

September 2012

Opportunity Knocks for Aging Services Providers: Increasing the Use of Clinical Preventive Services by Older Adults

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SUMMARY: This policy note examines the role that Area Agencies on Aging and other Older Americans Act-based aging services providers can play to increase the use of clinical preventive services by adults age 50 and older. Recommended strategies include building on existing health promotion and disease prevention programs, and partnering with public health departments, health care systems and other private entities to promote and offer CPS as a regular service in the community. This note includes real world examples and links to resources that can help providers of aging services initiate similar efforts in their own communities. Related opportunities to provide clinical preventive services for state, local and tribal public health departments, community health centers, and nonclinical community-based organizations are the focus of other policy notes in this “[Opportunity Knocks for Preventive Health](#)” series¹ which highlights the promise of collaboration between diverse types of community-based organizations to improve the health of older Americans.

By 2015, one in five Americans will be between the ages of 50 and 64. Over the next few decades, the population of those age 65 and older is projected to more than double – from 40 million in 2010 to more than 88 million by 2050.² Meeting the health needs of this growing population is increasingly critical from both a public health and health care cost containment perspective. The use of clinical preventive services (CPS) – health care services that prevent disease or detect it at a very early stage when it is most treatable – can play an important role in meeting this goal.³

Adults age 50 and older are at increased risk for a number of diseases that can be prevented or treated early through CPS, such as influenza and pneumococcal vaccinations, colorectal cancer screening, and for women, breast and cervical cancer screening. The U.S. Preventive Services Task Force (USPSTF) publishes [a list of all recommended services](#).⁴ These services vary with age, gender and risk factors.

Despite the effectiveness of potentially life-saving CPS, only 25% of adults ages 50 to 64,⁵ and fewer than 40% of adults age 65 and older,^{6,7} are up to date on a core set of recommended services. This is true despite the fact that these services are paid for by nearly all insurance plans, including Medicare and Medicaid. [The Affordable Care Act eliminates most remaining financial barriers.](#)⁸ but additional efforts are needed to increase CPS use.

Community-based aging services are ideally situated for prevention efforts and provide a needed linkage to medical care provider systems that tend to be more focused on acute care, treatment and cure. Linking CPS to places where people routinely live, work, pray and play can reduce the effort and inconvenience incurred by seeking CPS, and can increase awareness and interest in obtaining the set of recommended services.

Benefits of Clinical Preventive Services

Many benefits can be achieved by community-based aging services providers that expand their scope of services to promote, deliver, and/or follow-up clinical preventive services. First, increasing access to and use of these important preventive health services responds to an unmet need of many older adults in the community. Getting involved with the provision of CPS supports a core mission shared by most local governmental entities and community-based organizations that serve older adults, that mission being to support the health and well-being of older adults and keep them living in the community. Older adults who enter the aging network for CPS may be provided a point of entrée to other aging, health and social services from which they may benefit. Further, a connection to the provision of CPS extends and strengthens opportunities for the aging services network to link to clinical and medical systems and providers.

Promoting or providing CPS also opens the door to increasing and diversifying revenue sources. Many aging services providers are already engaged in efforts to broaden their range of services and enable them to bill for services that were not previously reimbursable. For example, some Area Agencies on Aging (AAAs) are becoming certified for Medicaid billing – mostly for services provided under Medicaid waivers which support rebalancing funding for long-term care at home and in the community. Efforts are also underway by the Administration on Aging to secure Medicare reimbursement for the Chronic Disease Self Management Program (CDSMP). Currently, such reimbursement is only available through a pilot project that is testing its viability. Aging services providers that expand their repertoire to offer services not traditionally provided increase their potential to access new sources of reimbursement.

Finally, in a fiscal environment where resources are under constant pressure, the increased revenues and resources generated by providing CPS can contribute to bolstering the long-term sustainability of aging services providers. In addition to increasing revenues, the collaborations and partnerships that are forged through the provision of CPS can be used to leverage additional in-kind resources (such as staff, training and equipment), and further extend the array of aging services beyond the scope of Older Americans Act (OAA) programs and their limited funding.

Building on the Strengths of Community-Based Aging Services

Aging network providers are positioned to reach older adults in venues that many already frequent (senior housing, recreation facilities and senior centers for example) and are usually known and trusted sources of information and services in the community. Evidence-based disease prevention and health promotion programs (e.g., chronic disease self-management, falls prevention) offer a natural point of entrée for CPS provision. These programs respond to the OAA mandate to target services to low-income and other vulnerable older adults who are members of historically underserved and disadvantaged populations and are less likely to

have access to a regular source of health care. Services are provided in culturally and locally appropriate ways. As one AAA director observes, *“It’s a ‘win win’. Who knows better about the needs of older people than the people who work with them every day?”*

Most aging services providers are engaged in collaborative agreements with a number of other community-based organizations and many have experience managing complex funding mechanisms and regulatory requirements. Many providers manage substantial operating budgets, administer multiple programs, and are well-versed at adopting and adhering to multifaceted regulations. The director of a city department of aging explains, *“One of the strengths of our network is that we’re not a single source payor. We and our contract providers are all well-trained and very sophisticated at understanding different monies that come from different sources and are used for different purposes.”*

Another asset offered by the network of community-based aging services providers is a sizeable pool of senior volunteers, many of whom are sponsored through the Retired and Seniors Volunteer Program, one of three [national Senior Corps programs](#).⁹ In addition, the aging network attracts a substantial cadre of volunteers in major programs like the [Long-Term Care Ombudsman](#),¹⁰ [Senior Medicare Patrol](#),¹¹ [State Health Insurance Counseling and Assistance](#)¹² and [home-delivered meals](#) services.¹³ This volunteer workforce provides an invaluable supplement to the work of aging services providers. Older adult volunteers have the potential to contribute significantly to CPS engagement, delivery and follow-up through peer influence, education, support, counseling, and even transportation and other roles. Volunteer efforts may also extend to advocacy, providing yet another opportunity to raise awareness and promote community-based opportunities to increase the use of CPS among older adults.

Clinical Preventive Services Provision Strategies

There are many opportunities along the continuum of CPS provision (i.e., engagement, delivery or follow-up) for the leadership or active involvement of aging services providers. Efforts need to be tailored to reflect the reality that aging services provider networks vary in composition, resources, innovation and scope. This section highlights a range of strategies used by aging services providers to advance CPS delivery: from extending existing health promotion and disease prevention programs, to forging partnerships with public health departments, health care systems and other private entities, while also providing clear leadership to ensure accountability.

Extending Existing Health Promotion and Disease Prevention Programs

To date, community-based aging services prevention efforts have focused primarily on information, education, counseling and evidence-based interventions such as the [Chronic Disease Self-Management Program](#),¹⁴ falls prevention and physical fitness programs. Less has been done to directly promote or deliver clinical preventive services such as vaccines, or cancer or heart disease screenings. Activities that increase the uptake of CPS among adults 50+ and target the benchmarks set by [Healthy People 2020](#)¹⁵ can be systematically incorporated into the goals and objectives of the aging network’s state and area plans on aging.

Many aging services providers lead or participate in periodic events or health fairs through which certain *low-tech* preventive services (such as immunizations and blood pressure screenings) are delivered and information about and referrals to a range of additional *hi-tech* preventive services (such as mammography, colonoscopy) are provided. There are a number of opportunities for aging services providers to extend these wellness and prevention efforts, such as through the frequency and range of services offered, education about and/or referrals to preventive services, or by way of outreach in multiple languages to diverse communities.

Information and referrals to CPS can be added to the aging network's existing information and assistance (or referral) service, with a goal of linking older adults to local providers for delivery and follow-up. The [Aging and Disability Resource Centers](#) (ADRCs),¹⁶ a collaborative effort of the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS), provide another venue in which to include such information. Most ADRCs offer Options Counseling which provides intensive person-centered assistance and decision-support for the full spectrum of long-term care needs, including CPS. Increasing the use of CPS by older adults fits well with recent attention to [the role of ADRCs in prevention](#) as they work toward promoting health and wellness at the community level.¹⁷

Forging and Enhancing Partnerships with a Diverse Range of Community Health Providers

Efforts to promote and offer CPS as a regular and core service in the community can be achieved by enhancing existing partnerships or forging new collaborative arrangements with a range of community health providers, including public health departments, hospitals, community health centers, charitable foundations, private practitioners and home health providers. As noted by a senior administrator from a state department on aging, “*The name of the game is building coalitions and collaborating.*” These partnerships are essential given that providing CPS extends beyond what aging service providers have traditionally done with the resources available to them. Securing additional and more flexible funding sources that support CPS engagement, delivery and/or follow-up would be an important next step for the aging network.

Real world examples:

This section features a range of *real world* examples of collaborative arrangements that some aging services providers are engaging in to extend their current practice and advance their role in preventive health for older adults.

The [NJ Department of Health and Senior Services](#) (NJDHSS) has developed a training module that brings community-based health and aging organizations together to learn about and adopt a number of prevention initiatives, including those focused on mental health, falls prevention and medication management. These training sessions also facilitate the formation of community coalitions that support and sustain these prevention efforts and provide a platform from which to launch similar initiatives, such as the promotion and delivery of CPS. This [health promotion initiative](#) is funded by the Association of State and Territorial Chronic Disease Program Directors (ASTCDPD), the National Association of States United for Aging and Disability (NASUAD), and supported by CDC and AoA.¹⁸

The [At Home](#)¹⁹ program offered by an AAA in rural Virginia serves homebound older adults by providing essential clinical preventive services, such as blood pressure readings and blood glucose checks, and offering information and support for chronic disease management in consumers' homes. The outreach team includes a rural health outreach nurse, a case manager and physician assistant students. The program is a collaborative effort of the AAA, a local hospital and a home health agency. The [At Home](#) program has reduced emergency visits, attained more stable blood glucose levels and improved self-management of hypertension among this group of rural homebound seniors. It offers the opportunity to reach older adults in their own homes and provide a range of CPS either directly or through referral.

The [SPARC](#) (Sickness Prevention Achieved through Regional Collaboration)²⁰ model provides an important example of the success of collaborative strategies to increase the uptake of CPS in the community. This model is specifically dedicated to increasing the provision of CPS, by employing community collaboration and the facilitation of convenient delivery mechanisms, which have been shown to be effective in increasing rates for

several types of CPS. [The Atlanta Regional Commission recently piloted the SPARC model](#) in Georgia.²¹ This collaborative effort included aging service providers, public health agencies, hospitals, social service organizations, and advocacy groups. Participating agencies bundled services (they offered more than one service or combined services offered at a similar site) to provide preventive services such as cancer screenings and immunizations, and provided links to additional services through public clinics. The community partners made in-kind contributions, the AAAs provided direct contributions, and the clinical preventive services were reimbursed by Medicare. As observed by the President of [SPARC](#), Dr. Doug Shenson, “Increasing CPS is a team sport!”

Partnering with Public Health

Community-based aging services providers can benefit from forging partnerships with public health departments to assess community health needs. Most aging network providers lack important local and regional population health data. Forging relationships with public health agencies to provide the needed data will help target efforts to respond to specifically identified CPS needs in the community, and will also help to track and measure impact. In addition to improving access to these essential data, partnerships with public health departments could also be used to advance – through training – aging services providers’ understanding of the appropriate use and interpretation of population health data. These partnerships could also help them access additional resources, tools and evidence-based health promotion and disease prevention initiatives across the country.

Partnering with Health Care Systems

A more recent trend among providers in the aging network is to develop formal partnerships with health care systems and other medical providers. These partnerships are critical to build the capacity of aging services providers to offer clinical preventive services in the community that link back to the clinical setting (including medical homes and electronic medical records) and, more specifically, to secure the additional funds these efforts require. One department of aging director noted, “*Now that we’re seeing the importance of bringing health care closer to the people, we’re becoming educated about the funding streams and are looking for those opportunities and those policies that have been developed that bring together comprehensive health to people in general.*”

Partnerships with health care systems can open the door to other benefits and opportunities. In addition to providing important links to reimbursement, partnerships with health care providers offer a number of other potential benefits, including the provision of appropriate and licensed medical professional staff; an important source of patient health information; training opportunities related to HIPPA and other regulations related to CPS delivery; provision of direct services; and clinical settings with established protocols and protections to address liability concerns. These collaborations also foster the development of paraprofessionals who can play an important role in bridging the distinct practice sectors of medical and social services.

Finally, all partnerships must include measures to ensure accountability in CPS engagement, delivery and follow-up with older adults. [SPARC](#)²² provides a gold standard for such collaborative efforts by emphasizing the importance of creating an infrastructure that elicits accountability, and by clearly delineating leadership roles and assigning responsibilities to key partners. A CDC-supported [SPARC Action Guide](#)²³ has been developed to support the implementation of SPARC, with critical steps outlined.

Putting It All Together to Provide CPS in the Community: The Promise of One-Stop Senior Centers

Some aging services providers have successfully integrated community and clinical efforts and connected older adults to CPS engagement, delivery and/or follow-up. One example is provided by the city of San Antonio, Texas, which floated a bond and partnered with the WellMed Charitable Foundation (WCF) to create [one-stop centers which offer clinical preventive services](#) to older adults at the city's four largest senior centers.²⁴ These centers are also Older Americans Act-funded nutrition sites administered by the local Area Agency on Aging. Their success led the city to engage in a 50/50 partnership with the WCF to build and co-manage a fifth one-stop center: the WCF oversees the health and wellness activities while the City oversees the nutrition programs.

One of the champions of this initiative – a former AAA Director who is now a director at the WCF – describes these one-stop centers as “Senior Centers on Steroids.” The centers serve a predominantly low-income Hispanic population with a high prevalence of diabetes and offer the entire continuum of preventive services, including access to screenings, training on chronic disease self-management, provision of healthful groceries through partnership with a food bank, and access to fitness equipment. Each of the four multiservice senior centers is staffed daily by a licensed vocational nurse and a medical assistant who administer immunizations and provide screenings for cholesterol, blood pressure and glucose. These clinicians also identify risk factors, make referrals for osteoporosis and cancer screenings, track participants who are sent to a medical provider for follow-up and, if needed, connect older adults to a medical home. In addition to the daily services offered at these centers, clinical preventive services are made available once per quarter at all 70 nutrition sites in the service area via mobile units and donated staff time.

This public/private partnership in San Antonio illustrates a number of ingredients for success, including:

- Diverse fiscal and human contributions by participating organizations.
- Clarity about how and what each organization contributes.
- Accountability for each component of CPS delivery.
- Dedicated leadership and expertise serving the older adult population.
- Political will and action in response to expressed community needs.
- Sustainability through the ongoing commitment of resources.

Conclusion

There are a number of provisions in the [Affordable Care Act](#)²⁵ that support the collaborations detailed in this brief and offer points of entry for CPS. These provisions include the creation of [Accountable Care Organizations](#),²⁶ [Patient-Centered Medical Homes](#),²⁷ [Medicaid Health Homes](#),²⁸ and the [Community-based Care Transitions Program](#).²⁹ [The Chronic Care Model](#)³⁰ informed a number of these ACA provisions and also holds great promise to support CPS engagement, delivery and follow-up in the community while functioning as a driver of cost savings. Finally, a systems approach will be needed to achieve the national goals and standards put forth by the U.S. Department of Health and Human Services' [Healthy People 2020](#),³¹ [Action Plan to Reduce Racial and Ethnic Health Disparities](#),³² and [National Prevention Strategy](#).³³ Partnerships with other community providers will be critical for leveraging the financial and human capital needed to initiate and sustain these efforts to improve the health of older Americans.

Methodology

Researchers from the UCLA Center for Health Policy Research conducted a literature review and 43 telephone interviews with a diverse group of community-based stakeholders representing public health, aging services, community health centers, and other community organizations and retailers (e.g., the YMCA and pharmacies) in 2011. A stakeholder meeting was then convened to identify opportunities to advance the provision of clinical preventive services to older adults in the community. Krist and colleagues (2012) presented a landscape paper that conceptualizes the provision of CPS in three stages: engagement (identifying need, making referrals), delivery (administering, counseling and supporting adoption) and/or follow-up (documenting and referring to additional services or treatment).³⁴ Stakeholders then formed small groups to discuss implications for their involvement in the provision of CPS to older adults. This policy note draws upon the Krist et al. paper, the literature review, the telephone interview data and the stakeholder discussions to identify specific opportunities for community-based organizations to provide CPS, and to illustrate how they may benefit from expanding their role and increasing CPS uptake among adults 50+.

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Funder Information

This publication was supported by Grant/Cooperative Agreement Number U58DP002759-01 from the Centers for Disease Control and Prevention (“CDC”). Contractor acknowledges the contribution of the National Association of Chronic Disease Directors (NACDD) to this publication. Its contents are solely the responsibility of the authors and do not necessarily reflect the view of the CDC or NACDD.

Acknowledgments

We are grateful for the contributions of the many who made this paper series possible, including the stakeholders who were interviewed and/or participated in the roundtable meetings, Amy Slonim, CDC-AARP Liaison, William Benson, Health Benefits ABCs, Consultant to CDC Healthy Aging Program, Lynda Anderson, Director, CDC Healthy Aging Program and other members of the research team at the UCLA Center for Health Policy Research: Rosana Leos, Tabashir Sadegh-Nobari, Ashley V. Parks and Delight E. Satter. We also want to thank Annette Graham, Pam Smith, Chris Katzenmeyer and Valentine Villa for their helpful reviews.

Suggested Citation

Kietzman KG, Wallace SP. *Opportunity Knocks for Aging Services Providers: Increasing the Use of Clinical Preventive Services by Older Adults*. Los Angeles, CA: UCLA Center for Health Policy Research, 2012.

Endnotes

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