

Title III-D: Disease Prevention and Health Promotion Services (OAA.Section.214.)

Title III-D of the OAA provides limited funding for disease prevention and health promotion. Disease prevention covers measures not only to prevent the occurrence of disease, but also to arrest its progress and reduce its consequences. Health promotion is the process of enabling people to increase control over, and to improve their health. Health education reduces the need for costly medical interventions.

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

Disease Prevention and Health promotion Services assist older adults in living well. PSA II recognized 4 programs wherein, in combination with community partnerships OAA Title IIID resources would make available:

- a. 6-week consumer workshop on Management of Chronic Disease;
- b. 6-week consumer workshop on Diabetes Self-Management;
- c. 6-week consumer workshop on Pain Management, and,
- d. Family Caregiver Intervention: 12 week consumer one on one intervention targeted at Family Caregivers caring for a loved who has Alzheimer's Disease or Dementia

The above programs are evidence-based programs recognized by the Administration on Community Living. Over the course of almost 4 years, the AAA has worked to establish community partnerships and secure a successful grant award to support staff and volunteer education and certification so that the AIIAA is able to offer successful health promotion and disease prevention education. To that end, we targeted 2 high risk populations: people living with chronic disease and family caregivers.

Partners include: The **Community Health Clinic of Spokane** and the **Rosalynn Carter Institute for Caregiving**.

Qualitative Analysis:

- According to the Administration on Aging Fiscal Year 2011 Report to Congress, average life expectancy has increased from less than 50 years at the turn of the 20th century to over 78 years today.
- Chronic disease--Statistics demonstrate that as an individual's number of chronic diseases increases, there is a corresponding escalation in adverse outcomes including mortality, poor functional status, unnecessary hospitalizations, adverse drug effects, duplicative tests, and conflicting medical advice (Administration on Aging Fiscal Year 2011 Report to Congress).
- Family Caregiver Intervention. *Evidence-based intervention* and support for the family caregiver have the greatest chance of improving the health and well-being of caregivers. In October of 2010, RCI released "Averting the Caregiving Crisis: Why We Must Act Now", a position paper outlining 12 recommendations for addressing the caregiving crisis that is already upon us. This paper was based on several years of intensive study of the caregiving process, an

extensive review of evidence-based programs developed to help family caregivers, and current translational strategies for making effective programs widely available to caregivers. **“Averting the Caregiving Crisis: Why We Must Act Now”** highlighted the contributing factors to our nation’s caregiving crisis and recommended specific strategies for resolving the crisis by re-envisioning support for family caregivers. Progress has been made at all levels in addressing the unmet needs of family caregivers over the past several months. RCI has continued its dialogue with representatives from the Administration on Aging, the Centers for Medicare and Medicaid Services, the Department of Health and Human Services, the Office on Disability, the Department of Labor, the Social Security Administration, and the U. S. Department of Veterans Affairs. In addition, the RCI sought the expertise and feedback of professionals involved in service delivery, caregiving research, and evidence-based implementation and policy. Several milestones have occurred; yet the need for more concrete action is urgent. To sharpen our focus and advance this agenda, we have restated the twelve original recommendations as six strategic initiatives in **“Averting the Caregiving Crisis: An Update”**.

Intervention for the family caregiver is important in order to preserve the most important and recognized component of our long-term care system. In the words of Assistant Secretary for Aging Kathy Greenlee at our 2010 Summit, “Families are the core of the system. They always have been. They are both the center and the soul of the system. We need family caregivers - we need them because there is no replacement. You can't make this a commodity. But we also need them economically as a nation, because we can't afford to buy this care from strangers.”

AllIAA Evidenced Based Programming:

a. CHRONIC DISEASE SELF MANAGEMENT WORKSHOP:

- **The Chronic Disease Self-Management Program (CDSMP), is an evidenced based program provided in partnership with the CHAS (Community Health Association of Spokane). The Chronic Disease Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. Each participant in the workshop receives a copy of the companion book, *Living a Healthy Life With Chronic Conditions, 4th Edition*, and an audio relaxation CD, *Relaxation for Mind and Body*.***
- *The Self-Management Program will not conflict with existing programs or treatment. It is designed to enhance regular treatment and disease-specific education such as Better Breathers, cardiac rehabilitation, or diabetes instruction. In addition, many people have more than one chronic condition. The program is especially helpful for these people, as it gives them the skills to coordinate all the things they need to manage their health as well as to help them keep active in their lives.*

- ✓ Consumers may self-refer by calling the Area Agency on Aging office to inquire about:
 - ❖ Workshop schedules; participation and/or volunteering as a lay leader!

b. DIABETES (SELF MANAGEMENT WORKSHOP):

- **The Diabetes Self-Management Program (DSMP), is an evidenced based program provided in partnership with the CHAS (Community Health Association of Spokane). The Diabetes Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together.**
- *The Self-Management Program will not conflict with existing programs or treatment. It is designed to enhance regular treatment and disease-specific education such as Better Breathers, cardiac rehabilitation, or diabetes instruction. In addition, many people have more than one chronic condition. The program is especially helpful for these people, as it gives them the skills to coordinate all the things they need to manage their health as well as to help them keep active in their lives.*
 - ✓ Consumers may self-refer by calling the Area Agency on Aging office to inquire about:
 - ❖ Workshop schedules; participation and/or volunteering as a lay leader!
- **Diabetes Affects** 25.8 million people in the U.S. Population (National diabetes Fact Sheet, 2011)
 In 2005-2008, based on fasting glucose of hemoglobin A1c Levels, 50% of adults aged 65 years or older had prediabetes. In 2010 it was estimated that 10.9 million people over the age of 65 years had diabetes. (National Diabetes Fact Sheet, 2011)
 Diabetes is a major cause of heart disease and stroke. (National Diabetes Fact Sheet, 2011)
 Diabetes is the seventh leading cause of death in the United States. (National Diabetes Fact Sheet).

c. PAIN SELF-MANAGEMENT:

- **The Chronic Pain Self-Management Program (PSMP), is an evidenced based program provided in partnership with the CHAS (Community Health Association of Spokane). The Chronic Pain Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together.**
- *The Self-Management Program will not conflict with existing programs or treatment. It is designed to enhance regular treatment and disease-specific education such as Better Breathers, cardiac rehabilitation, or diabetes instruction. In addition, many people have more than one chronic condition. The program is especially helpful for these people, as it gives them the skills to coordinate all the things they need to manage their health as well as to help them keep active in their lives.*

- ✓ **Consumers may self-refer by calling the Area Agency on Aging office to inquire about:**

- ❖ **Workshop schedules; participation and/or volunteering as a lay leader!**

- Chronic pain is a debilitating disease which affects over 100 million Americans. It costs the United States in excess of half a trillion dollars each year and is the leading cause for why people are out of work. The last decade has seen dramatic changes in the way we understand pain. Rather than viewing pain as simply a symptom of trauma, infection, inflammation, or surgery, we now see it as a discrete disease entity - one that fundamentally alters the entire nervous system. In a major recent advance, neuroimaging tools have allowed us to peer inside the human brain in ways once only dreamed about – unlocking mysteries of where pain is perceived and processed, how it affects the brain, and how it can act to change our thoughts and emotions. For the first time, we have the tools to effectively explore the impact of pain on the brain and can use this information to create the comprehensive interdisciplinary treatment needed to prevent or reverse these changes. Our ultimate goal is to lessen or stop our patient’s pain and restore and enhance their quality of life.

d. ROSALYNN CARTER INSTITUTE, RESOURCES ENHANCING ALZHEIMER’S CAREGIVER HEALTH, RCI-REACH.

- The AAA was the successful recipient of an award from the Rosalynn Carter Institute for evidenced based training and certification to assist family caregivers caring for a loved one with Alzheimer’s disease. Caregiver Interventionists receive referrals from the AIIAA and other community partners. Interventionist’s work directly with Family Caregivers who intend to care for a loved at home for 6+ months and/or until the end of the care recipient’s life. This evidence-based program is specifically designed to meet the needs of the RURAL family caregiver. The program is one-on-one for 12 sessions, in the caregiver’s home and the telephone. Intentionally designed, the Interventionist may support the Family Caregiver over an extended time, without having to travel to the caregiver’s residence for every session. The AAA refers inter-agency to the RCI-REACH Program to Family Caregivers in search of intentionally in search of support greater than a support group. The AAA trained and certified Interventionists in Nez Perce and Idaho Counties, with the intention of reaching rural caregivers.

- ✓ **Consumers may self-refer by calling the Area Agency on Aging office to inquire about:**

- ❖ **Workshop schedules; participation and/or volunteering as a lay leader!**

2. How does the AAA support the above programs in the PSA?

Chronic Disease Self-Management Program, CDSMP; Diabetes Self-Management Program, DSMP; Pain Management Self-Management, PSMP.

- The **CHAS** (Community Health Association of Spokane) has an established clinic in Lewiston, Idaho.
- By way of an in-kind and OAA supported partnership, CHAS, the licensed sponsor with Stanford University, provides lay leaders certification to AAA (regional) Volunteers and Staff.
 - OAA funds support training facility and trainer costs;
 - CHAS provides education and certification training for lay leaders.
- Primary workshop partners include to date: St. Mary's Hospital, Clearwater Valley Hospital, the Monastery of St. Gertrude and the Area II Agency on Aging.

The AAA is plans to formally continue partnership with CHAS to offer evidence based programming in PSAll. CHAS holds the license/s with Stanford University. The AAA is responsible for recruiting and training lay leaders in the PSA and reporting activity to CHAS, in agreement with Stanford University

Rosalynn Carter Institute-Resources Enhancing Caregiver Health

- The AAA, is in a one year pilot project with **RCI-REACH**, May 2015 – May 2016, the Rosalynn Carter Institute. The AAA was a successful grant recipient in FY2014. The grant provided for training and certification of Interventionists in PSAll, onsite at the AIIAA.
- Interventionists receive referrals from the AIIAA for Family Caregivers who intend to care for a loved at home for 6+ months and/or until the end of the care recipient's life.

3. Specifically address activities and funds that are being used to support these activities

Title III-E: National Family Caregiver Support Program (NFCSP) (OAA.Section.373.)

The National Family Caregiver Support Program is funded by Title III-E and supports coordination of community and volunteer-based organizations that provide relief to families who would otherwise become weary from the demands of care giving.

The NFCSP provides information; training, decision support, respite, problem solving alternatives, and social support are among the types of services to aid caregivers in Idaho with their responsibilities and challenges.

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

National and Statewide statistics demonstrate the need for National Family Caregiver Support Programs because the demands of care giving can lead to a breakdown of the caregiver's health, and the illness, hospitalization, or death of a caregiver increases the risk for institutionalization of the care recipient.

Qualitative Analysis:

- In FY 2011, NFCSP services provided included:

- Over 1.3 million contacts to care givers assisting them in locating services from a variety of public and private agencies
- Over 128,000 caregivers with counseling, peer support groups, and training to help them better cope with the stresses of care giving
- Nearly 67,000 care givers with 6.3 million hours of temporary relief-at home, or in an adult day care or nursing home setting-from their care giving responsibilities (Administration on Aging Fiscal Year 2011 Report to Congress).
- 68 percent of Title III caregivers are 60 or older, making them more vulnerable to a decline in their own health, and 34 percent describe their own health as fair to poor (Administration on Aging Fiscal Year 2011 Report to Congress).
- Caregivers suffer from higher rates of depression than non-caregivers of the same age, and research indicates that care givers suffer a mortality rate that is 63 percent higher than non-caregivers (Administration on Aging Fiscal Year 2011 Report to Congress).
- In FY 2011, 1,795 care givers were surveyed about the impact of the caregiver program on their lives. 84 percent of caregivers received respite care with services from the NFCSP within the last twelve months and reported:
 - 80 percent had less stress;
 - 89 percent said it was easier to care for their loved one;
 - 76 percent reported that it was the most helpful service they received;
 - 97 percent reported the care recipient benefited from the service;
 - 87 percent said that the services enabled them to care longer (Administration on Aging Fiscal Year 2011 Report to Congress).
- The FY 2011 National Program Services Summary Report shows that counseling, support groups, and/or training were provided to 119,609 care givers with 496,047 units of service being provided.
- According to the AARP *Across the States* Profile of Long-term Services and Supports in Idaho 2012 report, there were 210,000 family caregivers in FY 2009.

2. How does the AAA support the above program in the PSA?

AIIAA refers family caregivers caring for loved ones with Alzheimer's disease to the RCI-REACH program. The AIIAA collaborates with long-term-care to provide information and referral to caregivers regarding Alzheimer's support groups. The AIIAA maintains fixed price agreements with five in home service providers to provide NFCSP respite services in all five counties in PSAII.

3. Specifically address activities and funds that are being used to support these activities.

Activities support with Older American's Act funds, Title III E/Family Caregiver.

- a. *Public Information*
- b. *Information & Assistance*
- c. *Respite*
- d. *Counseling & Support Groups*
- e. *Legal assistance*