

Module: Health Promotion and Aging

In response to the primary issues identified by the [2015 White House Conference on Aging](http://www.whitehouseconferenceonaging.gov/blog/policy/post/long-term-services-and-supports) (WHCOA), the Gero-Ed Center has collaborated with social work educators to develop teaching modules that address elder justice, healthy aging, long-term services and supports, and retirement security. The WHCOA noted that these four issues will greatly impact the aging landscape for older Americans over the next decade.

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Introduction

Healthy aging is defined by the CDC Healthy Aging Research Network as

…the development and maintenance of optimal physical, mental and social well-being and function in older adults. It is most likely to be achieved by *individuals* who live in *physical environments and communities* that are safe and support the adoption and maintenance of attitudes and behaviors known to promote health and well-being;

*and the effective use of health services* to prevent or minimize the impact of acute and chronic disease on function. (CDC-funded PRC Healthy Aging Research Network <http://depts.washington.edu/harn/>)

This multi-dimensional definition not only suggests health promotion strategies aimed at individuals, but also a broad ecological approach with a focus on how older adults cope within the ever-widening scope of influential interpersonal, social, structural, and social policy factors that permeates their lives. The ecological approach consequently targets activities across all levels, from the individual to the community and societal. This module is thus designed to provide an overview of the many ways social workers can engage in health promotion for older adults: collaborating with a broad base of health care, public health and other community partners; employing comprehensive community health assessments of older adults; planning strategies for accessible and integrated health promotion and disease prevention initiatives; and maximizing use of supportive health policies and funding resources. This module is also designed for social work efforts that specifically focus on planning, delivering, evaluating, and/or maintaining healthy aging programs.

Given the size and scope limitations of this module, not all basic content that relates to healthy aging can be addressed. Therefore, it is expected that students will have taken coursework covering theories about the psychological, social, physical, and spiritual aspects of aging and are familiar with cognitive changes associated with aging. It is also expected that students will have basic understandings of conducting a geriatric assessment and the network of aging services at the state, regional, and local levels.

This module contains six sections:

1. The Big Picture – Overview and Demographics of Aging and Health from Global and Domestic Perspectives
2. Definitions and Frameworks for Healthy Aging
3. Policies to Support Healthy Aging
4. Healthy Aging Program Planning and Evaluation
5. Prevention and Health Promotion Programs for Older Adults
6. Interprofessional Approaches to Healthy Aging

All resources listed under “Bibliography” are peer reviewed and, where possible, a url or pdf is noted. Web-based resources are typically manuals or other types of materials. PowerPoint slide presentations for each section have been developed to highlight key aspects of health promotion and aging, such as concepts, frameworks, policies, programs, and programming planning. As appropriate, source material for the slide content is noted on the slides.

Each section of the module was planned as a “stand alone.” To foster this, the same content may be relevant to more than one topical section; hence, content may appear in more than one slide presentation. The same is true for reading and web-based resources. This design is intended to provide the faculty member with as much flexibility as possible in using discrete resources provided within module sections and incorporating them into existing courses.

At the end of the module are suggested classroom activities and homework assignments. These are designed to help students explore, analyze, and apply the content contained within the various sections of the module.

CSWE Social Work Competencies Addressed

* I. 6. Relate concepts and theories of aging to social work practice (e.g., cohorts, normal aging, and life course perspective).
* I. 7. Relate social work perspectives and related theories to practice with older adults (e.g., person-in environment, social justice).
* I. 10. Understand the perspective and values of social work in relation to working effectively with other disciplines in geriatric interdisciplinary practice.
* III. 5. Assist caregivers to reduce their stress levels and maintain their own mental and physical health.
* III. 6. Provide social work case management to link elders and their families to resources and services.
* III.7. Use educational strategies to provide older persons and their families with information related to wellness and disease management (e.g., Alzheimer’s disease, end of life care).
* IV. 1. Provide outreach to older adults and their families to ensure appropriate use of the service continuum.
* IV. 2. Adapt organizational policies, procedures, and resources to facilitate the provision of services to diverse older adults and their family caregivers.
* IV. 5. Develop program budgets that take into account diverse sources of financial support for the older population.
* IV. 6. Evaluate the effectiveness of practice and programs in achieving intended outcomes for older adults.
* IV. 7. Apply evaluation and research findings to improve practice and program outcomes.
* IV. 8. Advocate and organize with the service providers, community organizations, policy makers, and the public to meet the needs and issues of a growing aging population.
* IV. 9. Identify the availability of resources and resource systems for older adults and their families.
* V. 4. Plan strategically to reach measurable objectives in program, organizational, or community development for older adults.
* V. 6. Build collaborations across disciplines and the service spectrum to assess access, continuity, and reduce gaps in services to older adults.
* V. 7. Manage individual (personal) and multi-stakeholder (interpersonal) processes at the community, interagency, and intra-agency levels in order to inspire, leverage power, and resources to optimize services for older adults.
* V. 10. Promote use of research (including evidence based practice) to evaluate and enhance the effectiveness of social work practice and aging related services.

Public Health Social Work (PHSW) Standards Related to this Module

PHSW uses social epidemiology principles to:

* assess and monitor social problems affecting the health status and social functioning of at-risk populations within the context of family, community, and culture
* identity and assess the factors associated with resiliency, strengths, and assets that promote optimal health
* identity, measure, and assess the social factors contributing to health issues, health hazards and stress associated with ill health
* evaluate the effectiveness, accessibility, and quality of individual, family, and population-based health interventions

PHSW uses social planning, community organizational development, and social marketing principles to:

* inform and educate individuals, families, and communities about public health issues
* empower and mobilize individuals, families, and communities to become active participants in identifying and addressing public health concerns to improve individual, family and societal well-being
* promote and enforce legal requirements that protect the health and safety of individuals, families, and communities

PHSW uses social planning, community organizational development, and social marketing principles to:

* assure public accountability for the well-being of all, with emphasis on vulnerable and underserved populations
* develop primary prevention strategies that promote the health and well-being of individuals, families and communities
* develop secondary and tertiary prevention strategies to alleviate health and related social and economic concerns

PHSW provides leadership and advocacy to:

* assure the elimination of health and social disparities wherever they exist, such as, but not limited to, those based on community, race, age, gender, ethnicity, culture, or disability
* assure and promote policy development for providing quality and comprehensive public health services within a cultural, community, and family context

PHSW provides leadership and advocacy to:

* support and conduct data collection, research, and evaluation
* assure the competency of its practice to address the issues of public health effectively through a core body of social work knowledge, philosophy, code of ethics, and standards

Module Learning Objectives

1. Explain how the multi-dimensional indicators of the Global AgeWatch Index, which tracks quality of life and well-being indicators for older adults, can help inform U.S. social work policy and practice in the area of health promotion and aging.
2. Describe how social work practice intersects with public health and aging and explain specific roles of public health social workers.
3. Enumerate roles social workers can play in direct practice, management, policy development, and advocacy for health promotion and aging.
4. Describe key federal policies in the public health, aging, and health care sectors that address programming and funding for health promotion, disease prevention, and chronic care for older adults.
5. Define common terms used within health promotion and aging programs and policies.
6. Describe micro-, mezzo- and macro-level frameworks and models related to health promotion and aging.
7. Enumerate strategies for promoting programs and policies that support healthy aging.
8. Explain the importance of quality assurance for health promotion programs for older adults and describe Reach Effectiveness Adoption Implementation Maintenance (RE-AIM) framework components that can be used to monitor and enhance program delivery.
9. Describe the three tiers of evidence used to assess health promotion programs for older adults.
10. Outline the key evidence-based health promotion, prevention, and disease management programs that are available in the community to support healthy aging.
11. Discuss the biological theories of aging that help differentiate aging processes from disease.
12. Discuss the Healthy Brain Initiative and evidence-based programs to support caregivers.
13. Describe basic information on interprofessional geriatric team structure, process, and outcomes to support their health and implement geriatric assessment recommendations.

Competency Related to Ancillary Material

1. Explain the value of creating a business plan for health promotion programming and describe the key questions to consider, the common components, and the pitfalls to avoid.

Section 1
The Big Picture – Overview and Demographics of Aging and Health
from Global and Domestic Perspectives

Introduction

This section provides the context for aging demographics and perspectives as viewed domestically and globally. Fundamental to the Global AgeWatch Index, is the holistic view that the quality of life and well-being of older adults is based on the intersection of income status, health status, capability (education and employment), and the support of an enabling environment. It is significant that the index domains were identified by older people and policy makers alike as key enablers of older people's well-being. The Index can be used to track each of the indicators in order to measure progress within a country, to make cross-country comparisons and ultimately, to improve the impact of policy and practice on aging populations. The diversity of the U.S. older population, along with the projected growth of ethnic and racial minority older adult populations, brings to light the critical nature of addressing health disparities that continue into older adulthood. Understanding the unique characteristics of foreign-born older adults and the challenges they may be facing is important as social work policymakers and planners address the well-being and health of the United States' increasingly aging population. This section also describes how social work practice intersects with public health and aging and specific roles public health social workers can play in direct practice, management, policy development, and advocacy for health promotion and aging.

PowerPoint Slides

* [Healthy Aging in the Global Context](http://www.cswe.org/File.aspx?id=83921)
* [The Social Work Role — Intersection of Public Health, Social Work, and Aging](http://www.cswe.org/File.aspx?id=83923)

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Hooyman, N., & Kiyak, H. A. (2011). Chapter 14: The resilience of elders of color. In N. Hooyman & H. A. Kiyak (Eds.) *Social Gerontology: A multidisciplinary perspective* (9th Edition) (pp. 603-646). Needham Heights, MA: Allyn and Bacon.

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Sable, M. R., Schild, D. R., & Hipp, J. A. (2012). Public health and social work. In S. Gehlert & T. Browne (Eds.), *Handbook of health and social work* (pp. 64-99). Hoboken, NJ: Wiley Press.

Web Resources

World Health Organization. (2015). *World Report on Ageing and Health*: <http://www.who.int/ageing/events/world-report-2015-launch/en/>

Global AgeWatch Index. (2015). *Insight report*, HelpAge International: <http://www.helpage.org/global-agewatch/>

*Active Ageing: A Policy Framework*, World Health Organization:
<http://apps.who.int/iris/bitstream/10665/67215/1/WHO_NMH_NPH_02.8.pdf>

*The State of Aging and Health.* (2013):
<http://www.cdc.gov/aging/pdf/state-aging-health-in-america-2013.pdf>

*Public Health Social Work Standards and Competencies*. (2005, May):
<http://nciph.sph.unc.edu/cetac/phswcompetencies_may05.pdf>

Population Reference Bureau*.* (2013). *Elderly Immigrants in the United States*:
<http://www.prb.org/Publications/Reports/2013/us-elderly-immigrants.aspx>

Rizzo, V. & Seidman, J. (2009). *Health Promotion & Aging*, Sections 1–3. Masters Advanced Curriculum Project, CSWE Gero-Ed Center, National Center for Gerontological Social Work Education, An Initiative of the Hartford Geriatric Social Work Initiative: <http://www.cswe.org/CentersInitiatives/CurriculumResources/MAC/Reviews/Health.aspx>

*Public Health Social Work*: <http://publichealthsocialwork.org>

CDC Health Disparities resources: [www.cdc.gov/aging/disparities/index.htm](http://www.cdc.gov/aging/disparities/index.htm)

Center for the Advancement of Health. (2007). *Engaging Disadvantaged Older People in their Health and Health Care: Library-Community Partnerships*:
<http://www.cfah.org/file/Atlantic-Philanthropies/Libraries_1207.pdf>

Section 2
Definitions and Frameworks for Healthy Aging

Introduction

This section will acquaint social workers with common terminology used within the field of health promotion and aging. It briefly reviews biological theories of aging and the disablement process and the implications for public health social work. It provides definitions that underscore the importance of viewing healthy aging as extending beyond the narrow focus of individual-level aspects and behaviors related to health. The term “evidence-based health promotion” is “deconstructed,” and there is an explanation of levels of evidence as designated by the U.S. Administration on Aging. In addition, numerous health promotion and aging and chronic care models and strategies are presented, ranging from the individual level to broad-based, multi-level, multi-sector approaches, including: the Rowe and Kahn Model of Successful Aging, the Socioecological Model, The Surgeon General’s National Prevention Strategy, The Chronic Care Model and the Expanded Chronic Care Model. This section also includes an overview of the RE-AIM Framework which is commonly used for the planning, implementation, maintenance, and evaluation of health promotion programs.

PowerPoint Slides

* [Healthy Aging Definitions and Frameworks](http://www.cswe.org/File.aspx?id=83927)
* [Biological Theories of Aging](http://www.cswe.org/File.aspx?id=83925)

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Wagner, E. H., Glasgow, R. E., Davis, C., Bonomi, A. E., Provost. L., McCulloch, D., … Sixta, C. (2001). Quality improvement in chronic illness care: A collaborative approach. *Joint Commission Journal on Quality Improvement*, 27, 63–80.

Web Resources

Administration on Aging (AoA) Disease Prevention and Health Promotion Services (OAA Title IIID):
<http://www.aoa.acl.gov/AoA_Programs/HPW/Title_IIID/index.aspx>

Surgeon General National Prevention Strategy:
<http://www.surgeongeneral.gov/priorities/prevention/strategy>

Ed Wagner. *Redesigning Chronic Illness Care*:
<https://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=wagner%20chronic%20care%20model%20ppt>

Healthy People 2020 - Centers for Disease Control:
[www.cdc.gov/nchs/ppt/nchs2012/SS-25\_WRIGHT.pdf](http://www.cdc.gov/nchs/ppt/nchs2012/SS-25_WRIGHT.pdf)

Cellular Aging Video: <http://www.youtube.com/watch?v=cf7-tp9Ifm4>

Belza B. and the PRC-HAN Physical Activity Conference Planning Workgroup (2007). Moving Ahead: Strategies and Tools to Plan, Conduct, and Maintain Effective Community-Based Physical Activity Programs for Older Adults. Centers for Disease Control and Prevention: Atlanta, Georgia:
http://www.cdc.gov/aging/pdf/community-based\_physical\_activity\_programs\_for\_older\_adults.pdf

Section 3
Policies to Support Healthy Aging

Introduction

Social workers working within or managing agencies that serve older adults can utilize a range of federal policies that specify programming and funding mechanisms to support health promotion, disease prevention, and chronic care management. These policies and funding streams emanate from governmental entities within the public health, health care, and aging sectors. Each sector has its own set of goals, requirements, and terminology. With increasing cutbacks in the availability of funding for aging services, it is critical for program managers to diversify their funding base and build a long-term plan for sustainability of programs by understanding these policies, regulations, and resources. To help social work managers achieve this aim, this section reviews five Federal policies: Healthy People 2020, Title III-D of the Older Americans Act, the Affordable Care Act, the DHHS Federally Qualified Health Center Advanced Primary Care Practice (FQHC APCP) demonstration project, and The Centers for Medicare and Medicaid Health and Behavior and Assessment & Intervention (HBAI) Services Coverage of Chronic Disease Self-Management Education.

PowerPoint Slides

* [Federal Policies and Health Promotion and Aging](http://www.cswe.org/File.aspx?id=83929)

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Web Resources

Older Adults. Healthy People, 2020:
<http://www.healthypeople.gov/2020/topics-objectives/topic/older-adults>

Administration on Aging (AoA) Disease Prevention and Health Promotion Services (OAA Title IIID): <http://www.aoa.acl.gov/AoA_Programs/HPW/Title_IIID/index.aspx>

Obamacare Facts. Affordable Care Act Summary:
<http://obamacarefacts.com/affordablecareact-summary/>

National Conference of State Legislatures. The Affordable Care Act; Implications for Adolescents and Young Adults:
<http://nahic.ucsf.edu/resources/aca/>

Trust for America’s Health. Patient Protection and Affordable Care Act (HR 3590) Selected Prevention, Public Health & Workforce Provisions:
<http://healthyamericans.org/assets/files/Summary.pdf>

Prevention and Public Health Fund:
<http://www.hhs.gov/open/prevention/index.html>

Administration on Aging Chronic Disease Self-Management Programs:
<http://www.aoa.acl.gov/AoA_Programs/HPW/ARRA/PPHF.aspx>

Patient Centered Primary Care Collaborative website:
<https://www.pcpcc.org/about/medical-home>

NASW Advocacy Issues: Health and Behavior Assessment and Intervention (HBAI): <https://www.socialworkers.org/advocacy/issues/health_behavior_assessment_intervention.asp>

NCOA HBAI Service TipSheet:
<https://www.ncoa.org/resources/hbai-services-tip-sheet/>

NCOA How to Work with a Federally Qualified Health Center TipSheet:
<https://www.ncoa.org/resources/how-to-work-with-a-federally-qualified-health-center/>

Section 4
Healthy Aging Program Planning and Evaluation

Introduction

This section provides an overview of the steps, tools, and frameworks for evidence-based healthy aging program planning, implementation and evaluation. It uses existing resources, such as the step-by-step *Community Research Center for Senior Health (CRC-SH) Toolkit on Evidence-Based Programming for Seniors* and the *RE-AIM Framework*, to identify well-tested methods for program planning and evaluation. Social workers are often called upon to provide program development leadership. The materials within this section will help prepare social workers and others to plan, deliver, and evaluate evidence-based programs effectively.

Note that under “ancillary topics” there is an interactive online training module, *Creating a Business Plan for Healthy Aging Programs,* that provides step-by-step guidance in thinking through ways to diversify funding streams and construct a business plan to help build a long-term plan for sustainability.

PowerPoint Slides

* [Program Planning Steps for Evidence-based Health Promotion Programs](http://www.cswe.org/File.aspx?id=83931)
* [RE-AIM Framework](http://www.cswe.org/File.aspx?id=83933)

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Marshall, V. M., & Altpeter, M. (2005). Cultivating social work leadership in health promotion and aging: Strategies for active aging interventions. *Health & Social Work*, *30*(2), 135-144.

Web Resources

Administration on Aging (AoA) Disease Prevention and Health Promotion Services (OAA Title IIID):
<http://www.aoa.acl.gov/AoA_Programs/HPW/Title_IIID/index.aspx>

Administration on AgingTitle III-D Highest Tier Evidence-Based Health Promotion/Disease Prevention Programs: https://www.ncoa.org/resources/highest-tier-evidence-based-health-promotiondisease-prevention-programs/

[Administration on Aging (AoA) Recommendations for Grantee Quality Assurance Programs](https://www.ncoa.org/resources/administration-on-aging-aoa-recommendations-forgrantee-quality-assurance-programs/): <https://www.ncoa.org/resources/administration-on-aging-aoa-recommendations-forgrantee-quality-assurance-programs/>

The Community Research Center for Senior Health (CRC-SH) Toolkit on
Evidence-Based Programming for Seniors: [EvidenceToPrograms.com](http://www.evidencetoprograms.com/)

RE-AIM website: <http://www.re-aim.hnfe.vt.edu/about_re-aim/what_is_re-aim/>

H.89.9.1322 NCOA Issue Brief, “RE-AIM for Program Planning: Overview and Applications”: <http://www.prc-han.org/docs/RE-AIM_issue_brief.pdf>

Belza B. and the PRC-HAN Physical Activity Conference Planning Workgroup (2007). Moving Ahead: Strategies and Tools to Plan, Conduct, and Maintain Effective Community-Based Physical Activity Programs for Older Adults. Centers for Disease Control and Prevention, Atlanta, Georgia: <http://depts.washington.edu/hprc/docs/HAN-monograph%2015jun07.pdf>

World Health Organization Definition of Health:
<http://www.who.int/about/definition/en/print.html>

Healthy Aging Research Network Definition of Healthy Aging**:** <http://depts.washington.edu/hprc/healthy-aging>

NCOA Issue Brief #1. Using the Evidence Base to Promote Healthy Aging:
[http://www.cswe.org/File.aspx?id=83767](http://www.cswe.org/File.aspx?id=83767%20)

Stanford Patient Education Research Center CDSME evaluation tools:
<http://patienteducation.stanford.edu/research/>

New York State Quality & Technical Assistance Center: Materials for evidence-based program implementation and staff training:
<https://www.ceacw.org/qtac/index>

Section 5
Prevention and Health Promotion Programs for Older Adults

Introduction

Social workers interested in administering health promotion programming need to develop an epidemiologic perspective that focuses on populations rather than individuals as well as skills in planning, implementing, evaluating, and sustaining tested models or interventions. This section provides an overview of evidence-based health promotion program concepts and strategies, and national level initiatives and program data. It also provides an overview of a variety of community-based, evidence-based programs that support healthy aging, including such topics as the epidemiologic data underscoring program need and aims, program core elements, and program benefits. Programs include a focus on health promotion, such as physical activity programs; prevention, including falls prevention; chronic disease self-management programs; medication management; and treatment and support for cognitive decline, depression, and behavioral health problems.

PowerPoint Slides

* [Evidence-based Programs Overview](http://www.cswe.org/File.aspx?id=83935)
* [Physical activity](http://www.cswe.org/File.aspx?id=83937)
* [Clinical preventive services](http://www.cswe.org/File.aspx?id=83939)
* [Managing chronic conditions: Stanford’s CDSME Programs](http://www.cswe.org/File.aspx?id=83941)
* [Falls and Fall Prevention](http://www.cswe.org/File.aspx?id=83943)
* [Mental, Behavioral, and Cognitive Health](http://www.cswe.org/File.aspx?id=83945)
* [Medication Management](http://www.cswe.org/File.aspx?id=83947)

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Web Resources

Institute of Medicine, Appendix A, “Improving Recognition and Quality of Depression Care in Patients with Common Chronic Medical Illnesses”; pages 261-284 in *Living Well with Chronic Illness, A Call for Public Health Action,* National Academies of Science, 2012: <http://www.nap.edu/read/13272/chapter/11>

*2013 Alzheimer's Disease Facts and Figures Released Today* on Alzheimer’s Association Public Health Alzheimer’s Resource Center Website:
 [alz.org/publichealth](http://act.alz.org/site/R?i=ZMzIWgsvDtcgjo2IqXhbnQ)

Older Americans Behavioral Health Issue Brief 7: *Using the RE-AIM Implementation Framework to Improve Behavioral Health:* <http://www.aoa.acl.gov/AoA_Programs/HPW/index.aspx>

Alzheimer’s Association initiative on “dementia-friendly communities”: <http://www.actonalz.org/sites/default/files/documents/Dementia_friendly_communities_full_report.pdf>

Matter of Balance: [www.mainehealth.org/mob](http://www.mainehealth.org/mob)

Enhance Fitness: <https://www.ncoa.org/resources/program-summary-enhancefitness> and <www.projectenhance.org/EnhanceFitness.aspx>

Reducing Disability in Alzheimer’s Disease (RDAD) An Evidence-Based Intervention for Alzheimer’s and Dementia Care:[www.aoa.gov/AoA\_Programs/HPW/Alz\_Grants/reducing.aspx](http://www.aoa.gov/AoA_Programs/HPW/Alz_Grants/reducing.aspx)

Healthy Brain Initiative at [www.cdc.gov/aging/healthybrain/index.htm](http://www.cdc.gov/aging/healthybrain/index.htm)

Opportunity Knocks Policy Brief at [www.healthpolicy.ucla.edu/CHIPS](http://www.healthpolicy.ucla.edu/CHIPS)

Stanford Patient Education Center, <http://patienteducation.stanford.edu/>

Section 6
Interprofessional Approaches to Healthy Aging

Introduction

Within the domain of health promotion and aging, social workers participate in interdisciplinary teams of professionals representing various community and health care sectors. They also function within the older person’s “team” of family member and friends. This section provides basic information on interprofessional team structure, process, and outcomes. Further, it provides an overview of the utilization of team care for older adults to support their health and implement geriatric assessment recommendations. In addition, it provides concepts and guidelines for evaluating the effectiveness of a team’s functioning.

PowerPoint Slides

* [Teams](http://www.cswe.org/File.aspx?id=83949)

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Web Resource

* TeamSTEPPS training curricula by AHRQ: <http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/index.html>

Ancillary Section
Creating a Business Plan for Healthy Aging Programs

Introduction

It is critical for program managers to diversify their funding base and build a long-term plan for sustainability of health promotion programs. A business plan is key to meeting these goals. This interactive online training module was designed to provide program planners and managers with step by step guidance, tools, tips, and resources for creating a well-organized business plan. Content areas include key questions to consider, the common components included within a business plan and how to package it, and common pitfalls to avoid.

Web Resource

* NCOA online training module for creating a business plan for evidence-based health promotion programs: <https://www.ncoa.org/resources/cha-module-9-creating-a-business-plan-for-evidence-based-programs/>

Classroom Activities and Assignments

Health Promotion and Aging: A Global Context

*Homework assignment:* The Global AgeWatch Index 2015 provides data on over 90 countries tracked through 13 indicators that comprise the four main domains of income status, health status, capability (education and employment), and the support of an enabling environment. Go to <http://www.helpage.org/global-agewatch/> and review the 2015 reports and answer the following questions:

* What is the U.S. ranking?
* According to the Commentary on the United States, what are this country’s successes and shortcomings in the context of the four domains? Are there any health disparities and/or other inequalities noted?
* What are other countries with higher rankings than the United States doing that contributes to their higher ranking?
* How does this data help inform U.S. policy-making and programming pertaining to healthy aging?

As of 2010, more than one in eight U.S. adults ages 65 and older were foreign-born—a share that is expected to continue to grow. The U.S. older adult immigrant population rose from 2.7 million in 1990 to 4.6 million in 2010, a 70% increase in 20 years. Understanding both the unique characteristics of foreign-born older adults and the challenges some of them face is important as policymakers and planners address the well-being and health of the United States' aging population.

* Select an older adult immigrant population that you currently work with, that you would like to work with, or that is within your community or state.
* Read the Global AgeWatch Commentary on the immigrants’ country of origin and the report titled, “Elderly Immigrants in the United States.” <http://www.prb.org/Publications/Reports/2013/us-elderly-immigrants.aspx>
* What insights do these reports provide about the well-being and quality of life that this population may have experienced prior to immigration? Are there health disparities and/or other inequalities that this population experiences?
* How can this data inform your programming and policy efforts with newly-immigrated older adults from that country?

Evidence-based Health Promotion Program (EBHP) Class Paper and Presentation

*Class presentation*: Each student will be part of a group that will present to the class information about a selected EBHP program. Each group presentation will be no longer than 10 minutes. You will be given time to work with your groupprior to the presentation. However, each group member must have their *own, individually written* paper, answering the questions outlined below, to turn into the instructor.

* What is an EBHP program?
* What is the purpose of an EBHP program?
* Why was EBHP developed and how can it help the aging population?
* What are the common components of EBHP program(s)?
* Describe the EBHP that you selected (name, focus, program components).
* What are the desired outcomes of your selected EBHP programs?

*Group or Individual Assignment:* Conduct a health assessment among older adults in your community. Determine their health issues, needs, and interests.

* Select an appropriate EBHP for the community based on their health issues, needs, and interests.
	+ Is this currently being offered in the community? If so, what agency is offering the current program? Keeping in mind the socio-demographics of those older adults, is the EBHP appropriate for the targeted population? Discuss their strategy for recruiting participants and the accessibility and availability of the EBHP. Do you have any suggestions for improvements?
	+ If there is currently no EBHP in the community, select an appropriate EBHP, keeping in mind the socio-demographics of the older adults in your community. Identify what agency should support the EBHP. Discuss how you would recruit participants. Address the accessibility and availability of this program. How would you engage the agency to offer the EBHP?

*Interview:* Interview a volunteer, lay leader, or master trainer of an evidence-based health promotion program for older adults. Your interview must include information about their role, how they were trained for their job, amount of time each week they spend doing their job, and any benefits and challenges they face in implementing programs at their agency. Answer the following questions:

* What were the components and extent of the individual’s training?
* What are this individual’s perceptions about the importance of fidelity and fidelity monitoring?
* Does this individual participate in ongoing training for EBHP?
* What information did you learn about this individual’s role and responsibilities in program delivery and in continuous quality improvement?
* What did you learn about this individual’s satisfaction with their role and perception of needed program resources?
* Are there ways to enhance this person’s experience and functioning in this role?

Program Management: Quality Assurance and Sustainability

*Interview:* Interview an EBHP program administrator with a focus on his/her efforts to implement quality assurance, fidelity monitoring, business planning, and financial sustainability. Answer the following questions:

* What information and decision-making mechanisms were used by the program administrator to select the EBHP(s) offered at his/her agency?
* What challenges did this program administrator face in implementing EBHP program(s) at his/her agency?
* What challenges does a program administrator face in terms of assuring quality and fidelity?
* What data collection tools are used to evaluate programs?
* Do these date collection tools effectively evaluate program outcomes?
* What sources of funding support the EBHP program(s)?
* What are the plans and processes for financial sustainability?
* What are the challenges in sustaining programs at this agency?
* Based on your readings and what you learned in this interview, what recommendations do you have for further enhancing program quality and sustainability efforts?
* What “take home” messages about quality assurance and program sustainability did you learn about the skills, opportunities, and challenges of being an EBHP program administrator?

The eligibility of clinical social workers in HBAI services

*Homework assignment:* The Center for Medicare and Medicaid Services recognizes that HBAI codes are well within the scope of the practice of clinical social workers (<https://www.socialworkers.org/advocacy/issues/health_behavior_assessment_intervention.asp>). In 2003, CMS recommended that NASW seek a legislative change of the definition of clinical social worker services so that CSWs could bill consistently under the approved HBAI codes and receive reimbursement. Until this statute is modified, CMS indicated that payment to CSWs would be left to the discretion of each local Medicare Administrative Contractor.

* Review the social work practice act in this state (or nearby states, or the student’s home state). Does it allow HBAI services in the scope of practice of clinical social workers?
* Identify the Medicare Advantage plans and the Medicare Administrative Contractors in your selected state (or nearby states, or the student’s home state). Is a clinical social worker an authorized provider of HBAI for each of these entities?
* Given your results, what specific actions, if any, are needed to extend eligibility of clinical social workers for providing HBAI services?
* How well-informed are clinical social workers in your state about HBAI services? What kind of ways would you raise awareness?

In-Class Discussion Topics

To increase participation and student interaction, please break students into small groups and have them discuss the following topics/issues that are organized into theory and conceptual frameworks, policy and practice arenas in health promotion and aging. You can also give them these assignments as a “Minute Paper” where the student works on their own, to write a short answer on the topic in class. Typically, the student is given 5 minutes to complete the activity. Or these questions can be combined for a mid-term or other type of exam.

Theory and Conceptual Frameworks

* Why is expanding our view of prevention to include older adults with chronic conditions important?
* What is the RE-AIM framework? How does it help us in service delivery of healthy aging programs?
* Why does understanding the disablement process provide new opportunities for prevention?
* What are the most essential elements to create and sustain a healthy community?
* Name three public health social work standards.
* What is the “Triple Aim” and how does it relate to healthy aging?

Policy

* Name three reasons that older adults may not receive the clinical preventive services that are recommended by Healthy People 2020.
* Describe three key federal policies that support healthy aging programs.
* What is the Global AgeWatch Index and why is it a helpful tool?

Practice

* What type(s) of physical activity are important for older adults?
* Can falls be prevented? Provide support for your answer.
* What are the goals of the CDC Healthy Brain Initiative?
* Describe a “macro” application of evidence-based health promotion.
* Why is evidence-based health promotion important for older adults?

A RE-AIM Scenario

Note: For this activity, use the RE-AIM Reality Check chart from the NCOA Issue Brief, “RE-AIM for Program Planning: Overview and Applications.” http://[www.ncoa.org/resources/re-aim](http://www.ncoa.org/resources/re-aim)-issue-brief/

Consider the following illustrative scenario. A randomized trial documents a new, highly effective intervention for improving physical activity in sedentary, at-risk seniors. The encouraging results from a well-controlled research study indicate that, after 6 months, 40% of the participants achieve the Surgeon General’s recommended 30 minutes or more of moderately intense physical activity on most days of the week (U.S. DHHS, 1996).

Think about planning to replicate this excellent new program. First assume that, of all the senior centers in your state, an uncharacteristically large 40% agree to adopt this program. Next, assume that an unprecedented 40% of all the sedentary and at-risk older adults residing around these senior centers agree to participate.

Now, reality sets in. Due to many competing demands, only about 40% of the senior centers and their instructors consistently implement the program as designed. Finally, assume that an amazing 40% of the participants who achieved positive results at 6 months were able to maintain improvements over the next 6 months.

Please complete the Table below, to identify expected results for your program:

Note: This Table below is for the assignment.

|  |  |  |  |
| --- | --- | --- | --- |
| Issue  | RE-AIM Element | Success Rate | Population-wide Impact |
| Potential program results  | Effectiveness  | 40% |  |
| Senior center participation rate  | Adoption  | 40% |  |
| Participation rate among at risk sedentary seniors  | Reach  | 40% |  |
| Consistent implementation with fidelity  | Implementation  | 40% |  |
| Longer-term effects  | Maintenance (individual level)  | 40% |  |

To access the answer key, visit the full report here: <https://www.ncoa.org/resources/re-aim-issue-brief/>.