

Sustaining California's Chronic Disease Self-Management Education and Falls Prevention Programs

A Statewide Sustainability Plan

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Section 1: Introduction and Problem Statement

Introduction

In California, the statewide unit on aging – the California Department of Aging (CDA) – has long been a leader and an advocate for the implementation and spread of evidence-based health promotion programs. CDA’s mission is to *“transform aging for individuals, families, and communities by leading innovative programs, planning, policies, and partnerships that increase choices, equity, and well-being for all Californians as we age.”*

In 2003, CDA appointed Partners in Care Foundation (*Partners*) as the statewide evidence-based health promotion Technical Assistance (TA) office for CDA and the California Department of Public Health (CDPH) under funding from the Administration on Aging. In 2006, CDA, CDPH, and *Partners* established the California Healthier Living Coalition – a statewide group of like-minded agencies formed to:

- Increase access and availability of evidence-based health promotion programs in more communities,
- Raise awareness of the importance of evidence-based programs in helping people who are managing a fear or falling or who are managing one or more chronic conditions, and
- Decrease hospital utilization for falls by increasing falls prevention programming in communities.

Subsequently, *Partners* was awarded three contracts from the state to continuously carry that role as the TA office, and then in 2017 *Partners* directly received two Prevention and Public Health Fund (PPHF) grants from the Administration for Community Living (ACL): one for Chronic Disease Self-Management Education (CDSME) and the other for Falls Prevention. CDA has also contracted with *Partners* to operate three Multipurpose Senior Services Programs (MSSP) sites since 2001, and in January 2016 *Partners* assumed a fourth site in Santa Barbara. Moreover, *Partners* has developed two evidence-based self-management programs – *HomeMeds* and *Healthy Moves for Aging Well* – currently licensed in 21 states across the country, and on CDA and ACL’s lists of approved programs for implementation with federal funding. These successes have culminated in *Partners* winning two more Administration for Community Living grants in 2020 for CDSME and Falls Prevention.

Through this collaboration and funding, there has been significant infrastructure built to address CDA’s mission to *“lead innovative programs ... that increase choices, equity, and well-being for all Californians ...”* These grants have supported the infrastructure for twelve evidence-based programs built to support the healthy lives of rural, urban, and suburban Californians, and the number of programs continues to grow. These programs are:

1. A Matter of Balance (MOB)
2. Arthritis Foundation Exercise Program (AFEP)
3. Bingocize
4. CAPABLE
5. Chronic Disease Self-Management Program (CDSMP)
6. Chronic Pain Self-Management Program (CPSMP)
7. Diabetes Self-Management Program (DSMP)
8. EnhanceFitness
9. HomeMeds
10. Programa de Manejo Personal de la Diabetes (Spanish DSMP)
11. Programa de Manejo Personal del Dolor Cronico (Spanish CPSMP)
12. Stay Active and Independent for Life (SAIL)
13. Tai Chi for Arthritis (TCA)
14. Tai Ji Quan: Moving for Better Balance
15. Tomando Control de su Salud

Aligning with CDA’s mission, *Partners* has a well-established and well-respected reputation for building strong, positive relationships with local communities, organizations, and government agencies. In partnership with thirteen implementation partners representing twelve counties, *Partners* has successfully provided evidence-based chronic disease self-management and falls prevention programming to over 18,922 older Californians through the 2020-2024 ACL CDSME and Falls Prevention grants. The counties represented in these two ACL grants included:

1. Alameda – Alameda County Health Care Services Agency
2. Fresno – Saint Agnes Medical Center
3. Humboldt – Humboldt County Department of Health and Human Services
4. Kern – Dignity Health Mercy and Memorial Hospitals
5. Lake – Lake County Tribal Health Consortium
6. Los Angeles – Partners in Care Foundation
7. Orange – Meals on Wheels Orange County
8. San Diego – San Diego Aging & Independence Services, and Scripps Health
9. San Francisco – On Lok
10. San Joaquin – University of the Pacific
11. Tulare – Kaweah Delta Health Care District
12. Ventura – Camarillo Health Care District

Partners, as the primary grantee for the aforementioned ACL grants, has continued to nurture strong relationships with CDA and CDPH through leadership transitions that could have caused disruption or a break in our relationship. Importantly, we have been able to continue our work in alignment with the work of CDA and CDPH. We believe that based on the long-term nurturing of these relationships and influence that has been multi-directional that our work is in alignment with [California’s Master Plan on Aging](#), initially released in January 2021 and refined each year. Outlined in the Master Plan on Aging are five bold goals for 2030 – two of which are most pertinent to the implementation, spread, and sustainability of evidence-based health promotion

programs across the state. These two goals and their applicable subparts are outlined below:

MASTER PLAN ON AGING – GOAL TWO: Health Reimagined – “We will have access to the services we need to live at home in our communities and to optimize our health and quality of life.”

- **Strategy C: Lifelong Healthy Aging** – By fostering healthy environments beginning at birth, expanding access to prevention programs, and developing culturally competent public health educational tools and services, California communities can reduce some of the greatest and most inequitable health disparities.
 - **Initiative 33:** Identify promising practices in collaboration with public/private partners that promote lifelong healthy aging and brain health, while maximizing independence and community integration.

MASTER PLAN ON AGING – GOAL THREE: Inclusion & Equity, Not Isolation – “We will have lifelong opportunities for work, volunteering, engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect, and exploitation.”

- **Strategy B: Closing the Digital Divide** – In August 2020, Governor Gavin Newsom signed [Executive Order N-73-20](#) to deploy affordable and reliable broadband throughout the state. Closing the digital divide by increasing access to the internet and digital devices will improve the ability of older adults and people with disabilities to connect to family and friends, health care providers, and to access additional support during the COVID-19 pandemic and beyond.
 - **Initiative 58:** Expand broadband infrastructure, including both middle and last mile and leverage new federal funds to facilitate digital literacy training for underserved communities, including older adults, people with disabilities, and tribal communities, as part of the state’s Broadband for All strategic plan.

Through the advancement of these goals, the members of the Healthier Living Coalition strive not only to innovate new ways to deliver evidence-based health promotion programs to the greatest number of people, assuring quality of life and independence for chronically ill, frail, and older adults, but perhaps equally importantly to shape system change in a way that ultimately sustains these innovations and programs. Our approach to building and maintaining the sustainability of the noted evidence-based programs is outlined in the remainder of this plan.

Problem Statement: Chronic Illness

CA residents struggle with numerous chronic illnesses, chief among them are diabetes and chronic pain. The good news: These are two conditions that may be addressed

directly with CDSME through CPSMP and DSMP and, given the high prevalence rates of these conditions in CA, it is important to reach those individuals impacted to slow or erase the damage caused by these challenging conditions. In 2017, over 3 million Californians were diagnosed with diabetes, contributing to over 9,500 deaths that year – the seventh leading cause of death in California. Additionally, the prevalence increases with age with Californians aged 65+ self-reporting the highest prevalence of Type 2 diabetes. This rate is higher among ethnic/racial minorities, Californians with low education attainment, and/or lower family income.ⁱ Additionally, complications from diabetes are significant – 2020 data shows that lower extremity amputation per 1,000 persons with diabetes is higher in Fresno (44.6), San Joaquin (41.3), Tulare (33.8), and Alameda (33.1) counties as compared to California (30.6). Moreover, the rate of uncontrolled diabetes per 1,000 persons in Ventura (34.0), San Francisco (31.3), and Los Angeles (29.2) counties exceed that of California’s (25.8).ⁱⁱ

Additionally, chronic pain continues to be a growing issue in CA and particularly for the communities in those counties represented in the 2020 ACL grants. Inadequately treated pain is more common among vulnerable populations, including older adults, minorities, and low-income populations.ⁱⁱⁱ Chronic pain data is challenging to collect because it is often a symptom of another condition, thus, estimates can be conflicting or inaccurate.^{iv, v} Accordingly, *Partners* uses opioid prescribing, death, and hospitalization rates in seeking to measure the impact of chronic pain in CA. Statistics from the California Opioid Overdose Surveillance Dashboard provide that opioid-related overdose deaths for all age groups in 2022 equaled 7,385. For the 60-64 age cohort, the opioid-related overdose death rate is 23.2 per 100,000 residents, and for the 65-69 age cohort, the rate is 15.78. Of note, opioid rates vary widely by county; however, Humboldt, Lake, Kern, San Francisco, Ventura, San Diego, and Orange counties have some of the highest rates of opioid-related overdose deaths and/or hospitalization, greater than the rate of the state of California as a whole.^{vi}

All said, those who are diagnosed with diabetes are also at risk of diagnosis of other chronic illnesses, including hypertension, cardiovascular disease, high cholesterol, and arthritis. The prevalence of each of these chronic illnesses is higher among those diagnosed with diabetes vs. those diagnosed with prediabetes or not diagnosed with diabetes. Additionally, the prevalence of these comorbidities, with the exception of high cholesterol, is highest among adults age 65+. Adults aged 45-64 diagnosed with both diabetes and high cholesterol had the highest prevalence at 70.6% (vs. 62.6% among adults age 65+).^{vii} Statistics on depression for older Californians also show a grim reality. Factors related to the risk of depression in older adults include medical conditions, social isolation and loneliness, lack of exercise and physical activity, and functional limitations, among others.^{viii} Research on the evidence-based programs discussed below shows that these chronic conditions can be addressed with the Chronic Disease Self-Management Education (CDSME) suite of programs. Not only are they effective in older adults’ ability to manage their chronic condition(s), but also in their ability to reduce feelings of loneliness.^{ix}

Problem Statement: Falls Prevention

In CA, falls are a challenging burden on the healthcare system, making prevention efforts critical. The statistics are powerful: (1) Risk for falls increases with age and CA has the largest population of adults age 65 years and older (6,155,747 – 15.8% of the overall population in the state) in the United States; (2) Statewide, between 2012-2022, there was a 34% increase in the number of adults age 65+;^x (3) In 2022, falls were the leading cause of non-fatal injury ED visits and hospitalizations among older Californians, accounting for 290,219 preventable ED visits and 109,246 hospitalizations, 5 and 7 times higher than the rates of the second leading causes of injury ED visits and hospitalizations, respectively; and (4) In 2022, falls were the leading cause of death among older adults, accounting for 2,603 mortalities in California.^{xi}

Falls are the leading cause of injury hospitalization and injury ED visits among older adults in among the ten ACL grant counties, and the rates are staggering, particularly when compared to the other leading causes of injury hospitalizations and injury ED visits.

Table 1: Injury Hospitalization and Injury ED Visits by County, 65+ (2022)¹						
	Injury Hospitalization			Injury ED Visits		
	Rank	Cause of Injury	Injury #	Rank	Cause of Injury	Injury #
Alameda County	1	Fall	4,189	1	Fall	11,656
	2	Unspecified	483	2	Unspecified	1,931
	3	Poisoning: Drug	293	3	Struck By/Against	1,255
Humboldt County	1	Fall	409	1	Fall	1,496
	2	Unspecified	32	2	Unspecified	253
	3	Poisoning: Drug	25	3	Struck By/Against	165
Kern County	1	Fall	1,586	1	Fall	5,009
	2	Unspecified	94	2	Unspecified	677
	3	Poisoning: Drug	82	3	Struck By/Against	559
Los Angeles County	1	Fall	26,779	1	Fall	57,919
	2	Unspecified	3,660	2	Unspecified	9,744
	3	Poisoning: Drug	1,046	3	Struck By/Against	6,819
Orange County	1	Fall	9,567	1	Fall	23,050
	2	Unspecified	906	2	Unspecified	3,718
	3	Transportation: MTV-Occupant	348	3	Struck By/Against	2,606
San Diego County	1	Fall	10,905	1	Fall	27,233
	2	Unspecified	1,381	2	Struck By/Against	3,821
	3	Poisoning: Drug	440	3	Unspecified	3,216
San Francisco County	1	Fall	2,843	1	Fall	6,520
	2	Unspecified	255	2	Unspecified	714
	3	Poisoning: Drug	253	3	Struck By/Against	646
San Joaquin County	1	Fall	1,887	1	Fall	6,091
	2	Unspecified	159	2	Unspecified	770

¹ California Department of Public Health, EpiCenter California Injury Data Online, available at <https://skylab4.cdph.ca.gov/epicenter/>.

	3	Poisoning: Drug	94	3	Struck By/Against	653
Tulare County	1	Fall	1,240	1	Fall	2,503
	2	Unspecified	164	2	Unspecified	345
	3	Poisoning: Drug	59	3	Struck By/Against	225
Ventura County	1	Fall	2,615	1	Fall	7,119
	2	Unspecified	585	2	Unspecified	1,023
	3	Poisoning: Drug	120	3	Struck By/Against	847

Within these counties: (1) the rates of fall-related injury hospitalizations range from 3 to 15 times greater than the rates of injury hospitalizations due to the next leading cause of injury; and (2) the rates of fall-related injury ED visits range from 4 to 8 times greater than the rates of injury ED visits due to the next leading cause of injury ED visits.

These figures represent great human suffering, are a great expense to individuals and to the health care system and highlight the pressing need for falls prevention interventions. According to the CDC, in 2021 California reported 1,433,956 falls, representing approximately 27% of the state's older adult population.^{xii} Outcomes from falls, particularly among older adults, include pain, fractures, loss of mobility, disability, increased risk for future falls, loss of independence, nursing home placement, and even premature death.^{xiii} In fact, falls among older adults cause over 90% of broken hips. Less than 50% of those with hip fractures ever re-establish the same level of mobility; and up to 20% will die the year of the fall.^{xiv} Falls account for the largest number of hospital admissions that are preventable. They are costly to both the individual and the health care system, with the average cost of each fall totaling over \$60k, of which approximately \$35k are direct costs.^{xv} Annually, the cost of preventable older adult falls in California totals roughly \$4.4 billion.^{xvi}

CDSME Programs' Potential to Substantially Impact Chronic Disease

The Self-Management Resource Center's (SMRC) CDSME programs are peer-led, evidence- and community-based interventions that help individuals with chronic conditions learn how to manage and improve their health. The programs focus on challenges that are common to individuals living with any chronic condition, such as asthma or chronic pain, addressing modifiable risk factors including nutrition, exercise, medication use, emotions, and communicating with family and doctors. Led by a pair of trained peer facilitators, many of whom also have chronic health conditions, these small, highly interactive workshops meet once a week for six consecutive weeks. During each 2 ½ hour session approximately 10-15 participants focus on building the skills they need to manage their condition(s).

A national study evaluating the effectiveness of SMRC's CDSME programs^{xvii} (N=1,170) found that participants who completed the program – those who attended at least 4 out of the six workshop sessions: visited the emergency room less ($p < 0.01$), increased their medication compliance ($p < 0.01$), lowered perceived levels of fatigue/pain/shortness of breath/sleep problems ($p < 0.01$), and increased their perceived amount of daily activity ($p < 0.01$). Moreover, completers felt better ($p < 0.01$), had fewer self-perceived unhealthy physical or mental health days ($p < 0.01$), and reported an

increased quality of life ($p < 0.01$). Finally, an average per person savings of \$714 and \$364 were realized for Emergency Room visits and healthcare spending, respectively.

The data from this study as well as other research studies indicate that CDSME programs can indeed succeed in helping individuals manage their chronic conditions while lowering healthcare costs. Additionally, loneliness as a social determinant of health, especially among older adults managing chronic condition(s), is of significant importance. Using the Campaign to End Loneliness scale, participants showed a decrease in feelings of loneliness from baseline to post-program (6-weeks).^{ix}

Falls Prevention Programs' Potential to Substantially Impact Falls in Older Adults

As mentioned above, there has been significant infrastructure built in California for fifteen evidence-based programs through the ACL grants – seven of which are focused on falls prevention: A Matter of Balance (MOB), Bingocize, CAPABLE, EnhanceFitness, SAIL, Tai Chi for Arthritis (TCA), and Tai Ji Quan: Moving for Better Balance. All of these programs have proven to show a reduction in falls in adults aged 60 and older. Through the 2020-2024 ACL Falls Prevention grant, Partners and its collaborators have increased statewide infrastructure for evidence-based programs from two programs to seven. Each of the seven programs are detailed below:

A Matter of Balance meets once a week for eight weeks or twice a week for four weeks. The two-hour sessions emphasize practical coping strategies to reduce the fear of falling (one of the precursors to a fall). In MOB participants learn to view falls and fear of falling as controllable and set realistic goals for increasing activity. The goal of MOB is “to reduce fear of falling, stop the fear of falling cycle, and increase activity levels among community-dwelling older adults.” After completing MOB 97% of participants report feeling more comfortable talking about their fear of falling, 97% feel comfortable increasing activity, 99% plan to continue exercising and 98% would recommend MOB to a friend or family member.

Bingocize is a 10-week program that meets twice per week and combines exercise and health education with the fun, familiar game of bingo. Each session lasts 45 minutes-1 hour with curricula ranging from exercise only, to falls prevention, and nutrition. At the end of the 10-week program, participants showed improved upper and lower body strength, increased health knowledge of fall risk and osteoarthritis, and improvements in gait and walking speeds.

CAPABLE is a client-centered fall prevention intervention through which an occupational therapist (OT) and a registered nurse conduct a total of ten home visits to assess an individual's bio-psycho-functional capacity to function at home and work with them to set goals focused on medication management, problem solving, strength, balance, nutrition, and home safety. Through the OT and nurse assessments, they develop recommendations for home modifications to be completed by a handy worker to increase safety and functionality around the home and ultimately reduce fall risk.

EnhanceFitness is a fall prevention and exercise program that helps participants at all levels of fitness become more active, energized, and empowered to sustain independent lives. The workshop focuses on stretching, flexibility, balance, low-impact aerobics, and strength-training exercises. Led by a certified instructor, EnhanceFitness has been proven to improve physical function, decrease depression, protect against falls and fall injury, provide a social benefit, promote a physically active lifestyle, reduce medical care utilization costs, decrease unplanned hospitalizations, and decrease mortality rates. The program meets three times a week on non-consecutive days for at least eight weeks, one hour each meeting. Many organizations across the nation run EnhanceFitness as an ongoing program.

Stay Active and Independent for Life (SAIL) is an evidence-based fall prevention program that focuses on strength, balance, and fitness for older adults. SAIL participants meet two to three times a week for at least two months for a one-hour class to practice exercises that can be done either seated or standing. Participants who engaged in SAIL reported improved strength, balance, fitness, and/or flexibility, and improved performance of daily activities.

Tai Chi for Arthritis (TCA) is a falls prevention program that utilizes Tai Chi's Sun style for its ability to improve relaxation and balance, and its ease of use for older adults. The outcomes of the program are to improve balance, increase muscular strength, improve mobility, increase flexibility, improve psychological health, decrease pain and prevent falls. The program is a *minimum* of 16 hours of Tai Chi in a community setting, which can be provided either once a week, one hour each session for 16 weeks or twice per week for one hour each session for 8 weeks. The program encourages participants to practice for 30 minutes at least four times per week at home in addition to class time. There is an instructional DVD available to help participants with home practice.

Tai Ji Quan: Moving for Better Balance (TJQMBB) is a fall prevention program that transforms traditional Tai Ji Quan martial arts movements into movements focused on improving postural stability, awareness and mindfulness of body positioning in space, functional walking, movement symmetry and coordination, range of motion for the ankle and hip joints, and lower body muscle strength. The goal of TJQMBB is to improve strength, balance, and mobility, and to prevent falls among older adults. Research done on this program has shown improvements in lower body strength, sensory integration, stability, and cognitive function. Participants have reduced falls by 55-58% in community-dwelling older adults and by 67% among older adults with Parkinson's disease. The program meets for one hour at least twice per week for a minimum of 24 consecutive weeks.

In sum, the research that has been performed on these falls prevention programs shows that individuals who participate in the programs and meet the required participation standards reduce their fear of falling, increase their lower body strength and reduce the number of falls, as compared to prior to program participation. There is also a concomitant reduction in the costs associated with emergency room visits and hospitalizations related to falls.^{xviii}

Evidence-Based Programs for Both Chronic Disease Management and Falls

In addition to evidence-based programs for either Chronic Disease Management or Falls Prevention, ACL also recognizes a multitude of programs that provide benefit for older adults who may be managing chronic illness(es) *and* may also be at risk for falls.

HomeMeds recognizes that medication-related problems can endanger the lives of community-dwelling older adults who are managing chronic illness(es). Additionally, the side effects of medications and/or drug interactions may cause symptoms such as dizziness which may lead to issues with balance and falls. Much more, medication-related problems can lead to many issues resulting in frequent emergency room visits, hospitalizations, and worse. HomeMeds is an evidence-based tool for identifying potential medication-related errors through medication screening of prescription and over-the-counter medications, herbals, and supplements done by care coordinators or community health workers. All medications are input into HomeMeds' proprietary software, which is programmed using the 2023 American Geriatrics Society Beers Criteria List 2, to identify any hazardous drug interactions or duplications, fall risks or confusion related to possible inappropriate psychotropic medications, and any cardiovascular issues related to medication use. Should any issues arise, a pharmacist is alerted to review the medications, and they issue a report including suggested modifications.

Arthritis Foundation Exercise Program (AFEP) is a group exercise program that includes a variety of exercises that can be performed seated or standing with the aim of reducing pain and stiffness, and maintaining or improving mobility, muscle strength, and functional ability. AFEP meets for one hour twice a week for six weeks, totaling 12 sessions. Led by a certified instructor, the program targets older adults managing arthritis and/or related rheumatic diseases or musculoskeletal conditions. This evidence-based program has been shown to increase participants' overall sense of well-being and quality of life, reduce pain/inflammation, increase social interaction, improve joint function, and increase muscular strength.

Remote Evidence-Based Programs – Video and Telephonic

Traditionally, the abovementioned evidence-based programs were developed for in-person implementation. However, amid the COVID-19 pandemic program developers pivoted to create standards and curricula for remote program implementation to keep older adults engaged. At present time, all of the evidence-based programs discussed are available for in-person and remote implementation telephonically or using digital platforms such as Zoom. All trained leaders/instructors of these evidence-based programs are not only trained in the program curricula but are also trained to adapt the programs to the modality it is offered through. This has increased reach to older adults who may be homebound, and those who may feel more comfortable engaging from their home.

Section 2: Statewide Objectives, Program Focus, Challenges, and Innovations

Objectives

Through funding from the Administration on Aging (AoA), California has built infrastructure for and has offered the Self-Management Resource Center's CDSME programs in English and Spanish for over 20 years and numerous evidence-based falls prevention programs for over approximately 10 years. The falls prevention programs spread through these grants to date have included A Matter of Balance, Bingocize, CAPABLE, EnhanceFitness, SAIL, Tai Chi for Arthritis, and Tai Ji Quan: Moving for Better Balance. The years of experience implementing and spreading these evidence-based programs has enabled agencies/organizations to expand beyond these programs, utilizing funding from other sources such as Older Americans Act (III-D) funds through local Area Agencies on Aging, county public health funds, and/or contracts with payers to offer a variety of services to California's older adults.

California's first grant from the Administration on Aging in 2003 was awarded to the California Department of Aging (CDA), who worked closely with the California Department of Public Health, Partners in Care Foundation, and Kaiser Permanente to implement CDSME programs. Three subsequent grants were awarded to CDA in 2006, 2010, and 2012 to support further spread of CDSME in California. In 2014, *Partners* emerged as an appropriate prime grantee, as the agency had served as the Statewide Technical Assistance Center for each of the aforementioned grants. With continued support from the California Departments of Aging and Public Health, *Partners* received three additional grants from AoA in 2014, 2017, and 2020. *Partners* also applied for and was awarded three Falls Prevention grants in 2015, 2017, and 2020.

Through ACL funding, *Partners* has managed or provided technical and operational support for in-person workshops in 12 of the most populous of California's 58 counties, representing the major population centers in California. Now that *Partners'* funding from ACL has sunset, the primary goal in California will be to maintain capacity for program implementation statewide to continue to serve a high volume of older adults through these evidence-based programs. Strategically, Goal "1a" is to diversify the ways in which these programs are funded by contracting for payment from managed care organizations (MCO), accountable care organizations (ACO), individual practice associations (IPA), and employer groups. On December 29, 2021, California's federal waiver package, titled "California Advancing and Innovating Medi-Cal (CalAIM)" was approved by the Centers for Medicare and Medicaid Services (CMS). The goal of the five-year CalAIM plan is to transform Medi-Cal – California's Medicaid program – so it integrates more seamlessly with other social services. This provides an opportunity for collaborating with the health care payer community to provide evidence-based programs to their members, and also to build infrastructure within this community to increase overall capacity for program spread and implementation. To accomplish this, *Partners* also manages and staffs a statewide network of providers primed to accept contracts from payers as a single entity called *Partners at Home (PAH)*.



*Partners’ 2020 ACL grant initiative, titled “Circle of Wellness (CoW)”

As *Partners* has continued to build infrastructure for falls prevention programs in California, we have worked with leads in the twelve counties highlighted below to strengthen their ability to spread and scale programs by building partnerships in their geographic areas and training leaders to offer programs, ten of which were included in *Partners*’ most recently funded ACL grant, titled *BALNCE: Circle of Care (CoC)*. The population of these ten counties represents approximately 40% of California’s older adult population, and through ACL funding the volume of older adults served through evidence-based falls prevention programs has increased by 86% over the last four years.

Falls Prevention Programs in California, 2015-2024



To strategically plan for the sustainability of CDSME and falls prevention programs statewide, *Partners* – as the Statewide Technical Assistance Center – worked with each county represented in the 2020 ACL CDSME and Falls Prevention grants to revisit and revise county SWOT (Strengths, Weaknesses, Opportunities, and Threats) analyses initially completed during *Partners'* 2017 ACL grants. For any county partners that were not included in that grant cycle, new SWOT analyses were developed.

The results of this exercise culminated in revised countywide sustainability plans submitted to *Partners* in 2022. Key elements of those countywide plans have been amalgamated and are reported below. These results serve as drivers toward the accomplishment of the 2020-2024 ACL CDSME and Falls Prevention grants' sustainability goals and help us to look forward to continued expansion beyond ACL grant funding. In addition to the authorship of those countywide sustainability plans in Year 2 of the grants and this statewide sustainability plan completed during *Partners'* no-cost extension year, these goals included:

- 1) Conduct joint planning meetings to leverage resources for identifying other community partners and funding arrangements.
- 2) Develop a "sales" toolkit for the Partners at Home Network Members to develop contract(s) with sustainability partners.

This "sales" toolkit is included as Appendix A to this Statewide Sustainability Plan.

The following revisits the Environmental Scan and Industry and Market Analysis completed in 2020, which catalyzed the development of the Statewide Sustainability Plan:

Environmental Scan

- **Socially**, there has been a shift in individuals' approach to preventative health care. As the baby boomer generation ages into older adulthood, they have had longer careers and many are more technologically savvy. The COVID-19 pandemic has forced a shift to more digital interactions such as telehealth, learning and social interactions for older adults being moved to remote methods (telephonic and on-line). Older adults will need to be connected to Broadband or cellular services and continue to learn and apply new technological skills. Additionally, we have become more aware of epidemic health issues (e.g., obesity, opioid misuse, social isolation and loneliness, etc.). The pandemic has heightened the incidence of, but also the awareness of social determinants of health, including social isolation, loneliness, food access and the digital divide necessitating further research and intervention.
- **Economically**, the growth in prevalence of chronic conditions across the population requires a healthier, proactive approach to health. Government and private companies (EAP, benefits offered by health plans, etc.) spending for health care and disease prevention is unstable – one cannot easily predict the level of support they will lend toward Americans' efforts to live longer, healthier lives. The pandemic has caused instability in the economy and has put many Californians out of work or has moved many into early retirement. While this certainly has an economic impact on the individual and on the system, this also holds social and health implications as older adults search for meaningful and health activating activities.
- **Demographically**, the older adult population is growing rapidly, and California has the largest 60+ population in real numbers with ~21.8% of the state's 39 million

people over age 60, according to the U.S. Census. Additionally, as this population grows, they become increasingly more diverse in terms of race, ethnicity, cultural competency, income, etc. Therefore, our approach to health and wellness requires accommodation to individual differences.

- Technologically, we have seen an increase in services that can enable individuals to access health care (e.g., Telehealth, Uber, Lyft, Zoom, Teams, etc.). Yet, as technology develops and changes, we also see notable differences in abilities to utilize that technology that fall along economic and racial lines – yet, being able to utilize these modern tools has become a necessity brought on by the pandemic. Technology also helps to shed light on other challenges that older adults may face, which may include but are not limited to cognition to know and understand how to operate technology, and finances to be able to afford a device and internet service.
- Politically, in addition to an uncertainty about funding for health care, and social determinants of health we have seen an increase in the impact of politics on said funding. COVID-19 has certainly placed a demand on those in political positions of power to devote aid toward economic recovery and emergency public health needs such as testing, and vaccinations. It has become all too clear that the United States must invest in a more robust public health system to combat farther upstream, through prevention, both emerging viruses such as COVID-19 and chronic conditions.

The overall shift in each of those areas as California has been impacted by the COVID-19 pandemic has resulted in an increased focus on social and technological factors that impact older adults' ability to age in place. The pandemic has forced a multi-lens approach to understand how these shifts have impacted older Californians in a multitude of ways – some issues compounding one upon the other.

Industry and Market Analysis

In the face of these shifts, service providers like each of the agencies/organizations included in the ACL CDSME and Falls Prevention grants must continually adapt to remain competitive. As a provider of services to older adults, key competitors include:

- Other non-evidence-based programs such as Bingo, Zumba, and health presentations
- Gyms and health clubs
- Entertainment and leisure activities
- Online health/health education apps
- Medications
- Holistic medicine/healers
- Visiting with family and/or friends

As a direct reflection of the impact of the COVID-19 pandemic some of those competitors may have become temporarily less competitive, as older adults were unable to partake in their usual or routine activities due to health and safety concerns.

While competition from gyms, health clubs, entertainment, and leisure activities was reduced during the pandemic, service providers had to increase their online presence to continue to engage older adults in evidence-based programs. It may sound like this would be an easy task in these times; however, in truth it has been an uphill fight in communities of need, where few older adults have access to devices, the internet, or the knowledge of how to use either if or when available.

In the aftermath of the pandemic's apex, we saw the return of the competition, as older adults sought to return to their routines that they had so missed. The threat of COVID-19 looms with cases surging from period to period. Nevertheless, as a community of providers we are now better equipped to provide seamless services after strategizing through a global pandemic. The SWOT Analysis below shows each county partner's approach moving forward:

SWOT Analysis

Completed SWOT Analyses assist in each agency/organization's understanding of how they can position themselves and devote efforts appropriately to remain competitive in health care and social determinants of health work.

- **Strengths**
 - **Funding**: Statewide, the California Department of Aging and *Partners* have a 20+ year history of garnering funding from state, national and private funders. Additionally, as agencies/organizations implementing evidence-based programs increase the number of lives touched through this funding, we gather outcomes data that shows successes and opportunities for improvement. This data assists in the ability to win additional grants to capitalize on those successes and to identify new approaches to address opportunities for improvement. Locally, Emergency Medical Services (EMS) has contracted with local providers of evidence-based programs to add services for their members and patients, namely in Alameda and Los Angeles Counties. Additionally, county government agencies implementing programs have special access to government funding that may be purposed for a broader goal like injury prevention but may also apply to the implementation of falls prevention programs to meet that goal. One example of this is Alameda County's access to Measure A funding, which increased taxes by .5% to provide additional financial support for emergency medical, hospital inpatient, outpatient, public health, mental health and substance abuse services to indigent, low-income, and uninsured adults, children, families, seniors and other residents of Alameda County.
 - **Organizational Support**: The leadership of each of the implementing agencies fully supports the infrastructure development and spread of the evidence-based programs and is committed to representing the outcomes of the programs to their Board of Directors.

- Infrastructure: California boasts a significant number of Lead Trainers, T-Trainer, and Master Trainers in both CDSME and falls prevention programs that allow agencies/organizations to increase their leader base for these programs through trainings. Training multilingual leaders also enables evidence-based programs to be offered in many languages.
 - Experience: California’s reputation for winning grants and contracts and meeting the goals and objectives set forth in these agreements serves as a strong foundation, adding over 20 years of experience implementing evidence-based programs on a large scale. Through this experience implementing agencies/organizations have developed best practices and have learned many lessons that have enabled an increase in the breadth of programs now available across the state.
 - Partnerships: *Partners*, leader of the statewide California Healthier Living Coalition, is a nationally known leader in developing, implementing and spreading evidence-based programs. Locally, implementing agencies have built strong relationships with their local Area Agencies on Aging (AAA) to streamline aging services in their county, broaden marketing efforts, and to leverage access to resources that may be funneled directly through the AAAs (e.g., access to internet-connected devices to bridge the digital divide). Many implementing agencies indeed are the local AAAs. Agencies also have partnerships with local senior housing communities, community colleges, high schools, local task forces/coalitions, etc.
 - Complementary Lines of Service: Many agencies implementing evidence-based programs statewide also have case management services and/or other “feeder programs” through which older adults may be referred into programs, and vice versa.
- **Weaknesses**
 - Grant dependence
 - Bandwidth of staff
 - Staff transitions
 - New leadership
 - Competing agency/organization priorities
 - Agency/staff familiarity with technology (software) to provide solutions and training/education to older adults
 - Lack of access to patient information for outreach, recruitment, and proof of programs’ impact on older adults’ health
 - **Opportunities**
 - Medicare Advantage
 - MediCal (CalAIM)
 - Unions and Municipality Retirement Funds
 - COVID-19 long hauler response
 - Capitalizing on older adults’ “hunger” for programs after being socially isolated during COVID-19
 - Providing social opportunities for older adults

- Expanding evidence-based program lineup
 - Reaching homebound and rural older adults through remote programs
 - For-profit older adult housing (Assisted Living residences)
 - Cross-enrollment or marketing across programs from non-evidence-based into evidence-based programs (e.g., case management, Great Plates Delivered, CalFresh)
 - Intergenerational programming through partnerships with local high schools and universities
 - Offering programs in a multitude of languages
 - Building a virtual community through which other services can be provided
 - Outreach to organizations who have less experience implementing evidence-based programs to provide support
- Threats
 - Competing responsibilities (e.g., meals, case management, etc.) among aging service providers, including Area Agencies on Aging and County Public Health Departments, that become more urgent in the event of an emergency
 - Non-evidence-based programs
 - Technology/Digital Divide – access to and funding for technology, and technological savvy (knowledge/fear among older adults)
 - Magnified among cultural and linguistic groups
 - Other evidence-based programs
 - Demands for COVID-19 response

In review of the opportunities outlined in the SWOT analysis above, *Partners* will continue to develop a value proposition that appeals to a multitude of payers by building on the successes and lessons learned by statewide partners. While the COVID-19 pandemic brought on many challenges, it also forced agencies/organizations implementing evidence-based programs to explore innovative solutions to continue serving older adults. Key focus during the pandemic was placed on attending to social determinants of health, as they became very salient issues as a direct impact of the pandemic. In response to the need for increased focus on social determinants of health the statewide network of providers across California have broadened their services, responding to issues including, but not limited to needs for food security, responses to social isolation and loneliness, and the digital divide. The experience of these providers in offering services to meet not only the basic health needs of older adults but also those social determinants of health creates a better place for older adults to age in place.

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ⁱⁱ HCAI Patient Discharge Data; Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators, SAS Software, Version v2021 (2016-2020, ICD-10-CM). <https://hcai.ca.gov/visualizations/preventable-hospitalizations-for-diabetes/>

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- iv Dahlhamer J, Lucas J, Zelaya, C, et al. Prevalence of Chronic Pain and High-Impact Chronic Pain Among Adults — United States, 2016. *MMWR Morb Mortal Wkly Rep* 2018;67:1001–1006. DOI: [http://dx.doi.org/10.15585/mmwr.mm6736a2external icon](http://dx.doi.org/10.15585/mmwr.mm6736a2external%20icon).
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- xii National Center for Injury Prevention and Control, CDC. WISQARS Explore Fatal and Nonfatal Data. <https://wisqars.cdc.gov/explore/?o=MORT&y1=2021&y2=2021&g=00&t=0&i=1&m=20840&d=&s=0&r=0&me=0&ry=0&yp=65&e=0&a=ALL&a1=0&a2=199&g1=0&g2=199>
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