Health & Wellness Program
Annual Summary
2017-2018
Governor Tom Wolf
Secretary Robert Torres

Katrina Kyle, Health & Wellness Program Specialist
Susan Neff, Aging Services Supervisor
Steve Rodgers, Education and Outreach Director
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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 21 other evidence-based programs are provided through 52 Area Agencies on Aging serving older adults in all of Pennsylvania’s 67 counties.

The 21 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 2017-2018, the Health & Wellness Program provided evidence-based programs serving a total of 7,076 participants with 736 workshops in 48 AAAs across Pennsylvania.\(^1\) The map below highlights how many evidence-based programs were offered across the state, with eight AAAs providing six or more EBPs across nine counties, and 24 AAAs providing three to five EBPs across 32 counties.\(^2\)

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Health & Wellness Program participants were predominantly female, Caucasian, non-Hispanic and spoke English. 43% reported having an annual income less than 200% of the Federal Poverty Income Guidelines (FPIG). Additionally, the median participant age was within the 71-75 years old age bracket.

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In FY 2017-2018, Health & Wellness Program workshops occurred primarily in Senior Community Centers (56.4%), residential facilities (7%), and Community Centers (6.6%).

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Chronic Disease Self-Management Program

What is CDSMP?

CDSMP is a six-week workshop meeting for 2 ½ hours each week that assists older adults in managing their chronic disease conditions. CDSMP was developed at Stanford University Patient Education Research Center and is administered by the Self-Management Resource Center.

The program’s evidence-based structure relies on the assumption that individuals with chronic conditions have similar concerns and problems, and they must cope not only with their chronic conditions, but also with their emotions and daily living activities.

Who is participating in CDSMP?

There were 561 CDSMP participants\(^6\) with 53 CDSMP workshops in FY 2017-2018 across 40 counties and 29 AAA service areas.\(^7\)

FY 2017-2018 CDSMP Workshops in Pennsylvania

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CDSMP participants were mainly females and of low income. Of the CDSMP participants, 45% reported having an annual income less than 200% of the Federal Poverty Income Guidelines (FPIG). Additionally, the median participant age was within the 71-75 years old age bracket.

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Of CDSMP participants, 77% reported having more than one chronic condition, with arthritis or rheumatic disease (52.8%) and hypertension (47.6%) being most prevalent.\(^{10}\)

![2017-2018 CDSMP Participants' Chronic Conditions](image)

A most significant finding was that during the last session of a CDSMP workshop, 86.7% of CDSMP participants report a 7 or above on a scale of 1 to 10 how confident they were in managing their chronic conditions with 30.7% reporting a 10 of being totally confident.\(^{11}\)

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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 2017-2018, there were 45 DSMP workshops with 483 participants located in 19 AAA service areas across the state.

FY 2017-2018 DSMP Workshops in Pennsylvania

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Most DSMP participants were female (76%). Additionally, the most frequently reported income was below 200% of the Federal Poverty Income Guidelines (FPIG) (47%)\(^{14}\) and the predominant age bracket of DSMP participants was 66-70 years old (21%).\(^{15}\)


The three most common chronic conditions reported by DSMP participants were diabetes (63.8%), hypertension (46.0%), and high cholesterol (43.3%).\(^\text{16}\) In addition, 77% of DSMP participants reported being told by their healthcare provider that they have two or more chronic conditions.\(^\text{17}\)

Even more significant was that during the last session of a DSMP workshop, 87.7% of DSMP participants report a 7 or above on a scale of 1 to 10 how confident they were in managing their chronic conditions with 3\(^\text{1.0}\)% reporting a 10 of being totally confident.\(^\text{18}\)

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. In FY 2017-2018 there were 11 CPSMP workshops\textsuperscript{19} with 182 participants in four counties in three AAAs.\textsuperscript{20}

FY 2017-2018 CPSMP Workshops in Pennsylvania

\textsuperscript{19} Pennsylvania Department of Aging, “Evidence-Based Workshop Counts by Agency Program for the Date Range: 07/01/2017-06/30/18” Social Assistance Management System. Retrieved May 29, 2019.

\textsuperscript{20} Pennsylvania Department of Aging, “Evidence-Based Participant Counts by Agency Program for the Date Range: 07/01/2017-06/30/18” Social Assistance Management System. Retrieved May 29, 2019.
Most CPSMP participants were female (91%), Non-Hispanic (91%) and Black or African American (85%).

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The median age of CPSMP participants was 71-75 years old and 47% were 200% below Federal Poverty Income Guidelines.\textsuperscript{22}

The two most common chronic conditions reported by CPSMP participants were hypertension (62.1%) and arthritis or Rheumatic Disease (57.1%). The bar graph below indicates that almost 73% of CPSMP participants reported being told by their healthcare provider that they have two or more chronic conditions.

During the last session of a CPSMP workshop, 85.3% of CPSMP participants report a 7 or above on a scale of 1 to 10 how confident they were in managing their chronic conditions with 34.6% reporting a 10 of being totally confident.

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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, as well as 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 2,210 participants with 178 workshops in FY 2017-2018 across 54 counties and 42 AAA service areas throughout the state.²⁶

FY 2017-2018 HSOA Workshops in Pennsylvania

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HSOA participants were primarily female$^{27}$ 48% reported being below 200% Federal Poverty Income Guidelines and in the median age bracket of 76-80 years old.$^{28}$

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Impact of HSOA

Falls Prior to HSOA

Of those who reported a fall within six months prior to taking a HSOA workshop, 9% fell more than once.29


HSOA participants reported less falls after completing the program than before it. Based on the self-reported data, participants experienced more than three times as many falls before starting HSOA30 than after completing it.31


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.

Upon completing a HSOA workshop 67% of participants indicated they plan to share their risk for falls with their doctor. In addition, 44% of HSOA participants visited their doctor within 4 weeks after the HSOA workshop and discussed important topics to reduce their future risk of falls as 84% discussed their health conditions and 52% discussed their medications.

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In addition, 56% of HSOA participants who responded to the 4-Week Follow-Up survey indicated they fixed or planned to fix items in their home with 22% fixed or removed hazards and 20% better lighting indoors.\(^\text{34}\)

### 2017-2018 Changes Made In The Home After HSOA

<table>
<thead>
<tr>
<th>Change</th>
<th>Percentage of Participants</th>
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<tbody>
<tr>
<td>Outdoor handrails</td>
<td>3%</td>
</tr>
<tr>
<td>Repair indoor steps</td>
<td>3%</td>
</tr>
<tr>
<td>Indoor handrails</td>
<td>4%</td>
</tr>
<tr>
<td>Repair outdoor steps</td>
<td>4%</td>
</tr>
<tr>
<td>Better lighting outdoors</td>
<td>9%</td>
</tr>
<tr>
<td>Grab bars</td>
<td>12%</td>
</tr>
<tr>
<td>Non-skid rugs</td>
<td>18%</td>
</tr>
<tr>
<td>Better lighting indoors</td>
<td>20%</td>
</tr>
<tr>
<td>Fixed or removed hazards</td>
<td>22%</td>
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**Changes in Activity**

58% of HSOA participants reported an increase in physical activity after completing the HSOA program.\(^\text{35}\) In addition, 75% of participants reported doing some sort of physical activity three or more times per week after completing the HSOA workshop.\(^\text{36}\)

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Changes in Social Activity

Four weeks after completing a HSOA workshop, 53% participants reported socializing several times a week to every day.\textsuperscript{37}

![2017-2018 Participant Time Spent Socializing After HSOA Workshop]

Upon completion of a HSOA workshop 85% of participants indicated a 7 or above from a scale of 1 to 10 how much they learned about the fall prevention workshop.\textsuperscript{38}


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 a 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 389 HSIM participants with 84 workshops in FY 2017-2018 across 22 counties and 17 AAA service areas throughout the state.39

FY 2017-2018 HSIM Workshops in Pennsylvania

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HSIM primarily served low-income females in FY 2017-2018. Self-reported data shows that 52% of participants earned below 200% of the Federal Poverty Income Guidelines. 89% of participants were over age 65 and the median age was 76-80 years old.\textsuperscript{40}

\textsuperscript{40} Pennsylvania Department of Aging, HSIM Registration Form Workshop end date between 7/1/2017 and 6/30/2018.” Social Assistance Management System. Retrieved 5/29/19.
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, 20% of participants reported not exercising on a weekly basis\textsuperscript{41} and 46% reported little or almost nothing exercise.\textsuperscript{42} After HSIM, 75% of participants reported a fair amount to a lot of activity.\textsuperscript{43} Based on this data, providing HSIM accomplished the intended goal of increasing the physical activity levels of participants over the long term.

\textsuperscript{41} Pennsylvania Department of Aging, HSIM Registration Form Workshop end date between 7/1/2017 and 6/30/2018.” Social Assistance Management System. Retrieved 5/29/19.


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.\(^{44}\) These are the primary areas HSIM targets to help older adults reduce their fall risk.

Other significant improvements resulting from the exercises in HSIM were that participants began eating healthier (51%), were less depressed (36%), had lower blood pressure (26%), and even lost weight (21%).\(^{45}\)

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