

***WELLNESS AND PREVENTION
TASK TEAM REPORT TO
THE CALIFORNIA
COMMISSION ON AGING***

Prepared for
**PLANNING FOR AN AGING
CALIFORNIA: AN
INVITATIONAL FORUM**
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The Purpose

The purpose of this document is to provide a status report of the work of a stakeholder task team on Wellness and Prevention organized around working on implementation of “Planning for an Aging California Population” (Health and Human Service Agency October 2003).

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Table of Contents

	<u>Page</u>
I. Forward.....	1
II. Background on Wellness and Prevention.....	3
III. Current Status of Wellness and Prevention Task Team	5
IV. Wellness and Prevention Implementation Priorities and Action Plan	6
V. Barriers to Implementation of Wellness and Prevention Priorities.....	10
VI. Proposed Revisions to the <i>Strategic Plan for an Aging California Population</i>	10

I. Forward

A. Who is the California Commission on Aging?

The California Commission on Aging (CCoA) was established in 1973 by the Burton Act. It was confirmed in the original Older Californians Act of 1980 and reconfirmed in the Mello-Granlund Older Californians Act of 1996.

The Commission serves as "*the principal advocate in the state on behalf of older individuals, including, but not limited to, advisory participation in the consideration of all legislation and regulations made by state and federal departments and agencies relating to programs and services that affect older individuals.*" As such, the CCoA is the principal advisory body to the Governor, State Legislature, and State, Federal and local departments and agencies on issues affecting older Californians.

B. SB 910—Aging Planning Legislation

California is home to nearly four million people over age 65—the largest older adult population in the nation. This number is expected to more than double over the next several decades as the baby boomers begin reaching this milestone. To address this impending reality, Senator John Vasconcellos wrote Senate Bill 910 (Ch. 948/99, Vasconcellos). The bill mandated that the California Health and Human Services Agency develop a statewide strategic plan on aging for long term planning purposes. On October 14, 2003, the *Strategic Plan for an Aging California Population—Getting California Ready for the Baby Boomers*, was completed with the major support of the CCoA and a plan development task team representing 25 older adult stakeholder organizations supported by 15 state departments. The Governor signed the plan in November 2003. (The Strategic Plan can be reviewed at http://www.calaging.org/works/population_files/population.pdf.)

C. CCoA's Monitoring Role of the Strategic Plan

SB 910 calls for periodic updates so that it can be continuously improved and reflect new circumstances, new opportunities and the changing socio-political environment. The CCoA agreed to assume responsibility for the monitoring and updating the Strategic Plan. In this capacity, the CCoA is responsible for convening stakeholders, holding meetings, and monitoring the progress of priority action items outlined in the Plan. The CCoA will report to the Legislature the progress of the Plan's implementation, and update the Plan's contents to reflect changing priorities and actions. Reports to the Legislature will be on a biennial basis.

The CCoA's approach to monitoring the Strategic Plan's implementation during 2003-2005 includes:

- Encouraging/facilitating work on Strategic Plan implementation by convening nine new stakeholder task teams, facilitating initial meetings and establishing partnerships with two previously formed stakeholder teams.
- Dialoguing with state officials at the March 8, 2005 Forum on the top 15 priorities in the Strategic Plan.
- Distributing and compiling the results of a baseline questionnaire on the Strategic Plan's 15 Priorities. The questionnaire was distributed to private, public and non-profit providers and aging advocates.
- Reporting to the Legislature by May 2005, on the progress of the Strategic Plan.

D. Stakeholder Task Teams

Eleven Stakeholder Task Teams have been charged with identifying and focusing efforts on several of the top priority recommendations, developing action plans to support or achieve implementation of these priorities and identifying necessary amendments or additions to the original Plan. These volunteer Task Teams have been meeting for the period October 2003 through December 2004, though some Task Teams started their efforts later than others. Written reports have been received from all Task Teams—copies are available from the CCoA office. The focus areas for the 11 stakeholder task teams are: Assistive Technology, Economic Security, Elder/Financial Abuse, Housing, Long Term Care, Mental Health, Oral Health, Palliative/End of Life Care, Provider Workforce, Transportation, Wellness/Prevention.

The choices and actions taken by the Task Teams are solely their own and do not necessarily represent the position of the CCoA.

Strategic Plan for an Aging California Population
Report to the California Commission on Aging
March 8, 2005

Wellness and Prevention Task Team

II. Background on Wellness and Prevention

Like the evidence regarding health risks for the population at large, the factors that contribute to disease and disability in older adults include a number of potentially modifiable characteristics, i.e., lifestyle or behavioral factors (and health conditions related to these behaviors) that suggest the possibility for interventions to reduce risks for disease and disability among older adults.

The concept that society should invest more in efforts to promote more successful aging is supported by a growing body of evidence. This evidence clearly indicates the potential for successful intervention, even when such interventions only begin at older ages. This is not to negate the benefits of encouraging more healthy lifestyles across the life course. However, the evidence also indicates that interventions to promote more successful aging can be effective even when individuals make these changes in later life.¹

Volunteerism

Volunteerism needs to be encouraged at all stages of life to foster civic engagement. In particular, older adults need opportunities to feel important and not forgotten. Older adults need to keep learning as well as to share their knowledge and talents. Volunteerism allows older adults to stay active, be connected to their community, have a sense of accomplishment in their daily lives and to “give back to society” once retired. Multigenerational volunteer opportunities foster a cohesive community that embraces citizens of all ages. Volunteerism promotes the truth that seniors are a “vital” part of our society.

Working seniors benefit from opportunities to volunteer. Volunteering while working can ease the transition from working full time to retirement. Staying “active” is the key to quality of life.

Leaders in community agencies need to identify the strengths and talents of local seniors and connect those individuals to the appropriate volunteer opportunities. Information about volunteerism should be made readily available to older adults who seek it—and a central source in each community would be ideal.

¹ Teresa Seman. *Optimizing Trajectories of Aging in the 21st Century: Can We Promote More Successful Aging for Coming Generations?* Berkeley: California Policy Research Center, University of California, 2001. Pages 4 and 7.

There are many best practice volunteer program models available. Two examples are the “RSVP” program and the “Active Aging Program.” “RSVP” is a model senior volunteer program with centralized management of all volunteers. Many retiree organizations already have established volunteer programs that can serve as models.

The “Active Aging Program” is a model program that provides opportunities for older adults to volunteer as physical fitness instructors and it is currently available in 29 counties through leadership provided by the state department of health services, and funding from the Robert Wood Johnson Foundation and local support.

Promoting Health and Wellness

There are two targeted age groups at stake for promoting health and wellness:

- 1) Age 50 – 64 and
- 2) Age 65+.

These age groups are distinct due to access to stable health insurance coverage such as Medicare at age 65 (or younger if disabled).

Among those aged 50 to 64, many are uninsured, especially women, even though they work—and especially for those who are caregivers. During this age span, many chronic conditions develop that set the tone of the individual’s future health status, depending on the level of health care or wellness information received. This is a critical time for primary and secondary disease prevention—both to prevent diseases from developing and to provide for early detection and treatment of diseases such as osteoporosis, high blood pressure, cardio-vascular disease, diabetes and cancer. Uninsured seniors are especially in need of free or low-cost health screens, education and referrals to local services. Information about healthy nutrition and the role of daily physical activity in preventing disease is needed.

Most age 65 and over have at least one chronic condition to contend with on a daily basis. Health education and referrals to needed services is key to maintaining optimal health despite having chronic conditions. Group support and structured education through programs such as the “Chronic Disease Self-Management Program” are highly effective in reducing the daily burden of chronic disease. Health practitioners, including advanced practice nurses with geriatric education, focused on holistic principles are effective in helping individuals establish individualized health goals and action plans that foster wellness and provide tertiary prevention.

The Preventive Health Care for the Aging Program (PHCA) is a model health promotion program that serves seniors age 55 and over in 15 counties. This program is funded by state and local dollars and provides free health screens, education and referrals to at risk seniors. Public health nurses and outreach

workers conducted direct services for over 28,500 last year in places where seniors normally gather, such as at senior centers, mobile home parks, residential facilities and churches. Hour long individual health assessments led to establishing individualized health action plans including healthy goals, suggested health screens (such as those needed to screen for breast or colon cancer), immunizations, self-care management activities, and referrals for identified problems. PHCA reached over 344,000 individuals last year with information about the importance of eating five to nine servings of fruits and vegetables, getting at least 30 minutes of physical activity everyday and ways to obtain food stamps, through a contract funded by the USDA. PHCA is a nationally recognized program that increases access to health services by referring seniors to local services, collaborating with other agencies to increase health services and advocating for seniors. This program has been flat funded by the state for over a decade and thus services are limited to 15 counties.

Seniors greatly benefit from opportunities to engage in free or low-cost physical activity programs. A model program is the “Active Aging Program” (AAP) that is managed by the state Department of Health Services’ Center for Physical Activity and supported by the Robert Wood Johnson Foundation and local funds. Currently this program is available to seniors in 29 counties. Local seniors are trained by exercise physiologists to teach strength training classes to other seniors at local senior centers. The program provides exercise physiology students from local Universities the opportunity to conduct field work by training and mentoring lay seniors. Classes are typically held at senior centers, park and recreation facilities, and senior meal sites.

Worksite Wellness

In order to be productive at work, older adults must also balance their individual health needs. Diseases can be prevented through healthy lifestyles and prevention practices, such as learning to control blood pressure levels in order to prevent a heart attack. As work consumes much of a person’s day, work-site activities and information that supports wellness is paramount to maintaining on-going health. Programs such as “Take Action,” “5 a Day Campaign,” the “Diabetes at Work” and others have been highlighted by the California Task Force on Youth and Workplace Wellness, led by Senator Tom Torlakson.

III. Current Status of Wellness and Prevention Task Team

The Wellness and Prevention Task Team started meeting in August of 2004 and met monthly thereafter. The Task Team consists of 28 members. For a listing of the membership see page i of this document.

The Task Team began its work by reviewing the *Strategic Plan on an Aging California* including the full list of Wellness and Prevention recommendations. The Task Team worked through a selection process to identify three implementation

priorities. The priorities represent what the Task Team members felt could be reasonably accomplished in the current environment. For each of these priorities, an Action Plan was created. As a final step, the Task Team compiled a list of barriers that hinder implementation.

In selecting priorities, the Task Team considered four overarching themes that became a guide for action:

- Develop a collaborative process to eliminate fragmentation, integrate funding and create a customer-centered, seamless system of long-term support for Wellness, Healthy Aging and Quality of Life.
- Foster collaboration among local Area Agencies on Aging, Park and Recreation agencies, and other community agencies.
- Direct intergenerational and family efforts toward health promotion that include caregivers, working adults, multi-ethnic groups, rural and urban seniors.
- Develop activities that allow aging boomers to volunteer at all stages of life in order to remain productive and connected to society; establish opportunities for seniors to optimize community involvement and demonstrate to society that they are vital, active, and possess great intellectual wealth to be appreciated by others. (This thought is derived from Assembly Member Patty Berg’s “*Planning for an Aging California Population—Preparing for the Aging Baby Boomers*,” May 2004, page 5).

IV. Wellness and Prevention Implementation Priorities and Action Plan

The team has outlined what needs to be accomplished in each of the three priority objectives.

Priority	Action Plan
Optimize Senior Community involvement by promoting volunteerism	<ul style="list-style-type: none"> • A “<u>central clearinghouse</u>” is needed to direct older adults to volunteer opportunities and to help agencies establish model volunteer programs. Centralized training information and technical assistance is needed—both for volunteer leaders and volunteers. Tool kits need to be available from the clearinghouse that provide the necessary information to develop and maintain new volunteer programs based on best practice models. Tool kits should include information such as: ways to establish community agency collaboration, how to foster volunteerism, multi and inter-generation concepts and effective ways to teach younger citizens how to work and communicate with older adults, and how to outreach to and identify “key leaders” with volunteer capacity.

Priority	Action Plan
<p>Optimize Senior Community involvement by promoting volunteerism (continued)</p>	<ul style="list-style-type: none"> <li data-bbox="581 247 1430 863">• <u>Barriers to volunteering need to be explored</u>—both from the perspective of the community agency and the older adult. The older adult may face barriers to volunteering. Barriers include inadequate: knowledge of volunteer opportunities, confidence that a person has something worthwhile to contribute, transportation, training opportunities for volunteer leaders and volunteers, volunteer opportunities that bring out individual talents or knowledge, and funds to cover the costs associated with volunteering—such as mileage or supplies. Agencies may also confront barriers to establishing volunteer programs such as: lack of knowledge of how to set up and maintain a program, space, leadership, a system of identifying older adults in the community who would volunteer, cost (i.e. liability), time to provide on-going oversight that ensures stability of volunteers, etc. <li data-bbox="581 884 1430 1318">• <u>Incentives need to be available to promote volunteerism.</u> These may include the following: provision of stipends for training, payment of supplies, mileage reimbursement, transportation, information about ways to write off expenses, local and state recognition through awards, luncheons, media feature stories, and gift certificates. Incentives identified that will encourage agencies to establish volunteer programs include the recognition of stellar volunteer programs with special awards, media feature stories, and publicizing best practice volunteer programs through the “clearinghouse.”
<p>Promote health and wellness among older adults through health screens, education and referrals to services and resources</p>	<ul style="list-style-type: none"> <li data-bbox="581 1388 1430 1646">• <u>The Preventive Health Care for the Aging (PHCA) program should be promoted</u> through an augmentation of the state general fund so that it can reach seniors in every county of the state. The PHCA is an established program with experience that spans over a quarter of a century and has proven outcomes demonstrating its effectiveness in supporting wellness among seniors.

Priority	Action Plan
<p>Promote health and wellness among older adults through health screens, education and referrals to services and resources (continued)</p>	<ul style="list-style-type: none"> • <u>Model disease management programs needs to be promoted across the state.</u> Programs such as the “Chronic Disease Self-Management Program” and the “Arthritis Self Help Program” emphasize developing and maintaining healthy lifestyles while living with chronic conditions. They are based on a model that supports master trainers and lay trainers with chronic conditions to guide seniors with chronic conditions to establish daily wellness and disease management regimes. • <u>Broad-based health education efforts need to be encouraged.</u> Models include the following: AARP health pamphlets, magazines and campaigns, the “Stay Well” (StayWell is one word) program that was previously provided by the California Department of Aging, Promotora programs, such as the “Milk Program” conducted by Project Lean, lecture events and large scale community conferences such as the “Healthy Aging Summit” sponsored by UC Davis and other local partners, and Senior Health Info Vans supported by the CA Department of Aging. “Parish Nursing” and “Health Ministry Programs” also represent programs that promote health in the community and should be encouraged. • <u>Free fitness programs for seniors need to be promoted across the state.</u> The Active Aging Program should be promoted so that it will be available in every county. • <u>A central “clearinghouse” of senior health information and resources is needed.</u> This will help support the desired “seamless system of care” discussed in SB 910. Local “INFO” lines need to be available to inform seniors about free or low-cost health screens, education and resources. Clearinghouse information should include service eligibility requirements, cost or process for insurance billing, free vs. co-pay, hours of operation, etc. Support is needed to establish local coalitions that can develop local clearinghouses. Coalition development requires identification and training of lead agencies, support for conducting outreach to potential partners, and on-going administrative support. A model clearinghouse for senior information is the statewide Area Agency on Aging Info Line (1-800-510-2020).

Priority	Action Plan
Promote health and wellness among older adults through health screens, education and referrals to services and resources (continued)	<ul style="list-style-type: none"> • <u>Lifelong learning centers need to be supported to promote senior health and quality of life.</u> Model programs include the following: University “Re-Entry” programs (i.e. CSUS), elder hostels, faith-based communities, Renaissance Centers, Adult Learning Institutes, and Community Beacon programs that encourage seniors to take computer classes in the afternoon. These programs can be venues for disseminating health information. Barriers to participation in these programs include the cost of parking, transportation and materials. Support to reduce these barriers is needed.
Promote and expand worksite wellness programs in California.	<ul style="list-style-type: none"> • <u>Information about model work-site wellness programs needs to be disseminated.</u> Both public and private agencies throughout the state need to come on board with work-site wellness campaigns and programs. A central clearinghouse of information is needed. Tool kits are needed for both large and small businesses aiming to establish programs. Information needed includes liability coverage concerns, program guidelines, ideal and feasible course curriculum, training courses for leaders, and information on ways to mobilize employees to participate. Programs should promote healthy nutrition, physical fitness, disease risk factors, prevention and management. On-site health screens for blood pressure, cholesterol, osteoporosis and other conditions can be done to promote early detection among working adults. On site disease self-management programs should be offered to employees who have chronic conditions, such as arthritis, diabetes and obesity. • <u>Barriers faced by employers and employees need to be addressed.</u> • <u>Incentives need to be established for employers and employees to engage in programs.</u> The eight-hour workday needs to include 30 minutes of paid time for physical activity or wellness promotion. Employers who offer worksite wellness programs should be recognized through the “clearinghouse” and be given tax breaks and health insurance carrier discount incentives.

V. **Barriers to Wellness and Prevention Priorities Implementation**

- Lack of time and resources
- Adequate input from many stakeholders
- Insufficient designated staff to convene stakeholders, collect and organize information, and taking action on all components
- Legislation is required for some of the recommended components and thus legislative staff support is needed
- Lack of funding. Interested foundations should be contacted to ascertain if there is mutual interest in supporting these endeavors.
- Inadequate networking, or “person power” to make these connections and to lead in developing negotiations
- The resources and information exist, but need to come together under skilled and energetic leadership

VI. **Proposed Revisions to the *Strategic Plan for an Aging California Population***

The Task Team does have recommendations for changes to the Long Range Strategic Plan at this time. Our comments are consistent with principle recommendations outlined in the main SB 910 document.