

Program #25034 - ADVSD Health Promotion 6/27/2018

Department: County Human Services **Program Contact:** Erin Grahek
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) supports older adults, people with disabilities, and Veterans by providing health promotion activities and interventions that support healthy, active living, and chronic disease self-management that contribute towards quality of life. Community organizations provide culturally specific and culturally responsive services. ADVSD employs proven practices including exercise, disease self-management, and healthy eating. These services are part of ADVSD’s access and early intervention continuum.

Program Summary

ISSUE: Older adults are at risk of developing chronic health conditions and have risk factors for falling, precipitating further health decline, and hospitalization.

PROGRAM GOAL: The goal is to support older adults, people with disabilities, Veterans, and caregivers to adopt healthy behaviors, improve health status, better manage chronic conditions, reduce hospitalizations, and reduce the risk of falling. As a Federally designated Area Agency on Aging, ADVSD is required by the U.S. Administration for Community Living to provide Evidence-Based Health Promotion and Disease Prevention (EBHP) programs. Evidence-based programs have been proven by scientific research to improve health outcomes and reduce healthcare costs.

PROGRAM ACTIVITY: Evidence-based health promotion activities include physical activity and exercise, healthy eating, chronic disease self-management, falls prevention, Care Transitions, medication management, anxiety and depression management, and Alzheimer’s disease and dementia support. This program offer provides health promotion programs and outreach to minority and at-risk populations. With numerous community partnerships hosting preventative activities, ADVSD coordinates to streamline access to services and support healthy aging. ADVSD provides Care Transitions to reduce hospitalizations through targeted person-centered services. Community agencies provide evidence-based programs including Tai Chi Moving for Better Balance; Living Well with Chronic Conditions; PEARLS – treatment program for depression; Diabetes Prevention Program; and Powerful Tools for Caregivers. Each program has required elements that are conducted with fidelity to the curriculum proven in clinical trials. In the coming year, ADVSD will increase access to these services by establishing a calendar of activities on the County website and using a new statewide database to manage registration and data collection. ADVSD contracts with agencies for both culturally responsive and culturally specific services in order to increase meaningful access. ADVSD worked in partnership with the Office of Diversity and Equity and addressed feedback from facilitated community conversations to improve access to services. As a result, ADVSD increased the funding allocation this contract cycle for agencies that deliver culturally specific services. Changes were implemented in the 2017-2020 Area Plan. Programs serve a wider Department goal of preventing health decline and support the ability for individuals to age in place while providing proven health care cost savings.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of people enrolled in evidence-based health promotion activities	719	750	719	725
Outcome	% of EBHP fall prevention participants who had a reduction in fall risk compared to non-participants ¹	55%	55%	55%	55%
Outcome	% of EBHP Care Transition participants with a reduction in hospitalizations compared to non-participants ²	36%	36%	36%	36%

Performance Measures Descriptions

¹Outcomes are from national EBHP clinical trials and are not data from County participants; however, ADVSD undertakes fidelity monitoring to ensure similar outcomes. Falls prevention information taken from clinical trials from the Tai Chi: Moving for Better Balance Program. Hospitalization reduction is taken from clinical trials for Stanford’s Chronic Disease Self-Management. ²Measure reworded for clarity: formerly “% of EBHP participants with fewer days in hospital & outpatient visits than non-EBHP participants.”

Legal / Contractual Obligation

The Federal Older Americans Act requires funding be used for evidence-based activities that meet their standards for effectiveness as tested through clinical trials.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$681,926	\$0	\$829,544
Contractual Services	\$0	\$606,527	\$16,190	\$395,406
Materials & Supplies	\$0	\$4,216	\$6,864	\$11,266
Internal Services	\$46,130	\$70,824	\$60,179	\$105,950
Total GF/non-GF	\$46,130	\$1,363,493	\$83,233	\$1,342,166
Program Total:	\$1,409,623		\$1,425,399	
Program FTE	0.00	6.50	0.00	7.50

Program Revenues				
Indirect for Dept. Admin	\$30,663	\$0	\$61,225	\$0
Intergovernmental	\$0	\$1,087,868	\$0	\$1,106,601
Other / Miscellaneous	\$0	\$275,625	\$0	\$235,565
Total Revenue	\$30,663	\$1,363,493	\$61,225	\$1,342,166

Explanation of Revenues

\$290,630 - ADRC Mental Health Grant
\$272,638 - Older & Disabled Mental Health Services
\$235,565 - Providence Health Services - Metro Care Transitions
\$122,937 - ADRC Person Centered Option Counseling
\$117,066 – OHSU Metro Care Transition Program
\$104,980 – Evidence Based Health Promotion
\$59,176 – Title IIIB
\$38,476 – Title IIID

Significant Program Changes

Last Year this program was: FY 2018: 25034 ADVSD Health Promotion

Community Services engaged in a robust planning, procurement, and allocation process, in order to purchase both culturally responsive and culturally specific services for older adults in our communities. This work was in partnership with the Office of Diversity and Equity and in response to community feedback through Area Plan listening sessions, and resulted in an increased percentage of funding for agencies that deliver culturally specific services.