Evidence-Based Change Agents: Building A Solid Foundation

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How Can An Individual Agency Become An Agent Of Change In Mental Health And Aging And Implement Evidence-Based Depression Screening And Treatment Programs For Older Adults?
Iowa’s Area Agencies on Aging

Iowa is a Rural State:
77 out of the 99 Counties are Defined as Rural
Iowa’s Provider Shortage

83 out of the 99 Counties in Iowa are designated as shortage area for mental health providers.

More than 40% of Iowans with a primary psychiatric diagnosis also experience co-morbid physical conditions such as heart disease and nearly half of these older Iowans live alone and the majority live in rural communities.
Iowa, like the rest of the U.S., has a rapidly growing aging population – 5th highest percentage of persons over 65 in the population.

The fastest growing segment of the aging population are those 85 and older. Iowa ranks 2nd in the nation for this population group.
The population of people 65 and older is projected to double in thirty years, from 35 million to 70 million.

Projected Growth of 65 and Over Population: 2000 to 2030

THE VERY OLD WILL GROW FROM 4.3 TO 8.8 MILLION, BUT THOSE 65-74 WILL CONTINUE TO BE THE LARGEST PORTION OF OLDER ADULTS

Projected Growth of Older Population by Age Cohort: 2000 to 2050

THE PREVALENCE OF DEMENTIA DOUBLES EVERY FIVE YEARS AFTER THE AGE OF 60

Prevalence of Dementia Among Older Adults by Age Cohort

IN THE UNITED STATES, APPROXIMATELY 7.5 MILLION ADULTS 65 AND OLDER CURRENTLY HAVE A MENTAL ILLNESS

Estimated Number of Adults 65 and Over in the United States Affected by Mental Disorders by Type of Disorder - 2005

- Any Disorder: 7.5 millions
- Any Anxiety: 4.3 millions
- Severe Cognitive Impairment: 2.5 millions
- Any Mood Disorder: 1.7 millions
- Schizophrenia: 0.2 millions
THE SUICIDE RATE OF OLDER ADULTS IS ROUGHLY 50% HIGHER THAN THE GENERAL POPULATION AND ADOLESCENTS AND YOUNG ADULTS (15-24)

Suicide Rates of Specific Age Cohorts per 100,000 of population in the year 2000

- All Ages: 10.6
- 15 to 24 years: 10.4
- 65 and over years: 15.3
- 85 and over years: 19.4

http://www.cdc.gov/ncipc/wisqars/
PRIMARY CARE PHYSICIANS FREQUENTLY MISDIAGNOSE AND UNDERTREAT OLDER ADULTS WITH MENTAL ILLNESS

• In one study, only 35% of physicians felt they could properly prescribe antidepressants and 45% of the physicians did not feel confident in diagnosing depression in older adults.

• In another study three quarters of physicians exhibited possible ageism; they thought depression in older adults was ‘understandable’ and did not provide treatment.

• Another study showed less than 25% of patients with moderate to severe dementia were identified by general practitioners as having dementia.

• In yet another study, only 11% of depressed patients in primary care received adequate antidepressant treatment while 34% received inadequate treatment and 55% received no treatment.

THERE ARE TOO FEW GERIATRIC MENTAL HEALTH PROFESSIONALS NATIONALLY

Currently, there are approximately 2425 geriatric psychiatrists, 450 geropsychologists, and 4400 geriatric social workers. The estimated need is much higher, with 32600 geriatric social workers needed. The current number of geriatric psychiatrists and geropsychologists falls significantly short of the estimated need.

In Iowa, the Boomers compose about 30% of the overall population or 838,000 individuals who were born between 1946 and 1964.
♦ In 2002 Aging Resources of Central Iowa funded mental health outreach with a community mental health center: Eyerly-Ball in Des Moines

♦ In 2004 Aging Resources participated in a three year grant-funded project with the Iowa Geriatric Education Center—The University of Iowa School of Internal Medicine

♦ Our portion of the project was to expand mental health outreach for older adults in our service area

♦ In 2005 Aging Resources partnered with the newly formed Iowa Coalition on Mental Health and Aging and began to encourage other AAAs to join in our effort to raise awareness of the issue of mental health and aging.

♦ The Aging Network is a natural partner with community mental health centers, since Older Americans Act programs must address mental health issues.
The Aging Network:
The Older Americans Act
The Aging Network

- The Presidency
- Department of Health and Human Services
  - Administration on Aging
    - 9 Regional AoA Offices

  - State Units on Aging (57)
  - Area Agencies on Aging (651)

  - State Advisory Council
  - Area Advisory Council

- Local Service Providers Over 30,000
  - Educational Institutions
  - Research Institutions
  - Multi-Purpose Senior Centers
  - In-Home Services
  - Institutional Services
  - Nutritional Services
  - Voluntary Organizations

- Consumers
- Congress
- National Aging Organizations
- Governors / State Legislatures
OVERVIEW
THE OLDER AMERICANS ACT

The following represents the existing titles of the Older Americans Act of 1965 (as amended). (2007 – 2011)

TITLE I - DECLARATION OF OBJECTIVES (Definitions and General Provisions)

The ten objectives are:

1. An adequate income in retirement in accordance with American standard of living.

2. *The best possible physical and mental health which science can make available and without regard to economic status.*

3. Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.

4. Full restorative services for those who require institutional care and a comprehensive array of community-based, long-term care services.

5. Opportunity for employment with no discriminatory personnel practices because of age.

6. Retirement in health, honor and dignity after years of contribution to the economy.

7. Pursuit of meaningful activity within the widest range of civic, cultural and recreational opportunities.

8. Efficient community services, including access to low-cost transportation, which provide social assistance in a coordinated manner and which are readily available when needed.

9. Immediate benefits from proven research knowledge which can sustain and improve health and happiness.

10. Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit and protection against abuse, neglect and exploitation.
TITLE II - ADMINISTRATION ON AGING

This title established the Administration on Aging in Washington, D.C. as the central administrative office for aging policy and Federal programs.

This title also created the Federal Council on Aging (a national advisory body now repealed), the National Aging Information Center, the National Ombudsman Resource Center, and the National Center on Elder Abuse.

This title continues funding for the Eldercare Locator and Pension Counseling and adds the development of performance outcome measures and standards for planning, management and evaluation of services.

The Assistant Secretary for Aging consults and coordinates with other Federal programs for older adults such as: ACTION (volunteers), the Job Partnership Act, the Domestic Volunteer Service Act (RSVP), the Social Security Act (Titles 16, 18, 19 and 20) the National Housing Act, the Housing and Community Development Act, the Higher Education Act (Adult Education), the Urban Mass Transit Act (special projects for disabled), the Public Health Service Act (block grant), Low income Energy Assistance, Community Services Block Grants, the Rehabilitation Act (services to disabled older persons), and the Developmental Disabilities Act.

Administration on Aging promotes elder abuse prevention, offers technical assistance for outreach and benefits enrollment assistance for the Centers for Medicare and Medicaid Services (CMS), and promotes consumer choice for long-term care assistance and community-based settings.

TITLE III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING

This title funds the majority of the community-based services for older adults within the Older Americans Act. The following programs and services are aimed at (but not limited to) persons in greatest economic and social needs, low income minority and rural persons, those with severe disabilities, limited English speaking and those with Alzheimer's disease.

This title grants enhanced flexibility to states and Area Agencies on Aging to respond to local needs. This title also enhances waiver authority and provides some authority to permit cost-sharing for selected services except Information & Assistance, outreach, benefits counseling, case management, ombudsman; elder abuse, legal and consumer protection, meals, tribal services and low income persons.

Part A - General Provisions

Part A includes specific performance requirements for state and Area Agencies on Aging: quality assurance standards, state and area plans, coordination of services, maximum citizen participation, removing barriers to participation (e.g. low income, minority, limited English proficiency, rural populations), providing a continuum of care for vulnerable individuals and frail older persons and securing maximum independence for those living in their own homes. Also
included are provisions for disaster relief, emergency preparedness, volunteer coordination and training, multi-generational activities, mental health outreach/screening and surplus commodities.

**Part B - Support Services and Senior Centers Program Authorized**

Part B incorporates a variety of programs and services, such as: health education (physical and mental), training, information, counseling and referral services, housing improvements, case management, legal assistance, financial counseling, health screening, immunization information, pre- and post-retirement counseling, ombudsman (long-term care) services, employment services, services to the disabled, crime prevention, senior opportunities and services (volunteers), training for guardians and intergenerational programs.

This section protects the voluntary contributions of participants which should be utilized to expand services and intergenerational service coordination with other agencies.

**Part C - Nutrition Services**

Part C provides for a comprehensive congregate (group setting) and home-delivered nutrition program. The congregate program includes education, social, recreational and intergenerational activities. All meals supply 33% of daily recommended dietary allowances. Special bonus commodities were added and a provision to contract with the Institute of Medicine to evaluate nutrition services nationally (evidence-based results).

This section allows funding transfers up to 40% between congregate and home-delivered meals.

**Part D - Disease Prevention and Health Promotion Services**

Part D funds a variety of preventive activities for older adults, such as: health risk assessments, health screenings (physical and mental), counseling and education, health promotions, physical fitness and exercise programs, geriatric home injury control, medical management, education on access to health and counseling services.

**Part E - National Family Caregiver Support Program**

Program which provides information about supportive services, promotes access to community services, provides counseling to assist clients and family members with decision-making and problem-solving, provides respite care and supplemental services, creates community-based infrastructure of resources for family members, caregivers, grandparents via Area Agencies on Aging, service providers, and consumers. Priority is granted to clients with the greatest social and economic need (low income) and individuals caring for Mentally Retarded, Developmentally Disabled persons, persons with Alzheimer’s Disease, and grandparents over 55 years of age caring for grandchildren.
TITLE IV  ACTIVITIES FOR HEALTH, INDEPENDENCE, AND LONGEVITY

This title funds a variety of training and demonstration programs to improve the quality of life for older Americans and prepares for the next generation of elders.

Part A - Grant Programs

Funds projects treating the unique needs of rural caregivers, caregiving for Alzheimer's patients, creating public awareness of organic brain syndromes, depression, and the need for mental health care for older adults.

Part B - General Provisions

Funds non-profit demonstration projects which improve access to transportation, especially in rural settings, best practices, integrated transportation systems, and utilization of volunteers to provide transportation service. Funding for delivery systems for mental health screening, prevention, and treatment services, innovations in providing services for those who age in place, community innovations for Naturally Occurring Retirement Communities, community planning to prepare for the next wave of older adults (Boomers), and multidisciplinary centers for mental health screening. Special emphasis on funding community planning for the aging population and coordination with local entities, consumer choice of long-term care, Aging and Disability Resource Centers, and promotion of multigenerational and civic engagement activities.

Funding also available to multidisciplinary centers for long and short-term training in the field of aging.

TITLE V - COMMUNITY SERVICE SENIOR OPPORTUNITIES ACT

This title, administered by the Department of Labor, provides for 75% federal funding to states for specific employment programs and 25% to national contractors. Specific levels of performance with regard to placement are indicated, beginning with a base of 21% of eligible persons placed.

Funded are part-time community service employment and training for low income unemployed persons 55 years of age and older, it also provides for cooperation with other federal agencies and programs directly related to the older population. Some 70,000 part-time positions may be created by this title nationally.
TITLE VI - NATIVE AMERICANS

This title provides funding for supportive and nutrition services to Native Americans, Alaskan Natives and Native Hawaiians comparable to Title III services. Grants are provided directly to tribal organizations, with progressive funding authorization levels through 2011.

Part A - Indian Program
Part B - Native Hawaiian Program
Part C - Native American Caregiver Support Program (similar to Title III, Part E)

TITLE VII - ALLOTMENTS FOR VULNERABLE ELDER RIGHTS PROTECTION ACTIVITIES

This title funds several related programs and demonstration projects:

**Ombudsman Program** – on the State level to identify, investigate, and resolve complaints in long-term care facilities.

**Elder Abuse, Neglect and Exploitation** - coordination of training, technical assistance, and public education to identify abuse, promoting financial literacy, preventing identity theft, provide outreach and referral of complaints to protective services, courts and law enforcement by local Area Agencies on Aging. Protection of clients from abuse (including financial exploitation) from caregivers is included. Program recruits older persons as volunteers.

**State Elder Rights and Legal Assistance** - legal assistance to older adults, to advocate on their behalf and provide technical assistance as needed. Included are special grants to States and Indian tribes to strengthen long-term care and provide assistance for elder justice programs. Additional grants available to create uniform national data collection on elder abuse, neglect, and exploitation.

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[www.aoa.gov](http://www.aoa.gov)
Eldercare Locator
1-800-677-1116
(staffed Monday – Friday, 9:00 a.m. to 8:00 p.m. ET)
www.eldercare.gov

- Referral information to the AGING NETWORK of service providers
- Information on adult day care, alternative community-based living facilities, elder abuse prevention programs, emergency response systems, employment services, energy assistance, home-delivered and congregate meals, home health services, information and assistance, institutional services, legal assistance, personal care, respite care, housing, senior center programs, telephone reassurance, and transportation
National Family Caregiver Support Program

- Information to caregivers about available services
- Assistance to caregivers in gaining access to supportive services
- Individual counseling, organization of support groups, and caregiving training
- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities
- Supplemental services, that complement the care provided by caregivers
Case Management Program for Frail Elders

- Comprehensive system that monitors patient care by an individual case manager
- Staffing Team is defined as the case manager, the client, and anyone the client wants included
- Client choice is a primary component of the long-term care continuum
- System incorporates: screening, assessment, written care plan, information, referral or service provision, care monitoring, on-going follow-up and reassessments, evaluation of services results, and discharge planning
Evidence-Based Depression Screening and Treatment Programs for Older Adults
Evidence-Based Depression Care Model
What is PEARLS?

- Program to Encourage Active, Rewarding Living for Seniors
- Patient-centered and patient-directed approach to depression care.
- Built on a Medical/ Psychiatric Foundation- using a team approach to addressing issues/chronic care model.
2009 Training Programs Conducted:

- Mercy College of Health Sciences
- Iowa State University
- Aging Resources of Central Iowa
What is Healthy IDEAS?

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)  
Baylor University

An evidence-based community depression program designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations through existing community based case management services.
Program Design

• Embedded in case management programs.
• Conducted in the client’s home on a one-to-one basis by case managers over a 3-6 month period.
• Utilizes existing staff with established relationships with targeted participants.
• A manual outlines the steps and includes written worksheets, client handouts, and forms to support and document the process and client outcomes.
• Partner with health/mental health care providers to facilitate referral and uses community partnership approach for training, evaluation & fidelity.
Keys To Success

- Identify staff resources with expertise and allow flexibility (internally)
- Educate Board of Directors and Advisory Board Members plus the community at large of the importance of mental health & aging
- Keep the issues on mental health & aging in play
- Dialogue with other states who have parallels/best practices/experience/expertise
- Keep pressure on legislators (importance of mental health & aging)
Quality of Life Choice

Warehousing older adults with mental health issues...

or provide flexible options for community-based mental health care substantiated by evidenced-based treatment.