

# HealthEASE



## New Jersey Department of Health and Senior Services

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PO Box 807

Trenton, NJ 08625

609-943-3498

[www.state.nj.us/health](http://www.state.nj.us/health)

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Jon S. Corzine  
Governor



Fred M. Jacobs, M.D., J.D.  
Commissioner

## *The Case for Health Promotion*

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- New Jersey is the nation's most densely populated state<sup>1</sup> and has over 1.4 million residents age 60 or older. <sup>2</sup>
- Approximately 80% of all persons aged 65 and older have at least one chronic condition, and 50% have at least two. <sup>3</sup>
- In New Jersey, as in the U.S., the leading causes of death are heart disease, cancer and stroke. Diabetes, influenza/pneumonia and unintentional injuries rank next among the leading causes of death for people age 55 and older. <sup>4</sup>
- Arthritis is the state's leading cause of disability, affecting over 2.5 million people. Incidence of arthritis increases with age and by age 65 nearly 60% have some type of arthritis. <sup>5</sup>
- Currently, older adults account for nearly 1/3 of national health care expenditures. <sup>6</sup>
- Health care spending is expected to increase by 25% by 2030, in large part due to the anticipated care needs of older adults. <sup>7</sup>

Despite these statistics, most chronic conditions are not a natural part of the aging process and can be prevented. Research has shown that giving people information on healthy practices leading to positive changes in behavior has powerful effects on health and quality of life. Nearly 68% of older New Jerseyans do not participate in physical activity, 31% do not receive an annual flu shot, and over 61% are overweight or obese. <sup>6</sup> Many older adults, however, do not know the steps to take to improve their health through healthy behaviors. Others who are aware of and intend to practice healthy behaviors, indicate they do not regularly do so due to lack of motivation, money, time or access to appropriate programs and services.

Expanding access to disease prevention and health promotion opportunities for older adults is one of the few avenues available to address the impact of chronic disease, disabling injuries, and long-term health care costs among older adults. **People who are physically active, eat a healthy diet, and practice other healthy behaviors, including appropriate health screenings, reduce their risk for chronic disease.** They also have half the rate of disability of those who do not practice healthy behaviors. <sup>8</sup>

HealthEASE was created in New Jersey to coordinate and expand health promotion and disease prevention services for older adults at the local level, with the goal of promoting, supporting and sustaining older adults in living healthier, more independent lives. HealthEASE targets older adults at all levels of the health spectrum - from those experiencing no health issues to those with multiple chronic diseases and physical limitations. HealthEASE includes program coordination, as well as physical activity, health education and coordinated screening components designed specifically for adults over the age of sixty.

Under a three-year grant from the New Jersey Health Initiatives program of the Robert Wood Johnson Foundation, the HealthEASE model was developed and piloted in two counties: Bergen and Ocean. Following a full year of program development, HealthEASE was implemented and evaluated in the pilot counties for two years. The evaluation demonstrated positive outcomes in the following areas:

- Expanded role of the Area Agency on Aging in health promotion
- Expanded service delivery
- Improved partnerships among provider agencies
- Enhanced information and referral for health promotion
- Health and social engagement benefits for program participants
- Participant commitment to make healthier lifestyle choices

Based on these positive program outcomes, regional training programs were held in Spring, 2006 to expand the physical activity and health education components to additional counties. One hundred and fifteen professionals from 19 counties attended the orientation for the HealthEASE Health Education program and 82 professionals from 18 counties completed the train-the-trainer program for the HealthEASE Move Today (physical activity) program.



## HealthEASE Components

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**Health Education:** The education series includes important information on six health promotion topics including nutrition, physical activity, heart disease, memory improvement, osteoporosis and falls prevention, and safe use of medications. The modules can be delivered as separate educational programs or as a series of workshops. The goal of each module is to provide education to promote patient empowerment leading to a healthier lifestyle. Each module includes specific actions that can be taken to improve health as related to the session topic. Each session is approximately one and a half hours in length.

The Health Education modules are "turn-key" in that each includes all of the materials needed to conduct the educational session. The manuals are provided in hard copy and on disk. The sessions are designed to be delivered by health or aging professionals with experience in health education. Individuals who complete a half-day orientation program can teach the HealthEASE Health Education program.



The six modules are titled:

- *Exercise and Getting Fit*
- *Serving Up Good Nutrition*
- *Bone Up On Your Health* (osteoporosis and falls prevention)
- *Be Wise About Your Medications* (medication management/substance abuse)
- *Keeping Up The Beat* (self management techniques for cardiovascular disease)
- *Maximizing Memory* (maintaining memory/cognitive skills)

**Move Today:** A one-hour non-aerobic exercise class designed to improve flexibility, balance and stamina. Exercises can be done while sitting or standing. Classes are led by trained peer leaders and meet weekly or bi-weekly for twelve sessions. Program features include:

- A brief education component focusing on an exercise-related topic.
- Inexpensive exercise bands to gain maximum effect from resistance exercises.
- A major focus on good posture and falls prevention.
- An exercise intensity scale and a weekly exercise log to track participant activity.
- A self-assessment process for participants to assess their health, physical well-being and intent for behavior change given both before and upon completion of the program.

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Professionals with experience leading physical activity programs or health-related programs for older adults complete a two-day training program to be certified as program trainers. Upon certification, they are equipped to train and oversee local peer leaders to implement the classes. Program trainers are provided with comprehensive leader and participant manuals, as well as a DVD for training reinforcement.

**Live Long, Live Well Walking Program:** This program encourages New Jersey residents age 50 and older to walk at least 30 minutes most days of the week for a period of twelve weeks. Participants can obtain a walking log to track their progress and receive a Walking Recognition Award from the Governor of New Jersey when they complete twelve weeks of walking. A community walking kit with walking tips, facts on the benefits of physical activity, listings of existing walking clubs, publicity poster/flyers, and a mileage tally sheet is available to communities and organizations.



**Coordinated Screening:** Through partnership with local health and aging service providers, community-based screening events increase utilization of health promotion and disease prevention services by bringing resources together in one place that is easily accessed by targeted older adult populations. Activities include a variety of health screenings (including vision, hearing, blood pressure, cancer and podiatric), health education (including nutrition, physical activity and falls prevention), and testing (including blood glucose, cholesterol, body mass index, bone density) and immunizations. Protocols are established to refer individuals with abnormal screening results to health care providers.



## *HealthEASE Outcomes*

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**Impact on the Area Agency on Aging and the Provider Network:** Both pilot counties, Bergen and Ocean, established health promotion programs as integral parts of the AAA. Specific outcomes include:

- Creation of dynamic Older Adult Wellness Councils that guided program development and continue to drive wellness activities in the county.
- New and expanded partnerships with community-based provider agencies to expand health promotion opportunities for older adults.
- Resource directories/databases of health promotion activities available in the county and the integration of these resources into Information and Assistance and Care Management functions.
- Recognition and strong support for health promotion activities from local elected officials.

Both pilot counties recognized health promotion as a key step in helping older adults stay healthy and remain independent, and supported the AAA's role as primary coordinator and source of information and referral for health promotion and disease prevention for older adults. This was captured in the following quotes made by the HealthEASE coordinators at the conclusion of the pilot project: "A seed (for senior wellness) has been planted in Bergen County and is now growing" and "HealthEASE has become the 'brand for wellness' in Ocean County."



## *Impact on Participants*

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**Health Education:** Participants in the health education program demonstrated greater knowledge of the session topic and an increased likelihood of taking positive action steps to improve their health in this area. These positive outcomes were evident for those seniors who attended individual sessions, as well as those who attended the complete education series.

**Participant Profile:** An older couple attended a "Keeping Your Mind Sharp" class in one of the pilot counties. Following the program the wife discussed with the presenter how the class led her to recognize that the husband's memory issues were more than the normal aging process. As a result of the class, the woman sought medical attention for her husband.

**Move Today:** The physical activity program was very well received, with more than three in four participants reporting that they would recommend participation to their friends. More than half of the participants reported improved overall health after just one 12-class session. Participants cited greater ease in completing posture exercises and significant increases in the number of repetitions of particular exercises. The program had long lasting impact, with most participants indicating they would continue to exercise after completion of Move Today.

**Participant Profile:** Prior to her participation in the Move Today class, one woman significantly restricted her travel to those places she was sure had grab bars in the bathroom. By the conclusion of the class, improved strength and balance allowed her to use the facilities without use of the grab bars. This greatly improved her independence and quality of life, as she was able to more actively engage in social activities.

**Live Long, Live Well Walking Program:** Counties share information on walking clubs and total miles tallied on the state website at [www.state.nj.us/health/senior/walking](http://www.state.nj.us/health/senior/walking). As of September 2006, 1,484 older adults logged in 332,898 miles. The average walker walked 234 miles. Most (85%) walked with a friend or a group and 88% of walkers said they increased their level of physical activity by utilizing the New Jersey Walking Program.

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One county initiated an annual walk in the park event. Their County Executive held special walks for older adults in several county parks.

**Participant Profile:** One individual gradually increased the distance he could walk, and then put his walking to work by walking all of the streets and parks in his community. He measured distances for various walks and created a walking guide, which was shared in his community's newsletter. He's found several new friends who now walk with him.

**Coordinated Screening:** Results of the coordinated screenings indicated that 37% of the screenings conducted resulted in abnormal findings. Depending on the severity of the finding, these individuals were encouraged to follow up with their health care provider, or were linked with a provider for immediate care. By holding the coordinated screening events at locations that were accessible to identified target populations, the AAAs were able to reach older adults who had previously not been connected to the service network. For example, 42% of the participants at one of the screenings held in the pilot period were Filipino and Latino.

**Participant Profile:** A woman who attended a coordinated screening event was found to have dangerously high blood pressure. When the AAA followed up with the woman to ensure that she sought medical attention, the woman revealed that she had not seen a health care provider due to insurance concerns. The AAA was able to link her with a physician to provide needed care.

**Volunteer Opportunities:** HealthEASE also impacts lives by providing meaningful volunteer opportunities for mid-age and older adults. Volunteers are utilized in a variety of capacities - physical activity peer leaders, administrative support, health educators, assistants at coordinated screening events, and for outreach and program promotion.

**Participant Profile:** Some volunteers experienced the same health benefits as program participants. For example, one sedentary woman with multiple health conditions accepted an invitation to volunteer with the HealthEASE program. She reported that her quality of life changed dramatically by becoming a Move Today peer leader. She experienced improved mobility and health status, and had increased social interaction.

## *HealthEASE Implementation Models*

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**Ownership:** Under the Ownership Model, the AAA coordinates the delivery of HealthEASE components through direct oversight and participation. Other community-based provider agencies partner in the delivery of program components. An example of this is the delivery of the Health Education series through the Senior Nutrition Program. The AAA coordinated the program, identifying professionals to deliver each of the modules at identified congregate meals sites.

Materials developed for this model include promotional brochures and marketing materials for HealthEASE health education programs, Move Today physical activity programs, county walk in the park events, and coordinated screening programs. Additional materials include: Passports to Health screening logs, community partner/provider applications to participate in coordinated screenings, and provider coordinated screening satisfaction surveys.

**Partnership:** Under the Partnership Model, the AAA is not the lead agency or direct provider of the service, but rather acts as the program facilitator or co-sponsor. For example, the AAA partnered with the Senior Membership Program at a local hospital to deliver the Health Education series. The AAA provided the HealthEASE materials and the hospital used its staff to deliver the series in community rooms to seniors recruited through its newsletter, as well as through the AAA's quarterly newsletter. Another key partnership is with the Retired and Senior Volunteer Program (RSVP). RSVP links individuals with meaningful volunteer opportunities in the community and provides those volunteers with certain benefits, such as insurance coverage. Partnerships can also extend across county departments, such as with the Department of Parks and Recreation and the Local Health Department.

Materials for this model include promotional brochures/marketing materials for health education programs, Move Today physical activity programs, and coordinated screening programs and newsletter articles.



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