

INTERVENTION MODULE:

CLINICAL PREVENTIVE SERVICES AND MEDICARE SCREENINGS

As the U.S. population ages, increasing the use of preventive services has become an important public health goal. Currently, less than 50% of adults aged 65 years or older are “up-to-date” on a core set of preventive health services and screenings¹. The core set of measures as defined by the Centers for Disease Control include having an influenza vaccination (flu shot or nasal spray) in the past year, a pneumococcal vaccination (pneumonia shot) at age 65 or older, a colorectal cancer screening (either a colonoscopy/sigmoidoscopy in the past 10 years or a fecal occult test in the past year), and breast cancer screening (mammogram).

As trusted sources of information and advice for seniors, aging services providers such as senior centers, NORC programs, senior housing, or community centers are uniquely positioned to reach seniors in their communities. These organizations, through their programming and activities can encourage seniors to access Medicare covered clinical preventive services and screenings such as:

- Flu Shot
- Pneumonia Shot
- Blood Pressure
- Hearing Test
- Eye Exam
- Dental visit
- Breast cancer screening/
Mammogram
- Colorectal cancer
screening
- Bone Mass measurements
- Physical activity/Obesity
screening and counseling
- Smoking/Tobacco
cessation counseling

This section contains several interventions (programs or activities) that senior serving organizations may want to try. There are many more interventions to choose from, to measurably improve the seniors’ access to clinical preventive services and screenings. They range from highly structured, evidence-based interventions to offering annual flu shots to limit complications from the flu.

¹ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. November 20, 2015. Available from: <http://www.healthypeople.gov/2020/topics-objectives/topic/older-adults/national-snapshot>

AREA OF INTEREST: IMMUNIZATION ACCESS

INTERVENTION: PEER TO PEER OUTREACH FOR INFLUENZA AND/OR PNEUMOCOCCAL VACCINATION

Description

This is a Medicare Demonstration Immunization Project developed and tested in Seattle. It is a peer-to-peer, phone based outreach program using senior volunteers to contact a targeted group of their peers who are on record as missing their flu and/or pneumococcal immunizations. The Peer volunteers invite and enroll the targeted seniors to participate in an immunization program or activity at the senior center. The seniors identified as needing immunizations are tracked for enrollment and completion of the immunization activity by a project coordinator from the site's staff.

Activities

Sites conduct an awareness campaign (health lecture, posters, flyers, etc) to increase awareness of need for immunizations. Sites identify their target group of clients, recruit and train peer volunteers, and conduct phone based outreach using scripts. Peer volunteers probe for current immunization status, encourage receipt of immunizations and discuss barriers to immunization, and attempt to sign the senior up to participate in an upcoming immunization clinic/activity at the site. Up to five attempts are used to reach seniors; if not reached, an alternate contact is phoned in an attempt to reach the senior. The site's project coordinator uses a computerized registry to track the immunization status of the targeted group. Immunization program activity takes place over 6 weeks.

Resources

- The Peer-to-Peer Vaccination Outreach program was a Medicare Demonstration Senior Immunization Project developed and tested in Seattle. More information on it is available in *Krieger, J. W., Castorina, J. S., Walls, M. L., Weaver, M. R., & Ciske, S. (2000). Increasing influenza and pneumococcal immunization rates: a randomized controlled study of a senior center-based intervention. American Journal of Preventive Medicine, 18(2), 123-131. <http://www.ajpmonline.org/article/S0749-3797%2899%2900134-8/abstract>*

Sites will need a clinical partner to administer the immunizations, a project coordinator to run the program, peer volunteers, a trainer for the peer volunteers, access to phones and office equipment as needed, a location at the site for the administration of shots, and administrative support for the day of the immunization clinic to track the participation of the seniors.

Measurement (PLEASE NOTE IF DOING BOTH VACCINES, PLEASE EVALUATE INTERVENTION FOR EACH VACCINE SEPARATELY)

Process

Did you reach the targeted seniors?

Were the volunteers regularly available for outreach efforts?

Did you offer the intervention activity (immunization clinic)?

Progress

Did the targeted seniors enroll in the intervention?

Did the targeted seniors participate consistently/complete the intervention activities?

Impact

Compare the number of targeted seniors who received an immunization pre- and post- intervention (measure rates for influenza and pneumococcal vaccines separately) using the questions from the health indicators survey:

Q 21: During the past 12 months, have you had a flu shot?

Q 22: At what age was your most recent pneumonia vaccine?

AREA OF INTEREST: BREAST CANCER SCREENING

INTERVENTION: BREAST HEALTH EDUCATION AMONG [HISPANIC] ELDERLY WOMEN²

Description

This intervention is a health promotion program intended to increase compliance with recommended guidelines for breast cancer screening. The intervention's objectives include minimizing barriers that might prevent older women from getting breast cancer screenings by increasing awareness of the importance of screening for early detection of the disease; teaching breast self-examination skills; and older women's communication with their physicians about breast cancer and screenings.

Activities

The intervention activities include a breast health and early detection education and program (3 sessions for seniors); training for primary care health professionals on current guidelines for breast cancer screening for women 65 or older and barriers that affect compliance (1 session for providers); and coordination of services to facilitate access to education, screenings and mammography services, which may include coordination of medical appointments or follow-up for any needed care, such as sending appointment reminders, and/or providing transportation to education, screenings and mammograms.

Resources

Sites will need: a health and wellness educator to lead education sessions for seniors, including instruction on breast self-examination, and training for health care providers; a project support service provider to contact program participants, assist with coordination of appointments and reminders, as well as transportation to and from screenings and mammography services.

Materials and implementation instructions for this intervention program can be downloaded and hard copies ordered from the National Cancer Institute at <http://rtips.cancer.gov/rtips/programDetails.do?programId=312766>

Measurement

Process

Did you reach the targeted seniors?

Did you offer the intervention activity (education program and coordination of screenings)?

Progress

Did the targeted seniors enroll in the intervention?

Did the targeted seniors participate consistently/complete the intervention activities?

Impact

Compare the number of targeted seniors who received mammography or breast cancer screening pre- and post- intervention using the question from the health indicators survey:

Q 27: When was the last time you had a mammogram?

² Vazquez M, Ayendez M, Perez E, Almodovar H, Calderon Y. (2002). Breast cancer health promotion model for older Puerto Rican women: Results of a pilot programme. Health Promotion International, 17 (1), 3-11.

AREA OF INTEREST: SENIORS AND ACCESS TO RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

INTERVENTION: BI-WEEKLY EXERCISE CLASS

Getting the recommended level of 2.5 hours per week of moderate to vigorous physical activity has been shown to benefit seniors in many ways. It can help maintain healthy bones, muscles, and joints and reduce the risk of falls, help control joint swelling and pain related to arthritis, and help reduce blood pressure in some people with hypertension, reduce the risk of dying from heart disease, among many other health benefits.

Description

Many senior serving organizations offer a range of exercise programs for their clients. To help seniors access and participate in the recommended levels of physical activity, sites will add a targeting, monitoring, and tracking component to their exercise programs. Targeting, monitoring participation, and tracking impact on health will help sites to help the seniors on their registry to work toward increasing their level of physical activity to the recommended guideline of 2.5 hours per week of moderate to vigorous exercise.

Activities

Targeted seniors are recruited and enrolled in an exercise program, either on site, or through a community partner. Seniors are instructed on how to log their exercise and keep a chart of their progress. Progress is recorded by site staff (if on-site through attendance records) if off-site through client's self-report/sharing of client's exercise log. Potential exercise programs for on-site programming are: *Stay Well* and Big Apple Senior Strollers—both programs have training material available through New York City's Department for the Aging.

Resources

- New York City Department for the Aging Stay Well program: http://www.nyc.gov/html/dfta/downloads/pdf/health/stay_well_look.pdf
- www.silversneakers.com
- [Stanford's Patient Education Research Center measure set on Exercise Behaviors.](http://patienteducation.stanford.edu/research/exercise.html) (http://patienteducation.stanford.edu/research/exercise.html)

Measurement

Process

Did you reach the targeted seniors?

Were the volunteers regularly available for outreach efforts?

Did you offer the intervention activity?

Progress

Did the targeted seniors enroll in the intervention?

Did the targeted seniors participate consistently/complete the intervention activities?

How many of the targeted seniors completed the intervention?

Impact

Compare pre- and post- intervention results of the health indicator question on recommended level of physical activity, as well as health status rating.

Q 30 On average, how often do you do vigorous activities for at least 20 minutes that cause heavy sweating or large increases in breathing or heart rate?

Q 31 On average, how often do you do light or moderate activities for at least 30 minutes that cause only light sweating or slight to moderate increases in breathing or heart rate?

Q 41. Would you say that your health is excellent, very good, good, fair, or poor?