

NC Department of Health and Human
Services

Why Senior Centers and Evidence-Based Programs Have Much to Offer

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Healthy Aging Specialist

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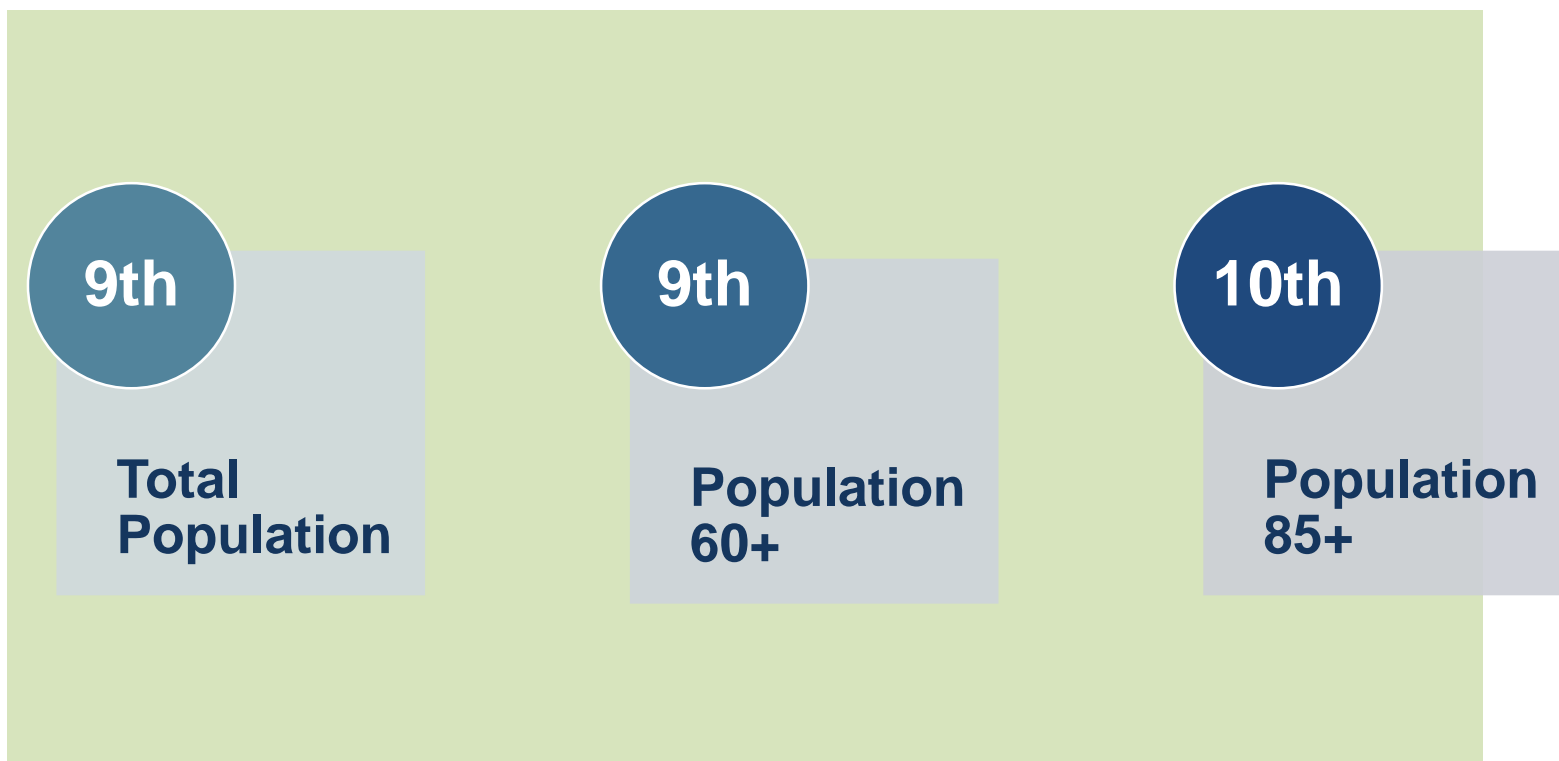
Session Objectives

- Gain an understanding of the term “multipurpose senior center” and why these community-based organizations should be considered an integral component of the healthcare continuum.
- Understand what is meant by “evidence-based programs” and how these programs are supported in North Carolina.
- Explore the impact of senior centers, evidence-based programs, and other community-based services on addressing social determinants of health.

Aging in North Carolina

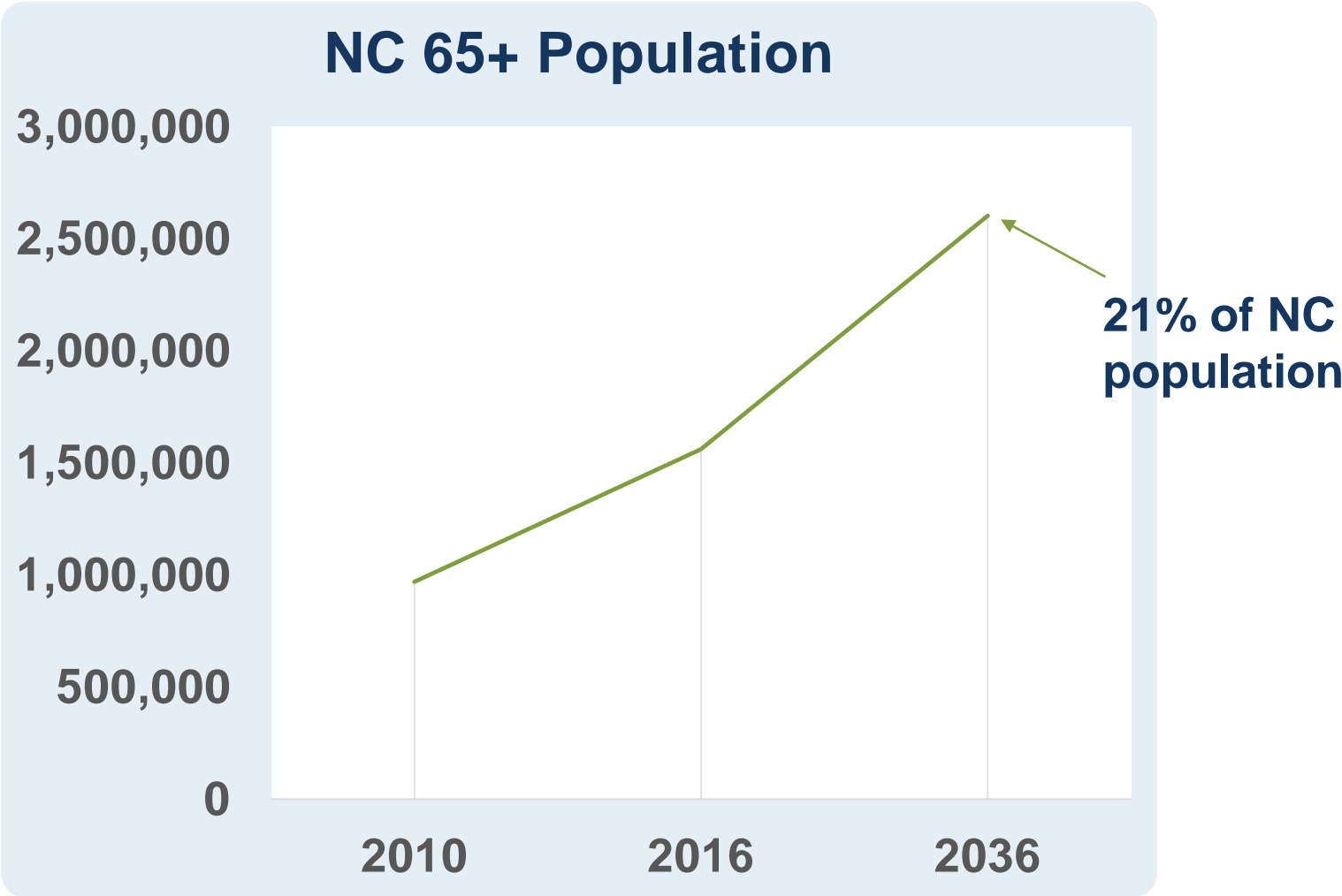
NC Demographics

NC ranks in top 10 nationally



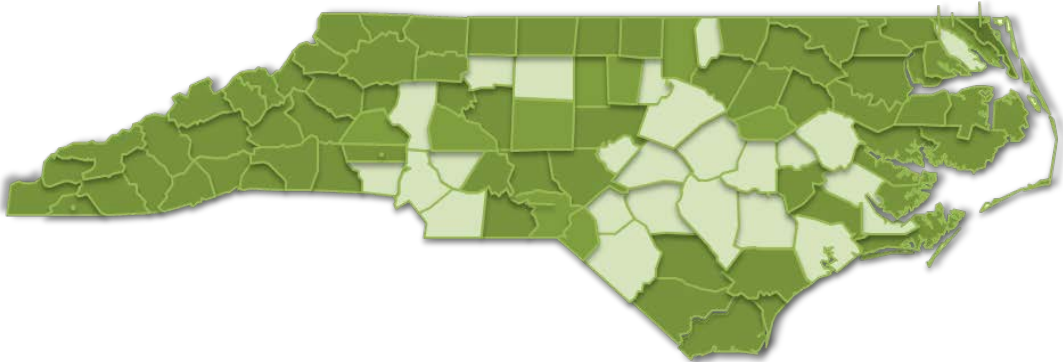
SOURCE: American Community Survey 2016, one-year estimate

NC Demographics

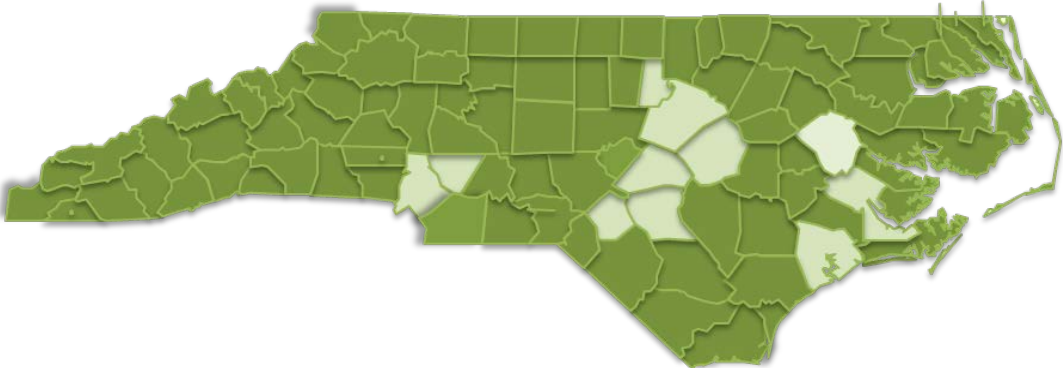


SOURCE: NC Office of State Budget and Management/Demographics, Retrieved 10/19/2017

NC Demographics



**2016
(76 Counties)**



**2025
(89 Counties)**

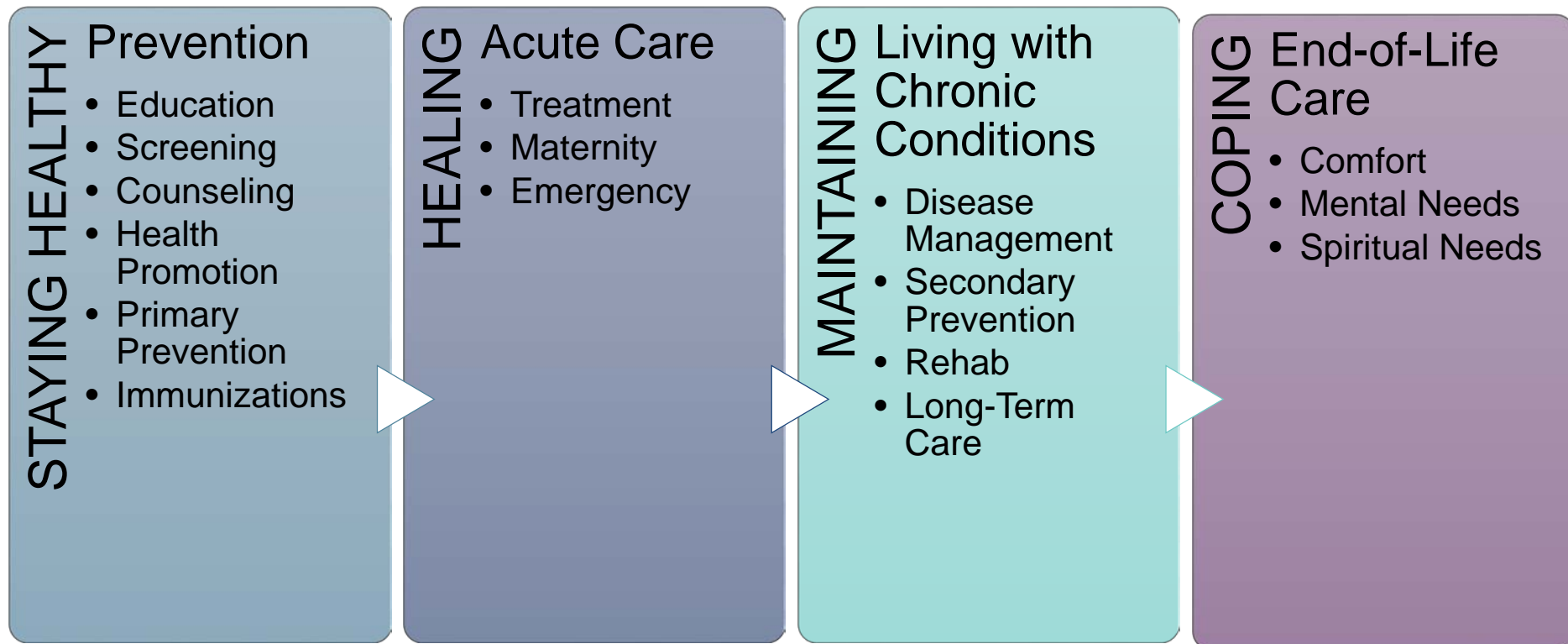
 **More people ages 60+ than 0-17**

**By 2036:
94 Counties**

SOURCE: NC Office of State Budget and Management/Demographics, Retrieved 10/19/2017

Senior Centers as Part of Healthcare Continuum

Healthcare Continuum



SOURCE: <https://www.ruralhealthweb.org/blogs/ruralhealthvoices/september-2017/continuum-of-care-why-rural-health-care-may-benef#> Retrieved 11/27/18

Multipurpose Senior Center

- “...community facility for organization & delivery of broad spectrum of services, ... & recreational activities for older individuals.”



Focal Point

Facts About NC Senior Centers

Access Vital Services

- ✓ Access to average of 15 services onsite, such as congregate nutrition (180 sites), legal aid, support groups, etc.
- ✓ Information & case assistance for average of 10 additional services.

Prevent Isolation

- ✓ Only source of interaction for many
- ✓ Provide access to activities, computers, & lending libraries

Promote Health

- ✓ Offer health promotion services/fitness classes to accommodate most fitness levels
- ✓ 85% offer health screenings

Promote Volunteerism

- ✓ 115 volunteers on average
- ✓ Volunteers save money, promote health

SOURCE: Senior Center Capacity Survey, 2014, Dr. Mary Anne Salmon, UNC CARES

NC Senior Center Model of Excellence

CERTIFICATION

- Six Main Requirement Areas
 - Services, Publicity, and Marketing
 - Activities, Volunteerism, Advocacy, and Transportation
 - Planning, Evaluation, and Input
 - Staff
 - Operations
 - Extra Mile

TRAINING

- Ann Johnson Institute for Senior Center Management
 - Leadership
 - Supervision and Resources
 - Operations and Finance
 - Planning, Evaluation, and Governance
 - Programming
 - Communications and Marketing
- Leadership Symposium

NC Senior Center Network

- Division of Aging and Adult Services: 2 staff
- UNC CARES: 1 staff person provides support
- 16 Area Agencies on Aging also provide support
- 171 senior centers in 97 counties
 - 88 Centers of Excellence
 - 13 Centers of Merit
- NC Senior Center Alliance

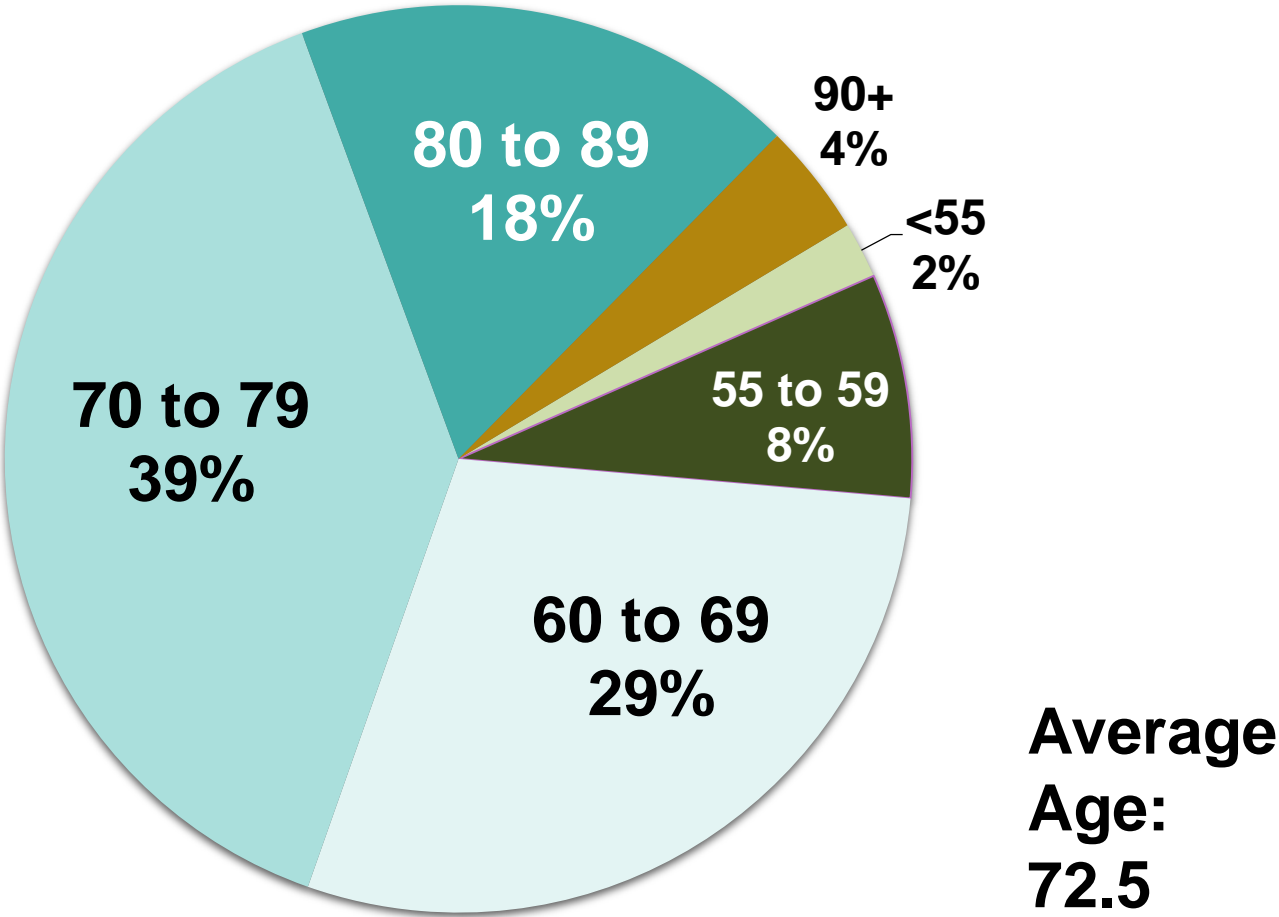


Senior Center Funding

- Major funding sources: Home and Community Care Block Grant (combines federal, state, and local funds) and local government
- NC General Purpose funding provides additional
 - \$10,693 for Centers of Excellence
 - \$7,128 for Centers of Merit
 - \$3,564/5 for uncertified centers
- Average 6 additional sources (grants, donations, & fundraising)
- Average 7 collaborative partnerships expand capacity
- 79% have annual budgets below \$299,000

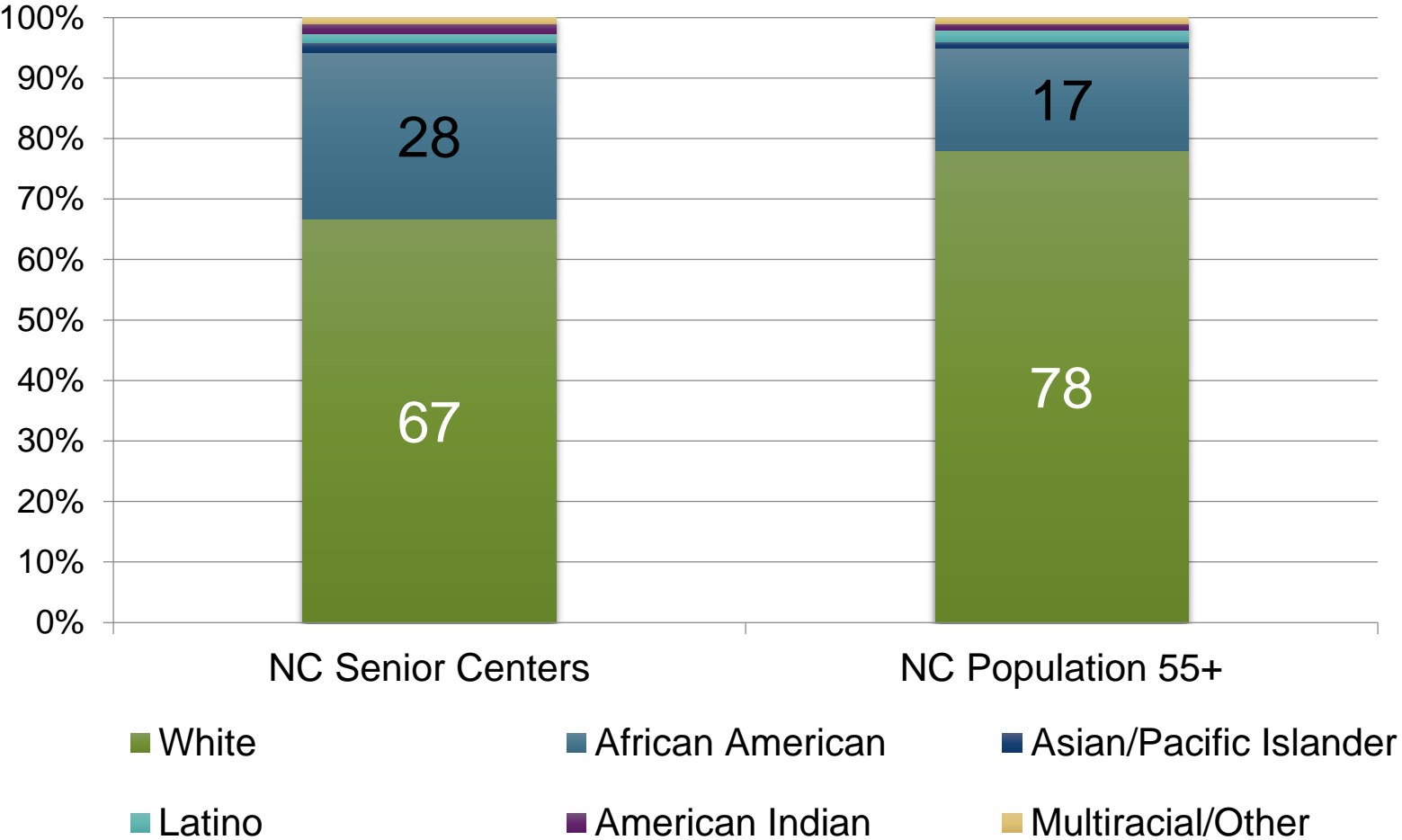
SOURCE: Senior Center Capacity Survey, 2014, Dr. Mary Anne Salmon, UNC CARES

NC Senior Center Demographics: Age



SOURCE: Senior Center Capacity Survey, 2014, Dr. Mary Anne Salmon, UNC CARES

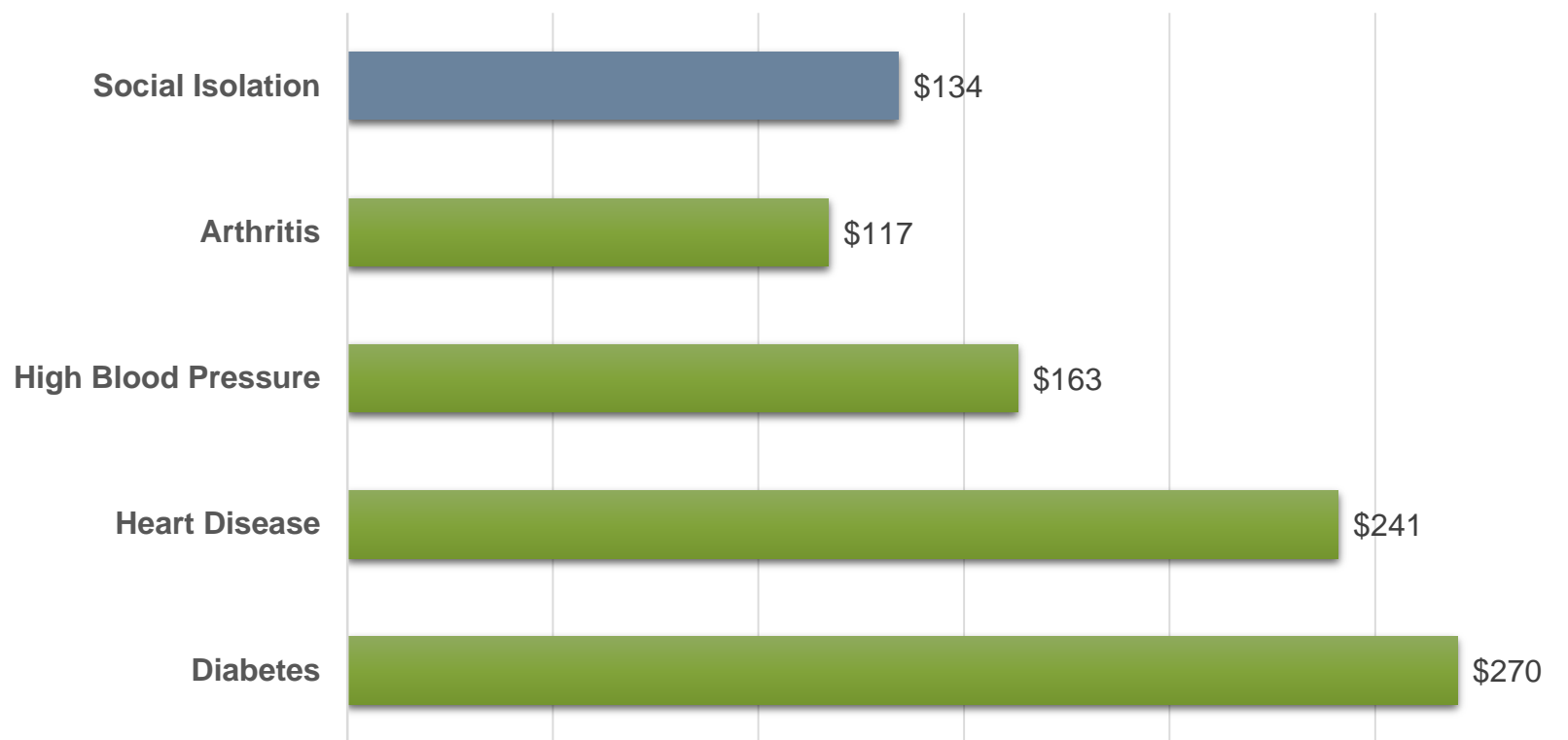
NC Senior Center Demographics: Race/Ethnicity



SOURCE: Senior Center Capacity Survey, 2014, Dr. Mary Anne Salmon, UNC CARES

Social Isolation

Additional Monthly Cost to Medicare for Socially Isolated Enrollee and for Enrollee with Selected Chronic Conditions



SOURCE: <https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf>
Retrieved 11/28/18

Evidence-Based Health Promotion

Evidence-Based Program Definition

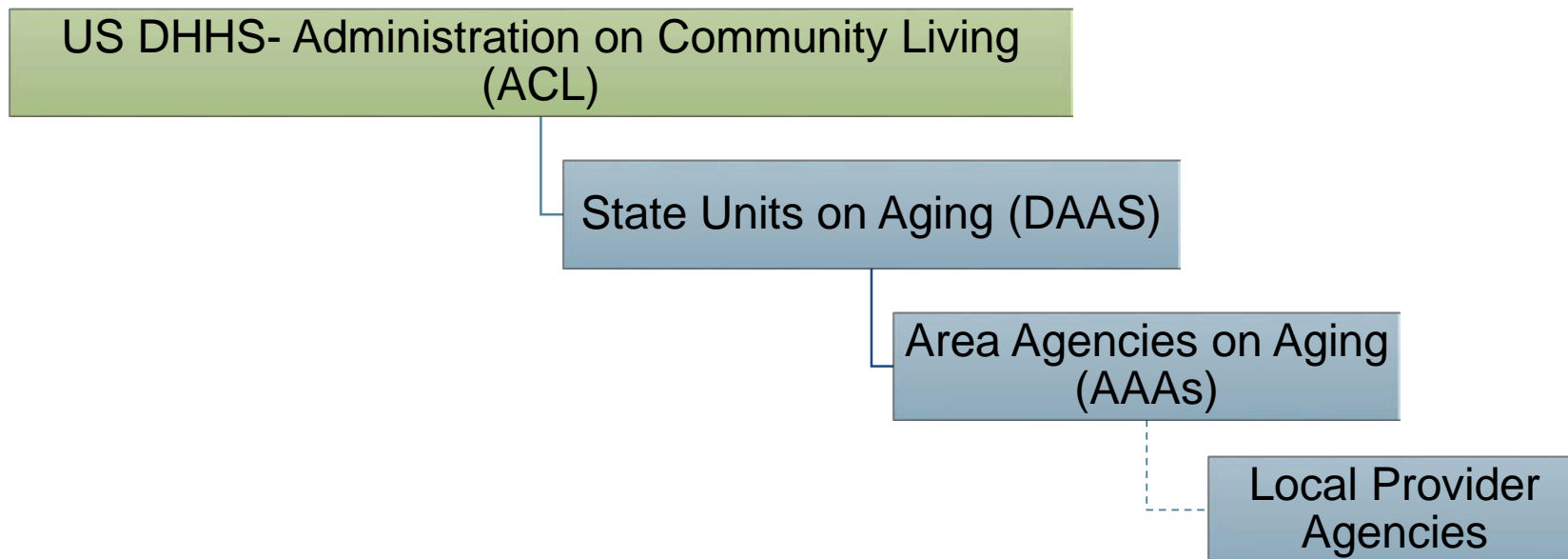
- Demonstrated as effective for improving health or wellbeing or reducing disease, disability, injury among older adults
- Proven effective with older adult population, using experimental or quasi-experimental design
- Research published in peer-reviewed journal
- Fully translated in one or more community site(s)
- Includes developed dissemination products that are available to public

Collaborative Partners

- UNCA Center for Health and Wellness
- Area Agencies on Aging (AAAs); Senior Centers
- Parks and Recreations/YMCAs
- NC Office on Disability and Health
- NC Office on Minority Health and Health Disparities
- Division of Public Health
- NC and Regional Falls Prevention Coalitions
- Federally Qualified Health Centers (FQHCs)
- Community Care of NC (CCNC)
- Communities of Faith

Primary Funding Source for Evidence-Based Programs

- \$712,455.00 in FY18
 - Federal funds authorized by Title IIID of Older Americans Act
 - State funds and local match



Popular IID-Funded Programs in NC

Program	Number of Participants Completing Program FY18
A Matter of Balance	1348
Geri-Fit	1281
Arthritis Foundation Life Series Classes	711
Chronic Disease Self-Management Education Programs	687
Tai Chi for Arthritis	405
Walk With Ease	190
Powerful Tools for Caregivers	125
Other	123
TOTAL NUMBER OF PARTICIPANTS	4870

Evidence Based Programs: Advantages

- Funders want programming based on evidence
- Agencies want to concentrate limited resources on proven programs
- Program managers can focus on program delivery rather than program development
- Older adults want to invest in programs that work
- Outcomes attractive to potential partners, facilitating formation of partnerships, especially with healthcare/clinical partners.

Some Proven Benefits to Older Adults

- Improved quality of life
- Increased self-efficacy in managing one's health
- Increased or maintained independence, positive health behaviors, or mobility
- Reduced disability (fewer falls, later onset or fewer years of disability, etc.)
- Reduced pain
- Improved mental health

SOURCE: <https://www.ncoa.org/center-for-healthy-aging/basics-of-evidence-based-programs/about-evidence-based-programs/>
Retrieved 11/28/18

Some Proven Benefits to Healthcare and Community-Based Organizations

- Better health outcomes and more positive healthcare experiences
- Fewer hospital and doctor visits
- Lower healthcare costs
- Ease of replicating and spreading programs

SOURCE: <https://www.ncoa.org/center-for-healthy-aging/basics-of-evidence-based-programs/about-evidence-based-programs/>
Retrieved 11/28/18

Healthy Aging NC

- Statewide resource center for evidence-based health promotion and disease prevention programs
- Provides support:
 - connect people and agencies to programs
 - increase capacity of agencies
 - maintain [website](#) with current program information and online registration
 - collects data to create outcomes reports



Supported Programs

- Chronic Disease Self-Management
 - Living Healthy with Chronic Disease Self-Management
 - Living Healthy with Chronic Pain Self-Management
 - Living Healthy with Diabetes Self-Management
 - Tomando Control de su Salud
 - Programa de Manejo Personal de la Diabetes
- Falls Prevention
 - A Matter of Balance
 - YMCA: Moving for Better Balance
 - Tai Chi for Arthritis
 - The Otago Exercise Program
- Walk With Ease



Upcoming Trainings



Date/Time

09/01/2018 - 01/31/2019

Call for times

12/10/2018 - 12/11/2018

9:00 am - 4:00 pm

12/12/2018

1:00 pm - 4:00 pm

01/24/2019 - 01/25/2019

9:00 am - 5:00 pm

01/29/2019 - 01/30/2019

9:00 am - 1:00 pm

Event

[Charlotte - Lay Leader & Coach Trainings - 2018/2019](#)
Centralina AAA, Charlotte NC

[Kenersville - Living Healthy with Chronic Pain Cross-Training](#)

Piedmont Triad Regional Council AAA, Kenersville NC

[CPSMP Masters Web-Based Cross-Training](#)

Web-Based: astoy@centralina.org, Charlotte NC

[Kenersville - Tai Chi Arthritis Instructors Training](#)

Piedmont Triad Regional Council AAA, Kenersville NC

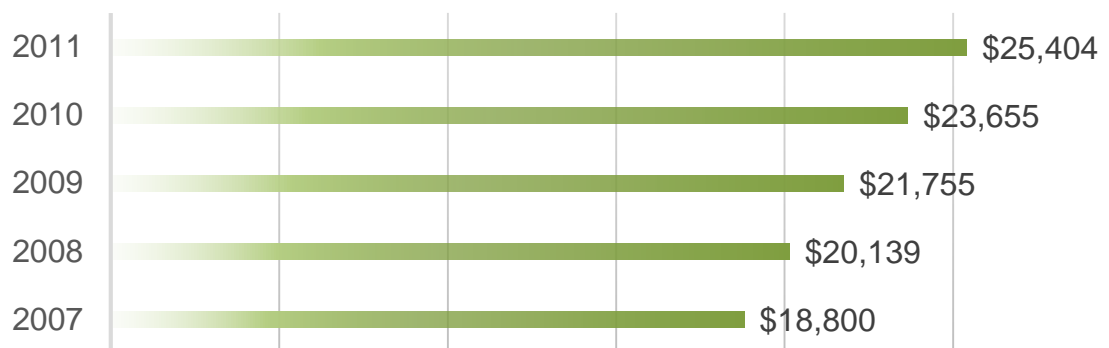
[Hickory - A Matter of Balance Coach Training](#)

Western Piedmont Council of Governments, Hickory NC

Falls Prevention

- Number one cause of injury death for those 65+.
- Death rate increased nearly 66% from 2000-2011. 2 people die each day.
- Major financial impact:

UNINTENTIONAL FALLS MEDIAN HOSPITAL DISCHARGE FEES: NC RESIDENTS 65 AND OLDER



SOURCE: NC Division of Public Health- Injury Epidemiology and Surveillance Unit

Return on Investment

A Matter of Balance

- Better Health
 - Increased physical strength and activity
- Better Care
 - Increased physical and occupational therapy use
 - Communication
- Lower Cost
 - \$938 decrease in total medical cost savings/year
 - \$517 reduction in unplanned hospitalization costs
 - \$234 reduction in skilled nursing facility costs
 - \$81 reduction in home health costs



SOURCE: *Report to Congress: The Centers for Medicare & Medicaid Services' Evaluation of Community-based Wellness and Prevention Programs under Section 4202 (b) of the Affordable Care Act*

NC Demographics: Chronic Conditions

People 65+

- 37% have at least one disability
- 81% have at least one chronic disease
- 51% have 2 or more chronic diseases
- 13% experienced 1 fall in past 12 months
- 16% experienced 2 or more falls in past 12 months
- 67% reported exercising in past month
- 9% self-reported poor health status

SOURCE: American Community Survey 2012-2016 five year estimates, Table B18101 BRFSS 2016 survey results, NC State Center for Health Statistics

Return on Investment

Chronic Disease Self-Management Program

- Better Health
 - Feel healthier
 - More active
 - Less depressed
 - Better quality of life
 - Fewer sick days
- Lower Cost
 - \$714/person savings in ER visits and hospital utilization
 - \$364/person net savings after program costs
 - \$6.6 billion in potential savings by reaching 10% of Americans with one or more chronic conditions



SOURCE: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4410329/> Retrieved 11/29/18

Return on Investment Potential for NC

- Chronic Disease: \$60 million per year
 - 80% of Older Adults have at least 1 chronic condition
 - CDSME programs cost \$161/participant to administer in NC (\$553 cost savings per person after program costs)
 - Reaching 10% of older adults with a chronic condition
- Falls: \$32 million per year
 - 30% of Older Adults fall each year
 - MOB programs cost \$137/participant to administer in NC (\$801 cost savings per person after program costs)
 - Reaching 10% of those at risk of a fall

Addressing Social Determinants of Health

Social Determinants of Health

- Up to 70 percent of health outcomes tied to non-medical social determinants
- Priority social determinants: food insecurity, housing instability, transportation
 - Senior centers can provide access to meals, transportation, and housing assistance
- Senior centers and evidence-based programs offer opportunity for social engagement

Source: McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. *Health Aff (Millwood)* 2002;21:78–93 Galea S, Tracy M, Hoggatt KJ, Dimag

Contact Information

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- **Healthy Aging NC**

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<http://healthyagingnc.com/>

- **Senior Center Directory**

<https://www.ncdhhs.gov/documents/senior-centers-directory>