The Community Research Center for Senior Health

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Baylor Scott & White Health

- A new organization that combines the strengths of two nationally recognized health systems - *Baylor Health Care System and Scott & White Healthcare*
- Created a new model system to meet the demands of health care reform, the changing needs of patients and extraordinary recent advances in clinical care
- One of the largest in the United States and the largest not-for-profit health care system in Texas
- Includes 43 hospitals, more than 500 patient care sites, more than 6,000 affiliated physicians, 34,000 employees and the Scott & White health plan
- Research and Education mission remains strong with increased attention to population health
Number of Persons, 65 and older
1900 - 2060

Growing Population of Older Americans

**2012**

- **Males**
- **Females**
- **Baby Boomers**

**2035**

- **Males**
- **Baby Boomers**
- **Females**

*U.S. Census Bureau*
1960s—Older Americans Act

Medicare, Medicaid, Social Security created
Also began the independent living movement
Help Seniors Stay at Home

Older Americans Act Services

90% of seniors want to stay in their homes

53% of seniors rely on OAA transportation to remain in community

92% of home-delivered meal recipients said meals allowed them to live at home

4 out of 5 seniors believe their current home is where they will always live

http://www.rcaging.org/Portals/0/uploads/NASUAD_AgingInAmerica_Brochure.pdf
Total Healthcare Spending by Funding Source
1960 vs. 2009

US Medicare Spending
FY 1965 to FY 2019 (projected)
Five Leading Causes of Death
Preliminary 2010

Aged 65 and over
Number of deaths = 1,796,620

- Heart disease (27%)
- Cancer (22%)
- Chronic lower respiratory diseases (7%)
- Stroke (6%)
- Alzheimer's disease (5%)
- All other causes (34%)

http://www.cdc.gov/nchs/data/databriefs/db99.htm
Seniors and Their Health Conditions

• 91% of older adults have at least one chronic health condition
• 77% of older adults have at least two chronic health conditions
• More than one-third of older adults fall each year, with the financial impact of falls expected to reach nearly $55 billion by 2020
• One in four older adults experience behavioral health issues such as depression and anxiety, as well as medication and substance misuse

High Economic and Health Care Costs

Evidence-based health promotion programs can help older adults adopt healthy self-management behaviors, increase well-being, and reduce health service utilization
Funding for Seniors Not Keeping Pace

Current Funding Levels Unable to Meet Increased Pace

1980

$9.24
PER ADULTS 65+

2010

$3.85
PER ADULTS 65+

www.nasuad.org
Total Funding for Older Americans Act Programs
FY2001-FY2012, and FY2013 Budget Request

http://www.fas.org/sgp/crs/misc/RL33880.pdf
Funding for Seniors Not Keeping Pace
From 1980 to 2010

60% POPULATION INCREASE ADULTS 65+

34% FUNDING DECREASE AoA FUNDING

www.nasuad.org
Mental Health Treatment Spending vs. Total Health Spending (as % of GDP)

Health Aff, 2013 vol.32 (5) 952-962
Social-Ecological Perspectives

• The health and well-being of older adults will be improved only if we work from a broad perspective.

• Comprehensive planning and partnerships at all levels are required.

• Harassing individuals about their bad habits has very little impact.

• Changes at the individual level will come with improvements at the organizational, community and policy levels.
Evidence-based Programs
Providing Exemplary Care to Our Aging Population

• supports individualized care based on individuals’ unique needs, histories and other factors, and does not dictate “one-size-fits-all” treatment.

• develops through research, the results of which should be clearly stated and flexible in nature, and includes consumer representation.

• develops through research that is not limited to randomized clinical studies but also includes other forms of research to ensure that all racial and ethnic groups are represented.

• emphasizes safety and finding the right treatment for the individual as the top goal.

• supports doctor and consumer decision-making, not dictated treatment.

www.nasuad.org
A number of barriers still persist in bringing traditionally delivered evidence-based practice to those who would benefit

- Qualified Staff
- Rigid Protocols
- Standardized Delivery
- Cost/Funding Structure
- Scheduling
- Time Commitment
- Access
- Participant Recruitment

Evidence-based Programs

Those who would benefit
The CRC-Senior Health was created to strengthen the evidence base for interventions that address social and behavioral determinants of health through a partnership among:

- An academic health system (Scott & White Healthcare)
- The Texas A&M School of Rural Public Health (SRPH)
- The Central Texas Aging and Disability Resource Center (ADRC)

Funded in 2010 by the National Institute on Aging

Purpose as defined by NIH

To support the development, expansion, or reconfiguration of infrastructures needed to facilitate collaboration between academic health centers and community-based organizations for health science research.
Aims

• Infrastructure and Integration
  – To foster inter-institutional integration of current academic, community and clinical resources leading to new projects and a sustainable Center

• Community Engagement
  – Utilize and expand community partnerships to more fully understand local needs and to encourage community participation in all types of research

• Technical Support
  – Providing support to investigators and community-based programs in research design, program evaluation and data analytic techniques
Mission and Vision

Mission:
To engage individuals and their communities in programs that improve Senior health and wellbeing

Vision:
To be a valued national leader in efforts to promote senior health through trusted partnerships among academic, healthcare, and community organizations
Highlights of the Center Activities

• Provision of grants
  – To clinical and academic researchers to create or strengthen evidence for senior health interventions
  – To community organizations to implement evidence-based programs

• Conducting evaluations
  – United Way of Tarrant County’s Healthy Aging and Independent Living (HAIL) Initiative
  – A statewide physical activity program (Texercise)

• Strengthening infrastructure to build additional partnership
Funding of Academic Researchers

• Two grants were awarded to academic scientist-led research teams to conduct pilot research projects on interventions that impact the health and well-being of senior adults
  – Each research team was required to include a community partner

• Funded projects
  – Achieving Healthy Weight Loss in Obese Older Patients with Obstructive Sleep Apnea
    • A study to compare the use of three approaches to treat obese older patients with sleep apnea
  – ICANFIT: Designing and Testing a Mobile Application for Older Cancer Survivors to Use Community Resources
    • A study to create a web- and mobile phone-based program to assist older cancer survivors in finding community resources to support physical activity
Funding of Clinical Scientists

Three clinical scientist-led interdisciplinary teams were funded $20,000 each

- A rehabilitation medicine physician investigating the impacts of an “intelligent walker” (a walker equipped with a sensor to alert users to its presence and prompt users to use the walker) on falls prevention

- An oncology fellow investigating the impacts of the evidence-based program Fit & Strong! on cancer survivors

- A cardiac surgeon investigating predictors of neurological deficit after cardiac surgery (Discontinued)
Grants to Community Organizations

Three mini-grants were awarded to community organizations to implement evidence-based programs

- The Brazos Valley Area Agency on Aging for the implementation of *Fit & Strong!*
- The City of Navasota Parks and Recreation Department for the implementation of *Fit & Strong!*
- The Heart of Central Texas Independent Living Center for the implementation of *Active Living Every Day*

Free consultation regarding evidence-based programming was offered to each organization that applied for, but did not receive, a mini-grant
## Grants to Community Organizations

<table>
<thead>
<tr>
<th>Organization</th>
<th>EBP</th>
<th>Program Description</th>
<th>Site</th>
<th># of Classes</th>
<th>Total Participants</th>
<th>Completion Rate (%)</th>
</tr>
</thead>
</table>
| HOCTIL       | Active Living Every Day | • Addresses physical inactivity and unbalanced eating  
• 12 week, one hr/wk  
• Integrates more activity into daily lives  
• Set goals, overcome challenges, enlist support and avoid pitfalls. | Belton | 2 | 16 | 68 |
| BVAAA        | Fit & Strong! | • Adapted to multiple older populations  
• Integrates the fundamentals of physical activity and behavior change,  
• 3 classes/wk, 8 wk  
• 60 min of senior-safe physical activity + 30 min of health education | Bryan, College Station (Urban), Hilltop Lakes, Madisonville (Rural) | 7 (Urban) + 2 (Rural) | 163 | 53 |
| CNVRD        | Fit & Strong! |  | Navasota | 3 | 41 | 30 |
HAIL Evaluation

• The CRC-Senior Health won its bid to become the independent evaluator for the UWTC HAIL Initiative
  – The goal of this initiative is keeping older adults with chronic diseases living at home

• HAIL is carried out by six agencies which implement evidence-based and evidence-informed programs
  – Programs include diabetes screening and education, Resources for Enhancing Alzheimer’s Caregiver Health II (REACH II), and the CDSMP

• The evaluation involves gathering data and generating quarterly and annual reports on initiative outcomes
  – Technical assistance on a variety of topics is also provided to the agencies implementing the HAIL Initiative programs
## United Way Health Strategies and Programs

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Program</th>
<th>Program Objective</th>
<th>OrganizationProviding Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early management of chronic disease</td>
<td>A Matter of Balance</td>
<td>Falls prevention</td>
<td>Senior Citizen Services</td>
</tr>
<tr>
<td></td>
<td>Better Choices Better Health</td>
<td>Chronic-disease self-management</td>
<td>Meals On Wheels</td>
</tr>
<tr>
<td></td>
<td>HomeMeds</td>
<td>Medication management</td>
<td>Senior Citizen Services</td>
</tr>
<tr>
<td></td>
<td>Community Health Navigation</td>
<td>Patient activation and engagement</td>
<td>Meals On Wheels</td>
</tr>
<tr>
<td></td>
<td>DiabetesSalud!</td>
<td>Diabetes counseling and education</td>
<td>North TX Area Community Health Center</td>
</tr>
<tr>
<td>Evidence-based services during transitions in care and other periods of high risk</td>
<td>REACH II</td>
<td>Alzheimer’s caregiver support</td>
<td>Alzheimer’s Association</td>
</tr>
<tr>
<td></td>
<td>Respite Care</td>
<td>Alzheimer’s respite care</td>
<td>Easter Seals</td>
</tr>
<tr>
<td></td>
<td>Diabetes/Nutrition Counseling</td>
<td>Diabetes/nutrition counseling and education</td>
<td>Meals On Wheels</td>
</tr>
<tr>
<td>System change in how citizens of Tarrant County receive health services</td>
<td>Health Literacy</td>
<td>Health literacy</td>
<td>University of North Texas HSC</td>
</tr>
</tbody>
</table>
Summary of Year 3 Findings

- Number of individuals served (enrolled): 5,534
- Total number with follow up data: 1,364
- Total number showing any positive change: 1,054
- Revised Bold Goal - Lives Touched: 6,579
- Revised Bold Goal - Improved Health Status: 1,660
- Number of strategies meeting performance standard: 6/10
Texercise Evaluation

• The CRC-Senior Health has assisted with the evaluation ofTexercise, a statewide health promotion program of the Texas Department of Aging and Disability Services

• This evaluation involved two steps:
  – The standardization of the existing program for widespread dissemination as an evidence-based program
  – A systematic evaluation of the processes and outcomes associated with Texercise

• Three documents for publication in peer-reviewed outlets have been submitted
Strengthening Infrastructure
Building Additional Partnerships

• The Central Texas ADRC, a CRC-SH founding partner, also partners with the Arkansas-based Schmieding Center for Senior Health and Education to provide Schmieding Method Home Caregiver Training to caregivers in Central Texas
  – The Schmieding Center was awarded a $3.5 million award from the Center for Medicare and Medicaid Innovation (CMMI) to support the development and dissemination of enhanced home caregiver training

• A portion of this CMMI award will be used to demonstrate effective delivery of this training at the Central Texas ADRC and to provide microcredit funds for local caregivers to cover tuition
Central Texas Community-based Care Transitions Program (CCTP)

- Partnership between ADRC and four area hospitals (SWMH, Hillcrest, Metroplex, and Hamilton)
  - Harden Healthcare added as a 5th partner site
- CMS initiative to provide care transition services to Medicare beneficiaries in an effort to improve quality of transitions and reduce the preventable re-hospitalization rate
  - Funding comes from Section 3026 of the Affordable Care Act
- Uses the evidence-based Care Transitions Intervention® (CTI)
  - Targets patients with congestive heart failure, acute myocardial infarction, pneumonia, COPD, and stroke/TIA; or, those with a length of stay of 3 days or longer
Supporting Investigators and Community Organizations

• Mentoring early career researchers
  – Aging-related Research Mentoring Group across SRPH and S&W
  – Post docs
  – Providing financial support to early career researchers

• Creating a Toolkit on Evidence-Based Programs for seniors
Toolkit on Evidence-Based Programs for Seniors

- Purpose of Toolkit is to build the capacity of community organizations to promote senior health and well-being through evidence-based programming

- A Toolkit is needed to bridge the gap between the needs of community organizations and the existing EBP websites
  - Resources available from other organizations have been catalogued
  - Practical strategies to identify and implement an EBP have been organized into a user-friendly website
1. Determining which topics to address in the Toolkit
   • Surveyed health promotion professionals
   • Conducted informal interviews with key informants

2. Scanning existing materials to identify resource gaps and materials to reference in the Toolkit
   • Combed the literature and internet for existing materials
   • Took note of existing materials and resource gaps

3. Developing the Toolkit content
   • Created engaging content to walk community organizations through the processes of selecting, implementing, and evaluating EBPs
   • Linked to existing materials identified in Step 2

4. Refining the Toolkit based on feedback from a team of reviewers representing multiple sectors
   • Engaged a team of multidisciplinary reviewers (2 from academic settings, 2 from community settings, and 3 from government/policy settings) to review the Toolkit
   • Made edits to the Toolkit based on their feedback

5. Creating a user-friendly website to feature the Toolkit
   • Worked with a professional website development agency to create an interactive, user-friendly website
The Toolkit is featured on an interactive, user-friendly website *(EvidenceToPrograms.com)*

An online format was preferred by our survey respondents

- It can be viewed “on the go” via mobile devices
- Print-friendly versions of the webpages can be accessed and printed as needed
- The content can be updated routinely
Toolkit- Next Steps

• Marketing the Toolkit
  – We will develop a plan in conjunction with our website developers

• Identifying approaches to provide technical assistance and engage Toolkit users—need to be included in a future scope
  – Discussion boards, newsletter, blog page, social media, etc.
# Senior Health Projects
## Supported by Center Infrastructure

<table>
<thead>
<tr>
<th>Project</th>
<th>Funding Source</th>
<th>Funding period</th>
<th>Funding amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Direct</td>
</tr>
<tr>
<td>HAIL</td>
<td>UWTC</td>
<td>7/2012 – 6/2014</td>
<td>127,556</td>
</tr>
<tr>
<td>Texercise</td>
<td>DADS</td>
<td>9/2012 – 8/2013</td>
<td>180,828</td>
</tr>
<tr>
<td>CCTP</td>
<td>CMS</td>
<td>4/2013 – 3/2015</td>
<td>386,100</td>
</tr>
<tr>
<td>Dementia Care Specialist Training</td>
<td>DADS</td>
<td>9/2013 – 4/2014</td>
<td>43,632</td>
</tr>
<tr>
<td>Texas A&amp;M EBPs</td>
<td>CMS</td>
<td>10/2012 – 09/2016</td>
<td>1,784,931</td>
</tr>
<tr>
<td>Pilot Evaluation of CDSMP</td>
<td>CMS</td>
<td>11/2011 - 12/2013</td>
<td>261,785</td>
</tr>
<tr>
<td>SWAC-C GEC</td>
<td>HRSA</td>
<td>11/2010 - 6/2015</td>
<td>126,194</td>
</tr>
<tr>
<td>CMMI award</td>
<td>CMMI</td>
<td>09/2013 – 08/2015</td>
<td>310,000</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td></td>
<td></td>
<td>3,618,616</td>
</tr>
</tbody>
</table>
Funders and Partners

**Partners**

- Baylor Scott & White Health
- Texas A&M Health Science Center
- Central Texas Aging & Disability Resource Center

**Funders**

- NIA – RC4AG038183-01
- United Way of Tarrant County
- Texas Department of Aging and Disability Services
Thank You

Questions
Funding For Seniors Not Keeping Pace

Percent of Seniors Continues to Grow

ONE IN EIGHT
ADULTS 65+

ONE IN FIVE
ADULTS 65+

www.nasaud.org