

2016-2017

Health & Wellness Program Annual Summary 2016-2017



Governor Tom Wolf
Secretary Teresa Osborne

Katrina Kyle, Health & Wellness Program Specialist
Steve Rodgers, Health & Wellness Program Specialist

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Introduction

The Health & Wellness Program is located in the Pennsylvania Department of Aging's (PDA) Education and Outreach Office (EOO).

The role of PDA's Health & Wellness Program is to:

- Research and interpret federal guidelines regarding the Older Americans Act (OAA) Title IIID funding for disease prevention and health promotion services;
- Coordinate efforts among community resources;
- Act as a catalyst for the Area Agencies on Aging (AAA) and PDA's Health & Wellness initiatives;
- Provide training, technical assistance, and materials, as appropriate, for any PDA-endorsed, evidence-based programs (EBP).

The goals of PDA's Health & Wellness Program are to:

- Abolish the myth that inevitable functional decline comes with age;
- Empower older adults with the information they need to age well;
- Support older adults in making lifestyle changes to improve their overall health;
- Reduce the utilization of the healthcare system.

PDA receives Federal funding from the Administration for Community Living (ACL), through the Older Americans Act Reauthorization 2016 Title IIID, to provide disease prevention and health promotion services through the Health & Wellness Program. Under Title IIID of the OAA, funding has been provided since 1987 to states and territories based on their share of the population aged 60 and over for programs that support healthy lifestyles and promote healthy behaviors.

Effective October 1, 2016, ACL required Title IIID funds to only be used for evidence-based programs as defined by ACL. Because of this mandate, PDA issued [Aging Program Directive 16-04-01: Older Americans Act Title IIID Funding for Evidence-Based Programs AND Health & Wellness Program](#). APD 16-04-01 outlines the roles, responsibilities, and directives between PDA's Health & Wellness Program and the 52 AAA's Health & Wellness Programs serving Pennsylvania's 67 counties.

Health & Wellness Program At-A-Glance

The Health & Wellness Program is comprised of multiple health promotion and disease prevention programs disseminated across the state of Pennsylvania. These include the PDA-endorsed Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), Chronic Pain Self-Management Program (CPSMP), and two PDA-endorsed falls prevention programs, Healthy Steps for Older Adults (HSOA), and Healthy Steps in Motion (HSIM). These programs and 23 other evidence-based programs are provided through 52 Area Agencies on Aging serving older adults in all of Pennsylvania's 67 counties.

The 23 other EBPs are:

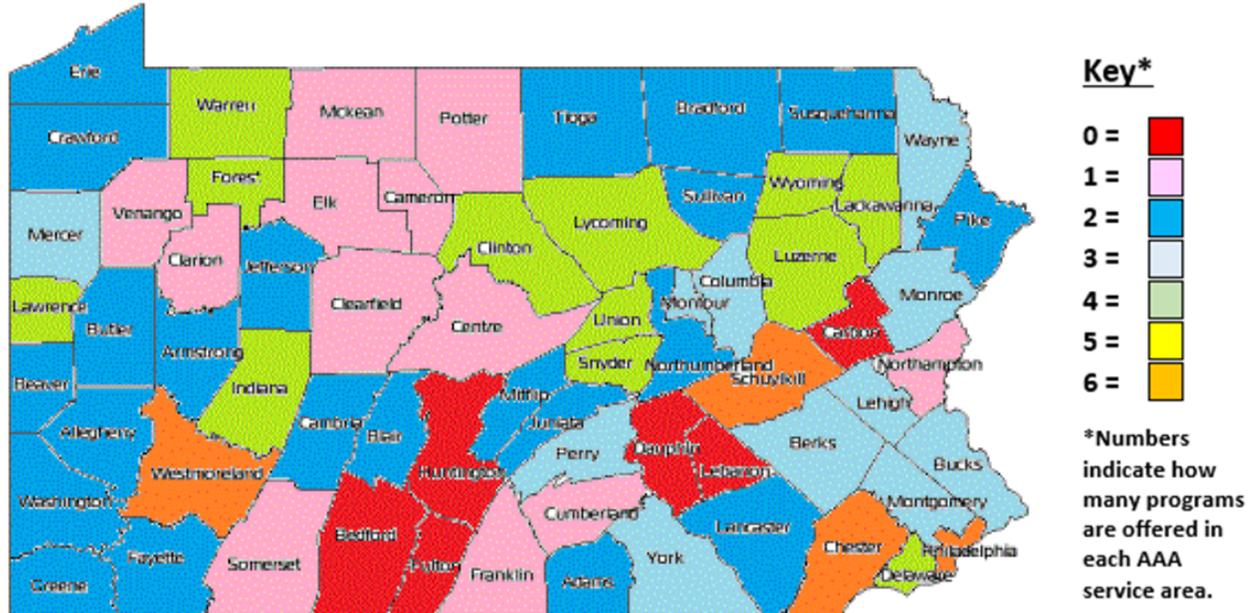
- A Matter of Balance
- AEA Arthritis Foundation Aquatic Program
- AEA Arthritis Foundation Exercise Program
- Eat Smart, Move More, Weigh Less
- EnhanceFitness
- EnhanceWellness
- FallScape
- FallsTalk
- Fit and Strong!
- Geri-Fit® Strength Training Workout
- Healthy IDEAS
- HomeMeds
- National Diabetes Prevention Program (NDPP)
- Stay Active and Independent for Life (SAIL)
- Stepping On
- Stress-Busting Program for Family Caregivers
- Tai Chi for Arthritis
- Tai Ji Quan: Moving for Better Balance
- The Otago Exercise Program
- Walk with Ease
- Wellness Initiative for Senior Education (WISE)

Who is being served by the Health & Wellness Program?

In FY 2016-2017, the Health & Wellness Program provided evidence-based programs serving a total of 6,069 participants with 546 workshops in 48 AAAs across Pennsylvania.¹ The map below highlights how many evidence-based programs were offered across the state, with four AAAs providing six EBPs across four counties, and 18 AAAs providing three to four EBPs across 23 counties.¹

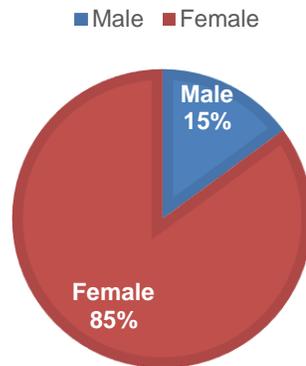
¹ Pennsylvania Department of Aging, "Statewide Health & Wellness Program Demographics for fiscal year 2016-2017 for the period of 7/01/2016 to 06/30/2017." *Social Assistance Management System*. Retrieved October 11, 2018.

FY 2016-2017 Health & Wellness Program Workshops in Pennsylvania



Health & Wellness Program participants are mainly females who are of either Caucasian, non-Hispanic, or African American non-Hispanic race and ethnicity. 42% reported having an annual income less than 200% of the Federal Poverty Income Guidelines (FPIG).² Additionally, the median participant age was within the 71-75 year old age bracket.³

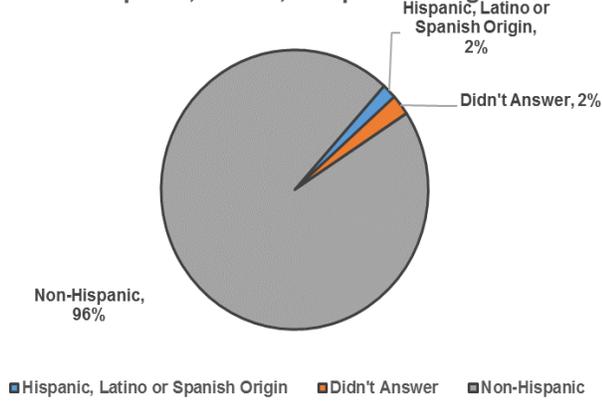
2016-2017 HEALTH & WELLNESS PARTICIPANT GENDER



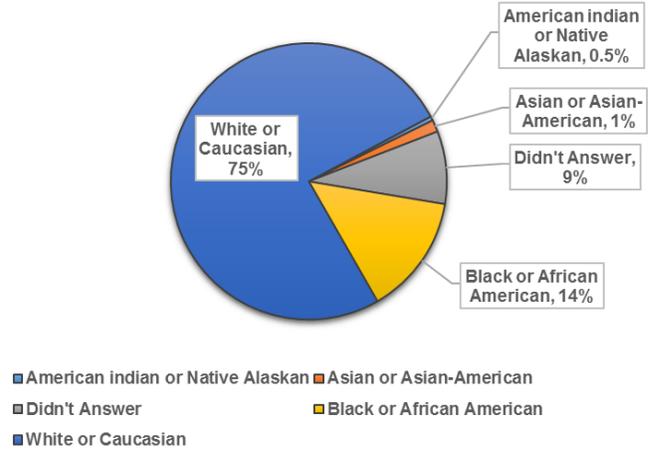
² Pennsylvania Department of Aging, "Statewide Health & Wellness Program Demographics for fiscal year 2016-2017 for the period of 7/01/2016 to 06/30/2017." Social Assistance Management System. Retrieved October 11, 2018.

³ Pennsylvania Department of Aging, "Statewide Health & Wellness Program Demographics for fiscal year 2016-2017 for the period of 7/01/2016 to 06/30/2017." Social Assistance Management System. Retrieved October 11, 2018.

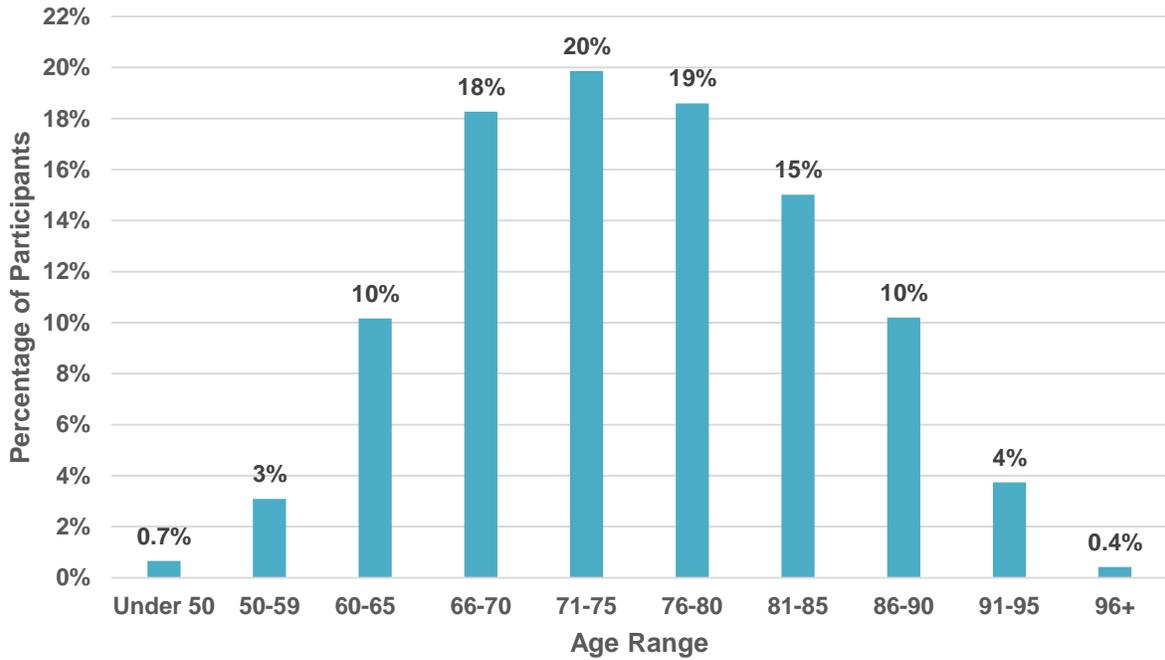
2016-2017 Health & Wellness Participants of Hispanic, Latino, or Spanish Origin



2016-2017 Health & Wellness Participant Race



2016-2017 Health & Wellness Participant Ages



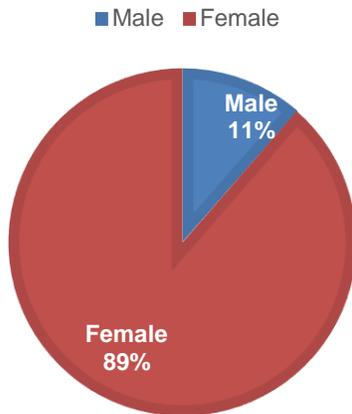
In FY 2016-2017, Health & Wellness Program workshops occurred primarily in Senior Community Centers (57%), residential facilities (13%), and Community Centers (5%).⁴



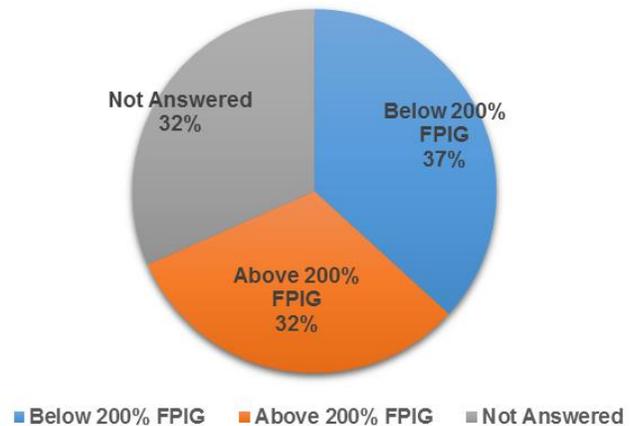
⁴ Pennsylvania Department of Aging, "Statewide Health & Wellness Program Demographics for fiscal year 2016-2017 for the period of 7/01/2016 to 06/30/2017." Social Assistance Management System. Retrieved October 11, 2018.

CDSMP participants were mainly females and low income. 37% reported having an annual income less than 200% of the Federal Poverty Income Guidelines (FPIG).⁷ Additionally, the median participant age was within the 71-75 year old age bracket.⁸

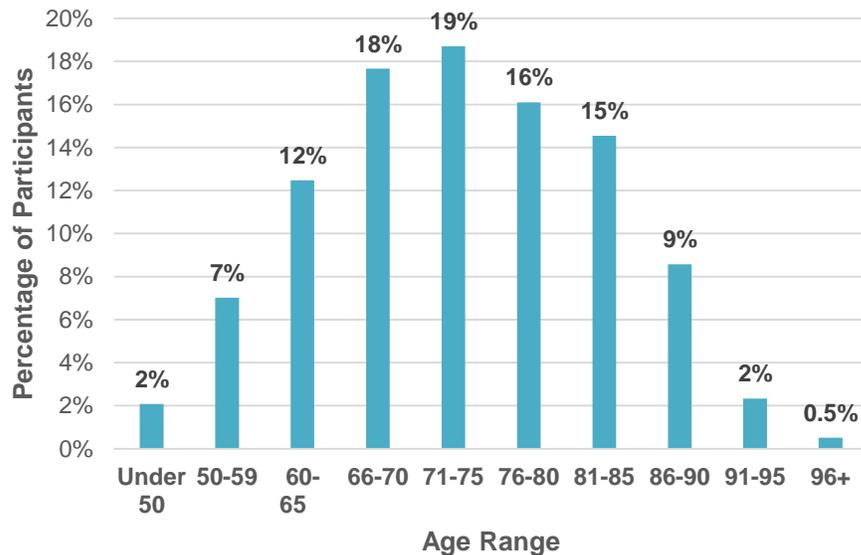
2016-2017 CDSMP PARTICIPANT GENDER



2016-2017 CDSMP Participants Below 200% Federal Poverty Level?



2016-2017 CDSMP Participant Ages

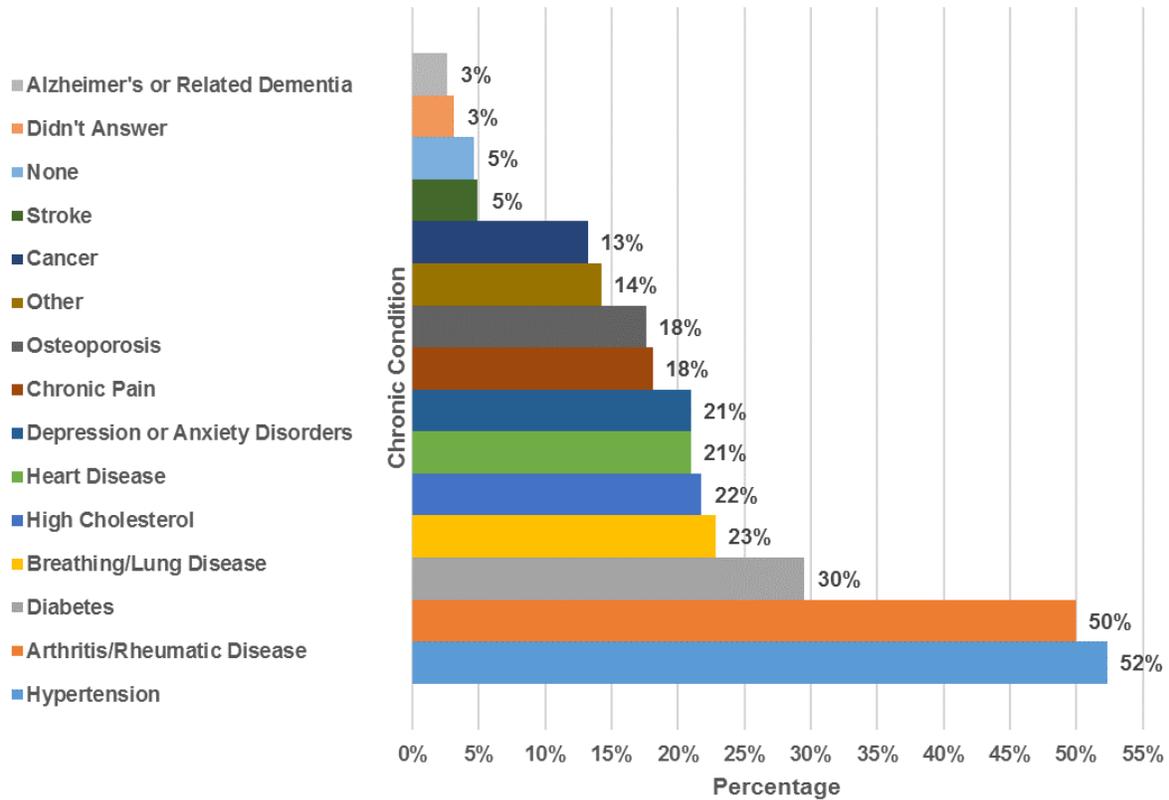


⁷ Pennsylvania Department of Aging, "CDSMP Participant Benchmark Report for Workshop end date between 7/1/2016 and 6/30/2017." *Social Assistance Management System*. Retrieved 9/24/18.

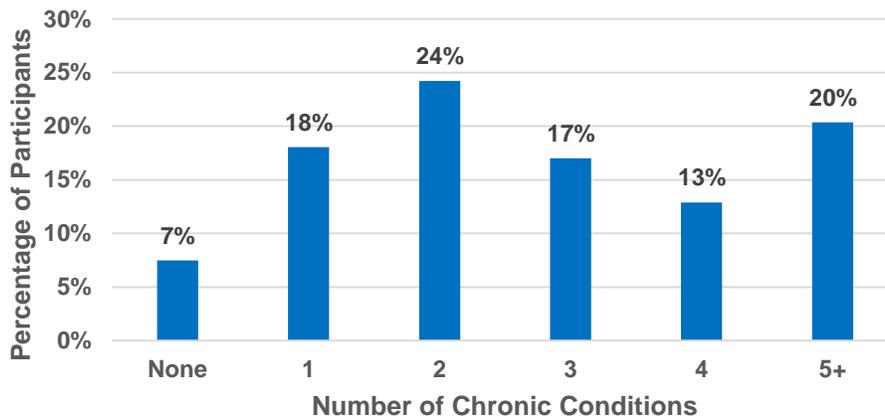
⁸ Pennsylvania Department of Aging, "CDSMP Participant Benchmark Report for Workshop end date between 7/1/2016 and 6/30/2017." *Social Assistance Management System*. Retrieved 9/24/18.

74% of CDSMP participants reported having more than one chronic condition, with hypertension (52%) and arthritis/rheumatic disease (50%) being most prevalent.⁹

2016-2017 CDSMP Participants' Chronic Conditions



2016-2017 CDSMP Participants With Number of Chronic Conditions



⁹ Pennsylvania Department of Aging, "CDSMP Participant Benchmark Report for Workshop end date between 7/1/2016 and 6/30/2017." *Social Assistance Management System*. Retrieved 9/24/18.

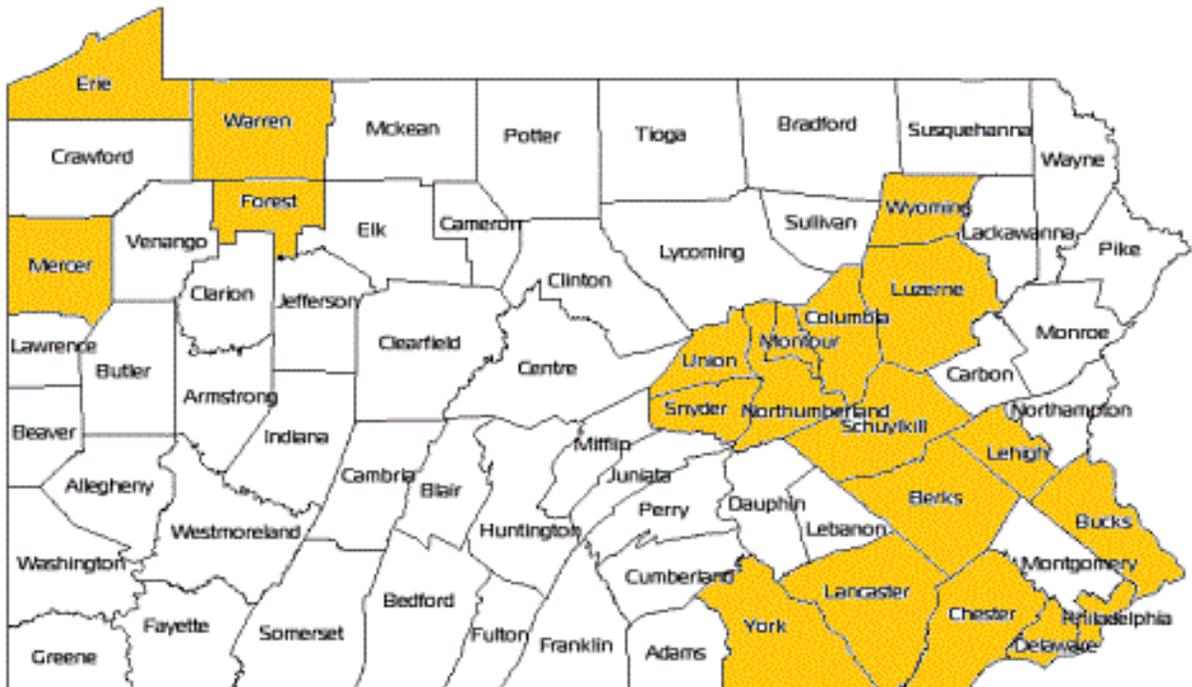
Diabetes Self-Management Program

DSMP was developed at Stanford University’s Patient Education Research Center as a complement to CDSMP. DSMP is a six-week workshop meeting for 2 ½ hours each week that assists older adults in managing their diabetes.

Who is participating in DSMP?

In FY 2016-2017, there were 32 DSMP workshops¹⁰ with 396 participants located in 15 AAA service areas across the state.¹¹

FY 2016-2017 DSMP Workshops in Pennsylvania

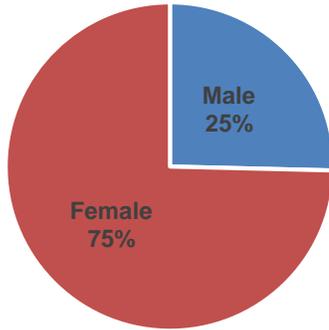


¹⁰ Pennsylvania Department of Aging, “Evidence-Based Workshop Counts by Agency Program for the Date Range: 07/01/2016-06/30/17” *Social Assistance Management System*. Retrieved 09/21/2018.

¹¹ Pennsylvania Department of Aging, “Evidence-Based Participant Counts by Agency Program for the Date Range: 07/01/2016-06/30/17” *Social Assistance Management System*. Retrieved 09/21/2018.

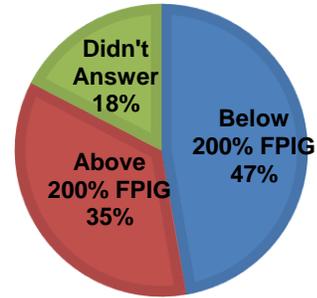
Most DSMP participants were female (75%). Additionally, the most frequently reported income was below 200% of the Federal Poverty Income Guidelines (FPIG) (47%)¹² and the predominant age bracket of DSMP participants was 66-70 years old (24%).¹³

2016-2017 DSMP Participant Gender



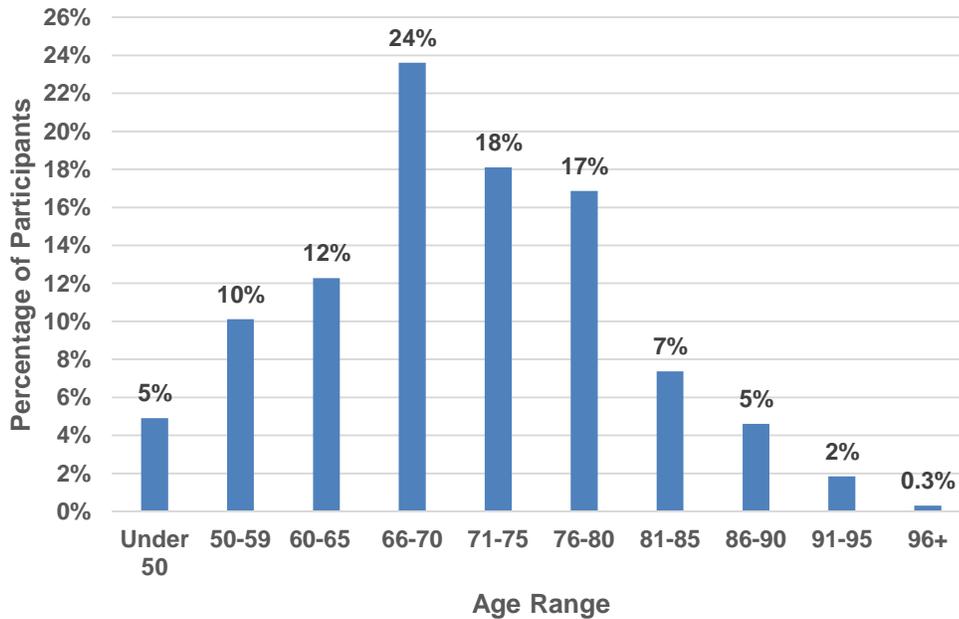
■ Male ■ Female

2016-2017 DSMP PARTICIPANTS BELOW 200% FEDERAL POVERTY LEVEL



■ Below 200% FPIG ■ Above 200% FPIG ■ Didn't Answer

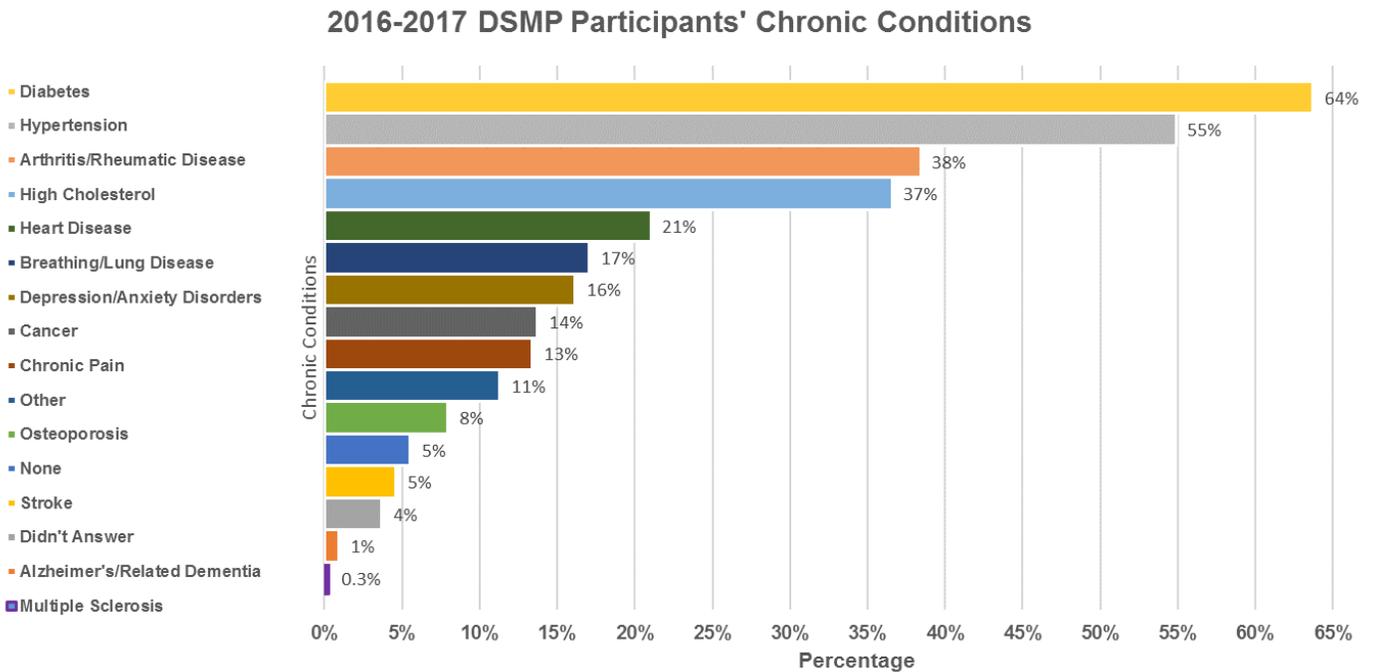
2016-2017 DSMP Participant Ages



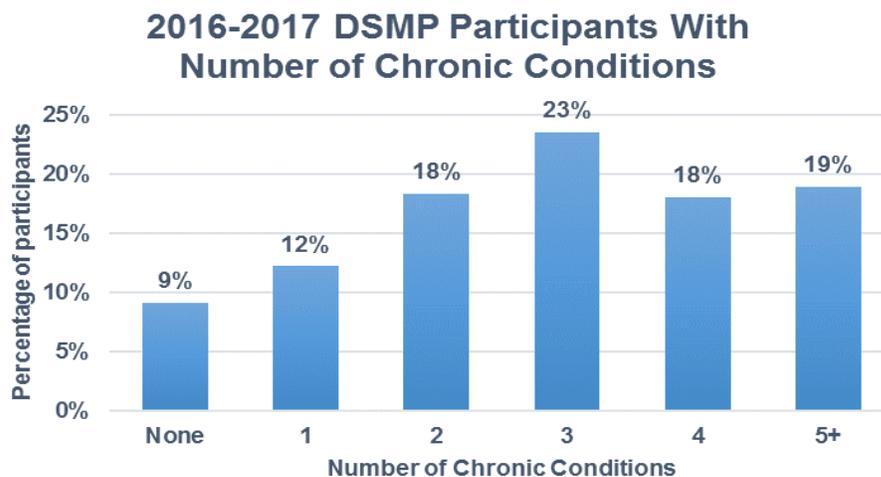
¹² Pennsylvania Department of Aging, "Diabetes Self-Management Program (DSMP) Participant Worksheet Information for Benchmark Report Diabetes Self-Management Program (DSMP) Data for Workshop End Date 07/01/16-06/30/17" *Social Assistance Management System*. Retrieved 09/24/2018.

¹³ Pennsylvania Department of Aging, "Diabetes Self-Management Program (DSMP) Participant Worksheet Information for Benchmark Report Diabetes Self-Management Program (DSMP) Data for Workshop End Date 07/01/16-06/30/17" *Social Assistance Management System*. Retrieved 09/24/2018.

The three most common chronic conditions reported by DSMP participants were diabetes (64%), hypertension (55%), and arthritis or Rheumatic Disease (38%).¹⁴



The bar graph¹⁵ below shows that almost 79% of DSMP participants reported being told by their healthcare provider that they have two or more chronic conditions.



¹⁴ Pennsylvania Department of Aging, "Diabetes Self-Management Program (DSMP) Participant Worksheet Information for Benchmark Report Diabetes Self-Management Program (DSMP) Data for Workshop End Date 07/01/16-06/30/17" Social Assistance Management System. Retrieved 09/24/2018.

¹⁵ Pennsylvania Department of Aging, "Diabetes Self-Management Program (DSMP) Participant Worksheet Information for Benchmark Report Diabetes Self-Management Program (DSMP) Data for Workshop End Date 07/01/16-06/30/17" Social Assistance Management System. Retrieved 09/24/2018.

Chronic Pain Self-Management Program

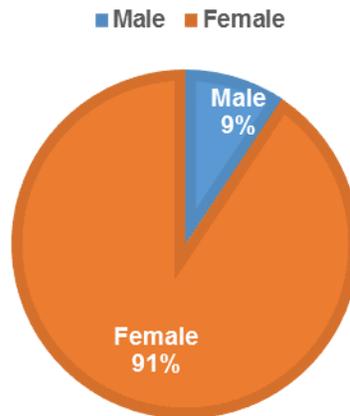
CPSMP was developed at Stanford University’s Patient Education Research Center. CPSMP is a six-week workshop meeting for 2 ½ hours each week that assists older adults who have a primary or secondary diagnosis of chronic pain. Pain is considered to be chronic or long term when the pain lasts longer than three to six months, or beyond the normal healing time of an injury. The program covers the following topics:

- Techniques to deal with problems such as frustration, fatigue, isolation, and poor sleep;
- Appropriate exercise for maintaining and improving strength, flexibility, and endurance;
- Appropriate use of medications;
- Communicating effectively with family, friends, and health professionals;
- Nutrition;
- Pacing activity and rest;
- How to evaluate new treatments.

Who is participating in CPSMP?

In August 2017, the Pennsylvania Department Aging added CPSMP as a PDA-endorsed, evidence-based programs. Philadelphia Corporation for Aging was the first AAA to provide CPSMP. There were 12 CPSMP workshops¹⁶ with 177 participants.¹⁷ Most CPSMP participants were female (91%).¹⁸

2016-2017 CPSMP PARTICIPANT GENDER



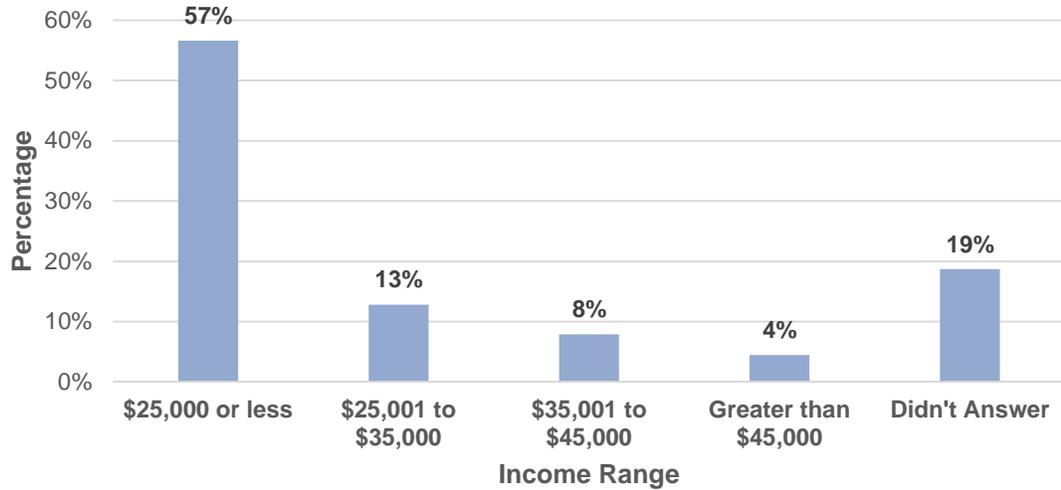
¹⁶ Pennsylvania Department of Aging, “Evidence-Based Workshop Counts by Agency Program for the Date Range: 07/01/2016-06/30/17” *Social Assistance Management System*. Retrieved 09/21/2018.

¹⁷ Pennsylvania Department of Aging, “Evidence-Based Participant Counts by Agency Program for the Date Range: 07/01/2016-06/30/17” *Social Assistance Management System*. Retrieved 09/21/2018.

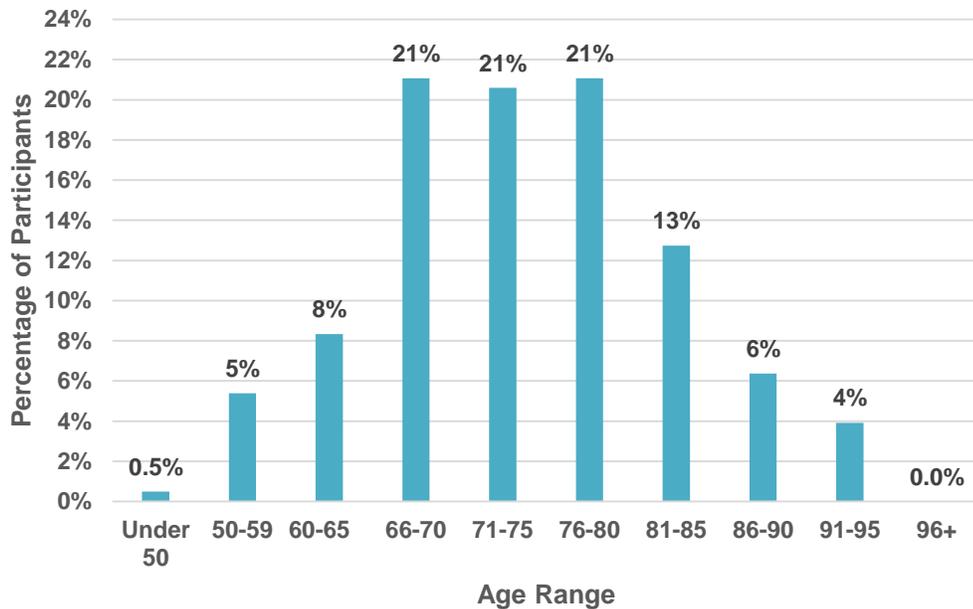
¹⁸ Pennsylvania Department of Aging, “Chronic Pain Self-Management Program (CPSMP) Participant Worksheet Information for Benchmark Report Chronic Pain Self-Management Program (CPSMP) Data for Workshop End Date 07/01/16-06/30/17” *Social Assistance Management System*. Retrieved 09/24/2018.

Additionally, most CPSMP participants' annual income was below \$25,000 (57%) and the median age bracket of CPSMP participants was 71-75 years old.¹⁹

2016-2017 CPSMP Participant Annual Income



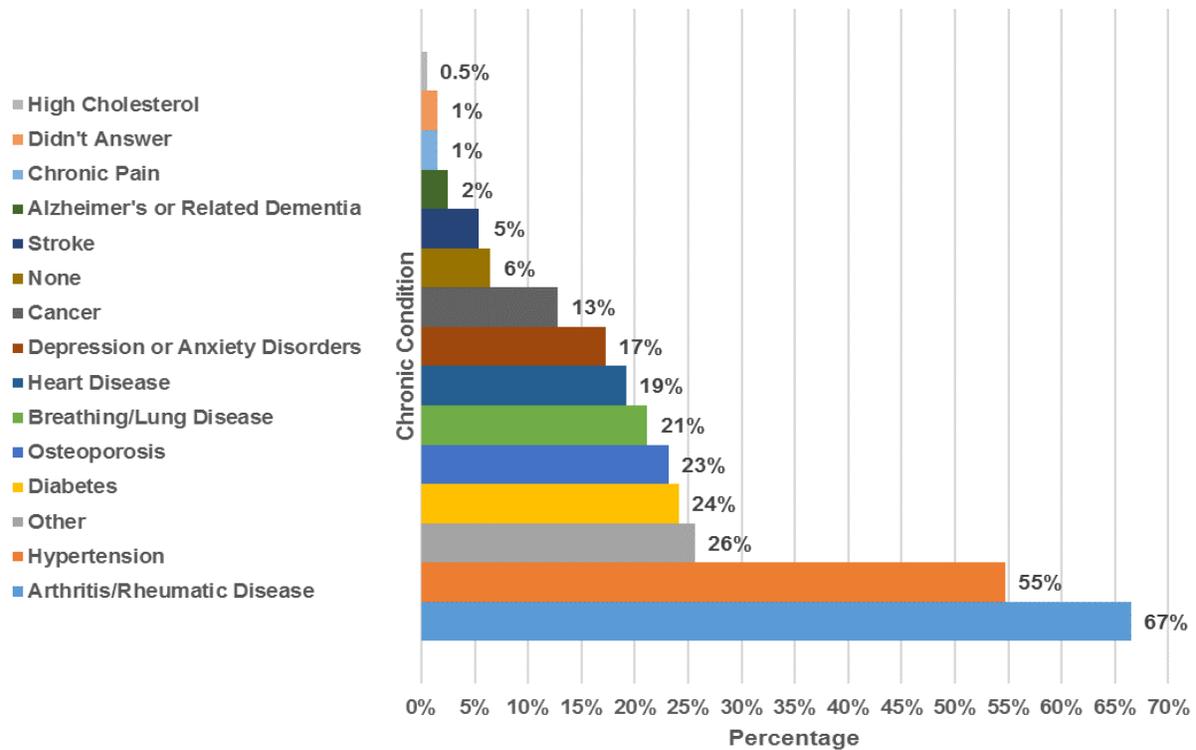
2016-2017 CPSMP Participant Ages



¹⁹ Pennsylvania Department of Aging, "Chronic Pain Self-Management Program (CPSMP) Participant Worksheet Information for Benchmark Report Chronic Pain Self-Management Program (CPSMP) Data for Workshop End Date 07/01/16-06/30/17" Social Assistance Management System. Retrieved 09/24/2018.

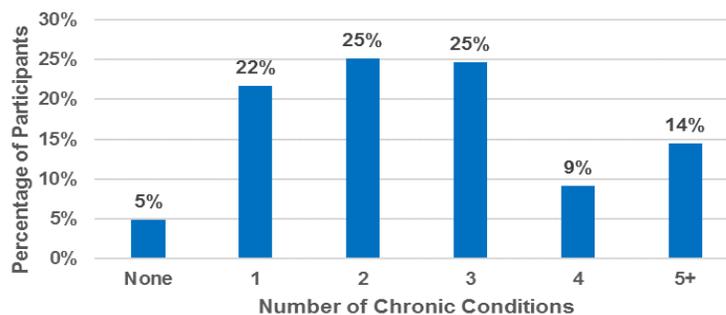
The four most common chronic conditions reported by CPSMP participants were arthritis or Rheumatic Disease (67%), hypertension (55%), other (26%), and diabetes (24%).²⁰

2016-2017 CPSMP Participants' Chronic Conditions



The bar graph²¹ below indicates that almost 73% of CPSMP participants reported being told by their healthcare provider that they have two or more chronic conditions.

2016-2017 CPSMP Participants With Number of Chronic Conditions



²⁰ Pennsylvania Department of Aging, "Chronic Pain Self-Management Program (CPSMP) Participant Worksheet Information for Benchmark Report Chronic Pain Self-Management Program (CPSMP) Data for Workshop End Date 07/01/16-06/30/17" Social Assistance Management System. Retrieved 09/24/2018.

²¹ Pennsylvania Department of Aging, "Chronic Pain Self-Management Program (CPSMP) Participant Worksheet Information for Benchmark Report Chronic Pain Self-Management Program (CPSMP) Data for Workshop End Date 07/01/16-06/30/17" Social Assistance Management System. Retrieved 09/24/2018.

Healthy Steps for Older Adults

What is HSOA?

HSOA is an evidence-based, nationally recognized falls prevention program. The program is designed to raise participants’ knowledge and awareness of the causes of falls, introduce steps they can take to reduce falls and improve their health and well-being, and provide referrals and resources. It is taught by certified workshop leaders and stands on three main pillars that ensure its high quality:

- **Screening:** Involves demonstration of physical skills and a review of individual’s environment, health, and lifestyle.
- **Education:** Includes two workshops: Preventing Falls and Staying Active.
- **Referrals:** These summarize the results of the physical skills assessment and other health-related behaviors or conditions that may place the individual at a higher risk for falls. They facilitate collaboration with doctors and motivate participants to take action to prevent falls and maintain and improve their health.

Who do we serve?

HSOA served 2,729 participants in FY 2016-2107 across 54 counties and 42 AAA service areas throughout the state.²²

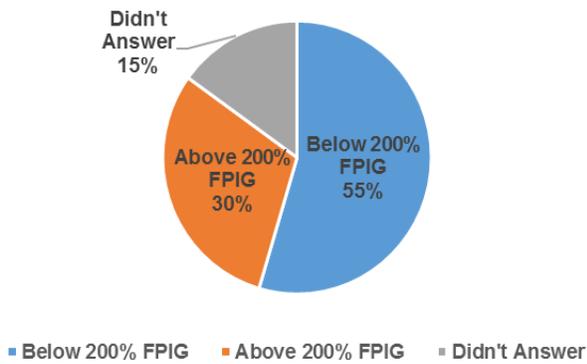
FY 2016-2017 HSOA Workshops in Pennsylvania



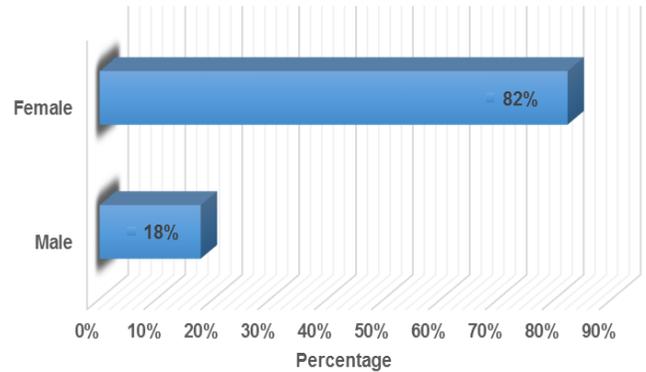
²² Pennsylvania Department of Aging, “Evidence-Based Participant Counts by Agency Program for the Date Range: 07/01/2016-06/30/17” Social Assistance Management System. Retrieved 09/21/2018.

HSOA participants were primarily female²³ and in the median age bracket of 76-80 years old.²⁴

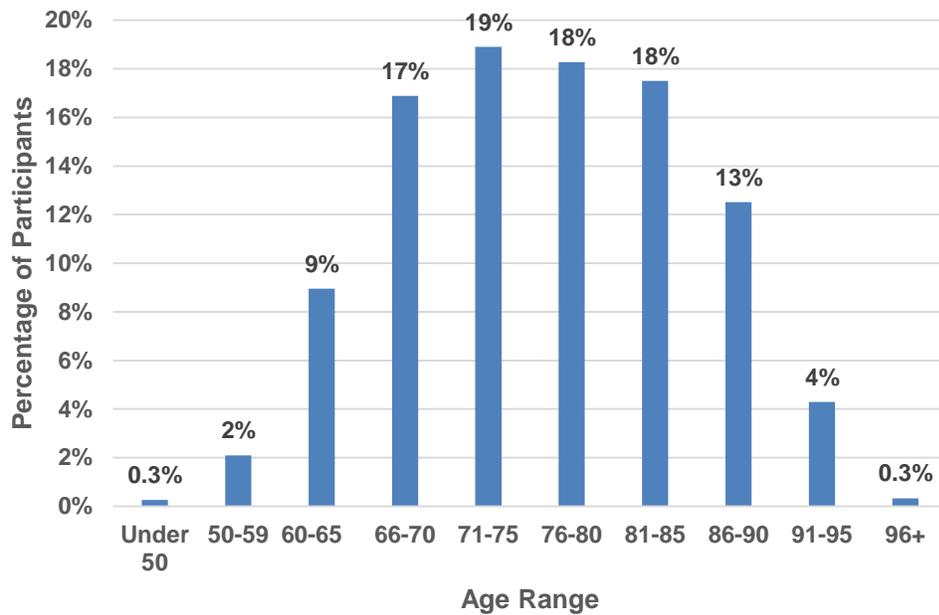
2016-2017 HSOA Participants Below 200% Federal Poverty Level?



2016-2017 HSOA Participant Gender



2016-2017 HSOA Participant Ages



²³ Pennsylvania Department of Aging, "Healthy Steps Registration Form - Distinct Participants during the Period 7/1/2016 to 6/30/2017." *Social Assistance Management System*. Retrieved 9/21/18.

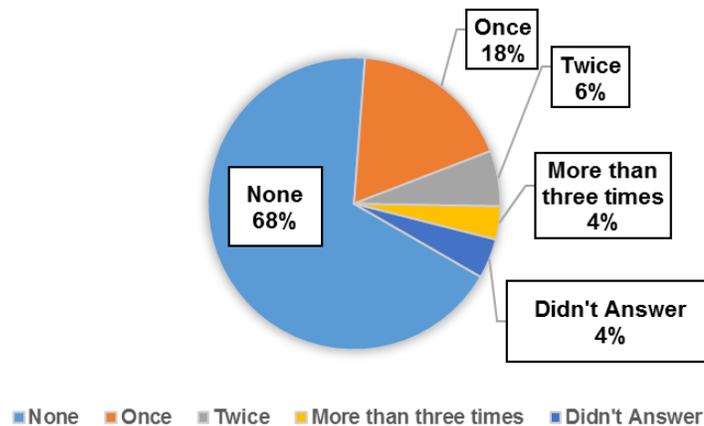
²⁴ Pennsylvania Department of Aging, "Healthy Steps Registration Form - Distinct Participants during the Period 7/1/2016 to 6/30/2017." *Social Assistance Management System*. Retrieved 9/21/18.

Impact of HSOA

Falls Prior to HSOA

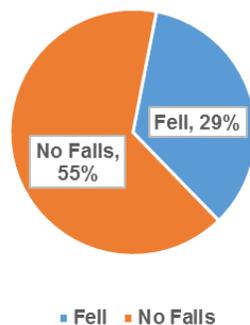
Of those who reported a fall within six months prior to taking a HSOA workshop, 10% fell more than once.²⁵

2016-2017 TIMES PARTICIPANTS HAVE FALLEN WITHIN SIX MONTHS PRIOR TO HSOA?

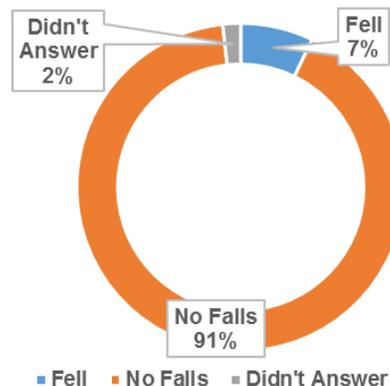


HSOA participants reported less falls after completing the program than before it. Based on the self-reported data, participants experienced more than four times as many falls before starting HSOA²⁶ than after completing it.²⁷

2016-2017 Participant Falls Within Six Months Prior to HSOA



2016-2017 Participant Falls Within 4 weeks after HSOA?



²⁵ Pennsylvania Department of Aging, "Healthy Steps Registration Form - Distinct Participants during the Period 7/1/2016 to 6/30/2017." *Social Assistance Management System*. Retrieved 9/21/18.

²⁶ Pennsylvania Department of Aging, "Healthy Steps Registration Form - Distinct Participants during the Period 7/1/2016 to 6/30/2017." *Social Assistance Management System*. Retrieved 9/21/18.

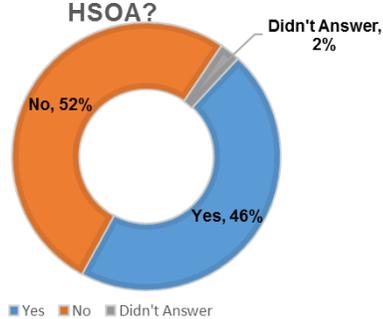
²⁷ Pennsylvania Department of Aging, "Healthy Steps Four Week Follow up Form - Distinct Participants during the Period 7/1/2016 to 6/30/2017." *Social Assistance Management System*. Retrieved 9/21/2018.

Lifestyle Results

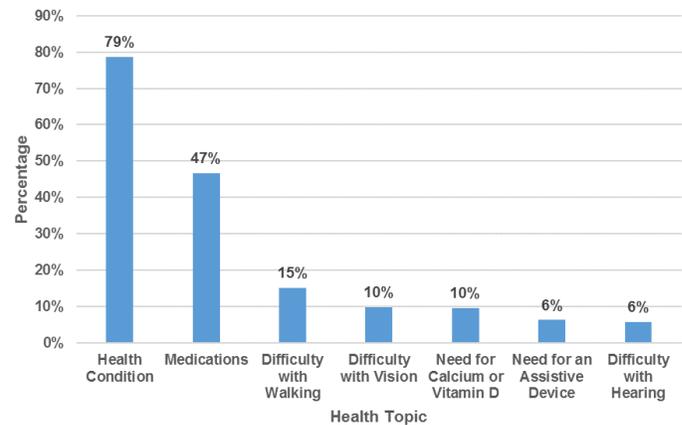
HSOA participants made modifications in their lifestyles, personal choices, and homes because of the HSOA programs, helping them to reduce their risk of falls in the future.

46% of participants visited their doctor after the HSOA workshop and discussed important topics to reduce their future risk of falls,²⁸ as displayed in the graphs below:

2016-2017 PARTICIPANT WHO SAW A DOCTOR WITHIN 4 WEEKS AFTER HSOA?

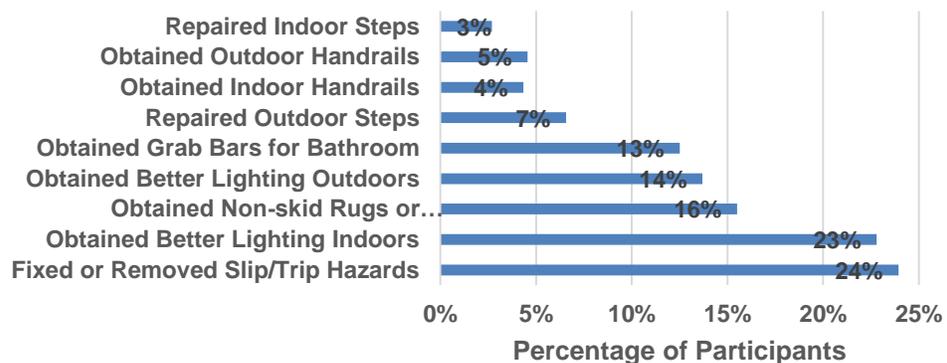


2016-2017 Topics Discussed With Doctor After HSOA Workshop



56% of participants reported making changes in their home.²⁹ Our results were promising, displaying a projected decrease in future fall risk for many participants.

2016-2017 Changes Made In The Home After HSOA



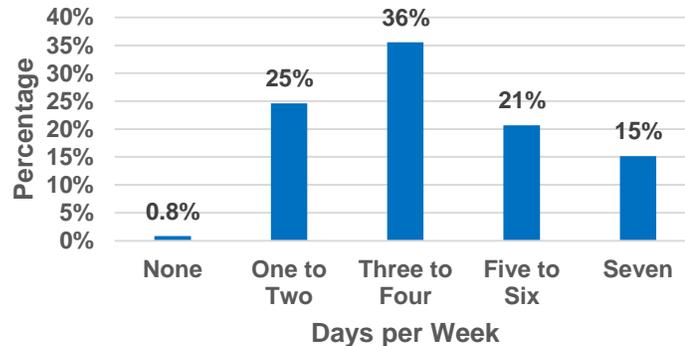
²⁸ Pennsylvania Department of Aging, "Healthy Steps Four Week Follow up Form - Distinct Participants during the Period 7/1/2016 to 6/30/2017." *Social Assistance Management System*. Retrieved 9/21/2018.

²⁹ Pennsylvania Department of Aging, "Healthy Steps Four Week Follow up Form - Distinct Participants during the Period 7/1/2016 to 6/30/2017." *Social Assistance Management System*. Retrieved 9/21/2018.

Changes in Exercise

57% of participants reported an increase in physical activity after completing the HSOA program. In addition, 72% of participants reported doing some sort of physical activity three or more times per week after completing the HSOA workshop.³⁰

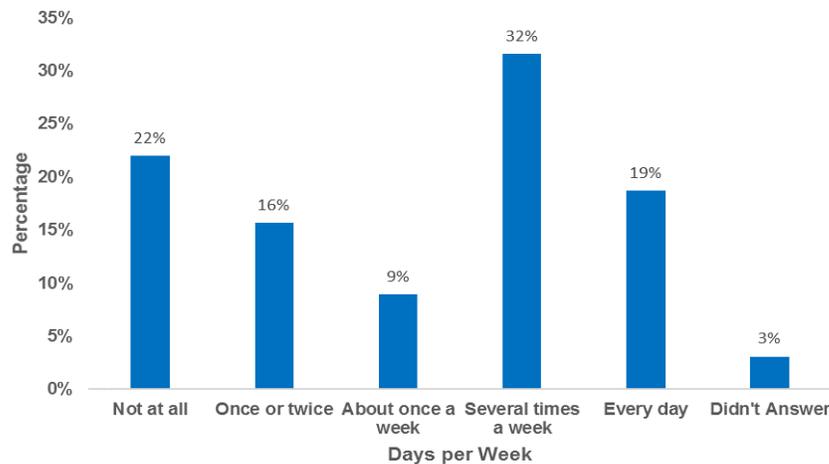
2016-2017 Days per Week Participants Did Physical Activity After HSOA Workshop



Changes in Social Activity

76% of participants reported an increase in social activity after completing the HSOA program.³¹

2016-2017 Participant Time Spent Socializing After HSOA Workshop



³⁰ Pennsylvania Department of Aging, "Healthy Steps Four Week Follow up Form - Distinct Participants during the Period 7/1/2016 to 6/30/2017." *Social Assistance Management System*. Retrieved 9/21/2018.

³¹ Pennsylvania Department of Aging, "Healthy Steps Four Week Follow up Form - Distinct Participants during the Period 7/1/2016 to 6/30/2017." *Social Assistance Management System*. Retrieved 9/21/2018.

Healthy Steps in Motion

What is HSIM?

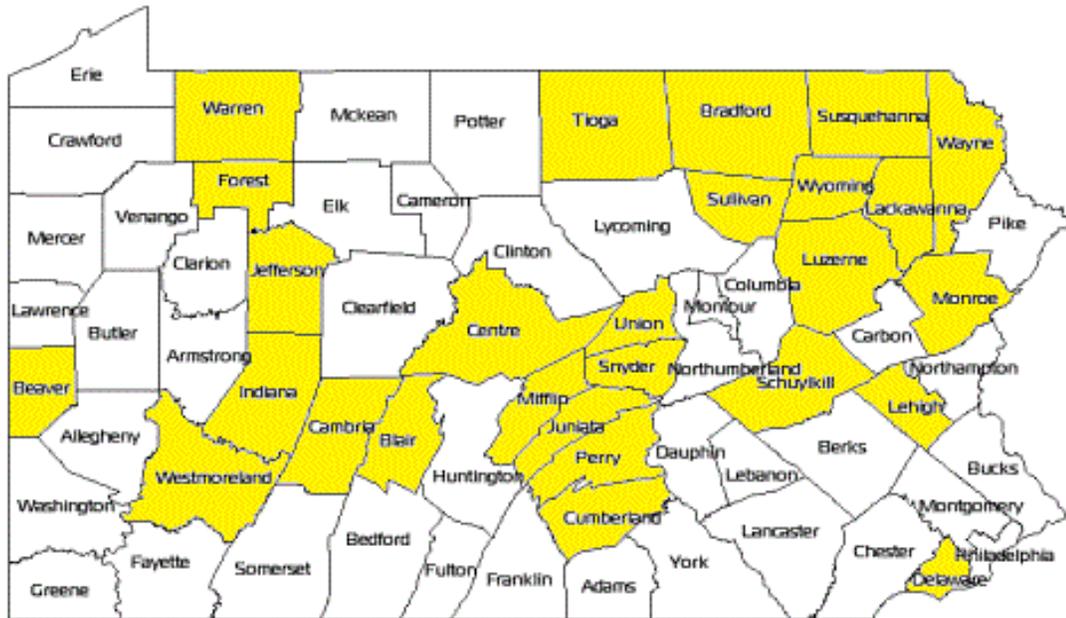
HSIM is a strengthening and balance exercise program developed for older adults aged 50 and older of varying fitness levels. Managed by the Pennsylvania Department of Aging, and coordinated by local AAAs, the program reduces the risk of falling by building body strength, increasing flexibility, and improving balance.

HSIM consists of eight workshop sessions, meeting twice per week in one-hour workshop sessions for four weeks or meeting once per week in an one-hour workshop session for eight weeks, taught by certified instructors. The course curriculum typically includes workshop exercises that increase in intensity over time to ensure that participants continue to improve their strength and balance.

Who is participating in HSIM?

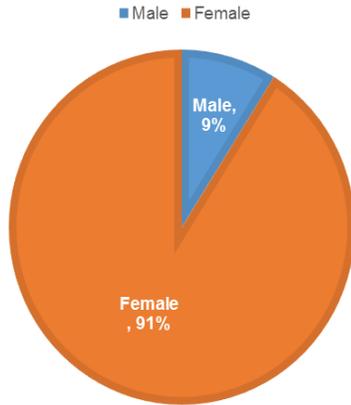
There were 560 HSIM participants in FY 2016-2017 across 27 counties and 20 AAA service areas throughout the state.³²

FY 2016-2017 HSIM Workshops in Pennsylvania

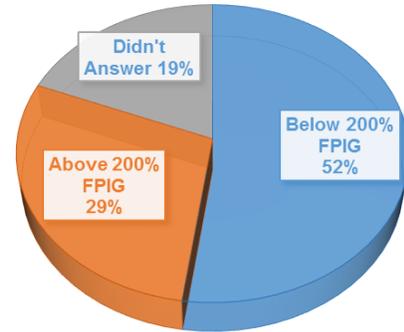


³² Pennsylvania Department of Aging, "Evidence-Based Participant Counts by Agency Program for the Date Range: 07/01/2016-06/30/17" Social Assistance Management System. Retrieved 09/21/2018.

2016-2017 HSIM PARTICIPANT GENDER

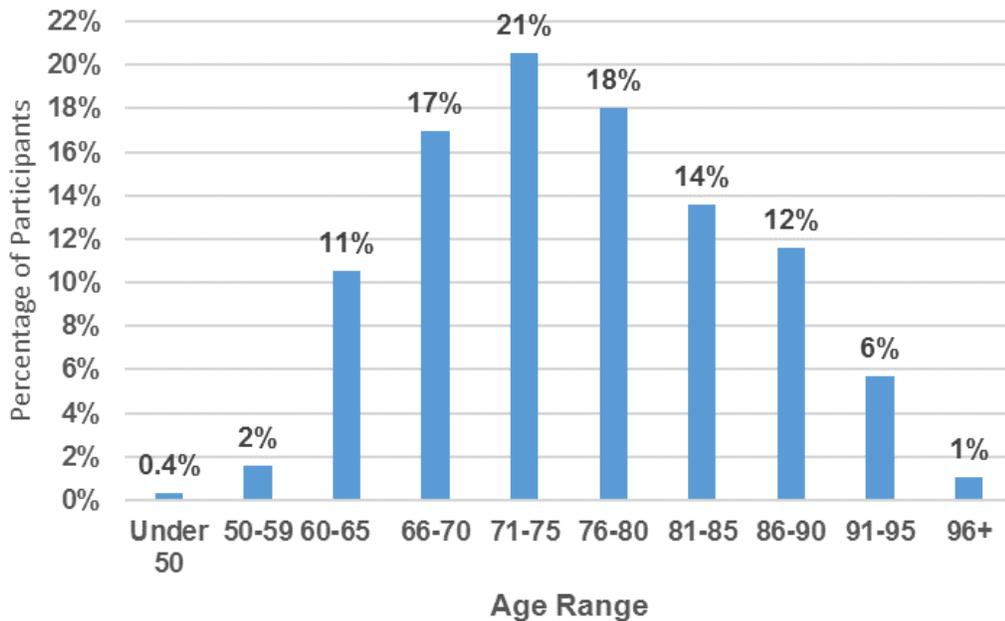


2016-2017 HSIM PARTICIPANTS BELOW 200% FEDERAL POVERTY LEVEL?



HSIM primarily served low-income females in FY 2016-2017. Self-reported data shows that 52% of participants earned below 200% of the Federal Poverty Income Guidelines. 84% of participants were over age 65 and the median age was 71-75 years old.³³

2016-2017 HSIM Participant Ages

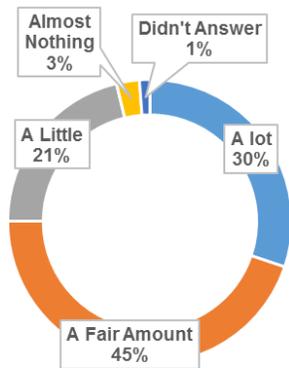


³³ Pennsylvania Department of Aging, Healthy Steps in Motion Registration Form - Distinct Participants During the Period 7/1/2016 to 6/30/2017 *Social Assistance Management System*. Retrieved 9/24/2018.

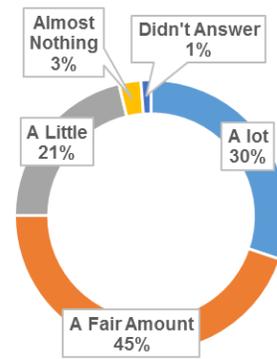
What impact has HSIM had?

HSIM has led participants to be more physically active each week compared to before participants began the program. Prior to HSIM, 24% of participants reported little to almost no activity. After HSIM, 96% of participants reported an increase in activity level.³⁴ Based on this data, providing HSIM accomplished the intended goal of increasing the physical activity levels of participants over the long term.

2016-2017 HSIM Prior Activity Level



2016-2017 Change In Activity Level After HSIM

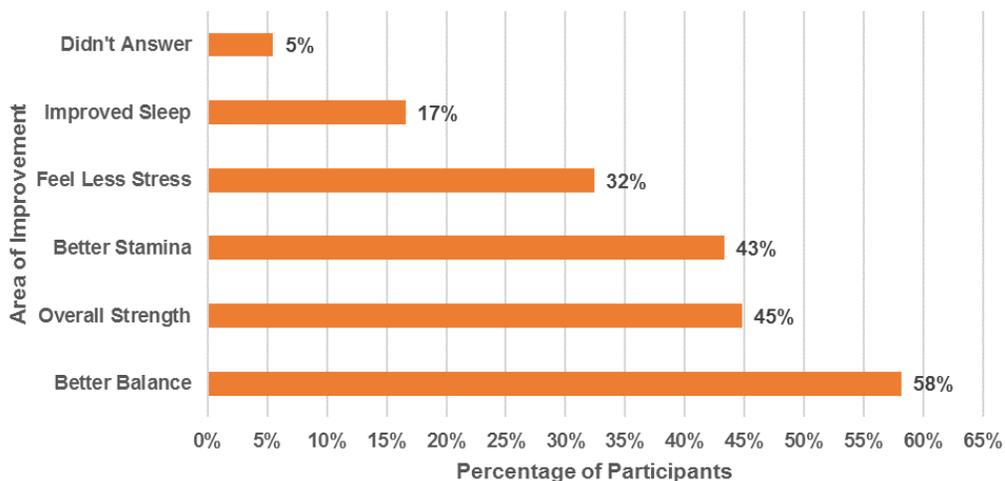


■ A lot ■ A Fair Amount ■ A Little ■ Almost Nothing ■ Didn't Answer

■ A lot ■ A Fair Amount ■ A Little ■ Almost Nothing ■ Didn't Answer

It is promising that among the areas of greatest improvement for participants of HSIM, the most frequently cited were an improvement in balance, overall strength, and stamina.³⁵ These are the primary areas HSIM targets to help older adults reduce their fall risk.

2016-2017 Areas Of Greatest Improvement Due To HSIM

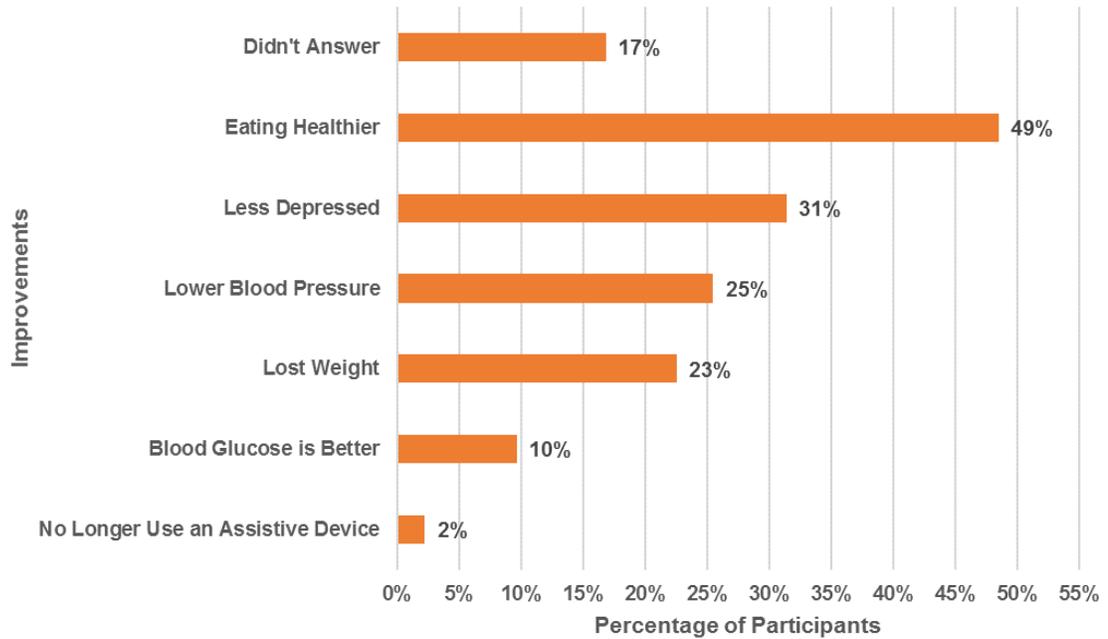


³⁴ Pennsylvania Department of Aging, "Healthy Steps in Motion Evaluation Form - Distinct Participants During the Period 7/1/2016 to 6/30/2017 Social Assistance Management System. Retrieved 9/24/2018.

³⁵ Pennsylvania Department of Aging, "Healthy Steps in Motion Evaluation Form - Distinct Participants During the Period 7/1/2016 to 6/30/2017 Social Assistance Management System. Retrieved 9/24/2018.

Other significant improvements resulting from the exercises in HSIM were that participants began eating healthier (49%), were less depressed (31%), had lower blood pressure (25%), and even lost weight (23%).³⁶

2016-2017 Health Conditions Improvement Resulting From HSIM Exercises



³⁶ Pennsylvania Department of Aging, "Healthy Steps in Motion Evaluation Form - Distinct Participants During the Period 7/1/2016 to 6/30/2017 Social Assistance Management System. Retrieved 9/24/2018.

