Aging Mastery Program®: Rapid Cycle Innovation in Action

n4a Annual Conference  
July 12, 2015
Today’s Presenters

- James Firman, NCOA
- Kristie Kulinski, NCOA
- Carol Zernial, WellMed Charitable Foundation
What is Rapid-Cycle Innovation?

1. Identify changes to test
2. Implement experiment
3. Examine data to identify impacts
4. Develop additional changes
5. Test again

Rapid-Cycle Evaluation
# Rapid-Cycle Innovation vs More Traditional Approaches

<table>
<thead>
<tr>
<th>Traditional Approach</th>
<th>Rapid-Cycle Innovation</th>
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<tbody>
<tr>
<td>Long-term and linear</td>
<td>Rapid, cyclical, not necessarily linear</td>
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<tr>
<td>Structured interventions, deviations discouraged</td>
<td>Partially structured, but with more local flexibility</td>
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<tr>
<td>Interventions with evaluations typically take 12-36 months.</td>
<td>Interventions with evaluations typically take 4-8 months.</td>
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<td>Standard of proof: Very high</td>
<td>Standard of proof: It depends</td>
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<tr>
<td>Ultimate: Randomized, controlled trials to prove specific outcomes often to encourage government adoption</td>
<td>Ultimate: Sufficient proof to drive improvements and market-driven adoption and scale</td>
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Why Rapid Cycle Innovation?

- **Speed!**
  
  “Ad hoc, ad loc and quid pro quo.

  So little time, so much to know!”

  - Jeremy Hillary Boob, Ph.D.

- Most **flexible approach** to program development and growth

- Strong **value proposition** for place-based funders

- Local **funder interest** helps generate enterprise-level support

- Best way (only way?) to **assemble needed capital** without compromising our vision or goals

- It’s **fun!**
The Need—
We Are Living Longer . . . And Are In Better Health

Sources: U.S. Social Security Administration, Cohort Life Expectancy Table and CDC State-Specific Healthy Life Expectancy at Age 65 Years
How We Spend Our Time Each Day

Are We Prepared for the Longevity Revolution?

As a society—

- Per capita health care spending for older adults in the U.S. is growing rapidly and is 2 to 3 times higher than in other industrialized countries.
- Expectations for older adults have remained unchanged since 1950.

As individuals—

- We have more free time than ever, yet spend little of it in service to ourselves or others.
- Many of us do not have adequate savings or are not planning adequately for the future.
What is the Aging Mastery Program® (AMP)?

AMP is an approach to living that embraces this gift of longer lives. The program combines knowledge sharing with goal-setting and feedback routines, daily practices, and peer support to help individuals make meaningful and enduring changes in their lives.

Central to the AMP philosophy is the belief that modest lifestyle changes can produce big results and that all of us can learn to make the most of our longer lives.
## AMP Curriculum

<table>
<thead>
<tr>
<th>Core Curriculum</th>
<th>Elective Curriculum</th>
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<tbody>
<tr>
<td>Navigating Longer Lives</td>
<td>Physical Health</td>
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<tr>
<td>Exercise and You</td>
<td>Communicating with Your Doctor</td>
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<td>Sleep</td>
<td>Mental Health</td>
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<td>Healthy Eating and Hydration</td>
<td>Oral Health</td>
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<td>Medication Management</td>
<td>Sensory/Brain Health</td>
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<td>Financial Fitness</td>
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<td>Advance Planning</td>
<td>Financial Health</td>
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<tr>
<td>Healthy Relationships</td>
<td>Getting the Most Out of Medicare</td>
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<td>Falls Prevention</td>
<td>Finding/Applying for Benefits</td>
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<td>Community Engagement</td>
<td>Preventing Financial Abuse</td>
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<td>Employment/Second Careers</td>
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<td>Your Home as a Strategic Asset</td>
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<td>Life Enrichment</td>
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<td>Meditation</td>
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<td>Living Your Passions</td>
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<td></td>
<td>Sex</td>
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<td>Driving Safety</td>
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<td>Intergenerational Connections</td>
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What Makes AMP Different For Individuals?

- **Comprehensive approach to aging well**, focusing on health, finance, relationships, personal growth, and community involvement.

- **Aspirational model** for individuals and society, pushing both to **reassess** roles of and **expectations** for older adults.

- Engagement program with a primary emphasis on getting people to **take actions that improve** their lives.

- **Fun** for people to do things that are also good for them by combining education with peer support, merit badges, and social rewards.
How Does AMP Add Value to Community Organizations?

- **Energizes** senior centers, retirement communities, alumni associations, civic and religious organizations, and helps attract/retain participants.
- Helps **strengthen ties** between health care and community organizations to improve chronic care.
- Encourages and produces **behavior change** in key dimensions that align with health outcome quality measures.
- Brings together **national and community partners** at the forefront of developing models for healthy aging.
- **Scales nationwide** through NCOA’s networks of community organizations.
What Have We Learned So Far?

- **Alpha I**
  - 239 participants across five senior centers in Connecticut, Indiana, Massachusetts, Pennsylvania, and South Carolina

- **Alpha II**
  - 223 participants across nine sites in Massachusetts

- **Other evaluations ongoing (Alpha III. Digital AMP, etc.)**
Initial Pilot Test Results

- Statistically significant improvement, pre to posttest, on:
  - Advanced care planning
  - Communication with health care provider
  - Healthy eating habits
  - Self-reported medication adherence
  - Enrollment in evidence-based programs (57% took at least one more program)
- Physical activity showed trend (statistical) toward improvement
- Excellent retention – 80% “graduated” by attending at least 6 out of 8 AMP sessions (92% in last wave of pilot sites)

N = 464 people in 14 senior centers
Aging Mastery Program®: Participants Speak About the Impact
Participant Testimonials

- “I sleep better, exercise regularly, socialize regularly, and eat healthier.”
- “I have more thoughtful plans on eating and physical exercise and I am working on a (final wishes end of life) plan for the future to share with my family.”
- “My sleep habits have improved greatly and my physical activity by participating in Tai Chi, strength training and other exercise programs, and walking on my own has increased.”
- “I have started to change some aspects of my life, but recognize I must do a lot more of this!”
- “No matter how tired I am, I’ve been motivated to keep with doing daily exercise.”
- “I have re-examined my will and health care proxy.”
Minimum Data Set

- Program Information Cover Sheet
- Attendance Log
- Participant Information Survey
- Participant Satisfaction Questionnaire
Implementation Lessons Learned

- Marketing matters: AMP classes are not necessarily new topics for CBOs, but the program packages them in a holistic way that engages current participants and attracts new participants.

- Engage co-creators: CBO leaders and older adults have been our co-creators. Engaging them early and often makes the program stronger.
Implementation Lessons Learned (cont.)

- Be flexible: Part of engaging stakeholders is being open to their suggestions and feedback. Knowing what is set in stone and what we have flexibility to adapt is important.

- Start with the right people: AMP has expanded through pilots at great organizations with strong and innovative leadership (like Center in the Park here in Philadelphia) that have served as leaders and mentors to other sites. As we expand, we’ve selected organizations that are known innovators in their area and that has been crucial to program growth.
WellMed Charitable Foundation (WCF)

- The WCF is the non-profit, philanthropic partner of WellMed Medical Management, Inc.
- Founded in 2006 by Dr. George Rapier III, a noted physician specializing in changing the face of healthcare delivery for seniors
- Mission is to support programs serving seniors and their family caregivers with particular attention to living well with chronic conditions
WCF Senior Centers (6)

- San Antonio
  - Elvira Cisneros Center *(first privately funded senior center)*
    - Opened April 2009 – 8,561 members
  - Alicia Trevino Lopez Center *(partnership with City of San Antonio)*
    - Opened July 2011 – 7,561 members
  - Doris Griffin Senior Center *(partnership with City of San Antonio)*
    - Opened January 2015 – 1,542 members
- Austin Senior Center *(multiple partners including AAA/ADRC)*
  - Opened May 2012 – 1,406 members
- Harlingen Senior Center *(partnership with Lower Rio Grande AAA)*
  - Opened February 2012 – 1,059 members
- McAllen Senior Center *(partnership with Lower Rio Grande AAA)*
  - Opened July 2013 – 724 members
- Corpus Christi – Opening Sept. 2015 *(partnership with City of Corpus)*

Total seniors 19,428
Aging Mastery Program

You Had Me at Hello

Tom Cruise
Jerry Maguire

Improving the lives of 10 million older adults by 2020
© 2015 National Council on Aging
AMP As An Umbrella

- Nutrition Education
- Chronic Disease Self-Management Program (CDSMP)
- Diabetes Self-Management Training (DSMT)
- Passport to Health
- Economic Security
- Benefits Enrollment
Well-Equipped Gym

- Fitness instructor on staff
- Exercise bikes, treadmills, workout stations
Aerobics (Belly Dancing)
Sit and Be Fit
Wii Room
Improving the lives of 10 million older adults by 2020
## Quality Metrics

<table>
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<tr>
<th>Outcome Measures</th>
<th>Process Measures</th>
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<tbody>
<tr>
<td>Diabetes control</td>
<td>Breast cancer screening</td>
</tr>
<tr>
<td>Blood pressure control for hypertension</td>
<td>Colorectal Cancer Screening</td>
</tr>
<tr>
<td>Medication adherence</td>
<td>Adult BMI</td>
</tr>
<tr>
<td>Cholesterol control for diabetes</td>
<td>Cholesterol Screening</td>
</tr>
<tr>
<td>Preventing Readmissions</td>
<td>Diabetic Eye Exam</td>
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AMP: More Than Just Health
AMP Pilot

- 32 Seniors Participated
- 10 Staff Trained
- 75% of attendees reported that they had completely changed their thoughts about healthy eating.
  - Diabetic Senior was able to stay off medication
  - Chemo patient had renewed interest in eating
Successes & Challenges

Successes

- “Finally” understanding nutrition labels
- Real world lessons on portion control
- Cost reduction strategies: freezing unused portions or halving recipes
- SHARING – couldn’t stop once they started!

Challenges

- Members not open to change impeded others
- Repetition in curriculum good for reinforcement but needed to addressed more creatively
NCOA and our community partners will combine philanthropic support with market-driven strategies to develop and bring AMP to scale and to ensure that AMP reaches everyone who can benefit from it, regardless of their incomes.
### Aging Mastery Program®: Impact and Projected Reach

<table>
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<tr>
<th>Alpha</th>
<th>Beta</th>
<th>Scale</th>
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| - Five -site pilot  
- Statewide pilots (2013-14) | - 120+ sites  
- Rapid-cycle innovation (2015 -16) | AMP offered through at least 1,000 community organizations and online (2017–20) |

1. **Alpha**
   - 1200+

2. **Beta**
   - 5,000+

3. **Scale**
   - 1,000,000+
AMP will be in Over 125 Communities by the end of 2015

Key:
- 1 or more locations
- 10 or more locations
- 40+ locations

WA  MN  WI  NY  PA  MA
Rapid-Cycle Innovation for AMP - Alpha Testing

- Sequential Learning
- Primary Learning Objectives:
  - How can we improve the basic 10 week course?
  - What outcomes does it produce for participants and senior centers?
- Secondary Learning: Are sites able to sustain program beyond seed grants?
Multi-Community Rapid Cycle Innovation – Beta Phase

- Same core intervention, but different objectives for different projects and sites.
- Each project makes a unique contribution to overall knowledge and is truly a local project of national significance.
- Learning is not necessarily linear

Key learning objectives include:

- Effect/success with different populations (rural, homebound, ethnic groups, etc.)
- Success in different venues (community colleges, retirement communities, etc.)
- AMP Clubs
- Developing and improving new core and elective courses,
- Tie in and benefits for health care organizations
- Digital AMP
Digital AMP

- Seven sites, 226 older adults
- One year
- Tablets + LTE + Training + AMP
- Evaluation by Columbia Aging Center
The Four Pillars of AMP

AMP ACADEMY
Knowledge center

AMP CLUBS
Social engagement and community service

AMP VAULT
Document storage for advanced planning and end-of-life

AMP APPS
Daily practices, videos, and online tools
Reaching Consumers Through Community Locations

- Community Centers
- Retirement Communities
- Senior Housing
- Adult Education
- Religious, Civic & Fraternal Organizations
- Alumni Associations
- Community Colleges
- Other Community Organizations (YMCA's, Libraries, etc.)
Potential sources of funding for AMP®

- Philanthropic support
- State or local government
- Older Americans Act
  - Title III-D (not yet!)
- Consumer pay
- Health care
  - Hospitals
  - Community benefits programs
  - Medicaid
  - Medicare Advantage
Discussion: How might we work together to AMP up your community?

Vision: Baby boomers and older adults in your community will spend more time each day doing things that are good for themselves and good for others.

As a result:
- People will be healthier, more productive, more financially secure, and have a better quality of life
- Overall health care costs will be lower
- Communities and society will be strengthened
Get Connected with AMP!

- Visit **ncoa.org/AMP** to learn more
- Like **facebook.com/AgingMasteryProgram** to see what’s new
- Email **AMP@ncoa.org** to get involved!
Presenter Contact Information

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  - Available for individual conversations at N4A on Tuesday between noon and 6 pm. If you want to talk, let's schedule a time!

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