

## **Aging Well, a Collaborative Community Approach to Aging in Community**

Written Testimony to the Senate Special Committee on Aging  
Field Hearing on Reauthorization of the Older Americans' Act  
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In 2009, 841 older residents of rural and frontier Northwest Colorado participated in a healthy aging program of the Northwest Colorado Visiting Nurse Association called **Aging Well**, operating since 2007 primarily in Routt and Moffat Counties. Aging Well logged over 16,000 separate encounters with these older northwest Coloradans that year.

To put these numbers in perspective, Aging Well has touched and, it is safe to say, improved the lives of almost 25% of the total over-60 population in the two-county region in the last three years. 219 Personal Health Self-Assessment surveys, randomly collected in 2009, yielded the following information:

- 92% of those surveyed felt their fitness levels improved with participation in Aging Well;
- 17% claimed they decreased medication dosages as a result of the Aging Well program;
- 70% felt their joint stiffness and pain had decreased;
- 50% felt that as a result of Aging Well, they didn't need to see their healthcare professional as often;
- 98% of those surveyed enjoyed the social aspects of Aging Well classes.

Here are a few comments from those who engage in Aging Well activities:

*"I come to class mostly for pain reduction. I hurt my hip 2 ½ months ago and coming to class keeps me limber. The exercise invigorates me. Now I exercise on days I'm home."*

*"Exercise class has helped me because I haven't fallen down in over a year. I am really happy about that. I like Tai Chi class the best...It teaches you how to use your muscles."*

*"Deanna (instructor) got me started a year ago. I especially feel it in my hands. My balance is better too."*

Aging Well is a coordinated community response to health and social services for older adults in rural America. The goal of the program is to improve the functional and social health of older adults in rural and frontier regions so they may successfully remain at home in our communities for the balance of their lives. It is a blend of community health outreach services, evidence-based fitness, fall-prevention and chronic disease self-management classes, health education and awareness, lifelong learning opportunities, nutritional support and social interaction for older adults in rural communities. With collaborating partners that have included two community colleges, the State health department, two local hospitals and numerous primary care providers, local and regional AAAs, County Extension agents and others, Aging Well is a real-time

demonstration that a targeted program of disease prevention and health promotion in the context of comprehensive social services will:

- Improve individual and community health,
- Minimize the need for institutionalized long term care, and
- Save healthcare dollars.

With time and proper support, we anticipate being able to prove three things:

1. Older adults who regularly participate in Aging Well offerings and activities will have the knowledge and skills to more effectively self-manage disabling or chronic conditions, thereby improving their health and ability to age in place;
2. Rural communities adopting this model of comprehensive social and health services can significantly improve their population of older adults' ability to age in place;
3. Healthcare providers participating in a cohesive framework of community-based support that advances evidence-based disease prevention and wellness programs in response to community need will improve health outcomes and save healthcare dollars.

To our knowledge, there are no other coordinated community efforts in frontier areas of the country that combine physical, intellectual and social activity with basic health services, evidence-based wellness and prevention programming and self-care, and chronic disease awareness and self-management -- all under one umbrella. To increase participation and enhance our success, we rely heavily on our local area agencies on aging for meals and transportation services, community colleges to appeal to a younger segment of older adults, healthcare providers to refer patients to our programs, and private foundations for financial support. We recognize that all needs of our older citizens are not met by this program: transportation, for example, is an intractable problem in frontier areas, and our Title III funding for foot care and senior wellness checkups ran out in February.

Aging Well is not a unique local success story. In other parts of Colorado and the nation, there are senior center managers, AAA directors, neighborhood organizations and local communities striving to flex existing resources in creative ways to meet the needs of growing numbers of older adults residing in their midst. Some, such as PACE (Program for All-Inclusive Care of the Elderly) and NORC (Naturally-Occurring Retirement Communities), have even convinced federal and state legislators to provide public monies for support and sustainability of the programs they offer for seniors. The end results of these discrete experiments have, in several notable cases, been extremely successful in lowering the healthcare and social costs of aging in community.

But the “checkerboard” approach to providing senior services, relying on the ingenuity and resourcefulness of committed local providers in an environment of dwindling state, federal and grant funding, has inevitably yielded mixed and unpredictable results. Reauthorization of the Older Americans’ Act is a timely opportunity to institutionalize best practices, implement evidence-based programming of health promotion and disease prevention, and *mandate a modernization of the mechanisms for delivery of comprehensive social and health services to older Americans*. From the point of view of a successful -- yet still without sustainable funding -- local program, Aging Well submits the following suggestions for consideration as the OAA is reauthorized:

1. Prioritize wellness and prevention as the contextual framework for the delivery of *all core services* by the AAAs. For example:
  - Mandate reallocation of funding so that x% must go to evidence-based programming, such as fitness classes, Tai Chi and chronic disease self-management
  - Re-frame nutrition requirements for congregate and meals on wheels, encouraging locally grown, fresh ingredients similar to anti-obesity models being introduced in schools.
2. Flex the funding conduits (State Units on Aging – Regional AAA – local AAA) to include and encourage other models and qualified organizations that have proven or are proving effective in meeting the reach and needs of older Americans (Aging Well, for example) by creating a set-aside pool of funds for this purpose
  - Where [evidence-based, senior wellness checks, congregate meals] programming is already being delivered by a local agency, allow reimbursement from federal funds without starting a territorial skirmish with the AAAs
  - Incent with enhanced funding (no additional funds, but a way to mandate collaboration) community-level collaborations that involve AAAs and other entities (community colleges, public health agencies, others) working together to deliver the core services in conjunction with wellness and prevention programming
3. Promote greater care coordination by creating linkages to CMS so that medical needs are met in the context of the social services provided by OAA.
  - Explore reimbursement of wellness and prevention/evidence-based classes delivered at the community level with Medicare and Medicaid funds
  - At the federal level, link OAA to the Center for Innovation at Medicare to open doorways for demonstration models that are working across the country
4. Authorize a new round of Community Innovations for Aging in Place grants to flush out new programs/organizations/community initiatives that can serve as demonstration sites for a new generation of Older Americans Act successes.

Thank you for the opportunity to describe a local success, opening the door for other communities interested in adopting the key elements and lessons learned from Aging Well, and perhaps advancing the discourse on how the Older Americans Act can be modernized and reauthorized to better serve a new generation of Older Americans as we age.

Respectfully submitted,

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