

Oregon Evidence-Based Prevention Grant Narrative – April 20, 2010

I. Summary/Abstract: With this grant proposal, Oregon continues in its goal to promote the health and independence of community-living older adults in Oregon through targeted evidence-based interventions. The State Unit on Aging will continue its close partnership with Public Health in addressing these four objectives:

1. Reach at-risk seniors with evidence-based programs through new and expanded partnerships between aging, health, private, and public agencies;
2. Maintain fidelity to the design and research outcomes associated with selected interventions;
3. Increase awareness and use of evidence-based health promotion programs focused on older adults;
4. Develop systems that can be used in sustaining, replicating, and expanding the use of evidence-based programs in Oregon.

Oregon's original proposal focused on four regions and three evidence-based programs. Given the success in developing and sustaining physical activity (*EnhanceFitness*) and falls (*Tai Chi: Moving for Better Balance*) programs, Oregon focused specifically in the past year on the chronic disease self-management program (*Living Well*). With this additional year of funding, Oregon will continue to focus on supporting the expansion and development of Living Well programs in the original regions, and will expand statewide training and marketing to older adults.

Oregon's expected outcomes continue to be: a) new and expanded community partnering to offer evidence-based programs and refer at-risk older adults; b) increased participation by high-risk older adults in evidence-based programs; and c) expansion of projects to additional counties as a result of dissemination efforts. Expected products of this project are a final report, and Oregon data on program reach and demographics.

II. Project Relevance/Accomplishments & Outcomes to Date: Over the past four years, Oregon has been able to continuously expand availability and interest in evidence-based healthy aging as a result of the AoA evidence-based funding. Over the past year, Living Well and other evidence-based healthy

aging have been part of discussions on the structure of Oregon’s newly evolving ADRCs; and the AAA director from one of the funded regions – a passionate advocate for evidence-based healthy aging – was named to the new Oregon Health Authority’s Health Improvement Plan, allowing him to advocate for evidence-based healthy aging to be part of statewide health reform plans. A June 2010 event sponsored by the State Unit on Aging, AARP Oregon, the AAA association, and Oregon Geriatric Education Center will focus on sustainability for evidence-based programs and highlight successes in the AoA funded regions. And there’s growing interest across the state – from local communities, policymakers, and aging services providers – in evidence-based approaches to healthy aging.

The AoA funding has also helped the state position itself to apply for other grants – NCOA Sustainable Systems and ARRA CDSMP – and has been part of Oregon’s efforts to leverage and integrate CDC disease-specific funding from arthritis, diabetes, asthma, and heart disease and stroke to support a statewide Living Well coordinator, training, and technical assistance. Currently work is underway to develop a Living Well impact report, based on national research and Oregon’s use of the program. This will help pull together successes from these various funding sources, creating a short report that can be shared with policymakers to build the case for sustainable funding for Living Well.

The table below shows the impact of Living Well efforts in the funded regions over the past four years (data for 10/1/06 – 1/31/10):

Lead Organization	# of Programs (approx # of Leaders)	# of Participants	Key Partners
Mid-Columbia Council of Governments – Area Agency on Aging (MCCOG)	6 (6 Leaders)	64	MCCOG Advisory Council; Mid-Columbia Medical Center; Wasco-Sherman Health Department
Multnomah Aging & Disability Services (Multnomah ADS)	15 (22 Leaders)	196	Veteran’s Administration; NW Parish Nurse Ministries; Multnomah Co Health Dept.
Rogue Valley Council of Governments Senior & Disability Services (RVCOG)	62 (6 MTs, 40 Leaders)	542	Oregon State University Extension; 2 county health departments, Veteran’s Administration
Confederated Tribes of Warm Springs	4 (1 MT, 3 Leaders)	43	Warm Springs Clinic Deschutes County Health Dept. Central Oregon Council on Aging

A number of successes and new developments have occurred over the past year. Multnomah and MCCOG have been able to designate staff time to Living Well, and as a result, are seeing an increase in participation and strengthening of partnerships in their regions. Warm Springs has struggled with a constant turn-over in staffing, but was able to get one of their tribal member Leaders trained as a Master Trainer, and has now contracted with her to coordinate workshops for the tribe. A meeting coordinated by the SUA and public health in October 2009 brought together AAA and local health department staff to do shared planning for Living Well, helping to strengthen these partnerships. One outcome of this meeting was Multnomah's inclusion in a successful ARRA Prevention grant submitted by their local health department which will support staff time focused on healthy aging/livable communities over the coming two years. Finally, positive experience with these AoA evidence-based healthy aging projects resulted in Multnomah and RVCOG partnering with the SUA on a successful evidence-based Alzheimer's grant this past year, continuing to expand the use of evidence-based approaches.

III. Proposed Approach: Oregon's State Unit on Aging (SUA), in close partnership with Public Health's Health Promotion and Chronic Disease Program (HPCDP) proposes to use one additional year of funding to continue to support existing Living Well implementation in targeted regions, to expand training opportunities, and to market programs more effectively to older adults. Efforts will focus on expanding reach to older adults, ensuring quality of programs through systematic fidelity monitoring in funded areas, and continuing to improve retention of participants in the six-week workshops. These activities are designed to integrate with existing plans under Oregon's Sustainable Systems and ARRA CDSMP grants that will focus on financial sustainability, and will link where possible with Oregon's emerging ADRCs.

Continue to support existing regions – Funds will be used to continue to support and expand Living Well outreach for MCCOG, Multnomah, and Warm Springs, building on their efforts over the past several years. RVCOG will continue to be part of Living Well efforts, but is part of Oregon's ARRA CDSMP grant, piloting a wider regional approach working with three additional counties to coordinate programs and focus on financial sustainability, and so is not included in the budget for this proposal. The

funded regions will continue to work with partners and expand outreach to older adult, proposing to reach 190 participants over the coming year, a number complemented by the two year ARRA funding goals of reaching an additional 400-600 older adults in the rest of the state. The funded areas are each continuing to work on sustainability – Multnomah will be requiring their 9 district centers to offer at least one Living Well program per year; Warm Springs will be working more closely with the regional AAA and local health departments on promotion; and MCCOG is exploring local grant funding for ongoing support.

Statewide Leader training and technical assistance – HPCDP and the SUA will coordinate three Leader trainings over the coming year to help expand the program statewide, and will support a statewide Living Well Forum to bring together all licensed organizations and partners for in-service training, sharing of successes, and shared learning. The training and Forum will support continued expansion and fidelity of programs across the state. In addition to the three statewide trainings, HPCDP and the SUA will work with the Warm Springs Master Trainer to organize a Leader training specifically offered to interested participants from the state’s nine tribes. This targeted outreach to tribes and tribal elders will be complemented by activities under the ARRA CDSMP grant addressing increased outreach to Latinos.

Marketing to older adults – The SUA will create a specific marketing plan for Living Well as part of a statewide ADRC marketing plan that is being developed. By combining Living Well promotion in the overall ADRC marketing, the goal will be to leverage resources and to ensure that Living Well is seen as a core component of what ADRCs support.

IV. Involvement of Key State and Local Partners: At the state level, HPCDP and the SUA continue to be strongly committed partners in promoting the use of evidence-based programs, and Living Well in particular. The SUA is the lead on the AoA and ARRA CDSMP grants, while Public Health is the lead on the NCOA grant and integrated use of CDC disease-specific funds to help support local health department involvement in Living Well. Other state-level partners involved in program promotion and referral have included Oregon’s Division of Medical Assistance Programs (Medicaid) and the Division of Addictions and Mental Health. At the local level, the AAAs and Warm Springs have worked with aging services providers, healthcare and veterans’ services, social service agencies, parish nurses and faith

communities, long-term care and senior housing, and Extension services. This funding opportunity will help strengthen some of the partnerships developed in the past year – i.e. Veteran’s Administration, local health departments in several areas, and additional healthcare systems – and will include the AAA serving the Warm Springs area as a new partner to the project.

V. Organizational Capacity/Project Management: The SUA will continue to provide overall oversight, coordination, and grants management for this project, and HPCDP will continue to be the lead for statewide Living Well coordination and evaluation. The SUA will oversee on-going work in the targeted regions, and collaborate with HPCDP in supporting the statewide Leader training, Tribal Leader training, and Living Well Forum. The SUA will lead work on the statewide marketing plan, but in close collaboration with HPDCP. The SUA and HPCDP will continue monthly calls with project coordinators from the four funded regions to share new developments and challenges, review collected data, and monitor program implementation. The coordinators in the funded regions will oversee Living Well implementation in each area.

VI. Evaluation/Continuous Quality Improvement: For Living Well programs, the SUA and HPCDP will continue to collect program & participant data to ensure reach and fidelity, providing a set of program books in return for each program reported to the state. Annual statewide and county-specific data reports have been developed (available on-line at www.healthoregon.org/livingwell) and are used to promote the program, as well as encourage local programs to be part of the statewide system.

Oregon is working to promote systematic fidelity monitoring for Living Well workshops and training with use of a program observation checklist and leader training observation checklist. Funded areas will specifically be required to use fidelity monitoring for newly trained Leaders, and at least annually for continuing Leaders. For statewide programs, this is also being strongly encouraged, with programs noting whether or not observation occurs for each reported program. Monthly grant calls between state and local coordinators continue to review the twice-annual data reports provided by Senior Services, focusing on recruitment & retention, working to continue to increase Oregon’s program retention levels for the Living Well program, and ensuring that grant objectives are met.