Influencing Practice and Policy through a Collaborative Research Network: An Effective Strategy for Addressing Healthy Aging Issues

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2010 Joint Conference of SOPHE & PRC Programs
Symposium Objectives

- Describe an interdisciplinary, academic network that has been effective in influencing practice and policy
- Highlight key strategic initiatives from the Network that have enhanced practice and policy
Background

- More research is being directed towards understanding the determinants of healthy aging and developing evidence-based disease prevention programs.
- Challenge remains: How best to use findings and lessons learned to influence practice and policy?
Purpose of the CDC-Healthy Aging Research Network

- Better understand the determinants of healthy aging in diverse populations and settings;
- Develop and evaluate policies and programs that promote healthy aging; and
- Translate and disseminate such research into sustainable public health programs and policies throughout the nation.
CDC HAN Member Centers & Affiliates

University of Washington
University of Colorado
University of Illinois at Chicago (affiliate)
University of California at Berkeley
West Virginia University
Texas A&M University
University of North Carolina
University of South Carolina
Primary Sponsor

- CDC Healthy Aging Program

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The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.
Member Organizations

- CDC Division of Nutrition, Physical Activity and Obesity
- National Association of Chronic Disease Directors (NACDD)
- National Council on Aging (NCOA)
- Administration on Aging (AoA)
- AARP
- Environmental Protection Agency
- Health Foundation of South Florida
Project Partners (selected)

Alzheimer’s Association
Atlanta Regional Commission AAA
Fuqua Center for Late-Life Depression
John A. Hartford Foundation
North Carolina Healthy Aging Coalition
Retirement Research Foundation
Robert Wood Johnson Foundation
Rosalyn Carter Georgia Mental Health Forum
Substance Abuse & Mental Health Serv. Ad.
Competencies of HAN

- Advance science toward action and policy
- Improve capacity & infrastructure for healthy aging
- Develop and test evaluation tools
- Conduct multi-site studies
- Access/engage experts across disciplines
- Leverage connections with partners
- Operationalize frameworks
HAN Work Groups

1. Environmental and Policy Change to Support Healthy Aging
2. Healthy Brain: Promoting Cognitive, Mental and Emotional Health
3. Nutrition for Healthy Aging
4. Mobility
5. Technical Assistance (dissemination of evidence-based programs, measurement)
Initiatives Discussed Today

- Research to understand perceptions of the public and providers about brain health.
- Systematic reviews of interventions addressing emotional health and well-being.
- Planning a national evaluation to assess the implementation and effect of EBP.
- Efforts to develop, refine, and disseminate a series of environmental audit tools.
The Healthy Brain Initiative

Daniela Friedman
(Rebecca Hunter, on behalf of the Healthy Brain Interest Group)
What is a Healthy Brain? New Research Explores Perceptions of Cognitive Health Among Diverse Older Adults

What is cognitive health?
A healthy brain is one that can perform all the mental processes that are collectively known as cognition, including the ability to learn new things, intuition, judgment, language, and remembering.
Acknowledgements

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Background

National Public Health Road Map to Maintaining Cognitive Health

CDC Healthy Aging Research Network asked to “identify how diverse audiences think about cognitive health and its associations with lifestyle factors”

“Healthy Brain” Study and Promoting Cognitive Health (PCH) Workgroup formed (SIP 8-06)
Roadmap Priority Actions

1) Determine how diverse audiences think about cognitive health,

2) Develop communications strategies and tools to increase awareness among public health and aging service health care professionals about the current state of the science on cognitive health, and

3) Disseminate the latest science to increase public understanding of cognitive health and to dispel common misconceptions.

Project Activities

- Conducted 80 focus groups with 616 participants across 9 HAN sites (2005-2009)

Participants
- Rural & urban older adults, multiple languages & ethnicities
- Caregivers
- Healthcare providers

Special Issue of The Gerontologist - *Promoting Cognitive Health in Diverse Populations of Older Adults* (Vol. 49, Suppl. 1, June 2009)

Perspectives of Older Adults

- Concerned about cognitive decline
- Believe physical activity, healthy diet, social activity, mental activity, & spirituality help you “stay sharp” and be “right in the mind”
- Different cultures emphasize different aspects of cognition
- Mixed media messages about brain health

“I don’t know if there’s anything left that really they [media] know that is healthy for you.”
Caregivers’ Perspectives

(13 focus groups)

- “The main thing is staying active. Exercise the brain whenever you can because the brain goes idle if you don’t use it.”

- “We can make efforts to stay sharp as you age. Behaviors and lifestyle has something to do with it, but not everything.”
Providers’ Perspectives
(10 focus groups, 3 interviews)

- Conversations about preventing cognitive decline are unusual (more common among mid-level providers)
- Physicians recognize cognitive benefits of their health recommendations
- Healthcare system, clinical & patient barriers limit discussions unless prompted by patients, families, or signs of cognitive dysfunction
Providers’ Perspectives

*DocStyles 2008 Survey (n=972)*

- Professional journals - main information source
- All reported having discussions with patients about reducing the risk of cognitive impairment
- Over 70% reported advising patients to be physically active, get intellectual stimulation, eat a healthy diet or be socially active to reduce risk for cognitive impairment
- Most viewed strength of evidence for reducing the risk of cognitive impairment to be “moderate” or “weak/very weak"
Implications for Practice

- Consider cultural perceptions & opinions about cognitive health in developing messages
- Study how messages influence behavior & people’s motivation in decision-making
- Continue to examine providers’ cognitive health perceptions, knowledge, and practices
  - Systematic review & DocStyles 2009 analysis
- Better understand caregiver concerns about cognitive health & promote cognitive health among caregivers
Implications for Policy

- Primary care education: Emphasize more direct communication with patients & caregivers about cognitive health & impairment
- Work with partners to adapt & endorse message(s) about promoting cognitive health
  - Identify & use multiple channels
- Potential communication and interventions are pending:
  - NIH State-of-the-Science Conference (April 26): Preventing Alzheimer’s Disease and Cognitive Decline
Defining the Public Health Role in Depression for Older Adults: Findings from an Evidence-Based Review and Next Steps

Mark Snowden, MD, MPH
snowden@u.washington.edu
Centers for Disease Control
Special Interest Project 15

- Frame public health role
  - Appropriate interventions
- Expert Panel 1 (N=14) - Literature Review
  - Identify adequately researched interventions
  - Identify effective and ineffective interventions
  - Via community settings
- Expert Panel 2 (N=14) - Recommendation Levels
  - Evidence based
  - ‘Real World’ considerations
    - Strength of evidence
    - Feasibility
    - Potential impact on population of elderly depressed
Community Settings

- Senior Centers
- Adult Day Health Programs
- Home Health Programs (e.g., Visiting Nurse)
- Primary Care Clinics
- Community Mental Health Programs
- *Excluded University based research, specialty programs*
Literature Review Results

Search Research databases using key terms

3543 articles Found

Screen Article Titles and Abstracts (Level 1)

334 articles go to Level 2

61 articles to be Abstracted

Screen Article Text (Level 2)

113 articles to be Abstracted

Abstract Articles

174 (113 + 61) articles

Pass Screen

116 articles focused on Interventions

Fail Screen

58 articles focused on screening instruments

Fail Screen

174 (5%) Articles

Reject Articles

3148 (89%) Articles

Reject Articles

221(6%) articles

Summary Table of Articles for Evidence-Based Review
Consensus-Based Recommendations: Interventions

- Strongly Recommended:
  - Depression Care Management home and clinic

- Recommended:
  - Cognitive-Behavior Therapy, primary target = depression
Consensus-Based Recommendations: Interventions

- **Insufficient Evidence:**
  - Group Psychotherapy, primary target = depression
  - Individual Psychotherapies (except CBT), primary target = depression

- **Not Recommended:**
  - Psychotherapy, primary target = mental health
  - Education & skills training, targeting older adults & targeting caregivers
  - Geriatric health evaluation & management, home & clinic
  - Exercise, other primary targets (depression a secondary outcome)
  - Rehabilitation & occupational therapy
Review Topics for Community Guide Consideration

- Home-based Depression Care Management
- Clinic-based Depression Care Management
- Exercise Interventions for Older Adults
Adapting a CDC Review for the Community Guide

Mark Snowden, MD, MPH
University of Washington
Lesley Steinman, MPH, MSW
University of Washington

Task Force for Community Preventive Services Meeting
February 28, 2008
Adaptation of Older Adults Depression Review for the Community Guide

- Community Guide Methodological Standards
- Education- “Making the Case”
  - Magnitude of Problem
  - Key Concepts and Definitions
  - Effectiveness
Magnitude of Problem

- Prevalence (3%-20%)
- Associated Risks
  - Mortality in Cardiac Disease
  - Cerebrovascular Stroke
  - Functional Disability
  - Suicide
Elderly Suicides in the US 1950-2000; Rate per 100,000

(CDC, 2003)
Health Care Impacts of Depression

- Negative Impacts
  - Impaired Patient-provider relationships
  - Decreased Access to care
  - Decreased Self-care behaviors
  - Increased costs

- Effective Treatment
  - Decreases or stops depressive symptoms
  - Reduces thoughts of suicide
  - Improves functioning, quality of life, and physical symptoms, e.g. pain associated with chronic conditions
Mental Health & Mental Illness

Mental disorders: leading cause of disability among ages 15-44 (WHO).

Cost of lost earnings due to major mental disorders is $193 billion/year (Kessler 2008).

Task Force Recommendations and Findings:
This table lists interventions reviewed by the Community Guide, with Task Force findings for each. Click on an underlined intervention title for a summary of the review.

<table>
<thead>
<tr>
<th>Collaborative Care Treatment for the Management of Depressive Disorders</th>
<th>Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interventions to Reduce Depression Among Older Adults</td>
<td></td>
</tr>
<tr>
<td><strong>Home-Based Depression Care Management</strong></td>
<td>Recommended</td>
</tr>
<tr>
<td><strong>Clinic-Based Depression Care Management</strong></td>
<td>Recommended</td>
</tr>
<tr>
<td><strong>Community-Based Exercise Interventions</strong></td>
<td>Insufficient Evidence</td>
</tr>
</tbody>
</table>
Dissemination National Conference

CDC and Healthy Aging Research Network and Rosalynn Carter Georgia Mental Health Forum

Effective Programs to Treat Depression in Older Adults: Implementation Strategies for Community Agencies

*From Research to Practice*

May 19-20, 2008 The Carter Center, Atlanta, GA
Post-Conference Dissemination

- Webinars
- Action Briefs
- Technical Assistance packages
Research Translation: Promoting Evidence-Based Prevention Programs

Marcia Ory
Today’s Topics

- The AoA Evidence-Based Prevention Program
- HAN’s role in translating what we know works into practice
- Reference to tools and resources
- Implications for practice and policy
- Acknowledgments
  - Mary Altpeter, Basia Belza, and HAN Members
  - AoA, CDC, and NCOA
AOA Evidence-Based Prevention Program

A Decade of Support and Partnerships:
- 2003—Identifying evidence-based strategies in communities
- 2006-2007—Disseminating multiple evidence-based programs through states
- 2010—Taking to national scale in 45 states, DC and Puerto Rico

www.healthyagingprograms
AoA’s Evidence Based Prevention Program

- AoA’s Evidence Based Prevention Programs
- Programs Funded by Atlantic Philanthropies
- Metropolitan Area Projects of Diabetes Self-Management Training (DSMT) Program Initiative
- Metropolitan Area Programs of HHS Hispanic Elders Health Initiative
HAN Role In AOA Evidence-Based Prevention Program

- Provided TA on implementing and evaluating evidence-based programs within a RE-AIM framework
- Advised on data assessment strategies and tools
- Analyzed national data around RE-AIM
- Advised on national evaluation of evidence-based programs for seniors
- Served as bridge between aging and public health networks
Measures of Success Workgroup

• For states interested in outcomes
• Accomplishments
  ➢ Identified key research questions
  ➢ Developed common core battery
  ➢ Standardization of data protocols
  ➢ Midcourse review
  ➢ Ways to present data
  ➢ Strategies for building data collection into ongoing processes
RE-AIM Framework

www.re-aim.org

How do I reach the targeted population?
How do I know my intervention is effective?
How do I develop organizational support to deliver my intervention?
How do I ensure the intervention is delivered properly?
How do I incorporate the intervention so it is delivered over the long-term?

Reach
Effectiveness
Adoption
Implementation
Maintenance
Evidence-based Programs

<table>
<thead>
<tr>
<th>Chronic Disease Self-Management Program (CDSMP)</th>
<th>A Matter of Balance (AMOB)</th>
<th>EnhanceFitness (EF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All States 6-week group class</td>
<td>10 States 8-week group class with physical activity</td>
<td>10 States Continuous physical activity program</td>
</tr>
</tbody>
</table>

Total Number of Evidence-based Programs* = 14

*Other programs: Active Choices, Active Living Everyday, EnhanceWellness, Healthy Eating, Healthy IDEAS, Healthy Moves, Medication Management, Step by Step, Stepping On, Strong for Life, Tai Chi
Third Year Review

Nearly 50,000 (>48,000) seniors have been reached since late 2006

Participants reflect diversity—age, living arrangements and ethnicity/minority status

Capacity for scaling up in place—more than 350 host sites, over 2000 implementation sites

A third of EBPs delivered through aging services sector—rest through multiple partnerships

Some sites are showing strong penetration—in terms of numbers of programs offered—and number of different types offered
Getting to the Modules on the NCOA Center for Healthy Aging Website

www.healthyagingprograms.org

Online Training Modules

Introduction to Health Promotion Programs for Older Adults
Welcome to the Center for Healthy Aging’s interactive basic training modules on evidence-based health promotion for older adults. These modules are designed primarily for aging services providers, but if you work in a public health or human services agency, or you’re a volunteer in a health promotion program, or a student in gerontology or a health discipline, these modules can be useful training for you, too.

The modules are available in two series:

- **Series 1: Introduction to Health Promotion Programs for Older Adults**
  - Covers the basics of evidence-based health promotion programs for older adults
  - Includes 5 modules, plus a tutorial

- **Series 2: Making Effective Presentations**
  - Covers how to make effective presentations about health promotion programs for older adults
  - Includes 3 modules, plus a tutorial
NCOA Series 1 Modules

Introduction to Health Promotion Programs for Older Adults Series

**MAIN MENU**

*Scroll over each title to view a description*

Choose one:

- Tutorial: Introduction to Using the Modules
- Module 1: Making the Case for Health Promotion and Older Adults
- Module 2: What is Evidence-based Health Promotion?
- Module 3: Assuring Program Quality: The Importance of Reach and Adoption
- Module 4: Assuring Program Quality: The Importance of Fidelity
- Module 5: Assuring Program Quality: The Importance of Maintenance
Implications for Practice

Implementation of EBPs

- Embedding REAIM framework to guide program planning, delivery and data collection
- Selecting EBPs for different settings and populations
- Matching of missions to embed into existing public health and/or aging services delivery channels.
- Training infrastructure needed to deliver programs with fidelity
- Data systems needed for tracking reach, staffing infrastructure & program monitoring
Implications for Policy

Sustaining and Growing EBPs

- Assess partnership assets and programmatic costs
- Examine associations with various health-related outcomes
- Make a business case – identify fiscal and health, non-health ROI
- Identify referral and feedback mechanism with health care delivery system
- Identify reimbursement streams that can be tapped
Audit Tool Development: Promoting Environmental & Policy Change

Rebecca Hunter
On behalf of the Environmental Interest Group
Project Impetus & Evolution

- Impetus
  - Community partner concerns
  - Interest in built environment & aging

- Evolution
  - Design & piloting of audit instrument
  - Refinement & broader application
  - Data leading to broader focus on environmental issues
Initial Development

- HAN & SLU researchers draft revision of SLU audit tool keyed to older adults — Spring 2004
- Tested in 7 HAN communities — Summer 2004
  - Routes identified by older adults (& in some communities, aging service providers)
  - Interviews to identify factors most important to older adults
  - Audits by trained auditors (with some older adults)
- Tool revised based upon experience in further testing — November 2005, September 2009
Will I be safe?

- **Traffic/Pedestrian Safety**
  - Heavy, high speed, or aggressive traffic
  - Difficulty crossing intersections
  - Walkway issues, e.g., sidewalk too close to traffic
Will I be safe?

- Personal Safety
  - Fear of crime or intrusive people
  - Concerns about access to respite & help
    - Absence of benches or other places to rest
    - Fear of falling or adverse health event
Can I get where I want to go?

- Desirable destinations available/accessible
  - Transit links?

I’ve lived here for 50 years now…seems like just yesterday, I’d walk down to the store or go around to visit. Now the store is gone & my knee worries me. I still visit next door but I just can’t step down that curb to go much farther.
Common Destinations

- Homes of family, friends, & neighbors
- Grocery stores
- Post office
- Banks
- Pharmacies/ drug stores
- Restaurants
- Beauty salons
- Churches
- Libraries
- Parks

On Saturdays I walk to the drugstore, then downtown to get a hot dog. I always take my bus ticket in case I get too tired to walk back.
Will I enjoy myself?

- Interesting activities
- Variety
- Pleasant views
- Opportunities to talk with others
- Quiet time for self

I walk most everywhere – to the library, the drugstore & downtown. I love seeing the flowers blooming & watching the changes in the neighborhood!
Domains Assessed

- Land Use Environment
- Transportation/Street Design
  - Sidewalks
  - Bike lanes
  - Trails
  - Public Transportation
  - Traffic
  - Design
- Facilities/Amenities
- Aesthetics and Physical Disorder
- Social Environment
Subsequent Use

- Student projects
  - Colorado
  - Texas
- NHTSA study of older pedestrian safety & walkability *September 2006-08*
  - Routes in 10 neighborhoods in Hendersonville NC
Lesson Learned

Teams rule!
Lessons Learned

- Limited utility in non-metro settings
- Not all pathways are sidewalks!
Lessons Learned

- User variability important
- What works for research many not work for practice
- Detail needed to specify & track change to improve safety/walkability
Subsequent Initiatives

- Multi-site study of environmental factors in older adult walking
- Tools for non-metro study
- New focus on environmental policy change
  - Symposium
  - Action-oriented dissemination
Tools for Policy Change Project

- Engaging interested participants
- Producing policy briefs
- Providing online conferences & technical support
- Engaging online community in problem-solving & sharing of best practices
- Tracking of participants & actions implemented
Please join us!

- Join the movement for policy change to support healthy aging. Please register your interest and complete a survey to aid our planning. Go to:

www.prc-han.org