has selected a number of programs to support using a collaborative approach based on the strength of the research evidence, the availability of grant funding to support its research and service missions, and the specific interests of its research partners. The older population of Seattle/King County has benefited from the mix of health promotion and disease prevention services offered throughout this ethnically and geographically diverse region. Due to the presence of a network of community providers who are committed to promoting healthy aging in the Seattle/King County, a

number of evidence-based and cost-efficient health promotion/disease prevention services have been offered to the older population of Seattle/King County. Because of the rigor of the study designs and the careful development of the interventions, the health promotion/disease prevention services provided to the older population are of a higher quality in Seattle/King County than in most other community settings. While the benefits of these programs have been proven using evidence-based research, the total number of people benefiting from these services needs to be significantly larger to impact population health outcomes.

Comprehensiveness of Health Promotion and Disease Prevention Activities

Following its Area Aging on Aging plan, and working in partnership with University of Washington's Health Promotion Research Center, the Healthy Aging Partnership, and Senior Services, Inc., Aging and Disability Services has devoted its health promotion and disease prevention resources to the following areas: chronic disease management, through the Senior Wellness Program; physical activity, through the Lifetime Fitness and Sound Steps Programs; and nutrition, through the Senior Market Basket Program. Through its Healthy Aging Partnership, which has served as a learning and communications network and laboratory for emerging research and grant opportunities, Aging and Disability Services and its partners have been able to test new ideas and research projects with the use of small pilot program funds. Several of its programs, including the Lifetime Fitness and the comprehensive, behavioral health program known as the Health Enhancement Program, have been widely replicated in other parts of the country.

Extent to Which Programs Have Been Implemented in the Service Area

Responding to the growing body of evidence indicating that health promotion and disease prevention programs for older persons help them to main health and independence, Aging and Disability Services has used its Title III-D funding as a catalyst to make health promotion and disease prevention a central component of its programming. Aging and Disability Services has worked to develop new health promotion/disease prevention programs because it believes that doing so is central to its mission to promote quality of life, independence and choice for older persons and adults with disabilities in Seattle/King County. However, several of their programs remain in the pilot-study phase (such as Senior Market Basket) or have only recently been added to the array of services provided to the larger population of older persons in Seattle/King County (such as PEARLS). It remains to be seen if Aging and Disability's more recently developed initiatives will remain viable and become more widely available to the older population of Seattle/King County in the years to come.

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

Aging and Disability Services and its partners strongly support evidence-based practice research and are committed to evaluating the health promotion programs that they offer. The development of a close collaboration with University of Washington's Health Promotion Research Center in recent years has enhanced Aging and Disability Services' commitment to the development of sound research methodologies to test the effectiveness of health promotion programs, to disseminate them to the wider population at-large. While a number of health promotion programs, including the Senior Wellness Project, PEARLS, and Sound Steps, have expanded from the pilot-phase to full program implementation, it is too soon to determine their long-term sustainability. For example, it remains to be determined whether: (a) an adequate number of individuals will be recruited and (b) rigorous, ongoing evaluations of PEARLS and Sound Steps will be possible now that pilot program funds have been exhausted. Of particular concern is that the PEARLS program, which has targeted 30 new participants per year, has yet to meet its 2004 or 2005 enrollment targets.

In summary, Aging and Disability Services is committed to and has implemented impressive evidence-based programs in the areas of nutrition, physical activity, and disease management, and is dedicated to further refining existing, as well as developing new health promotion and disease prevention programs. Because of the collaboration with the Healthy Aging Partnership, the University of Washington's University of Washington's Health Promotion Research Center, and Senior Services, Inc., Aging and Disability Services is expected to enable additional individuals in the greater Seattle area to benefit from programs such as Lifetime Fitness Program, the Health Enhancement Program and the Living a Healthy Life Workshop. However, it remains to be determined whether newer programs, such as PEARLS and Sound Steps, will have a similar benefit on the senior population of Seattle/King County.

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APPENDIX A
PEARLS VIGNETTES

“It was a lifesaver for me,” says a program participant, who fell into despair and drinking after his partner of 50 years died suddenly of a heart attack.

“It was such a shock. After 50 years, I was alone and making decisions for myself. I had no close friends,” says the retired office manager from Seattle.

He disguised his despair by drinking heavily, frequenting bars and spending too much money. He stopped managing his diabetes and, at the lowest point, considered suicide.

“I was vulnerable and I didn’t really care. ”

Many people tried to help him, but he never could shake the despondency.

Luckily, an observant senior-center worker recognized his symptoms and suggested he contact the PEARLS research project.

For starters, the participant was helped to see that financial difficulties were making him a nervous wreck. As a result, he managed on his own to find a cheaper apartment that he loves.

Life’s been mostly positive since. “I’m back doing the things I like to do,” he says.

He volunteers at church and in the community and walks from his home on Seattle’s Capitol Hill down to Pike Place Market to buy flowers and eggs.

He attends the theater and, on his doctor’s recommendation, is learning to cook again. Recently, he entertained several friends and said “it felt good. ” His diabetes is under control. So is his bank account.

And he’s no longer consumed with grief over his partner.

SOURCE: King, 2004