

Wisconsin Aging and Disability Resource Centers Prevention and Early Intervention

Introduction

Aging and Disability Resource Centers (ADRCs) in Wisconsin have been in existence since 2000 when initial pilot counties planned and implemented the one-stop shops that assist Wisconsin residents seeking information, assistance and programs to meet long term care needs. Counties that piloted the Wisconsin ADRC Model incorporated the local aging network with Older American Act programs into the evolving ADRC. Currently, the ADRCs in Wisconsin include staff members from county aging offices, health and human services and/or social services who provide person-centered ADRC services for older adults, adults with physical and developmental disabilities and youth transitioning to adult services.

This document describes the changes in Wisconsin's long term care system over the past decade, the State's role and role of ADRCs and county aging offices in prevention and early intervention, ADRC Prevention Grants, Wisconsin's Statewide Fall Prevention Initiative and evidence-based prevention programs in Wisconsin. Web sites and contact information are provided for readers who seek additional information about these topics.

Background

The redesign of Wisconsin's home and community based long term care system began in the late 1990s as policy experts and consumer organizations designed strategies to manage community based long term care costs, provide person-centered services for eligible elders and persons with disabilities, and eliminate wait lists for Medicaid home and community based services. Called Family Care, the redesigned long term care system included legislation creating ADRCs. Avoiding the limitations of being single entry points into the public system, the design offered a broader population one-stop shopping for information and assistance, options counseling, outreach and prevention/early intervention to assist people in maintaining independence. Family Care is comprehensive long-term care organized under managed care principles and rules. The history of Family Care can be found at this Department of Health Services (DHS) website: <http://www.dhs.wisconsin.gov/lcicare/History/ExecSum8-99.HTM>

ADRCs and the Aging Network

Wisconsin statutes prescribe the ADRC "standards for operation" including prevention and early intervention services to be provided within the limits of available funding to a person who contacts a resource center (ss. 46.283 (3)) (<http://www.legis.state.wi.us/statutes/Stat0046.pdf>). Wisconsin Administrative Code requires that the ADRC shall develop a prevention and early intervention plan based on DHS priorities as stated in the ADRC contract and provide services consistent with the plan and within the limits of available funding. Included in the plan are community education on prevention of disabling conditions and specific prevention advice and

education to individuals regardless of eligibility for the Family Care benefit (HFS 10.23(2)(f)(1-2) (<http://www.legis.state.wi.us/rsb/code/dhs/dhs010.pdf>).

Wisconsin has 35 ADRCs serving 57 of 72 counties, and two of 11 tribes have Aging and Disability Resource Specialists contracting with the regional ADRCs. Statewide expansion of the Family Care should be complete by 2013.

In 2009, the ADRCs reported on the integration of prevention/early intervention into community outreach, during Information and Assistance and when Options Counseling is provided. An overview of the narrative responses from 27 ADRCs indicates the depth and breadth of activities reported (but does not reflect the number of ADRCs that reported in each category).

Broad categories of prevention and early intervention activities include staff initiatives, community outreach, evidence-based or healthy lifestyle programs, screens or assessments for at-risk community members and coalition building. The five categories with examples are as follows:

- **ADRC staff initiatives:** hire prevention coordinators, provide information and training about health/wellness so staff incorporates into discussions with consumers, and become certified to be class leaders for evidence-based prevention programs, implement prevention activities for ADRC and other agency staff, etc..
- **Community outreach efforts:** provide resource packets during interactions with consumers, develop resource libraries, and educate via web sites and media; provide adaptive devices, assistive technology toolkit demonstrations for consumers, and present personal items such as hand sanitizers, medication dispensers, exercise equipment, etc. during outreach activities; provide prevention education to community members/organizations; incorporate volunteers as peer leaders for some evidence-based prevention programs; meet with employers to provide family caregiver information and data; educate community members during local/regional conferences, health fairs, expos and out-of home screening programs; and assist in youth transitions from the children's long term care programs to adult programs.
- **Evidence-based prevention, healthy lifestyle and health promotion programs:** plan, coordinate and/or implement Sure Step, Stepping On, Living Well with Chronic Conditions (Chronic Disease Self-Management Program [CDSMP]), Matter of Balance, Tai Chi, Arthritis Foundation Exercise Program, brain health programs, support groups, family caregiver education, nutrition counseling and education programs, exercise and physical activity programs, etc.
- **Screen or assess at-risk individuals:** include person-centered caregiver stress and needs, fall prevention, depression, home safety checks with some ADRCs providing select assistive devices or select home modifications, medication management, nutrition risk screen, memory screening, capacity to respond to emergencies, etc.
- **Coalition building:** collaborate with hospitals, clinics, local public health departments, nursing homes, emergency medical providers, trauma units, coroners office, emergency preparedness groups; elder abuse, adults-at-risk and adult protective services I-Teams; senior centers, fitness centers, YMCAs, etc.; and serve on community boards, various local committees and statewide Coalition groups.

ADRC prevention and early intervention activities assist in identifying and matching community programs with health, wellness and safety needs of older adults, adults with disabilities and family/informal caregivers. Funding sources are blended when possible to maximize outreach and resources, e.g., Older Americans Act, county levy, federal and foundation grants, state general purpose revenue that financially supports ADRC activities.

ADRC Prevention Grants

The Family Care biennial budget from 1999 through 2009 included general purpose revenue to focus on Department priorities related to prevention and early intervention through ADRCs. Since 1999 ADRCs in operation at least one year had opportunities to apply for ADRC Prevention Grants awarded bi-annually through a competitive review process. Initially, research partners collaborated with ADRCs to evaluate participant outcomes following attendance at local prevention programs to determine program value and effectiveness. Funding priority for the past six years has been implementation of evidence-based prevention programs.

Most recently nine ADRCs were awarded prevention grants for projects implemented from 2008 through 2009; the awards ranged from \$107,780 to \$280,240 for a total of \$1,661,000.00. The projects included evidence-based prevention programs for fall prevention, chronic disease self-management, nutrition, medication management and physical activity programs. Regrettably, funding to continue the ADRC prevention grants was not included in the 2009-2011 biennial budgets due to the economic downturn. The loss of prevention grants resulted in struggles to sustain ADRC prevention coordinator positions; unfortunately, many positions have been eliminated or hours decreased. Despite the loss of earmarked prevention funding, ADRCs continue to provide community education and advice to individuals about prevention and early intervention as described previously.

Wisconsin's Statewide Fall Prevention Initiative

The Statewide Fall Prevention Initiative began in 2000 as a partnership developed between the Division of Public Health, Division of Long Term Care and the UW—Madison School of Medicine and Public Health. Community partners in the statewide initiative includes health care practitioners, educators, ADRCs and aging offices, local health departments and social service agencies, as well as private organizations. The Initiative's mission is to reduce falls and fall-related complications and deaths among Wisconsin's older adults through the integration of community based and medical prevention approaches. To that end, quarterly conference calls are coordinated by the Division of Public Health to provide fall prevention technical assistance and updates about federally funded evidence-based prevention grant activities and community partners provide updates about local coalitions, activities, recommendations, etc. Governor Doyle signed a proclamation declaring September as Fall Prevention Awareness month and September 23rd as Fall Prevention Awareness day. These and other fall prevention activities are promoted through websites and quarterly conference calls; additionally a copy of the proclamation, fall prevention toolkit, *Fall Prevention Among Older Adults: An Action Plan for Wisconsin (2010 to 2015)*, *The Burden of Falls in Wisconsin Report* and related materials can be found at these websites:

<http://www.dhs.wisconsin.gov/health/InjuryPrevention/FallPrevention/index.htm> and

<http://www.gwaar.org/index.php/component/content/article/3/58-falls-prevention-awareness-month-and-day-2010.html>.

Evidence-based Prevention Programs in Wisconsin

The Department of Health Services and the UW—Madison School of Medicine and Public Health have collaborated over ten years with community organizations, e.g., Area Agencies on Aging, the aging network, ADRCs, local public health departments, health care organizations, Wisconsin Arthritis Foundation, colleges and universities to address chronic disease self-management and injuries related to falls. The Department and UW—Madison School of Medicine and Public Health continue to obtain federal and local grants to address these Wisconsin priorities.

Two specific evidence-based prevention programs, Stepping On North America and Living Well with Chronic Conditions (Lorig's Chronic Disease Self-Management Program) are expanding statewide. The Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) includes on its website resources for program leaders to coordinate and implement the programs, e.g., logos, forms, data collection tools, promotional materials, class leader training schedules, schedule of all local programs, letters of commitment, etc. This website is <http://www.gwaar.org/index.php/aging-programs-and-services/for-professionals/health-promotion-for-professionals.html>. Additionally, the Office on Aging website provides general information about the programs with a link to the GWAAR site <http://dhs.wisconsin.gov/aging/CDSMP/index.htm>.

Statewide evidence-based prevention program coordination includes the following activities: master, leader and peer training events; leader fidelity checks; data collection processes and tools; statewide workshop and leader registry; promotional materials for local use and bi-monthly leader conference calls. Wisconsin holds a multi-site license for CDSMP that covers all local ADRCs, the aging network and public health departments. As program leaders continue to be trained for both programs, sustaining this coordinated system and implementing other evidence-based prevention programs has resulted in planning and implementation of the Wisconsin Institute for Healthy Aging (WIHA).

The WIHA mission is to advance evidence-based prevention programs that encourage healthy living among older adults through partnerships with public and private organizations. Core functions are to develop products and services to support healthy aging, serve as a focal point for education and training on evidence-based prevention programs, market and promote the practices and advocate for and help shape public policy including funding decisions related to healthy aging in Wisconsin. The Institute will become the licensing agent for Stepping On North America and WIHA staff will provide training and technical assistance to other states implementing Stepping On. The WIHA web site will be developed soon.

Summary

Wisconsin ADRCs provide community prevention and early intervention through outreach and marketing; during coordination and/or leadership of evidence-based prevention programs and

health and wellness activities; and in conjunction with person-centered information, assistance, options counseling and decision support about long term care needs and resources. Seamless connections to community resources are inevitable when ADRCs collaborate with organizations serving elders and adults with disabilities.

Self-Management of Chronic Disease

Title: Living Well with Chronic Conditions

State: Wisconsin

Affiliation: Wisconsin Department of Health Services and UW—Madison School of Medicine and Public Health

Target Populations: Adults with chronic health conditions

Approach: Stanford Chronic Disease Self-Management program for adults with chronic conditions. Workshops are held in community settings.

Description: Trained leaders facilitate six weekly workshops with people with various chronic diseases, socioeconomic and educational levels to enable participants to manage progressive debilitating disease. The process used to teach the program is as important as the subject matter; fidelity checks are performed for all leaders to assure program delivery is consistent with researcher's intent through the training manual. Using adult learning principles, group discussion and action plans, the educational process allows people to build self-confidence by becoming effective self managers to maintain health benefits over time and to have measurable improvements in health outcomes and quality of life. Savings are evident through reduction in health care expenditures.

Funding Source: Administration on Aging (OAA Title III.D, Evidence-Based Continuation Grant), National Council on Aging, Centers for Disease Control and Prevention (Arthritis Project) and ADRC Prevention Grants through 2009.

Additional Information: This community based self-management program for adults with chronic conditions was developed and five year study was completed by Dr. Kate Lorig, RN, DrPH and Stanford University colleagues in 1996.

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Fall Prevention for Older Adults

Title: Stepping On North America

State: Wisconsin

Affiliation: Wisconsin Department of Health Services and University of Wisconsin—Madison School of Medicine and Public Health

Target Populations: Older adults are at risk of falling, have a fear of falling or have a history of one or more falls.

Approach: Evidence-based fall prevention program using group process to become more aware of fall hazards and learn how the risk of falls can be reduced. Community based workshops are offered weekly for seven weeks, using adult learning principles and self-efficacy models.

Description: Stepping On is a program that empowers older adults to carry out health behaviors that reduce risk of falls, improve self-management and increase quality of life. The program improves balance and strength, home and environmental safety and includes vision and medication reviews.

Funding Source: Administration on Aging, National Council on Aging, Centers for Disease Control and Prevention, American Recovery Reinvestment Act, ADRC Prevention Grants, Blue Cross/Blue Shield Partnership Grant and community partners.

Additional Information: Stepping On was developed and evaluated by Dr. Lindy Clemson an occupational therapist in Australia and adapted for Wisconsin by Dr. Jane Mahoney, MD and colleagues. Dr. Mahoney and colleagues have published evidence-based research findings in the September 2004 *Journal of American Geriatrics Society*. Dr. Clemson found those completing Stepping On experienced a 31% reduction in falls for those community residing older adults who completed the program. Dr. Mahoney is in the third year of a four year dissemination research grant for Stepping On; the final product will be tools available for national dissemination.

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Evidence-Based Fall Prevention Program for People with Dementia

Title: Sure Step

State: Wisconsin

Affiliation: ADRC of Kenosha County, UW—Madison School of Medicine and Public Health, Wisconsin Department of Health Services and other community partners.

Target Populations: Adults 65 and older who have balance problems, a history of two falls in the past year or one fall in two prior years are considered for the program.

Approach: Sure Step is a multi-factorial falls intervention developed by Jane Mahoney, MD and Terry Shea, PT of the UW Madison School of Medicine in May 2001. The intervention used evidence-based guidelines published by the American Geriatric Society, the British Medical Society and the American Academy of Orthopedic Surgeons. The Sure Step intervention decreased nursing home utilization by ten days but did not significantly reduce falls. The group with memory or cognitive problems and a caregiver in the home had a significant reduction in hospitalizations, nursing home admissions, and nursing home days, and a reduction in falls that was borderline significant.

Description: The multi-factorial falls intervention includes a clinical assessment of risk for falls based on a detailed algorithm. The assessment is conducted in the person's home by a trained registered nurse, nurse practitioner or physical or occupational therapist. Following the assessment, an in-home visit occurs to provide written recommendations for the individual; the personal physician and any therapists treating the person for falls also receive reports. A balance exercise plan and eleven monthly telephone calls are made as follow-up and for data collection.

Funding Sources: The initial research study occurred from May 2002 through June 2004 and was funded by the Wisconsin ADRC Prevention Grant, Center for Disease Control and Prevention (CDC), The Alliance Provider Quality Investment Fund, and the ADRC of Kenosha County; additional funding was obtained from UW Madison School of Medicine and Public Health—The Wisconsin Partnership Fund for a Healthy Future.

Additional Information: Report of clinical investigations with randomized controlled trial in community settings was published by Dr. Jane Mahoney, MD, and colleagues in *The Gerontologist*, 45 (Special Issue II): p383, 2005 and in the *Journal of the American Geriatrics Society*, 55:489-498, 2007.

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Sustaining Evidence-based Prevention Programs

Title: Wisconsin Institute for Healthy Aging (WIHA)

State: Wisconsin

Affiliation: Wisconsin Department of Health Services and UW—Madison School of Medicine and Public Health.

Target Population: Adults

Approach: Sustain current and plan, develop and implement dissemination of evidence-based prevention programs

Description: The Institute is charged with overseeing the dissemination of both evidence-based prevention programs in Wisconsin including oversight of program leader training, program uptake and sustainability and quality of program delivery. The Institute will also develop products and services to support healthy aging through evidence-based practices, serve as the focal point for education and training on evidence-based programs and advocate for and help shape public policy and funding decisions related to use of evidence-based programs to promote healthy aging. Additionally, the Institute is to collaborate with researchers and community based organizations to implement and test new interventions that improve the health of older adults living in community settings.

Funding Source: The National Council on Aging provided start up funding for the Institute to sustain coordination of the two evidence-based prevention programs (Living Well with Chronic Conditions and Stepping On North America) and promote other promising practices when proven effective.

Additional Information: Jane Mahoney, MD was named Executive Director by the Institute's transition board in April 2010. Staff members are currently being hired and partnerships are being formalized; the formal strategic planning process for the Institute will be undertaken in 2011.

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