• **Goal**: Increase the quality and years of healthy life for older adults and adults with disabilities

• **Two national resource centers funded by the Administration for Community Living**
  - Chronic Disease Self-Management Education (CDSME)
  - Falls Prevention

• **Other key areas**: behavioral health, physical activity, immunizations, oral health

• [www.ncoa.org/cha](http://www.ncoa.org/cha)
Technical Assistance

- Data Management
- Annual Meeting
- One-on-one support
- Networking through LCs and work groups
- Best practices
- Online tools and resources
- Webinars

National Resource Centers
Best Practices Toolkit: Resources from the Field

A centralized location for sharing resources from across the U.S. to foster the expansion and sustainability of evidence-based programs.

The toolkit includes over 200 resources!

Value of Partnerships

• Achieve greater leverage among stakeholders, e.g. build awareness or advocate together
• Enter new areas, provide new services, or reach new or expanded populations through outreach and referral
• Address complex issues that require coordinating multiple stakeholders
• Provide an integrated continuum of services to meet beneficiaries' needs
Value of Partnerships

- Strengthen or expand program or service quality and performance
- Gain administrative efficiencies
- Achieve greater economies of program scale
- Assist with other responsibilities related to program planning and implementation
- Offer financial or in-kind support

Funding Sources for Evidence-based Programs

To the best of your knowledge, from which of the following sources are evidence-based programs in your state funded? (Check all that apply) (n=31)

- Older American's Act Title III-D: 45.1%
- Grant / private funds: 38.7%
- State general revenue: 29%
- Local government: 29%
- Other federal funding: 25.8%
- Private pay: 25.8%
- Health care payer: 19.4%
- Fundraising: 19.4%
- Cost share: 19.4%
- Other federal funding: 19.4%
- Medicaid/Medicaid Waiver: 12.9%
- Don't know: 3.3%

Chronic Disease Self-Management Programs

- Developed at Stanford University
- 6 workshop sessions, held once a week
- Each session 2 ½ hours, highly interactive
- Co-facilitated by 2 trained leaders, one of whom has a chronic condition

Core content related to behavior change:

- Symptom management/social role function
- Exercises to build self-efficacy
- Goal setting, decision making and action plans
- Problem solving to overcome challenges
Value Proposition - CDSME Meets the Goals of the Triple Aim of Health Care

**Better Health**
- Better self-assessed health and quality of life
- Fewer sick days
- More active
- Less depression
- Improved symptom management

**Better Care**
- Improved communication with physicians
- Improved medication compliance
- Increased health literacy

**Lower Costs**
- Decreased ER visits and hospitalizations ($364 net savings per person)
Evidence-Based Falls Prevention Programs

**THE SOLUTION:** Proven Community-Based Programs

**A Matter of Balance**
- 8-session workshop to reduce fear of falling and increase activity among older adults in the community
- 97% of participants feel more comfortable talking about their fear of falling
- 99% of participants plan to continue exercising
- $938 savings in unplanned medical costs per Medicare beneficiary

**Otago Exercise Program**
- Individual program of muscle strengthening and balance exercises prescribed by a physical therapist for frail older adults living at home (aged 80+)
- 35% reduction in falls rate
- $429 net benefit per participant*
- 127% ROI**

**Stepping On**
- 7-week program that offers older adults living in the community proven strategies to reduce falls and increase self-confidence
- 30% reduction in falls rate
- $134 net benefit per participant
- 64% ROI

**Tai Chi: Moving for Better Balance***
- Balance and gait training program of controlled movements for older adults and people with balance disorders
- 55% reduction in falls rate
- $350 net benefit per participant
- 509% ROI

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Falls Free®
National Council on Aging
Tips for Successful Partnerships

• Begin with shared vision / mission / goals
• Ensure partner's needs and expectations are addressed
• Identify and utilize the strengths of the partner
• Support the partnership's limitations
• Document goals and roles/responsibilities through formal agreements
• Handle disagreements, disappointments and frustrations early
• Ensure adequate staffing over time
• Maintain ongoing communication
• Track data to show value of partnership
• Be patient – new partnerships take time!
Examples - CBO-Health Care Partnerships

- Federally Qualified Health Centers
- Medicaid
  - Waiver Programs
  - MLTSS Plans
- Dual eligible plans
- Medicare Advantage Plans
- Behavioral Health Providers
- Geriatric Wellness Centers
- Quality Improvement Networks
- Physician Groups
- Hospitals
NCOA’s Roadmap to Community-Integrated Healthcare

- Accountable Care Organizations
- Federally Qualified Health Centers
- Hospitals
- Patient Centered Medical Homes
Additional / Innovative Partnerships

- Faith-based organizations
- Centers for Independent Living and other organizations serving people with disabilities
- Employment agencies and SCSEP providers
- Employee, retirement programs and unions
- Parks & Rec / YMCAs
- Correctional facilities/prisoner-in-transition programs
- VA and Veteran Service Organizations
- Homeless shelters
- Barber and beauty shops
- Truck stops
- Many others based on your own community resources and needs
Join Us!

• Visit ncoa.org and sign up for news

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• Donate to support our work: ncoa.org/Donate

• Share NCOA’s free, trusted tools with older adults
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  o MyMedicareMatters.org
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