Optimal Aging for Older Adults: Promoting Health and Addressing Dementias Including Alzheimer's Disease

June 19, 2014

Healthy People 2020

U.S. Department of Health & Human Services · USA

Office of Disease Prevention and Health Promotion

Don Wright, MD, MPH

Deputy Assistant Secretary for Health
U.S. Department of Health and Human Services

Healthy People 2020

U.S. Department of Health & Human Services

Office of Disease Prevention and Health Promotion

Overview and Presenters

Chair

- Don Wright, MD, MPH, Deputy Assistant Secretary for Health
  U.S. Department of Health and Human Services

Presentations

- Irma Arispe, PhD, Associate Director, National Center for Health Statistics
- Marie A. Bernard, MD, Deputy Director, National Institute on Aging, National Institutes of Health
- Edwin Walker, JD, Deputy Assistant Secretary for Aging, Administration on Aging, Administration for Community Living
- Wayne H. Giles, MD, MS, Director, Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Community Highlight

- Susan Snyder, MS, Director, Project Enhance, Senior Services, Seattle Washington
- Nichole Shepard, MPH, Health Educator, Salt Lake County Aging and Adult Services

Healthy People 2020

Healthy People 2020 Evolves

1979

1990

2000

2010

1970 Clean Air Act

1979 Smallpox Eradicated

1982 AIDS is Infectious

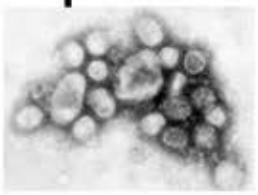
1988 SG Declares Nicotine Addictive

1990 Human Genome Project Begins

2000s Obesity and Chronic Disease

1990s Drinking Water Fluoridation

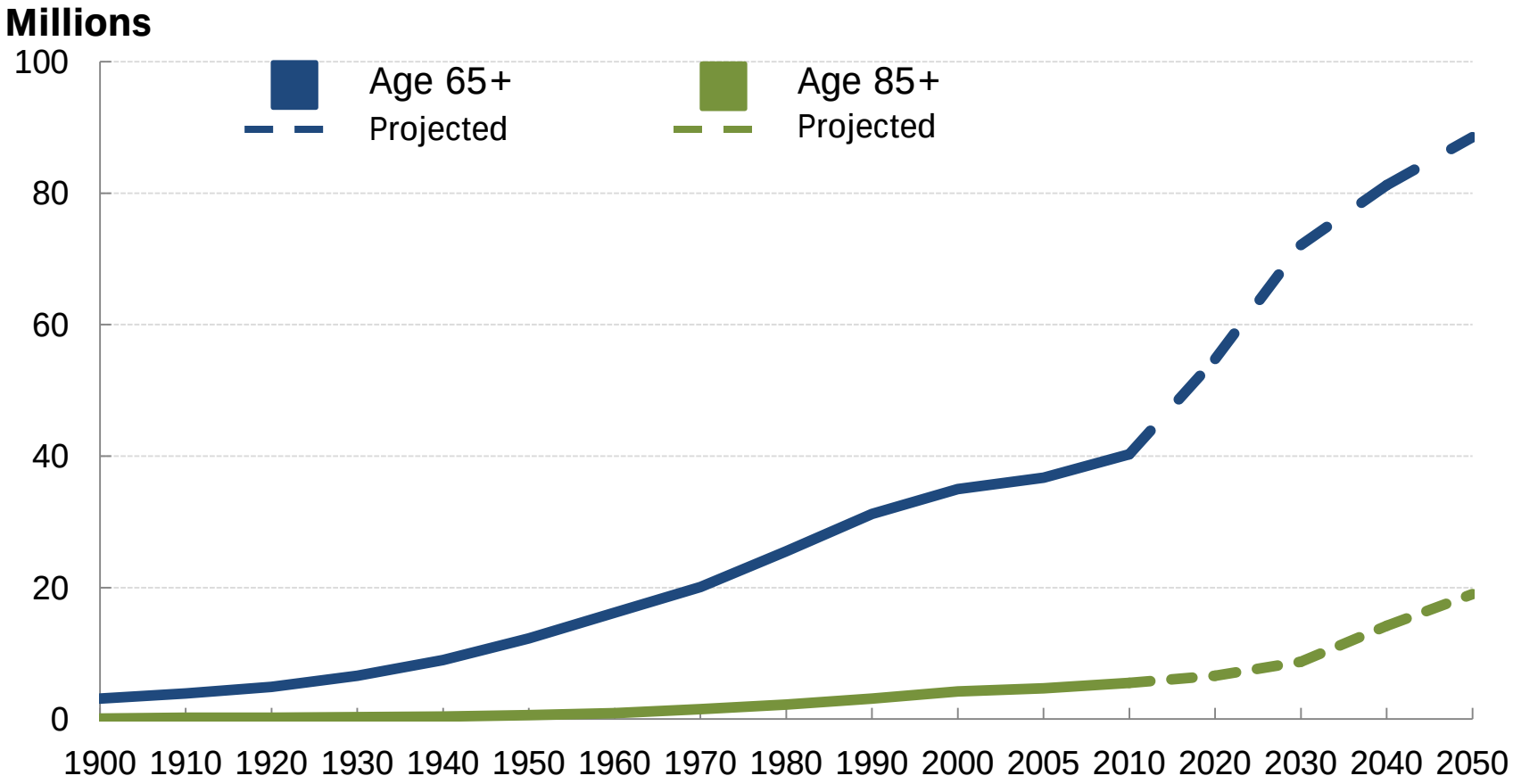
September 11, 2001



2009 H1N1 Flu

2005 Hurricane Katrina

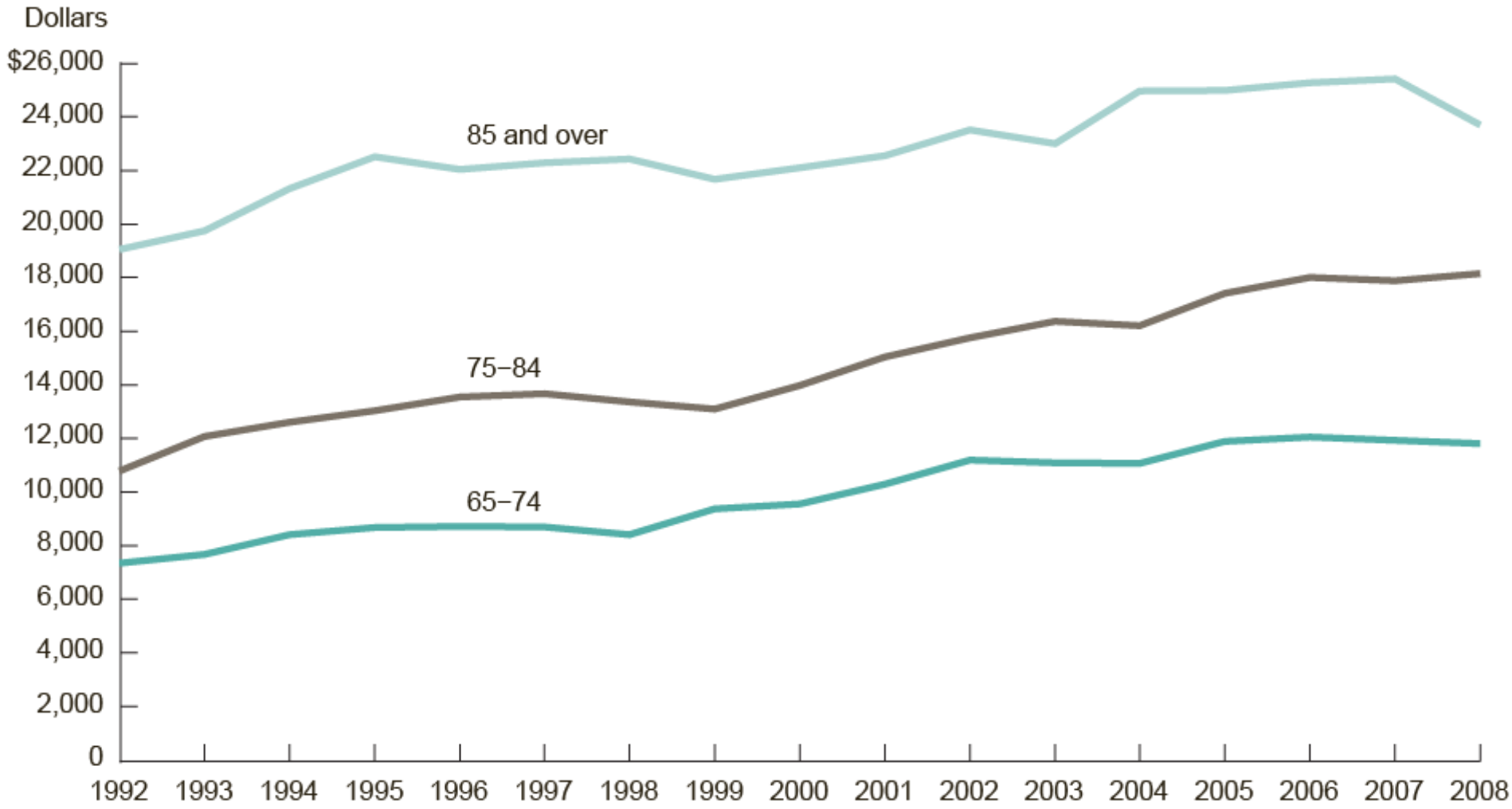
Adults Aged 65+ Years 1900—2010 with Projections to 2050



NOTES: Projections are based on Census 2000. Number of people aged 65 and 85 years and over based on the residential population.

SOURCE: Federal Interagency Forum on Aging-Related Statistics. Older Americans 2012: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: US Government Printing Office. June 2012.; U.S. Census Bureau, U.S. Department of Commerce.

Average annual health care costs for Medicare enrollees age 65 and over, by age group, 1992–2008



NOTE: Data include both out-of-pocket costs and costs covered by insurance. Dollars are inflation-adjusted to 2008 using the Consumer Price Index (Series CPI-U-RS).

Reference population: These data refer to Medicare enrollees.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Irma Arispe, PhD

Associate Director, National Center for Health Statistics
Centers for Disease Control and Prevention

Healthy People 2020

Office of Disease Prevention and Health Promotion

Presentation Overview

- Tracking the Nation's Progress
- Public Health Impact: Older Adults and Dementias Including Alzheimer's
- Older Adults Topic Area
  - Access to selected Medicare benefits
  - Core preventive services
  - Functional limitations
  - Physical activity
  - Injury-falls
- Dementias Including Alzheimer's Topic Area
  - Awareness of diagnosis
  - Preventable hospitalizations

Healthy People 2020

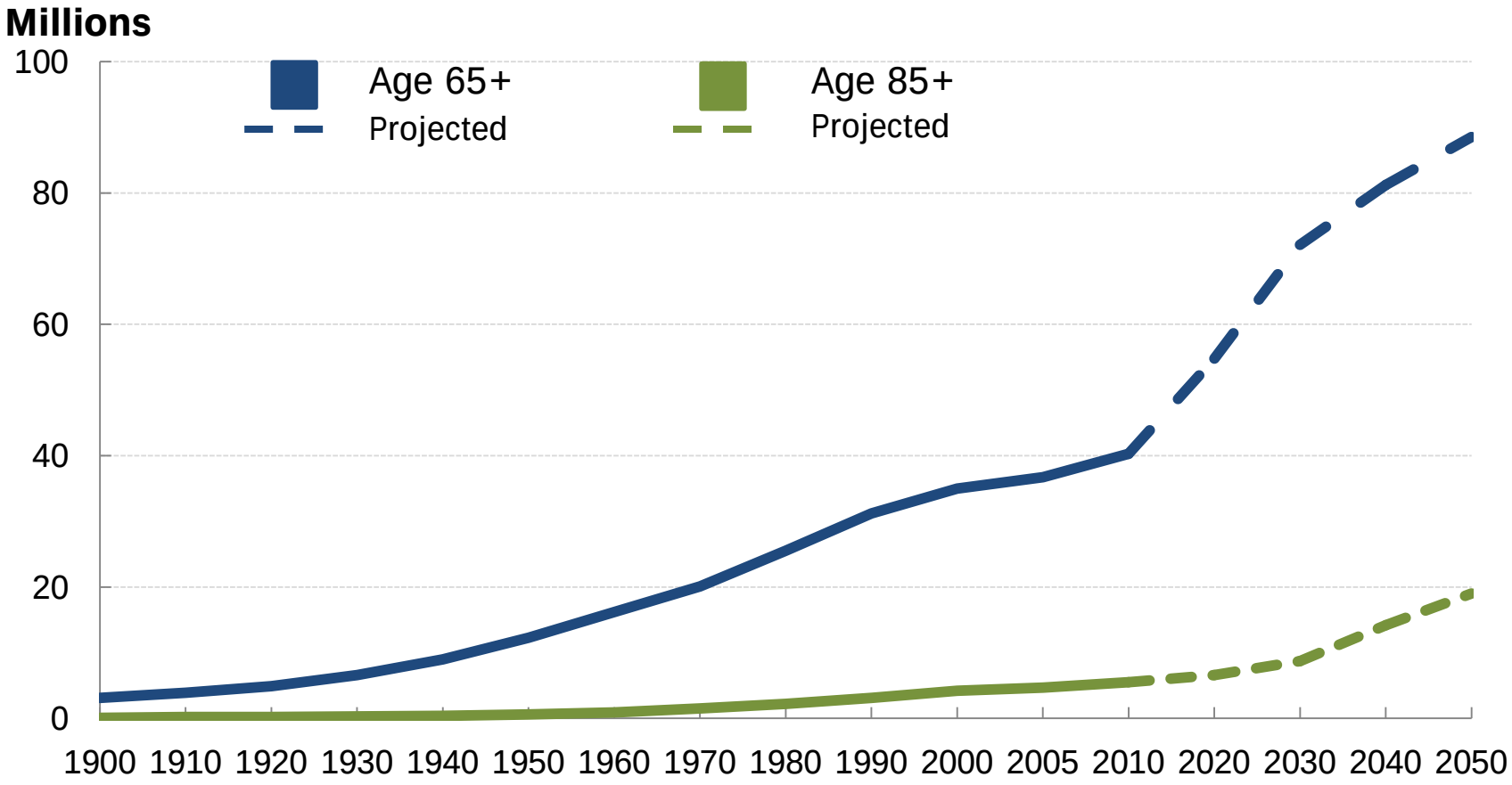
Tracking the Nation's Progress

- **15 HP2020 Measurable Older Adults Objectives:**
  - 6 Targets met
  - 0 Improving
  - 0 Little or No detectible change
  - 8 Getting worse
  - 1 Baseline data only
- **2 HP2020 Measurable Dementias Including Alzheimer's Objectives:**
  - 2 Baseline data only

Healthy People 2020

NOTES: The Older Adults Topic Area contains 4 Developmental objectives. Measurable objectives are defined as having at least one data point currently available, or a baseline, and anticipate additional data points throughout the decade to track progress. Developmental objectives lack baseline data and targets.

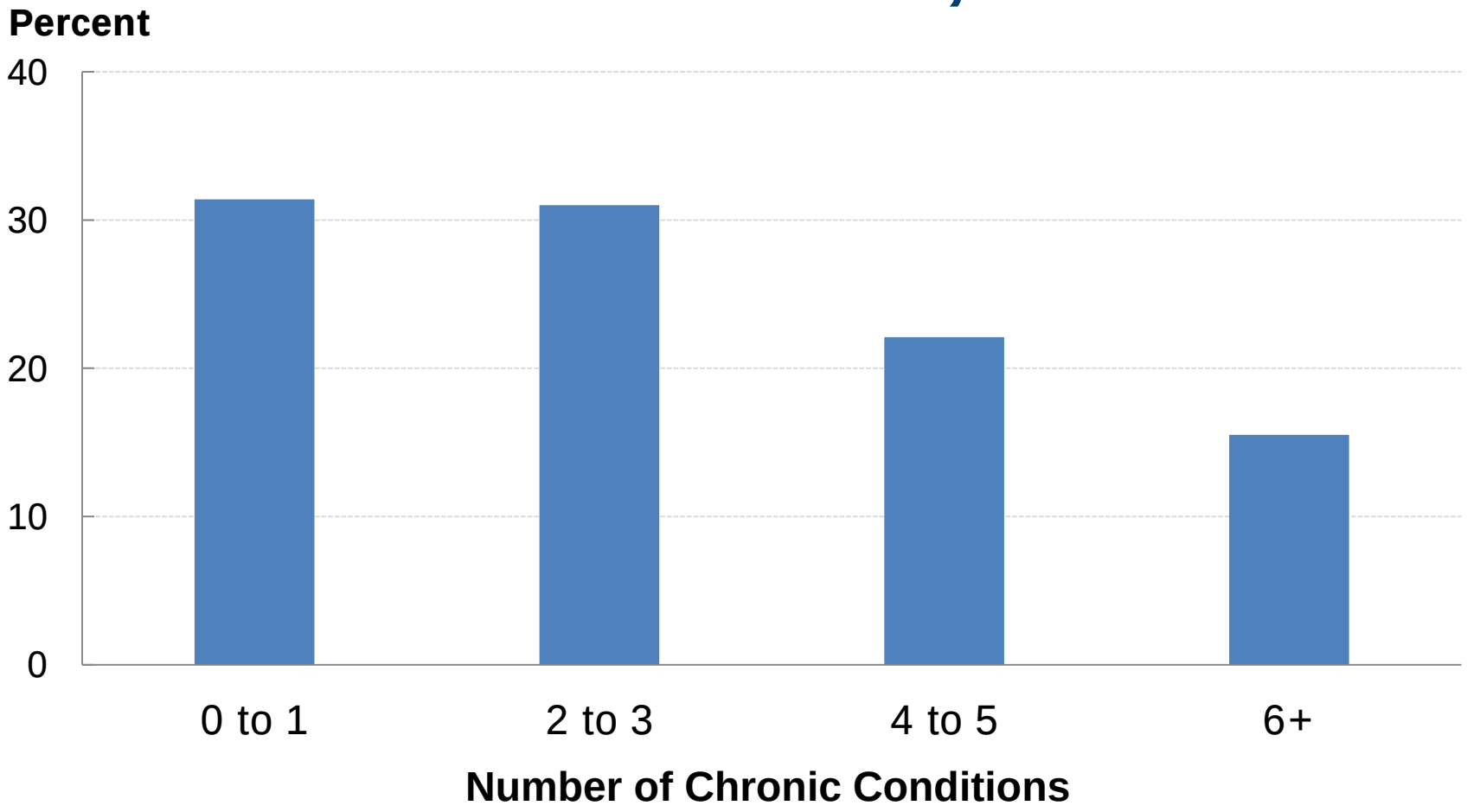
Adults Aged 65+ Years 1900—2010 with Projections to 2050



NOTES: Projections are based on Census 2000. Number of people aged 65 and 85 years and over based on the residential population.

SOURCE: Federal Interagency Forum on Aging-Related Statistics. Older Americans 2012: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: US Government Printing Office. June 2012.; U.S. Census Bureau, U.S. Department of Commerce.

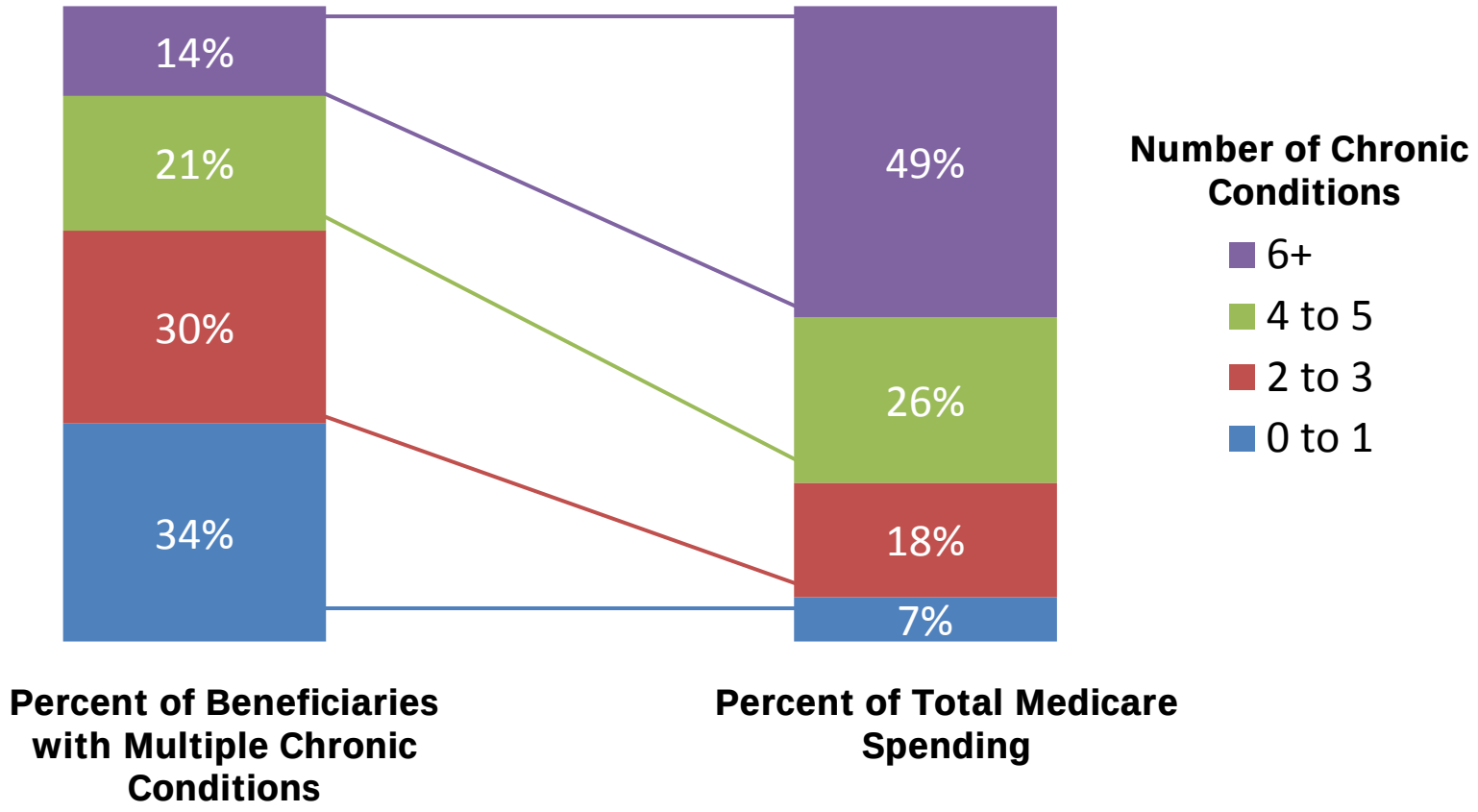
Medicare Beneficiaries Receiving Services or Treatment for Multiple Chronic Conditions, Adults 65+ Years, 2012



NOTES: The 17 chronic conditions were identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions. To classify multiple chronic conditions for each Medicare beneficiary, these conditions are counted and grouped into four categories (0-1, 2-3, 4-5 and 6 or more). In addition, all values have been rounded to the nearest integer. Therefore percentages may not add to 100%.

SOURCE: Chronic Conditions Warehouse, CMS, retrieved from http://www.ccwdata.org/chronic-conditions/index.htm.

Distribution of Spending for Medicare Beneficiaries by Number of Chronic Conditions, 2010



NOTES: The 17 chronic conditions were identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions. To classify multiple chronic conditions for each Medicare beneficiary, these conditions are counted and grouped into four categories (0-1, 2-3, 4-5 and 6 or more). In addition, all values have been rounded to the nearest integer. Therefore percentages may not add to 100%.

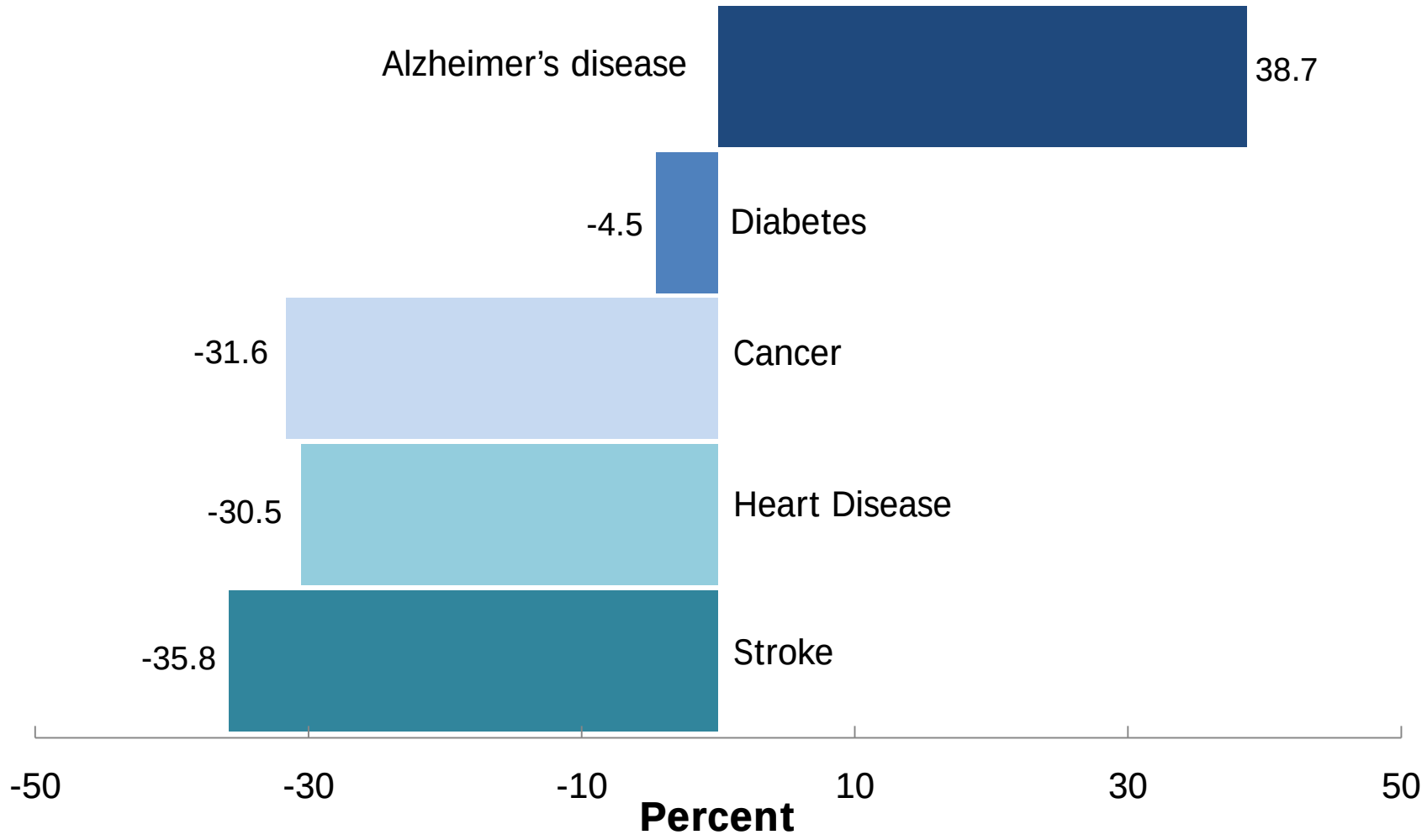
SOURCE: Chronic Conditions Warehouse (CCW), CMS, retrieved at http://www.ccwdata.org/chronic-conditions/index.htm.

Leading Causes of Death, Adults 65+ Years, 2010

Rank	Cause of Death
1	Heart disease
2	Cancer
3	Chronic lower respiratory diseases
4	Stroke
5	**Alzheimer's disease**
6	Diabetes
7	Influenza and pneumonia
8	Kidney disease
9	Accidents (unintentional injuries)
10	Septicemia

SOURCE: Heron M. Deaths: Leading causes for 2010. National vital statistics reports; vol 62 no 6. Hyattsville, MD: National Center for Health Statistics. 2013

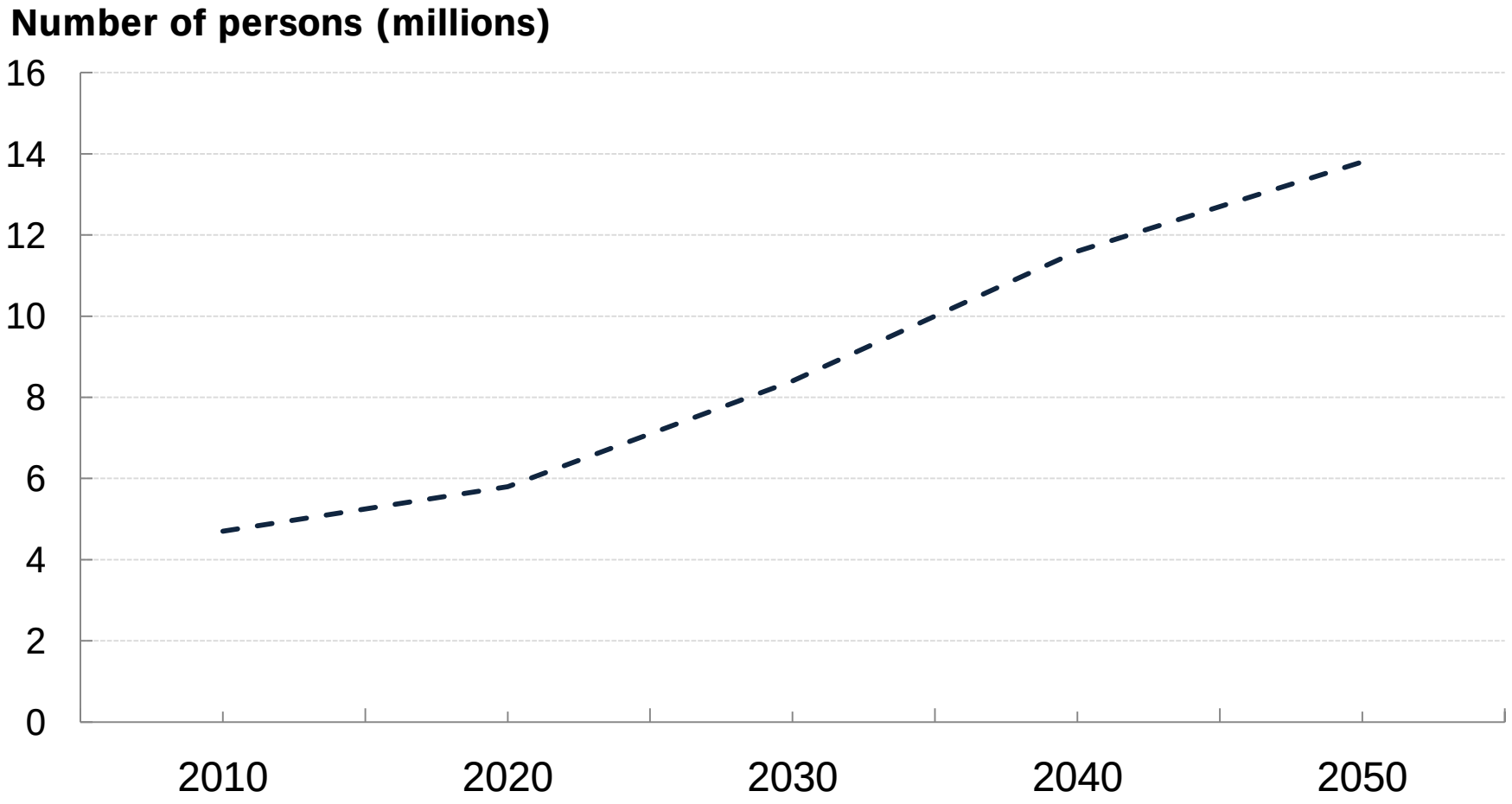
Percent Change in Age-Adjusted Death Rates Between 2000 and 2010



NOTES: Data are for all ages and are age-adjusted.

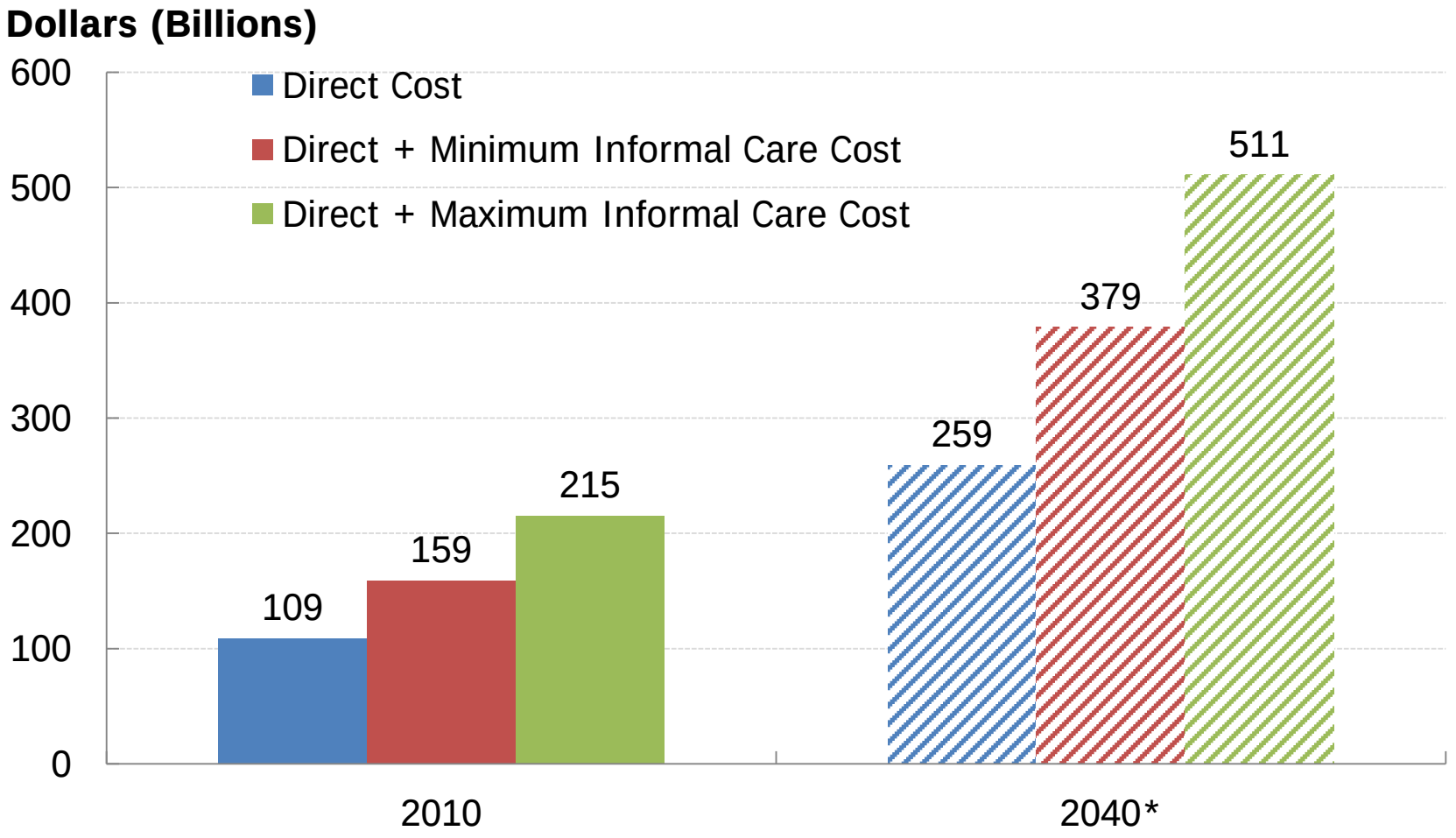
SOURCE: Tejada-Vera B. Mortality from Alzheimer's disease in the United States: Data for 2000 and 2010. NCHS data brief, no 116. Hyattsville, MD: National Center for Health Statistics. 2013.

Projected Prevalence of Alzheimer's Disease, 2010—2050



SOURCE: Herbert LE. Alzheimer disease in the United States (2010-2050) estimated using the 2010 census. Neurology 2013; 80(19): 1778-83; Chicago Health and Aging Project (CHAP).

Estimated Monetary Costs of Dementia, 2010 and 2040



NOTES: Costs are calculated in 2010 dollars. * 2040 estimates are projections calculated in 2010 dollars. The minimum informal care cost is calculated based on the foregone wages for the informal caregivers. The maximum informal care cost is calculated based on the cost to replace the informal caregiver with professional staff. Direct cost is the cost for care purchased in the market place, and is equal to the sum of the estimated cost associated with dementia for out-of-pocket, Medicare, nursing home, and in-home care spending.

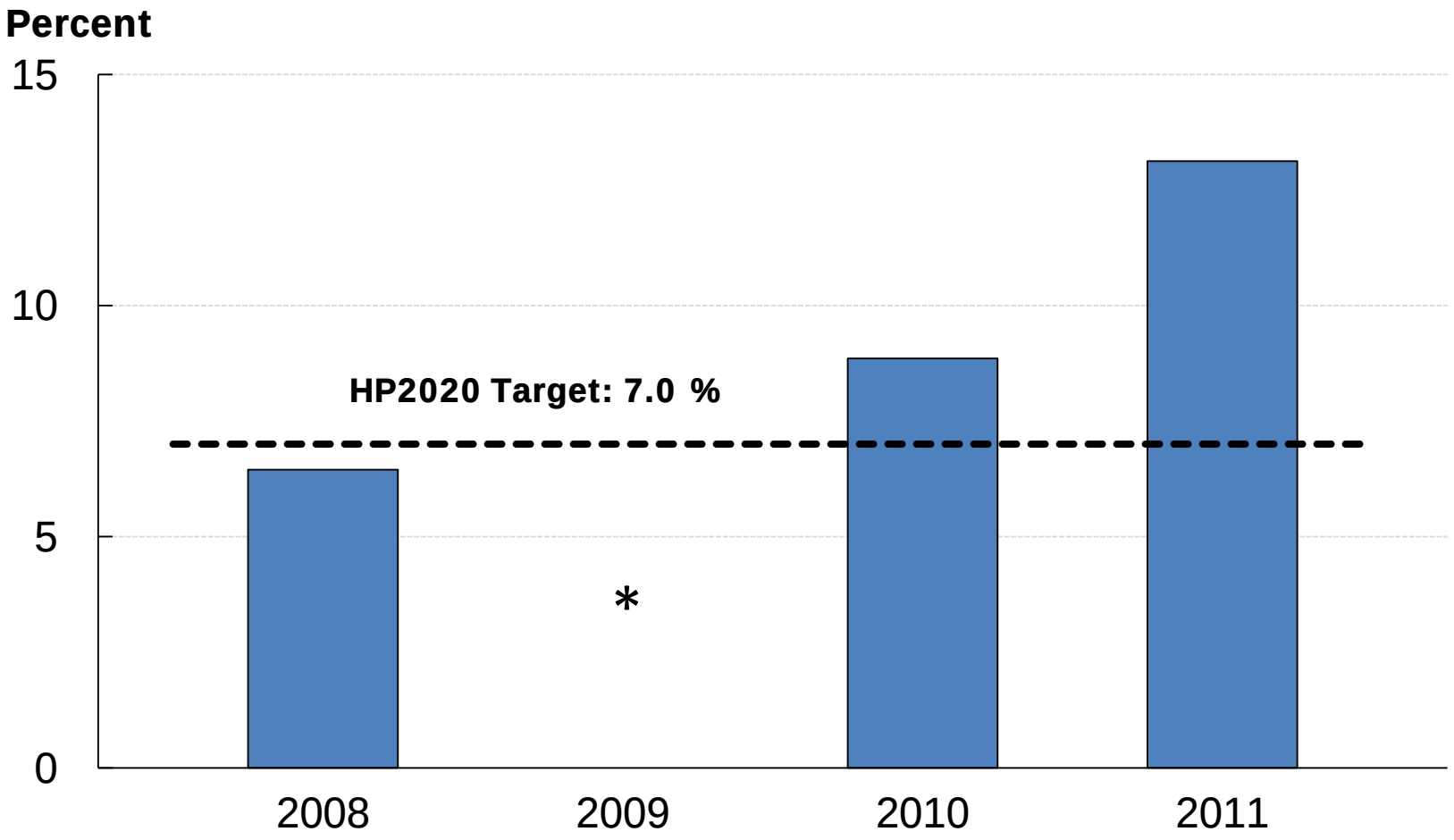
SOURCE: Hurd MD, Martorell P, Delavande A, Mullen KJ, Langa KM. (2013) Monetary costs of dementia in the United States. NEJM 368(14):1326-34.

Presentation Overview

- Tracking the Nation's Progress
- Public Health Impact: Older Adults and Dementias Including Alzheimer's
- Older Adults Topic Area
  - Access to selected Medicare benefits
  - Core preventive services
  - Functional limitations
  - Physical activity
  - Injury-falls
- Dementias Topic Area
  - Awareness of diagnosis
  - Preventable hospitalizations

Healthy People 2020

Use of the Welcome to Medicare Benefit by New Enrollees, Adults 65+ Years, 2008—2011

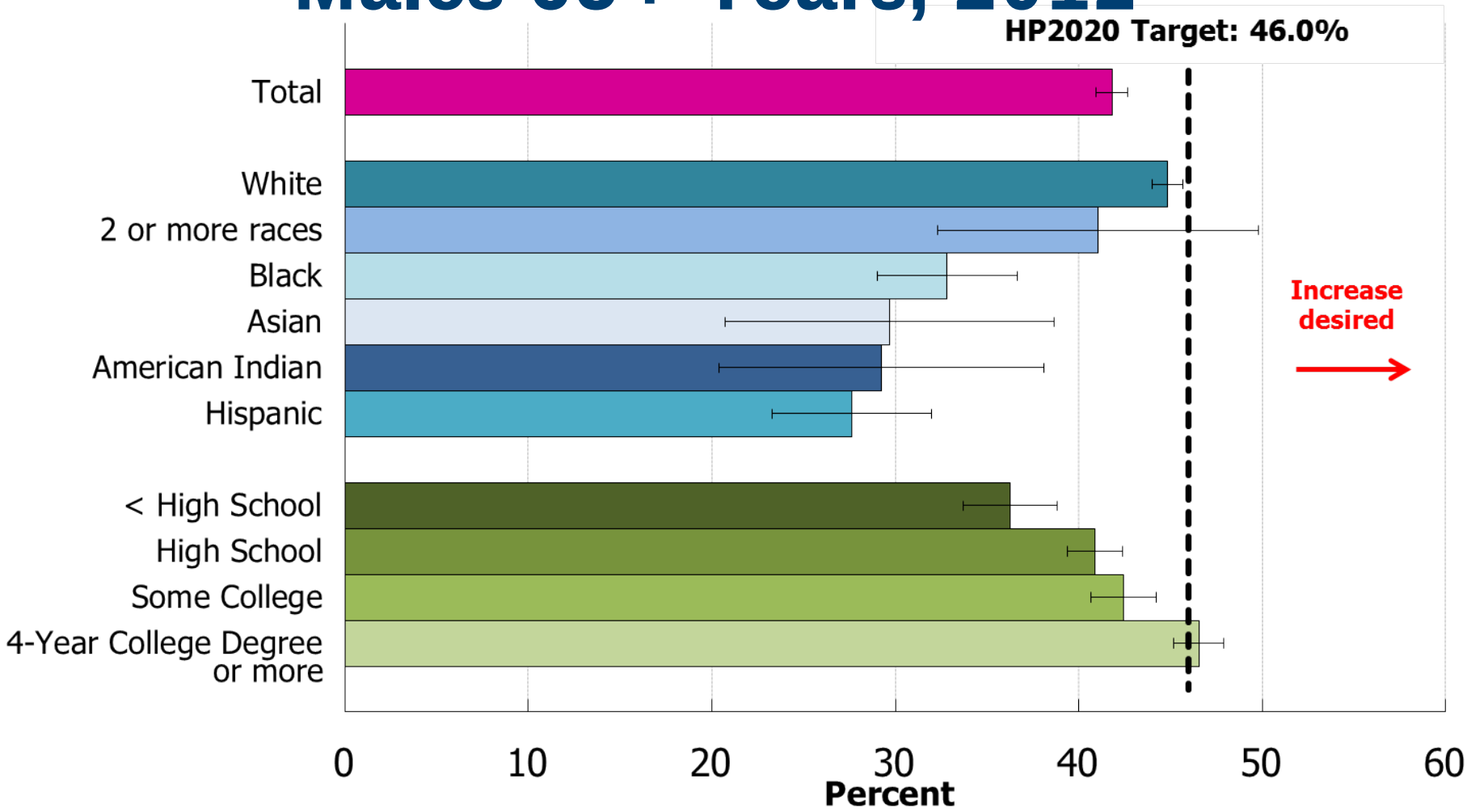


NOTES: The "Welcome to Medicare" benefit is a preventive visit for Medicare enrollees under Medicare Part B.
*Data are not available for the year 2009. Estimates of variability are not available.

SOURCE: Medicare Administrative Data, CMS.

Obj. OA-1
Increase desired

Up-to-Date Core Preventive Services, Males 65+ Years, 2012

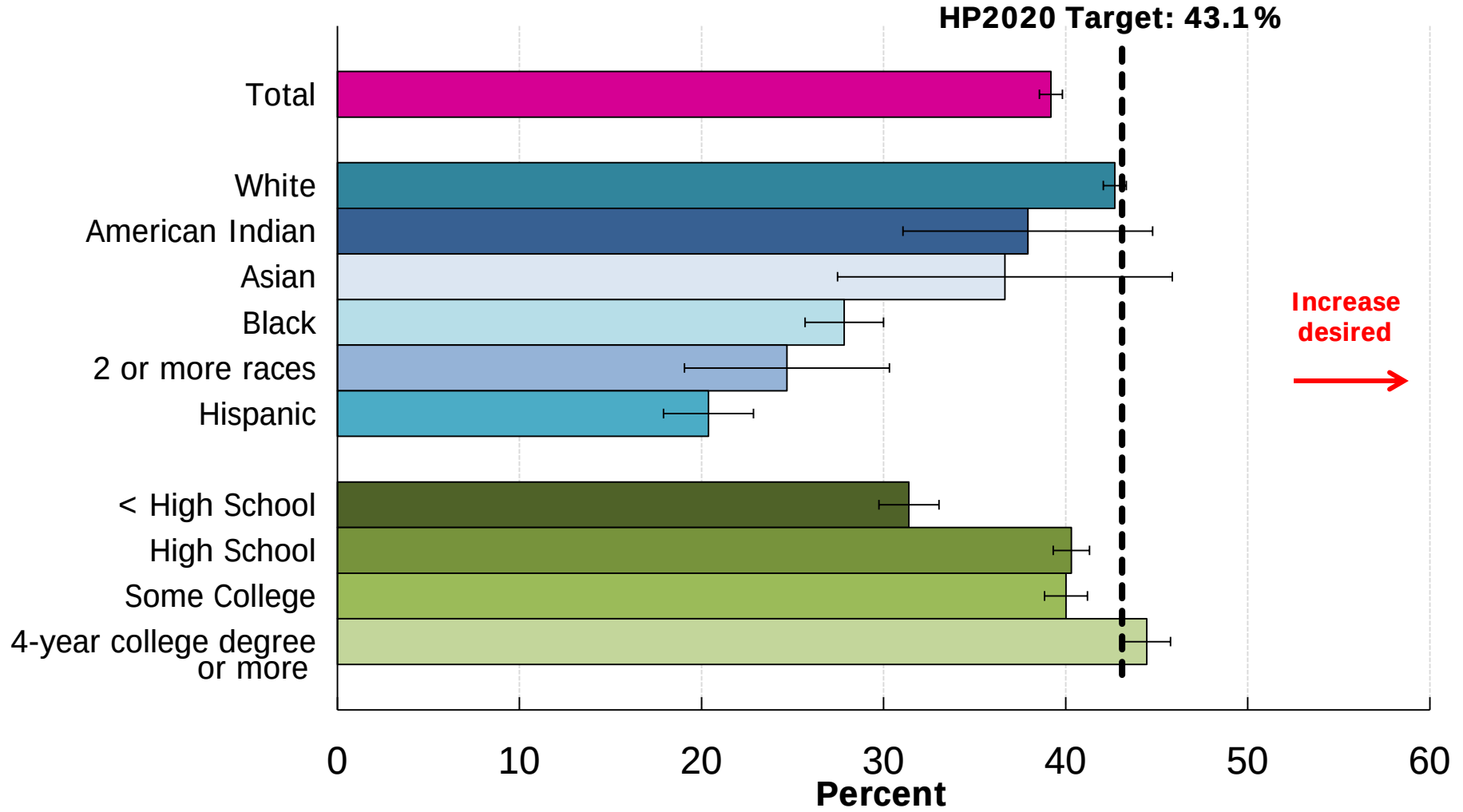


NOTES: — = 95% confidence interval. Data are for men aged 65 years and over who received a flu vaccination in the last year, pneumococcal vaccination ever, and colorectal cancer screening based on colonoscopy or sigmoidoscopy in the last 10 years or fecal occult blood test in the past year. American Indian includes Alaska Native. Asian includes Pacific Islander. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Respondents were asked to select one or more races. Data for the single race categories shown are for persons who reported only one racial group.

SOURCE: Behavioral Risk Factor Surveillance System (BRFSS) , CDC/ PHSPO.

Obj. OA-2.1

Up-to-Date Core Preventive Services, Females 65+ Years, 2012

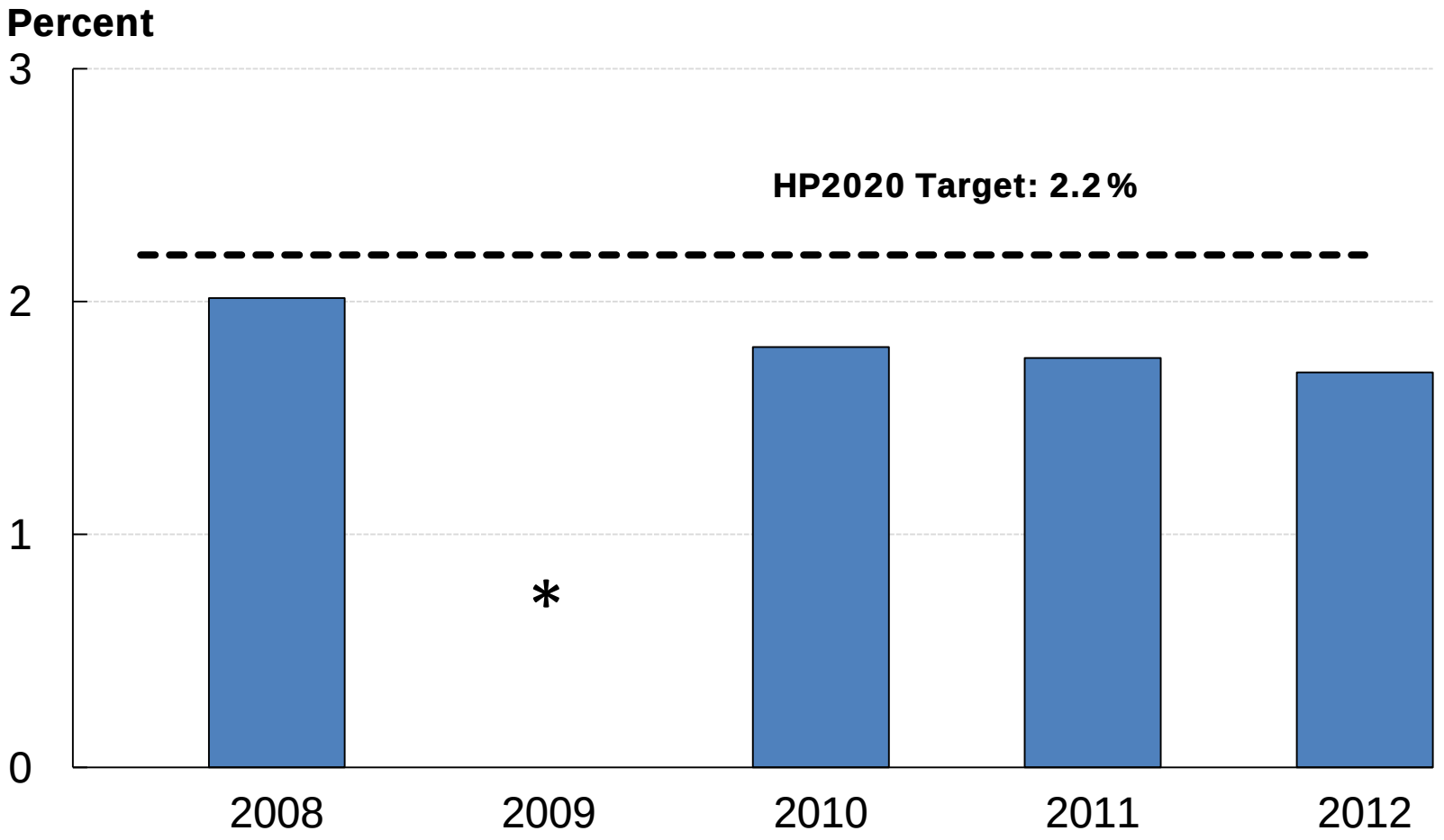


NOTES: — = 95% confidence interval. Data are for women aged 65 years and over who received a flu vaccination in the last year, pneumococcal vaccination ever, and colorectal cancer screening based on colonoscopy or sigmoidoscopy in the last 10 years or fecal occult blood test in the past year, and mammogram in the last 2 years. A mammogram is only required for women aged 65-74 years. American Indian includes Alaska Native. Asian includes Pacific Islander. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Respondents were asked to select one or more races. Data for the single race categories shown are for persons who reported only one racial group.

SOURCE: Behavioral Risk Factor Surveillance System (BRFSS), CDC/ PHSPO.

Obj. OA-2.2

Receipt of Diabetes Self-Management Benefits, Adults 65+ Years, 2008—2012

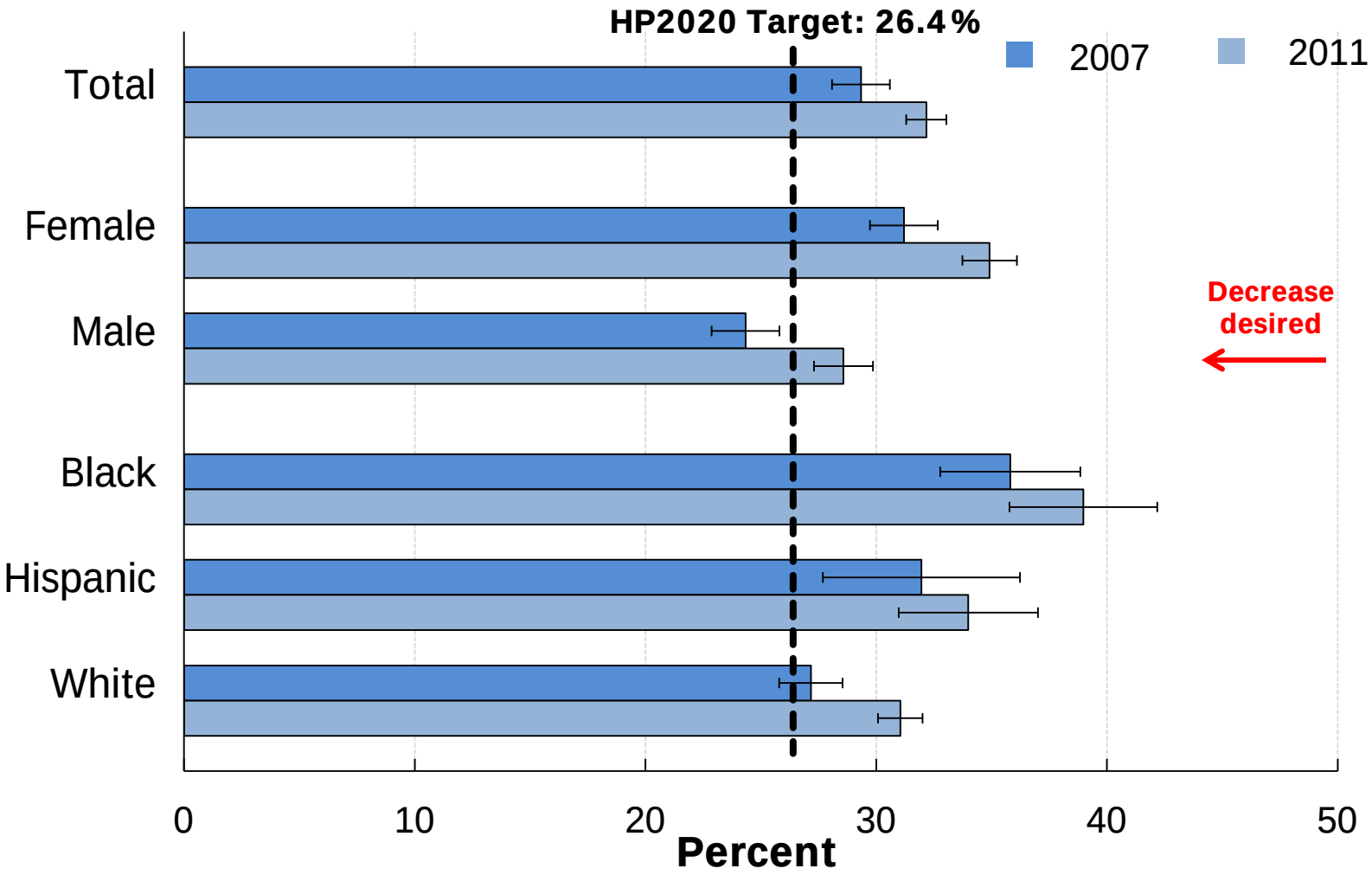


NOTES: Data are for Medicare beneficiaries who have been diagnosed with diabetes for whom there is a Medicare claim for diabetes self-management training services. *Data are not available for the year 2009. Estimates of variability are not available.

SOURCE: Medicare Administrative Data, CMS.

Obj. OA-4
Increase desired

Moderate to Severe Functional Limitations, Adults 65+ Years

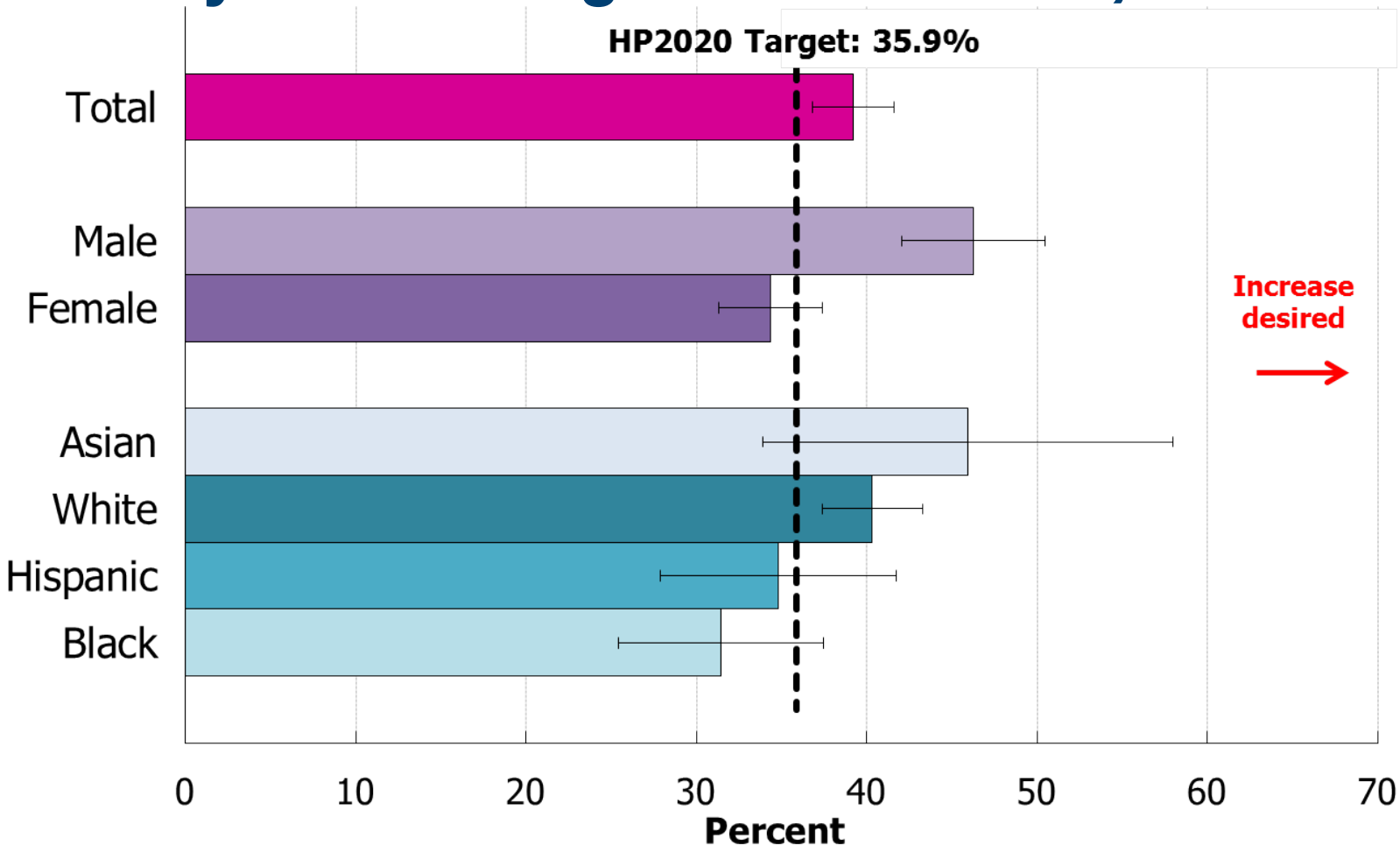


NOTES: ⊢ = 95% confidence interval. Data are for adults age 65 years and over with one or more limitations in activities of daily living or living in a long term care facility. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race.

SOURCE: Medicare Current Beneficiary Survey (MCBS), CMS.

Obj. OA-5

Physical Activity, Adults 65+ Years with Reduced Physical or Cognitive Function, 2012

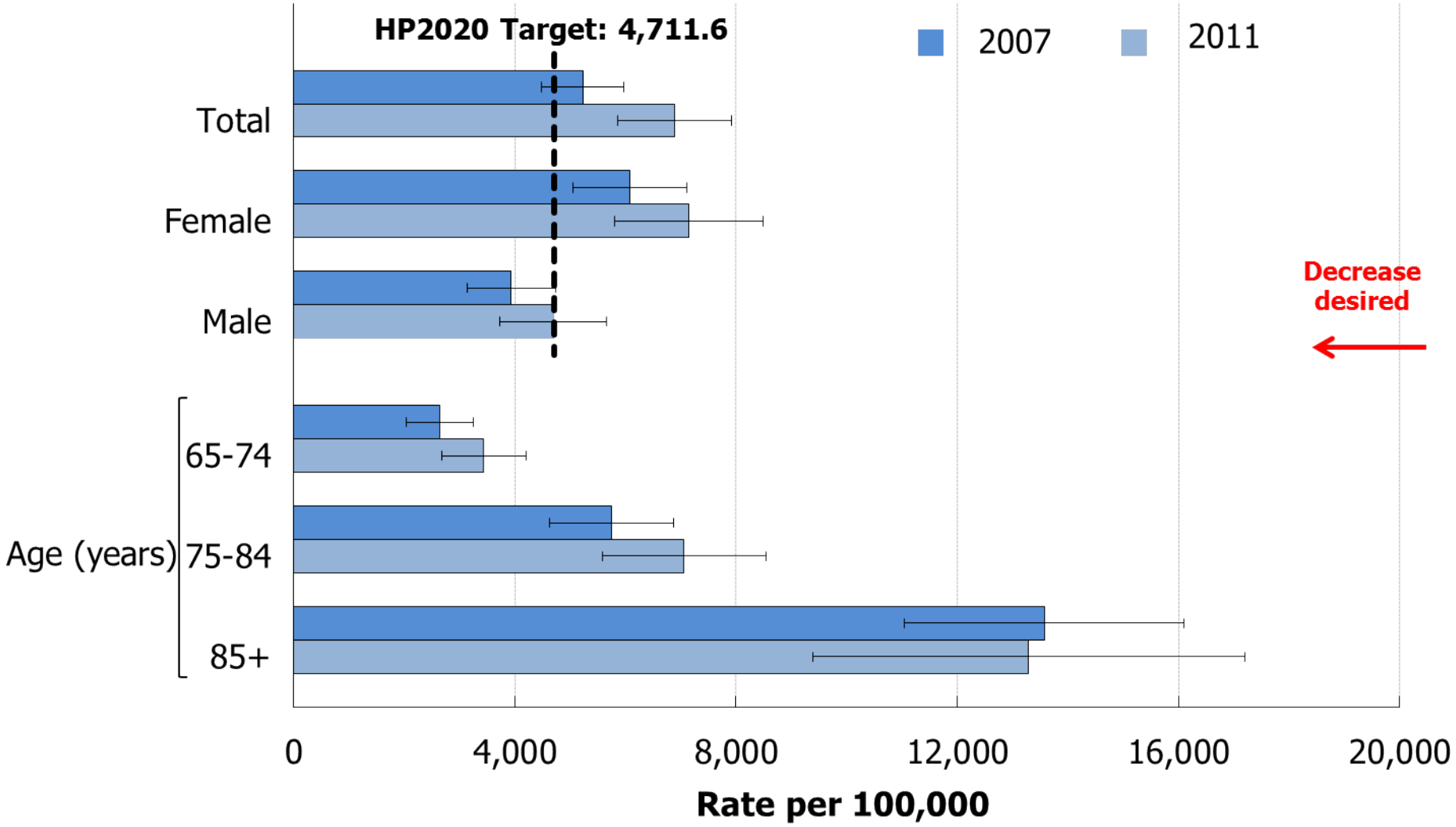


NOTES: — = 95% confidence interval. Data are for adults age 65 years and over with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure time physical activity for at least 10 minutes per week. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Respondents were asked to select one or more races. Data for the single race categories are for persons who reported only one racial group. Data for American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and 2 or more races are statistically unreliable and are suppressed.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. OA-6

Emergency Department Visits for Falls, Adults 65+ Years



NOTES: — = 95% confidence interval. Data are for initial emergency department visits for falls (first listed ICD-9-CM codes E880-E886, E888, E957, E968.1, E987) among people age 65 and over. Data are age adjusted to the 2000 standard population.

SOURCE: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS.

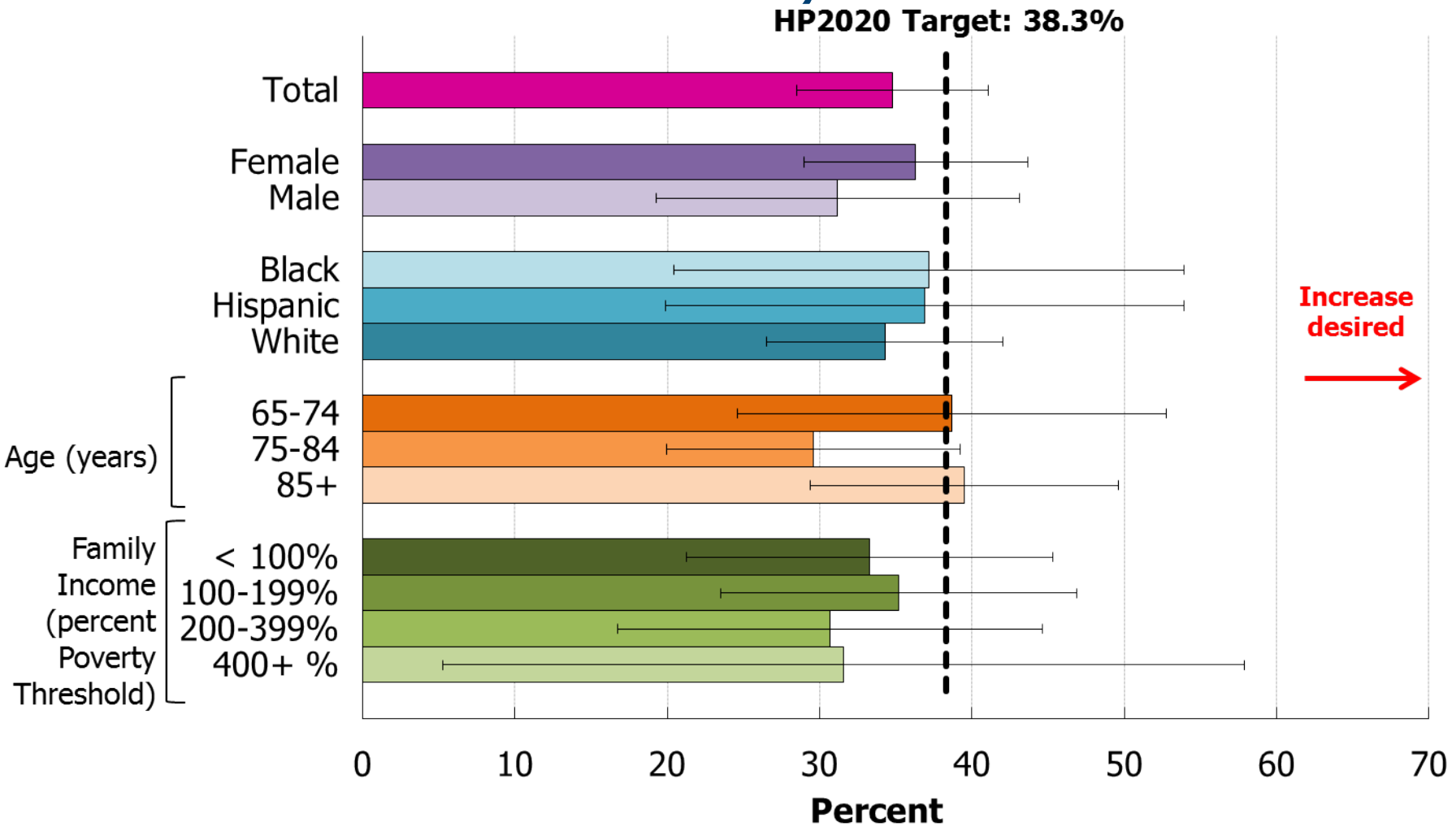
Obj. OA-11

Presentation Overview

- Tracking the Nation's Progress
- Public Health Impact: Older Adults and Dementias Including Alzheimer's
- Older Adults Topic Area
  - Access to selected Medicare benefits
  - Core preventive services
  - Functional limitations
  - Physical activity
  - Injury-falls
- Dementias Including Alzheimer's Topic Area
  - Awareness of diagnosis
  - Preventable hospitalizations

Healthy People 2020

Awareness of Dementia Diagnosis, Adults 65+ Years, 2007—2009

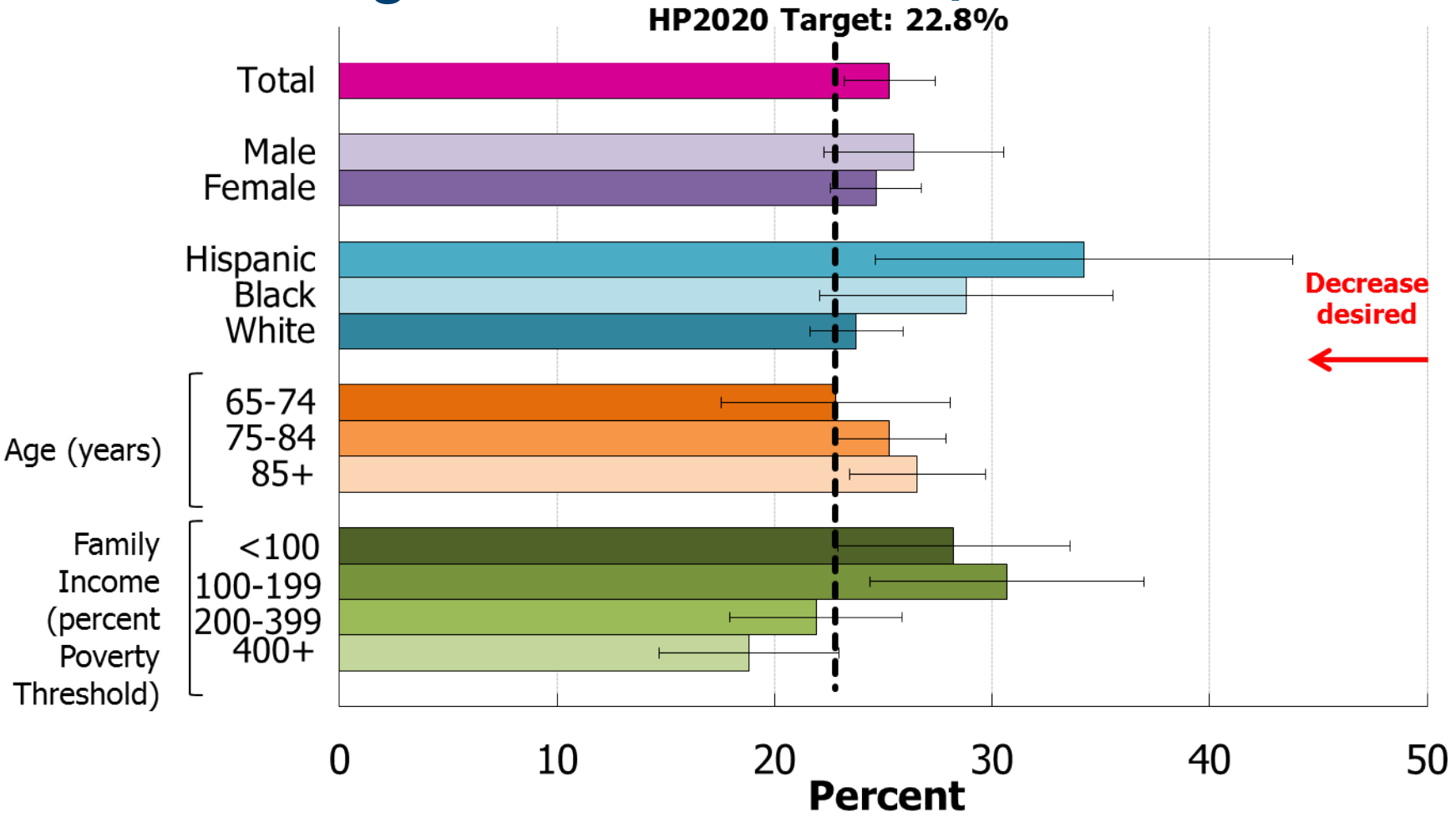


NOTES: — = 95% confidence interval. Data are for persons diagnosed with or receiving treatment for Alzheimer's disease or other type of dementia, or their caregiver, who are aware of the diagnosis. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race.

SOURCE: Medicare Current Beneficiary Survey (MCBS), CMS.

Obj. DIA-1

Preventable Hospitalizations for Adults 65+ with Diagnosed Dementias, 2006—2008



NOTES: — = 95% confidence interval. Data are for persons with Alzheimer's disease and other dementia's with preventable ambulatory care sensitive hospitalizations for conditions such as diabetes, hypertension, dehydration, and urinary tract infections. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race.

SOURCE: Health and Retirement Survey (HRS) linked with Medicare Claims Data, CMS.

Obj. DIA-2

Key Takeaways—Older Adults

- Both the number and proportion of the population age 65 and over are increasing.
- Average annual health care costs are increasing.
- Medicare spending is highest for those with 4 or more chronic conditions.
- 37.6% of adults have 4 or more chronic conditions (2012).
- Nearly 1/3 of older adults have moderate to severe functional limitations.

Healthy People 2020

Key Takeaways—Older Adults

- Emergency Department visits for falls in older adults are increasing over time.
- Less than half (40%) of older adults received core preventive services.
- Certain Medicare benefits are under-used, such as diabetes self-management and the Welcome to Medicare benefit.

Healthy People 2020

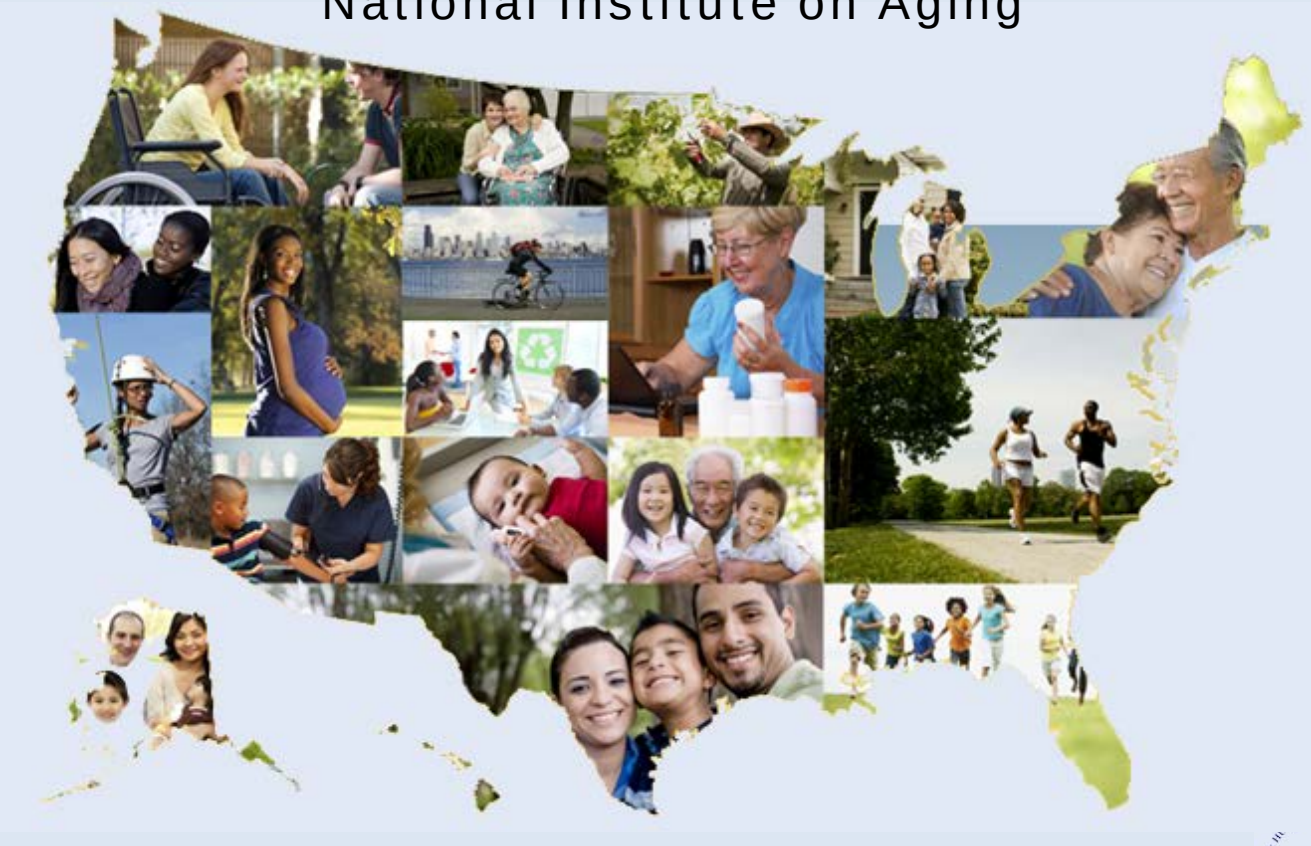
Key Takeaways—Dementias Including Alzheimer's Disease (DIA)

- Alzheimer's Disease is the 5th leading cause of death among adults aged 65 years and over.
- Approximately 1 in 3 older adults are aware of their dementia diagnosis.
- Approximately 1 in 4 persons with dementia experience potentially preventable hospitalizations.

Healthy People 2020

Optimal Aging for Older Adults: Promoting Health and Addressing Dementias, including Alzheimer's Disease

Marie A. Bernard, M.D.
Deputy Director
National Institute on Aging



Healthy People 2020

NIH National Institute on Aging

Office of Disease Prevention and Health Promotion

NIA Research Updates

Does Moving to a Lower Poverty Neighborhood Improve Health and Well-Being?

- Three groups assigned by lottery; key intervention: *housing assistance provided but moves limited to low-poverty Census tracts*
- Results of the low-poverty move:
  - The effect on glucose control for adults that was comparable to that of metformin.
  - Improvements in subjective well-being = $13,000 increase in an annual income.

Healthy People 2020

Ludwig, J et al. (2011) *NEJM* 365: 1509-1519.

Related to HP 2020 Obj. OA-3 & 8

Does Medicaid Improve the Health and Well-Being of the Poor?

- An opportunity in Oregon
  - Medicaid closed to new enrollment in 2004
  - CMS-approved lottery for enrollment, when additional funds were identified

- Some findings from the Medicaid group
  - Increased use of primary and preventive care
  - Lower out-of-pocket medical expenditures/debt
  - Better self-reported physical and mental health
  - Increased diagnosis and management of diabetes

Healthy People 2020

Baicker, K and Finkelstein, A. (2011) *NEJM* 365(8):683-5.

Related to HP 2020 Obj. OA-2, 2.1, 2.2, 3, 4, 5, & 8

LIFE Study

- The ability to walk without assistance is critical for older people to live in a community and function well.
- The study showed that a regular, balanced and moderate exercise program followed for an average of 2.6 years ***reduced the risk of major mobility disability by 18 percent*** in an elderly, vulnerable population.
- Exercises included walking, and strength, flexibility, and balance training activities.

Pahor, M et al. (2014) *JAMA* 2014 May 27 [Epub ahead of print].

Related to HP 2020 Obj. OA-5, 6, 8, & 11

Advanced Cognitive Training for Independent and Vital Elderly (ACTIVE)

- The study looked at the effects of cognitive training on cognitive abilities and everyday function.
- Benefits at ten years were seen in reasoning and speed, but not memory.
- ~60% of participants maintained or improved Instrumental Activities of Daily Living (IADLs).

Healthy People 2020

Rebok, GW et al. (2014) *J Am Geriatr Soc* Jan 13 [Epub ahead of print].

Related to HP 2020 Obj. OA-5 & 8

NIA & Patient Centered Outcomes Research Institute (PCORI) Collaboration

RFA on Falls-Injury Prevention Issued in July 2013

- Falls are a common but serious problem among the elderly
  - The best prevention strategy is not known
  - The goal of the collaboration is to fund a single large clinical trial on prevention of fall-related injuries in non-institutionalized older adults
  - Meaningful involvement of patients and stakeholders as partners with researchers is included throughout the research process
- $30 million, 5-year study supported with funds from PCORI and led by NIA and team of investigators: *"Randomized Trial of a Multifactorial Fall Injury Prevention Strategy"*
- The research team involves investigators at Brigham and Women's/Harvard, the Yale School of Medicine, and the School of Medicine at UCLA
- Award announced June 4th

Healthy People 2020

Related to HP 2020 Obj. OA-5, 6, 8, 11 & DIA-2

Assessing the Progression of Alzheimer's Disease

- Cognitive and other functional impairments were initial measures used to monitor AD progression.
- Later, changes in brain volume and metabolism were detected before cognitive changes occur.
- More recently, imaging of beta-amyloid build-up can enable us to detect AD-related changes in the living brain, earlier than ever before.

- **The benefit of these early markers is a newfound ability to intervene in very early stages of disease and monitor the impact of these interventions.**

Healthy People 2020

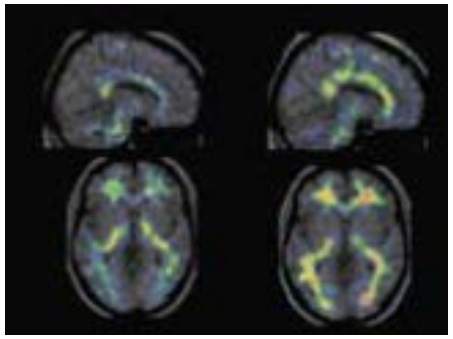
Aisen, PS et al. (2010) *Alzheimers Dement* 6:239-246.

Related to HP 2020 Obj. DIA-1 & 2

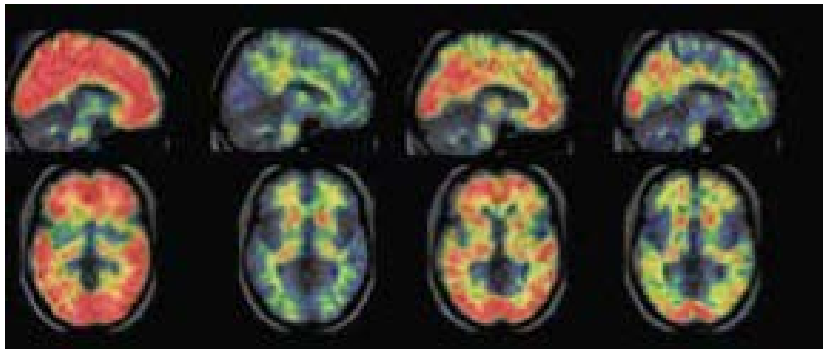
Intervening in *Presymptomatic* Early-Onset Alzheimer's Disease

- **Study of a Colombia family that develops AD early has made research on very early interventions possible**
- **Studies are underway currently to test an anti-amyloid treatment**

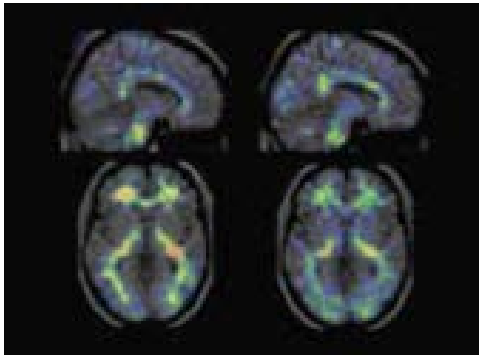
Non-Carriers, late 30's



Gene Carriers, late 30's



Beta-amyloid, late 20's



Fleisher, AS et al. (2012) *Lancet Neurology* 11(12):1057-65.

Related to HP 2020 Obj. OA-3, 5, 6, 8, 11, & DIA-2

Treatment for Agitation in Alzheimer's

- The CitAd trial compared the antidepressant citalopram to placebo in participants with probable AD and clinically significant agitation
- Citalopram offered significant improvement in agitation symptoms compared to controls.
- Citalopram volunteers also showed some decline in cognition and heart function; however antipsychotic treatments may have greater risks.
- Citalopram – especially in lower doses – was concluded to be a more effective and safer alternative.

Healthy People 2020

Porsteinsson, AP et al. (2014) *JAMA* 311(7):682-691.

Related to HP 2020 Obj. OA-5, 8, & DIA-2

Go4Life

- Go4Life is an exercise and physical activity campaign from the NIA, designed to encourage older adults to become more active.

http://www.nia.nih.gov/Go4Life

Healthy People 2020

Go4Life

National Plan to Address Alzheimer's Disease

Goal 1: Prevent and Effectively Treat Alzheimer's Disease by 2025

Goal 2: Enhance Care Quality and Efficiency

Goal 3: Expand Supports for People with Alzheimer's Disease and Their Families

Goal 4: Enhance Public Awareness and Engagement

Goal 5: Improve Data to Track Progress

Updates on milestones are available at:
http://aspe.hhs.gov/daltcp/napa/milestones/milestones-p.pdf

Healthy People 2020

Edwin Walker

Deputy Assistant Secretary for Aging
U.S. Department of Health and Human Services
Administration for Community Living

Healthy People 2020

Office of Disease Prevention and Health Promotion

Administration for Community Living (ACL): Purpose and Structure

- Created in 2012, ACL develops policies and improves supports for older adults and persons with disabilities of all ages
- Combines the Administration on Aging (AoA), Office on Disability, and Administration for Intellectual and Developmental Disabilities
- AoA leads the National Aging Network:
  - 56 State Units on Aging
  - 400+ tribes and tribal organizations
  - 620 Area Agencies on Aging (AAAs)
  - 20,000+ local service providers

Healthy People 2020

Aging Network Services

- Services available address most of the objectives related to Older Adults (OA) and Dementias, Including Alzheimer's Disease (DIA):
  - Access services
  - In-home, community, and supportive services
  - Caregiver services
  - Elder rights services
  - Health-related services
  - Nutrition services

Healthy People 2020

Increase self confidence in managing chronic conditions(OA-3)

- Chronic disease self management education is an evidence-based approach that helps older adults learn how to manage their health conditions more effectively
- Aging and public health networks and their partners are delivering these programs across the US
- Chronic disease self management programs have shown the following outcomes:
  - Better health (self-reported health, pain, fatigue, depression)
  - Better care (patient-physician communication, medication compliance, confidence completing medical forms)
  - Less use of services (fewer emergency room visits and hospitalizations)

Healthy People 2020

Increase self confidence in managing chronic conditions(OA-3)

ACL/AoA Role in Chronic Disease Self-Management Education

- History:
  - 2003-2012 Evidence-Based Grants: 24 states
  - 2010-2013 American Recovery and Reinvestment Act (ARRA) Grants: 47 states, DC & PR
  - 2012-2015 Prevention and Public Health Fund (PPHF) Grants: 22 states

Healthy People 2020

Increase use of Diabetes Self-Management Benefits (OA-4)

Diabetes Self-Management Program (DSMP)

- Through ARRA and current PPHF grants, 39 states provide DSMP
  - ACL provides technical assistance resources on how to obtain ADA/AADE accreditation and Medicare reimbursement
  - Resources include a toolkit, tip sheets, webinars

Healthy People 2020

Reduce emergency department visits due to falls (OA-11)

Falls Management & Prevention Programs

- Prior evidence-based grants and Older Americans Act Title III-D funding has established program infrastructure in 38 states
- 2014-2016 PPHF Evidence-Based Falls Prevention grants to states and tribal organizations
  - Start date ~ September 1, 2014
  - Funding: About $4 million for 8-10 states and 5 tribes

Healthy People 2020

Reduce unmet need for long-term services and supports (OA-8)

ACL's Supportive Services – Older Americans Act (OAA)

- Supportive services
- Nutrition services
- Services protecting vulnerable older adults
- Services for tribes and tribal organizations
- About $1 billion serving 10 million older adults
- Serve 1 in 5 adults aged 60+

Healthy People 2020

Reduce unmet need for caregiver support services (OA-9)

National Family Caregiver Support Program (NFCSP)

- 2000 OAA reauthorization – 1st Federal grant program specifically for meeting the needs of unpaid family caregivers
- Authorizes 5 categories of services: information; assistance in accessing services; caregiver counseling, support groups & training; respite; supplemental services
- Outcomes: 2013 AoA National Survey data show:
  - 78% of caregivers served say NFCSP enabled them to provide care longer
  - 93% of caregivers served rated services as good to excellent

Healthy People 2020

Reduce preventable hospitalizations in those with dementias (DIA-2)

Alzheimer's Disease Supportive Services Program (ADSSP)

- Began in 1992 as the first Federal demonstration program to target services to people with the disease
- In 2008, the program shifted to funding services that are evidence-based.
- Translated interventions have:
  - Decreased caregiver depression & burden
  - Increased caregiver knowledge, confidence & coping
- New Alzheimer's program with funding from PPHF - $10.5 million

Healthy People 2020

Administration for Community Living: Program Takeaways

- ACL/AoA's programs relate to many OA and DIA objectives and offer older adults direct benefits from evidence-based programs. For more information on the programs:
  - Chronic disease self management education: http://www.aoa.gov/AoARoot/AoA_Programs/HPW/ARRA/PPHF.aspx
  - Diabetes self management benefits: http://www.ncoa.org/dsmt
  - National Family Caregiver Support Program: http://www.aoa.gov/aoa_programs/hcltc/caregiver/index.aspx
  - Alzheimer's Disease Supportive Services program: http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Alz_Grants/index.aspx

Healthy People 2020

Wayne H. Giles, MD MS

Director, Division of Population Health
National Center for Chronic Disease Prevention
and Health Promotion
Centers for Disease Control and Prevention

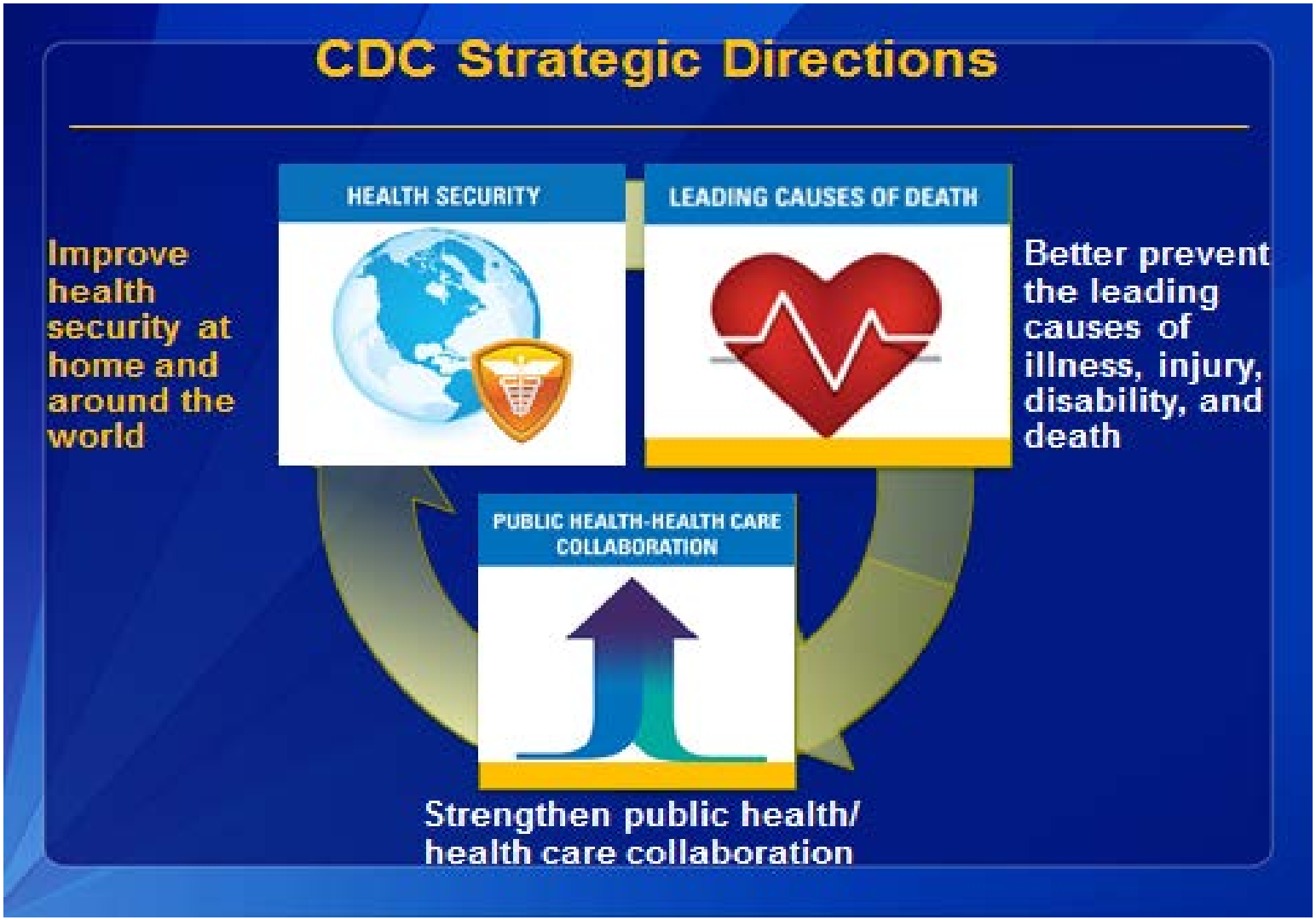
Healthy People 2020

CDC

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

CDC Strategic Directions



CDC Healthy Aging Program and Healthy Brain Initiative (HBI)

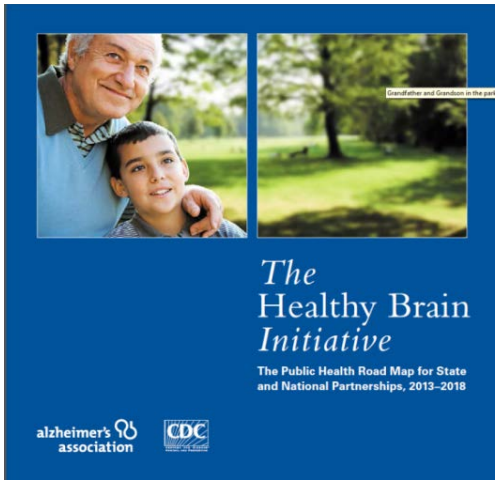
DIA-1&2

CDC Healthy Aging Program

- Focal point for older adult health at CDC
- CDC Healthy Brain Initiative (HBI)

HBI Road Map for States and Communities

- Actions recommended in 4 domains
  - Monitor and evaluate
  - Educate and empower the nation
  - Develop policy/mobilize partnerships
  - Assure a competent workforce
- Used by states as a model for their own state plans (e.g., GA, HI)



Healthy People 2020

CDC Healthy Brain Initiative

DIA-1&2

2014 - CDC support* to 5 states and 1 territory for Road Map activities, e.g.,

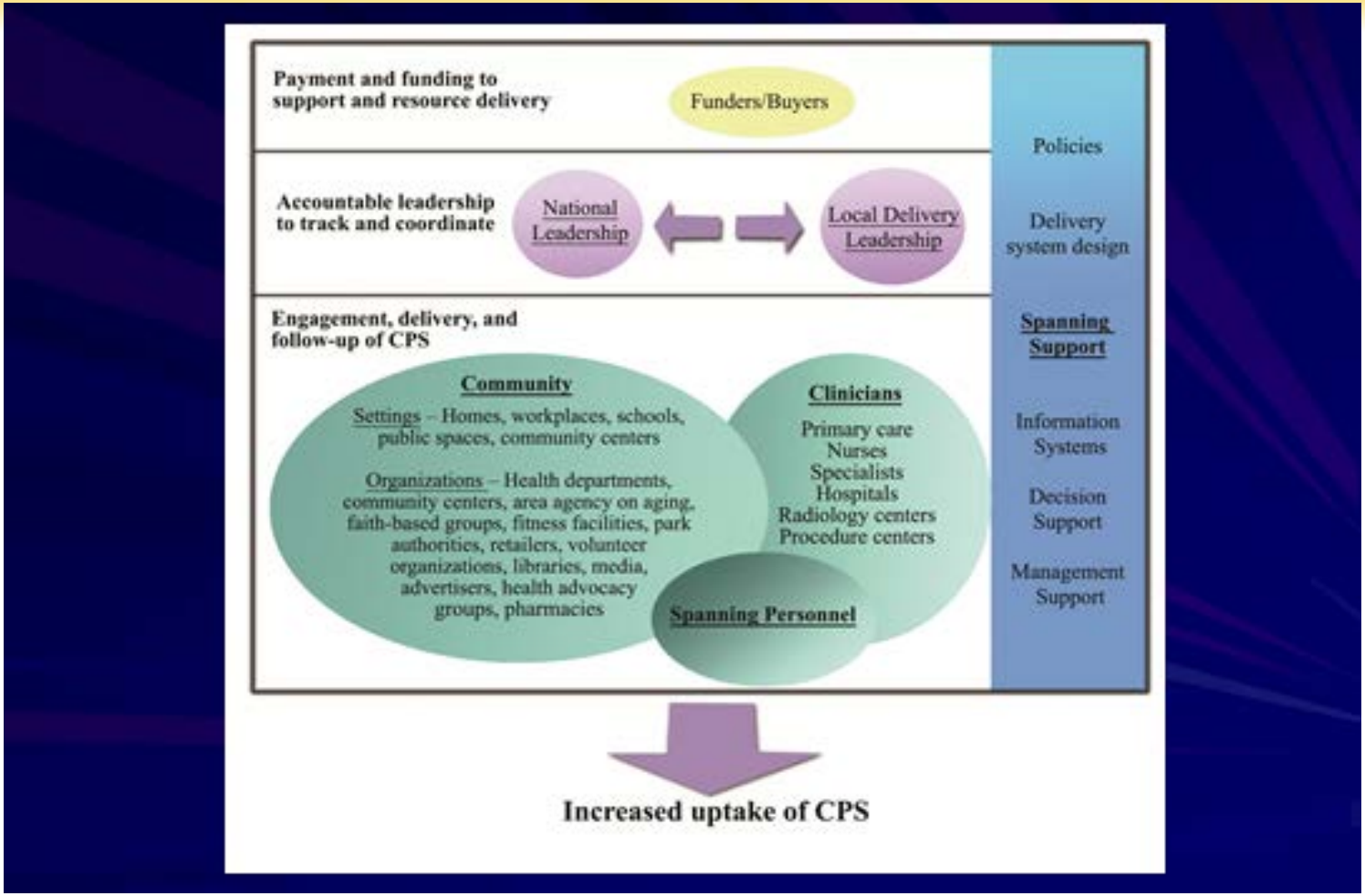
- **Arizona** – Community health worker training on Alzheimer's disease ("assure a competent workforce")
- **Hawaii** – Public awareness materials to reduce stigma ("educate/empower the nation")
- **Wisconsin** – Models to promote and develop dementia-friendly communities, e.g., toolkits ("develop policy/partnerships")
- **Puerto Rico** – First Alzheimer's disease plan in Puerto Rico to guide program and service development ("develop policy/partnerships")

* In partnership with the National Association of Chronic Disease Directors

Healthy People 2020

Increasing the Use of Clinical Preventive Services

OA-2



From article: "Clinical and Community Delivery Systems for Preventive Care: An Integration Framework", Am Journal of Preventive Medicine, October 2013, Alex Krist et al.

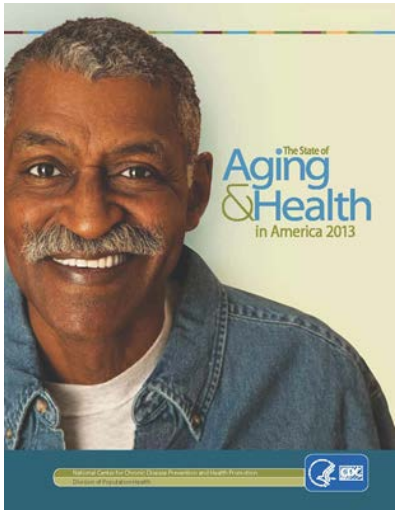
Increasing the Use of Clinical Preventive Services

OA-2

Data for action in states and communities

Focus on adults aged 65 or over – developed with AOA (now ACL), AHRQ, and CMS

Focus on older adult health indicators – now available as searchable, internet-based resource: CDC's *Healthy Aging Data Portfolio*



Focus on adults ages 50-64 – developed with AARP and AMA

Healthy People 2020

Increasing the Use of Clinical Preventive Services

OA-2

Vote & Vax Program

Flu vaccines available at polling sites and nearby community settings during national elections

Nearly 1,600 Vote & Vax sites* delivered ≈ 10,000 vaccinations during 2012 election

Local level partners – examples:

- Health departments
- Aging network agencies
- Health care providers
- Immunization coalitions
- Pharmacies
- Election officials
- Fire departments
- Universities

* In 49 states, 2 territories, and District of Columbia

Healthy People 2020

Increasing the Use of Clinical Preventive Services

OA-2

- CDC Colorectal Cancer Control Program - supports 25 states and 4 tribes
  - **Pennsylvania**: Regularly track screening using EMR and issue progress reports to providers on screening goals; stock every exam room with educational materials
    - Provider with 17,000 patients has increased screening from low 60% range to nearly 75% over 15 months
  - **New Hampshire:** Use patient navigation to ensure low "no-show" rate and good screening preparation; work with providers to track screening rates and share effective strategies (e.g., client reminder systems)
    - Hospital achieved increase in screening rates from 69.8% in 2008 to 75.6% in 2012

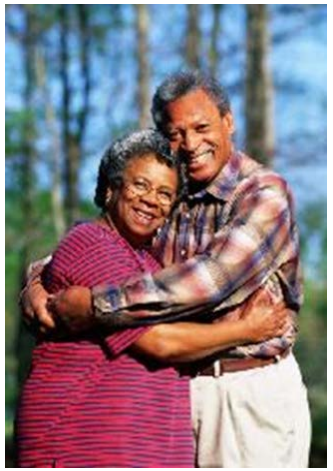
Healthy People 2020

Broadening Access to Chronic Disease Self-Management

OA-4

Assistance to employers/worksites

- **Diabetesatwork.org** – Web portal through which employers can access packaged educational and motivational materials and toolkits on diabetes



Support to states for diabetes self-management (Year 1 of 5-year funding)

- In all states, to increase number of:
  - Accredited/certified **diabetes self-management programs**
  - Individuals who receive **diabetes self-management education**
- Link with **aging network counterparts** to increase older adult participation in diabetes self-education course (11 states)

Healthy People 2020

Promoting Physical Activity

OA-5,6,11

Work with national partners and states

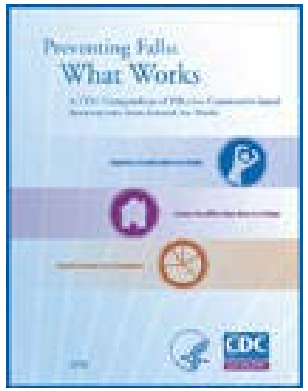
- **U.S. Forest Service** to promote park trails for older adults and those with disabilities
- **Nat'l Recreation and Park Association, YMCA,** and **Arthritis Foundation** to implement physical activity programs for people with arthritis
  - Over 1,350 people have participated in 29 locations since August 2013
- **CDC Arthritis Program supports 12 states** to increase participation in physical activity programs, e.g., EnhanceFitness, Walk with Ease
  - Over 75,000 individuals participated 2008-2012

Healthy People 2020

Preventing Injuries from Falls

OA-5,6,11

Support variety of key partners:



- **Public health/aging services workforce:**

  CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Old Adults

- **States and communities:** 3 states funded for
  - *Stepping On* program for older adults at higher risk for falls - shown to result in 31% reduction in falls among those 70+
  - *Otago* Exercise Program
  - *Tai Chi: Moving for Better Balance*

- **Health care providers:**

  STEADI Toolkit (STopping Elderly Accidents, Death, and Injuries) - to incorporate fall prevention into clinical practice

Healthy People 2020

Key References

- **CDC Healthy Aging Program**
  www.cdc.gov/aging
- **CDC's Healthy Aging Data Portfolio**
  www.nccd.cdc.gov/DPH_Aging/default.aspx
- **CDC – Clinical Preventive Services for Older Adults**
  www.cdc.gov/aging/services/index.htm
- **CDC Healthy Brain Initiative**
  www.cdc.gov/aging/healthybrain
- **National Alzheimer's Project Act (NAPA)**
  www.aspe.hhs.gov/daltcp/napa/
- **National Plan to Address Alzheimer's Disease**
  www.aspe.hhs.gov/daltcp/napa/natlplan2013.shtml

Healthy People 2020

ENHANCE FITNESS

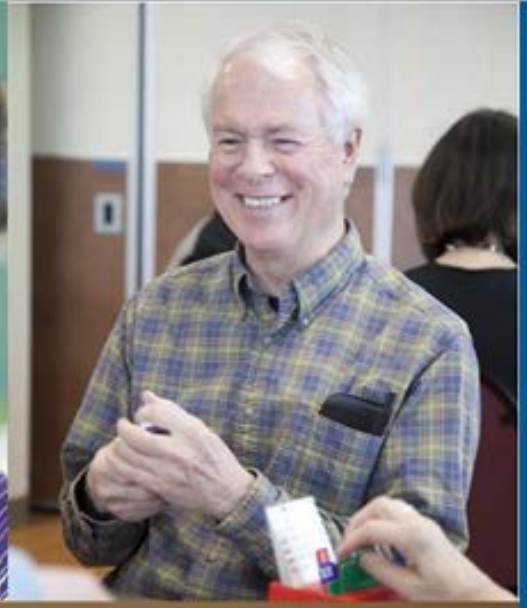
HEALTHY PEOPLE 2020

June 19, 2014

Susan Snyder, MS
Senior Services, Seattle
susans@seniorservices.org

Nichole Shepard, MPH, Salt Lake County
Aging and Adult Services, Utah
NShephard@slco.org

Senior Services



Senior Services

- Seattle/King County non-profit established in 1967
- Promotes positive aging through integrated system of quality programs, initiatives and senior centers
- Serving nearly 70,000 people each year
- More than 4,000 volunteers
- Funded by local AAA, private donors, sales, grants (state and federal), and fundraising activities

Senior Services

Evidence-Based Programming

- Evidence-Based Programs
  - Chronic Disease Self-Management Program
  - Matter of Balance
  - PEARLS
- Project Enhance
  - EnhanceFitness
  - EnhanceWellness

ENHANCE FITNESS

Engaging and Empowering Older Adults

STANFORD
PATIENT EDUCATION
RESEARCH CENTER

Stanford Self-Management Programs

- Target audience—those with chronic conditions
- Small group, on-line, mailed
- Peer led
- Community based
- Based on self-efficacy theory
- Learn more at:

  http://patienteducation.stanford.edu/

PEARLS

- Brief depression-care management program
- Home and community-based
- Designed to reach underserved elders
- Participant-driven: empowering older adults teaching behavioral techniques to actively manage depression and improve quality of life.
- Learn more at:

  www.pearlsprogram.org

A Matter of Balance

- Based upon research conducted by the Roybal Center for Enhancement of Late-Life Function at Boston University
- Designed to reduce the fear of falling and increase the activity levels of older adults who have concerns about falls
- Learn more at:

  www.mainehealth.org/mob

ENHANCE FITNESS

- Social Worker and/or Registered Nurse
- Motivational intervention
- Action planning
- Feedback, problem solving and support
- Learn more at:

www.projectenhance.org/EnhanceWellness

Senior Services

ENHANCE FITNESS

- Certified, trained fitness instructors
- Program outcomes and attendance tracking
- One hour classes, three hours per week, ongoing
- Learn more at: www.projectenhance.org
- To hear stories from the field and learn more: www.facebook.com/ProjectEnhance

Senior Services

ENHANCE FITNESS

- Ongoing research – dynamic program
  - EnhanceMobility Pilot Study
  - Pilot for those with chronic pain
  - University of Washington/Y USA study
- Reduces medical-care utilization costs
  - Proven savings in healthcare costs for managed care plans*
  - Centers for Medicare & Medicaid Services (CMS) Retrospective Study
  - CMS Prospective Study

*Ackermann RT, et al. (2008). Healthcare cost differences with participation in a community-based group physical activity benefit for medicare managed care health plan members. The Journal of The American Geriatrics Society, 56:1459-1465, 2008.

Senior Services

Public Health and Aging Partners

- University of Washington
  - Health Promotion Research Center
- Group Health Cooperative
- Aging & Disability Services, Seattle/King County
- US Health & Human Services
  - Centers for Disease Control and Prevention Arthritis Program
  - Administration for Community Living (Administration on Aging)
- National Council on Aging
- Y of USA

YMCA of the USA GOALS for Enhance®Fitness

- Serve at least 10,000 older adults by 2016
- Offer classes in at least 120 YMCA associations by 2017
- Positively impact the health of older adult participants
- Be a resource for health care providers seeking proven, reliable community-based programs for patients

Healthy IDEAS

STANFORD PATIENT EDUCATION RESEARCH CENTER

HOMEMEDS

ENHANCE

A MATTER OF BALANCE

PEARLS

FIT & STRONG!

EBLC Evidence-Based Leadership Council

- Comprised of programs with:
  - Published study results
  - Controlled trial, usually randomized
  - Widely disseminated
- Includes community based organization representatives providing multiple evidence-based
- Developing national infrastructure
- Learn more by contacting:

  EBLC@seniorservices.org

ARCHSTONE FOUNDATION

SALT LAKE COUNTY
AGING AND ADULT SERVICES

UTAH DEPARTMENT OF HEALTH
Utah Arthritis Program

SALT LAKE COUNTY

Salt Lake County, Utah
Aging and Adult Services, Utah

2010

- Salt Lake County Population 1,029,655
  - 37.3% of Utah, 125,000 older adults
- Salt Lake County Minority Population 26%
  - From 2000 to 2010, population grew 73.6%

2020

- Salt Lake County Projected Older Adult Population
  - 409,000 (60 and older)

Data provided by Pam Perlich, Bureau of Economic and Business Research, University of Utah

ENHANCE FITNESS

Salt Lake County, Utah Aging and Adult Services

- 920 participants
- 16 classes offered at 15 senior centers
- sample size (494)
  - 76 % improved or maintained lower body strength
  - 80 % improved or maintained upper body strength
- 60 percent maintained or improved balance

SALT LAKE COUNTY AGING AND ADULT SERVICES

ENHANCE FITNESS

Salt Lake County, Utah Success Stories

"EnhanceFitness saved my health care plan hundreds of dollars, saved me many expensive copays, accelerated my return to normal balance, and produced normal test results in balance for my age and health…"

"This has been a life changing experience for me. After three weeks I no longer have the pain in my hips, it has also improved my back and neck pain."

"My bone density improved 10 percent from baseline after starting this class."

"I just have to tell you that my doctor is so happy with me for coming to this class Since February, I have lost 4 lbs, my body fat percentage is down and my blood pressure has improved. I just know it is because of this class! Thank you!"

"I have been taking this class for three weeks, already my legs are steady enough to use my cane less. And when I walk without my cane, I feel more steady and stable."

SALT LAKE COUNTY
AGING AND ADULT SERVICES

ENHANCE FITNESS

Lessons Learned

- Ongoing partnerships critical to maintaining program
- Accessible sites for the communities you want to serve
- Consider data collection and program management costs
- Show how data works for everyone!
- Instructors and leaders are key to success of program
- Provide menu of evidence-based options for participants

Senior Services

Roundtable Discussion

Please take a moment to fill out our brief survey

Healthy People 2020

U.S. Department of Health & Human Services · USA

Office of Disease Prevention and Health Promotion

Healthy People 2020 Sharing Library

A library of stories highlighting ways organizations across the country are implementing Healthy People 2020

Healthy People in Action - Sharing Library

http://healthypeople.gov/2020/implement/MapSharingLibrary.aspx

Healthy People 2020 Spotlight on Health Webinar

- Join us on September 30, 2014, from 12:30 pm to 2:00 pm ET
- Free Educational Webinar
- Featured Topic will be “Moving from Disease and Illness to Living Well: Promoting and Tracking Well-Being and Quality of Life”

Healthy People 2020

In This Section:

- Development and Framework
- Who's Leading the Leading Health Indicators?
- Share Your LHI Story
- LHI Infographic Gallery
- 2020 LHI Topics
  - Access to Health Services
  - Clinical Preventive Services
  - Environmental Quality
  - Injury and Violence
  - Maternal, Infant, and Child Health
  - Mental Health
  - Nutrition, Physical Activity, and Obesity

LHI Infographic Gallery

Print E-mail Share

The Leading Health Indicators are high-priority health issues in the United States that serve as measures of the Nation's health. Each month healthypeople.gov displays one or more infographics to visually communicate the existing health disparities for the featured Leading Health Indicator Topic.

If you would like the monthly infographic and bulletin sent straight to your inbox, sign up for Healthy People email updates.

Maternal, Infant, and Child Health

July 2013

Reproductive and Sexual Health

June 2013

Mental Health

May 2013

Substance Abuse

April 2013

Physical Activity, Nutrition, and Obesity

March 2013

Oral Health

February 2013

Access to Health Services

January 2013

Environmental Quality

December 2012

LHI Infographic Gallery

http://www.healthypeople.gov/2020/LHI/infographicGallery.aspx

Healthy People 2020
Substance Abuse LHI Webinar

Join us on July 24th for a
***Who's Leading the Leading Health Indicators?* Webinar**

Learn how one group is working to address substance abuse in their community.

Register soon!
www.healthypeople.gov

Healthy People 2020

Stay Connected

Join the Healthy People Listserv & Consortium

	Web	healthypeople.gov
	Email	hp2020@hhs.gov
	Twitter	@gohealthypeople
	LinkedIn	Healthy People 2020
	YouTube	ODPHP (search “healthy people”)

Healthy People 2020

Healthy People 2020 Progress Review Planning Group

- Denise Stredrick (NIH/OD)
- Marie Bernard (NIH/NIA)
- Melinda Kelley (NIH/NIA)
- Vicky Cahan (NIH/NIA)
- Dallas Anderson (NIH/NIA)
- Stan Lehman (CDC/OD)
- Lynda Anderson (CDC/ONDIEH)
- Dree Harris (CDC/ONDIEH)
- Angela Deokar (CDC/ONDIEH)
- Jane Tilly (ACL/AOA)
- Rosaly Correa-de-Araujo (ACL/AOA)
- Deb Potter (OASH/ASPE)
- Helen Lamont (HHS/ASPE)
- Shari Ling (CMS/CCSQ)
- Rebecca Hines (CDC/NCHS)
- Leda Gurley (CDC/NCHS)
- Ellen Kramarow (CDC/NCHS)
- Julie Weeks (CDC/NCHS)
- Bruce Jonas (CDC/NCHS)
- Christina Dragon (CDC/NCHS)
- Carter Blakey (HHS/ODPHP)
- Deb Nichols (HHS/ODPHP)
- Theresa Devine (HHS/ODPHP)
- Yen Luong (HHS/ODPHP)

Healthy People 2020