

SPECIAL TOPICS

ORIGINAL RESEARCH: FEATURED ABSTRACT FROM THE
19TH NATIONAL CONFERENCE ON CHRONIC DISEASE PREVENTION AND CONTROL

Developing, Implementing, and Disseminating Evidence-based Healthy Aging Programs in Community-based Organizations

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PEER REVIEWED

Track: Evidence-based Programs: Research, Translation, and Evaluation

Our objective was to convey findings on the development, implementation, and dissemination of evidence-based healthy aging programs in community-based organizations. Fifteen locations, including care management agencies, senior centers, and churches in Boston, Mass; Houston, Tex; Los Angeles, Calif; and Portland, Ore, implemented one of four evidence-based healthy aging programs. These sites reached a group of highly diverse participants, including Latinos, African Americans, Native Americans, Chinese, as well as other non-English-speaking populations.

The National Council on the Aging conducted a three-year national project to translate health promotion and disease management studies into evidence-based model programs that are feasible for local agencies to operate and attractive to older adults. Expert review panels examined the evidence for effective interventions on a variety of prevention topics and recommended the development of model programs for diabetes self-manage-

ment, nutrition, depression management, and physical activity. Four regional teams across the country translated each of the review panel's recommended evidence-based interventions into model programs, two using a lay-leader method and two designed for implementation by care managers. Throughout the translations process, experts from the Centers for Disease Control and Prevention and academic institutions reviewed the programs to ensure fidelity.

The results of this project were evaluated using the RE-AIM framework for assessment of health behavior interventions. Each site succeeded in reaching diverse populations with risk factors relevant to the model program. Approximately 350 older adults were reached during the pilot period. Data gathered on the pilots suggest that the programs were effective — improvements in self-reported health status were reported, and satisfaction levels were high. Of critical importance were the willingness and ability of various groups and participants to adopt the program. Considerable attention was paid to maintaining fidelity to the "proven" intervention during the implementation phases. On-site reviews by outside experts confirmed that implementation was consistent with original studies. Maintenance is still being assessed, but 12 of the 15 pilot sites continue to offer these programs.

The results of this project reinforce the belief that community-based organizations are highly capable of implementing evidence-based health promotion and disease management programs for older adults. Such programs can be incorporated into existing programming, provid-

ing excellent opportunities for organizations to expand their reach and quality of offerings. The four model programs are now offered as free toolkits, which guide organizations through the implementation of the programs.

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