

Population health evidence inventory

Revised after the 7/28/20 SAPA Priority Outcomes Work Team Meeting

SAPA work teams: In your review of this strategy handout, please consider the following questions:

1. **Are there any evidence-informed strategies you would recommend adding?** If yes:
 - a. **What is the evidence that this strategy achieves relevant outcomes?** (send link, preferably to systematic review or evidence registry; or to journal article or grey literature from external organization)
 - b. **If it doesn't fit as an evidence-informed strategy, what is the rationale for including it in the SAPA?** (This list was developed using evidence registries and national or state sources of evidence-based strategies. Some types of strategies, such as systems changes and emerging approaches, may not be captured by these sources. Are there any of these types of strategies we should consider, and how do they further SAPA objectives?)
2. **Are there any strategies on the list you think should be renamed, combined (i.e. grouped together) or split out?**
3. **Are there any strategies you would recommend removing from consideration and why?** (Please consider the strategy selection considerations below.)

Strategy selection considerations

- Evidence of effectiveness
- Potential size of impact on SAPA outcomes, including equity
- Co-benefits (impacts multiple SAPA outcomes)
- Opportunities given current status
- Alignment with the 2020-2022 SHIP

Population health outcomes and preliminary potential indicators

Desired outcome	Indicator name	Indicator description (source/lead agency)
Reduce cognitive difficulty	Cognitive difficulty	Percent of adults aged 65 and older who reported having cognitive difficulty (BRFSS)
Reduce depression	Depression	Percent of adults aged 65 and older who reported their mental health was not good 14 or more days in the past 30 days (BRFSS, as reported in AHR Senior Report)
Reduce hypertension	Hypertension	Percent of adults, ages 65 and older, who have ever been told they have high blood pressure (BRFSS)

Evidence sources

Evidence registry, systematic review or federal source of evidence-based strategies	Recommendation level(s) included in this inventory (if applicable)
What Works for Health (WWFH) : Evidence registry from County Health Rankings and Roadmaps, a project of the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation	<ul style="list-style-type: none"> Scientifically supported Some evidence
The Guide to Community Preventive Services (Community Guide) : Systematic reviews from the U.S. Centers for Disease Control and Prevention (CDC)	Recommended
National Council on Aging (NCOA), Evidence-Based Health Promotion/Disease Prevention Programs : List of evidence-based health promotion/disease prevention programs approved for Older American's Act Title III-D funding	N/A
Administration for Community Living (ACL), Aging and Disability Evidence-Based Programs and Practices : Collection of evidence-based programs and practices that address older adult health and wellness, long-term services and supports, and caregiver and family support	N/A
U.S. Preventive Services Task Force Recommendations (USPSTF) : Systematic reviews from the Agency for Healthcare Research and Quality	<ul style="list-style-type: none"> Grade A (recommended; high certainty of benefit) Grade B (recommended; moderate certainty of benefit)

Table 1. SAPA population health outcomes: Cognitive difficulty

Strategy/policy/program	Outcomes	Included in 2020-2022 SHIP?
Orange = Likely to reduce disparities, based on review by WWFH, or health equity strategy in Community Guide	Note: for WWFH, Bold= expected beneficial outcomes; unbold= other potential beneficial outcomes; * = other potential beneficial outcome listed in research	
Physical activity		
1. Activity programs for older adults	WWFH <ul style="list-style-type: none"> Improved health outcomes Improved mental health Reduced isolation Improved quality of life Increased activity levels 	Yes

	<ul style="list-style-type: none"> • Reduced falls • Reduce cognitive decline* 	
2. Community fitness programs	WWFH <ul style="list-style-type: none"> • Increased physical activity • Improved physical fitness • Improved mental health • Improve cognitive function* 	Yes
3. Bingocize® , a 10-week program that is a combination of exercise and health education in a bingo format	NCOA <ul style="list-style-type: none"> • Increased physical activity • Improved cognitive function • Increased social engagement 	No
4. Tai Chi Prime (available via DVD)	NCOA <ul style="list-style-type: none"> • Reduced falls • Improved strength, balance, balance confidence and gait/mobility • Improved cognitive skills 	No
Community-based social supports		
5. Community centers , including senior centers*	WWFH <ul style="list-style-type: none"> • Improved social networks • Reduced isolation • Improved well-being • Increased community involvement • Increased civic participation 	
6. Community gardens	WWFH <ul style="list-style-type: none"> • Increased access to fruits and vegetables • Increased fruit and vegetable consumption • Increased physical activity • Increased food security • Increased healthy foods in food deserts • Reduced obesity rates • Improved mental health • Improved sense of community • Improved neighborhood safety • Reduced emissions • Improved cognitive function* 	
7. Experience Corps® , an intergenerational volunteer-based tutoring program	AARP <ul style="list-style-type: none"> • Improved cognitive functions, such as executive function, memory and speed of processing • Improved instrumental activity of daily living 	No

<p>8. <u>Adult Day Services (ADS)</u></p>	<p>National Adult Day Services Association</p> <ul style="list-style-type: none"> • Increased caregiver supports • Improved health, nutrition, and social needs of adults with cognitive and physical difficulties 	<p>No</p>
<p>Screening</p>		
<p>9. <u>Cognitive impairment screenings</u>, such as through the <u>Medicare Annual Wellness Visit</u></p>	<p>Medicare</p> <ul style="list-style-type: none"> • Increased cognitive impairment diagnoses • Increased connection to disease management services 	<p>No</p>
<p>Disease management and care coordination</p>		
<p>10. <u>Telemental Health Services</u></p>	<p>WWFH</p> <ul style="list-style-type: none"> • Reduced post-traumatic stress • Improved mental health • Increased access to mental health services • Reduced suicides • Improved dementia-related outcomes* 	<p>Yes</p>
<p>11. <u>Case-managed care for community-dwelling frail elders</u></p>	<p>WWFH</p> <ul style="list-style-type: none"> • Reduced nursing home use • Reduced hospitalization utilization • Improved day-to-day functioning • Improved health outcomes • Increased patient satisfaction • Increased caregiver satisfaction • Improved mental health • Improved cognitive function • Improved quality of life 	<p>No</p>
<p>12. <u>MUSIC & MEMORY®</u></p>	<p>American Journal of Geriatric Psychiatry</p> <ul style="list-style-type: none"> • Reduced antipsychotic medication use • Reduced behavioral and psychological symptoms of dementia • Improved quality of life 	<p>No</p>
<p>13. <u>Aging Brain Care (Collaborative Care)</u>, in-person and telephone sessions for caregivers and persons living with dementia and/or depression to offer tools, processes and</p>	<p>Best Practice Caregiving</p> <ul style="list-style-type: none"> • Reduced symptoms of depression • Reduced illness-related stress, strain, or burden • Reduced symptoms severity, difficulty, or distress 	<p>No</p>

<p>strategies with optional support groups.</p>	<ul style="list-style-type: none"> • Reduced use of medications for symptoms of dementia or related to dementia 	
<p>14. <u>Alzheimer's Disease Coordinated Care for San Diego Seniors (ACCESS)</u>, individual care coordination program for caregivers and persons living with dementia, focused on identifying problems, action planning, and linking to community services and resources.</p>	<p>Best Practice Caregiving</p> <ul style="list-style-type: none"> • Improved quality of life • Reduced use of medications for symptoms of dementia or related to dementia 	<p>No</p>
<p>15. <u>Care of Persons with Dementia in their Environments (COPE)</u>, education and skills-training sessions for caregivers and persons living with dementia, focused on improving the home environment, medical and functional needs, care- and illness-related challenges and stress</p>	<p>Best Practice Caregiving</p> <ul style="list-style-type: none"> • Improved quality of life • Improved quality for activities of daily living 	<p>No</p>
<p>16. <u>Reducing Disability in Alzheimer's Disease (RDAD)</u>, in-home support program that works with caregivers of individuals who have moderate to severe dementia or intellectual/developmental disabilities</p>	<p>University of Kansas</p> <ul style="list-style-type: none"> • Decreased stress and anxiety • Improved mood and community • Improved level of mobility 	<p>No</p>
<p>17. <u>Support Health Activities Resources Education (SHARE) for Dementia</u>, psychoeducational program designed to help families in the early stages of dementia discuss and plan for the later stages of the illness</p>	<p>Benjamin Rose Institute on Aging</p> <ul style="list-style-type: none"> • Improved communication • Increased use of services • Development of a care plan for the future 	<p>No</p>

Table 2. SAPA population health outcomes: Depression

Strategy/policy/program Orange = Likely to reduce disparities, based on review by WWFH, or health equity strategy in Community Guide	Outcomes Note: for WWFH, Bold= expected beneficial outcomes; unbold= other potential beneficial outcomes	Included in 2020-2022 SHIP?
Physical activity		
1. Activity programs for older adults	WWFH <ul style="list-style-type: none"> • Improved health outcomes • Improved mental health • Reduced isolation • Improved quality of life • Increased activity levels • Reduced falls 	Yes
2. Community-based social support for physical activity	WWFH <ul style="list-style-type: none"> • Increased physical activity • Improved physical fitness • Improved health outcomes • Improved mental health 	Yes
3. Enhance®Fitness	NCOA <ul style="list-style-type: none"> • Improved physical function • Decreased depression • Protect against falls and fall injury • Provide a social benefit • Promote a physically active lifestyle • Reduced medical care utilization costs • Decreased unplanned hospitalizations • Decreased mortality rates 	No
4. PEARLS (Program to Encourage Active, Rewarding Lives for Seniors)	NCOA <ul style="list-style-type: none"> • Reduced symptoms of depression • Improve health-related quality of life 	Yes
Home- and community-based supports		
5. Mental Health First Aid	WWFH <ul style="list-style-type: none"> • Increased knowledge of mental health • Reduced stigma 	No
6. Crisis lines	WWFH <ul style="list-style-type: none"> • Improved mental health • Reduced suicide 	Yes
Mental health care access		
7. Behavioral health primary care integration	WWFH <ul style="list-style-type: none"> • Improved mental health • Increased adherence to treatment • Improved quality of life 	Yes

	<ul style="list-style-type: none"> • Increased patient engagement • Increased patient satisfaction • Reduced drug and alcohol use 	
8. Mental health benefits legislation , along with monitoring for implementation and compliance	WWFH/ CG <ul style="list-style-type: none"> • Increased access to mental health services • Increased substance use disorder treatment • Improved mental health • Reduced suicide 	Yes
9. Culturally adapted health care	WWFH <ul style="list-style-type: none"> • Improved health outcomes • Improved mental health • Improved health-related knowledge • Improved chronic disease management • Increased cancer screening • Increased patient satisfaction • Reduced hospital utilization • Improved quality of life • Improved adherence to treatment • Increased tobacco cessation • Improved dietary habits • Improved weight status • Improved patient-provider communication • Improved prenatal care • Reduced drug and alcohol use 	Yes
Screening and assessment		
18. Screening for depression in adults	USPSTF <ul style="list-style-type: none"> • Increased depression screenings • Increased likelihood of remission and treatment response in general adult populations experiencing depressive symptoms 	Yes
19. Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)	NCOA Reduced severity of depressive symptoms in frail, high risk and diverse older clients of community agencies	Yes
20. Depression screenings through the Medicare Annual Wellness Visit	Medicare <ul style="list-style-type: none"> • Increased cognitive impairment diagnoses • Increased connection to disease management services 	No
Disease management and care coordination		

<p>21. Chronic disease management programs, including managing depression</p>	<p>WWFH</p> <ul style="list-style-type: none"> • Improved quality of life • Improved health outcomes • Improved mental health • Reduced hospital utilization 	<p>Yes</p>
<p>22. Chronic disease self-management (CDSM) programs, including managing depression</p>	<p>WWFH</p> <ul style="list-style-type: none"> • Improved health outcomes • Increased healthy behaviors • Improved quality of life • Increased self-efficacy • Improved mental health • Reduced hospital utilization • Improved chronic disease management • Improved care for chronic conditions 	<p>No</p>
<p>23. Case-managed care for community-dwelling frail elders</p>	<p>WWFH</p> <ul style="list-style-type: none"> • Reduced nursing home use • Reduced hospital utilization • Improved day-to-day functioning • Improved health outcomes • Increased patient satisfaction • Increased caregiver satisfaction • Improved mental health • Improved cognitive function • Improved quality of life 	<p>No</p>
<p>24. Telemental health services</p>	<p>WWFH</p> <ul style="list-style-type: none"> • Improved mental health • Reduced post-traumatic stress • Increased access to mental health services • Reduced suicide 	<p>Yes</p>
<p>25. Mobile health for Mental Health, health services delivered through telephone or videoconference</p>	<p>WWFH</p> <ul style="list-style-type: none"> • Improved mental health • Reduced drug and alcohol use • Reduced post-traumatic stress • Reduced tobacco use 	<p>Yes</p>
<p>26. Clinic-based depression care management for older adults</p>	<p>CG</p> <ul style="list-style-type: none"> • Improved short-term depression outcomes 	<p>No</p>
<p>27. Collaborative care for the management of depressive disorders</p>	<p>CG/ WSIPP</p> <ul style="list-style-type: none"> • Improved depression symptoms • Improved adherence to treatment • Improved response to treatment • Improved remission and recovery from depression 	<p>Yes</p>

<p>28. Home-based depression care management for older adults</p>	<p>CG</p> <ul style="list-style-type: none"> Improved short-term depression outcomes 	<p>No</p>
<p>29. BRI Care Consultation</p>	<p>NCOA</p> <ul style="list-style-type: none"> Improved care coordination Increased depression assessment 	<p>No</p>
<p>30. Wellness Recovery Action Plan (WRAP®), a group intervention for illness self-management, including depression</p>	<p>NCOA</p> <ul style="list-style-type: none"> Increased self-agency Decreased anxiety and depression Increased hopefulness Increased patient self-advocacy Decreased daily disruption physical and mental health conditions Enhanced social support Improved self-esteem Improved management of addictive behaviors Decreased dependency on utilization of formal health care support services Improved quality of life 	<p>No</p>
<p>31. Program of All-Inclusive Care for the Elderly (PACE) ensures the provision of a variety of social and medical services to help older adults who meet the criteria for admission to nursing homes stay in the community</p>	<p>ACL</p> <ul style="list-style-type: none"> Improved care management Improved health status Improved mental health Increased utilization of health services 	<p>No</p>

Table 3. SAPA population health outcomes: Hypertension

<p>Strategy/policy/program Orange = Likely to reduce disparities, based on review by WWFH, or health equity strategy in Community Guide</p>	<p>Outcomes Note: for WWFH, Bold= expected beneficial outcomes; unbold= other potential beneficial outcomes</p>	<p>Included in 2020-2022 SHIP?</p>
<p>Screening and preventive services</p>		
<p>1. Hypertension screening and follow up</p>	<p>USPSTF</p> <ul style="list-style-type: none"> Improved blood pressure outcomes Reduced the incidence of cardiovascular events 	<p>Yes</p>
<p>2. Self-measured blood pressure monitoring interventions, alone and with additional support</p>	<p>CG</p> <ul style="list-style-type: none"> Reduction in systolic and diastolic BP 	<p>No</p>

<p>3. Medicare Annual Wellness Visits, including preventive care services</p>	<p>NCOA</p> <ul style="list-style-type: none"> • Increased positive health outcomes • Increased self-managed care • Improved blood pressure 	<p>No</p>
<p>4. Provider training and education to raise awareness of hypertension screening and management</p>	<p>CDC 6/18</p> <ul style="list-style-type: none"> • Improved blood pressure outcomes 	<p>2017-2019 SHIP</p>
<p>5. Reducing out-of-pocket costs for cardiovascular disease preventive services for patients with high blood pressure and high cholesterol</p>	<p>CG</p> <ul style="list-style-type: none"> • Improved medication adherence • Improved blood pressure and cholesterol outcomes 	<p>No</p>
<p>Disease management and care coordination</p>		
<p>6. Chronic disease management programs, including management of hypertension</p>	<p>WWFH</p> <ul style="list-style-type: none"> • Improved quality of life • Improved health outcomes • Improved mental health • Reduced hospital utilization 	<p>Yes</p>
<p>7. Chronic disease self-management programs, including management of hypertension</p>	<p>WWFH/NCOA</p> <ul style="list-style-type: none"> • Improved health outcomes • Increased healthy behaviors • Improved quality of life • Increased self-efficacy • Improved mental health • Reduced hospital utilization • Improved chronic disease management • Improved care for chronic conditions 	<p>No</p>
<p>8. Health coaches for hypertension control</p>	<p>NCOA</p> <ul style="list-style-type: none"> • Increased positive health outcomes • Increased self-confidence • Increased knowledge 	<p>No</p>
<p>9. Behavioral counseling in adults with cardiovascular risk factors</p>	<p>USPSTF</p> <ul style="list-style-type: none"> • Decrease in BP • Decrease in BMI • Improved diet • Increased physical activity 	<p>No</p>
<p>10. Team-based approach to controlling hypertension (may include Community Health Workers)</p>	<p>CG/CDC 6/18</p> <ul style="list-style-type: none"> • Reduction in systolic and diastolic BP • Increased medication adherence • Increased self-managed care 	<p>2017-2019 SHIP</p>

11. Interactive digital interventions for blood pressure self-management	CG <ul style="list-style-type: none"> Improved blood pressure measurements 	No
Treatment adherence		
12. Mobile health (mHealth) interventions for treatment adherence among newly diagnosed patients	CG <ul style="list-style-type: none"> Improved medication adherence Improved outpatient follow-up Improved adherence to self-management goals 	No
13. Clinical Decision-Support Systems	CG <ul style="list-style-type: none"> Improved medication adherence Improved outpatient follow-up 	No
14. Tailored Pharmacy-based Interventions to Improve Medication Adherence	CG <ul style="list-style-type: none"> Improved medication adherence Decreased barriers to adherence 	No
15. Improved access and adherence to antihypertensive and lipid-lowering medications	CDC 6/18 <ul style="list-style-type: none"> Increased patient compliance and medication adherence Decreased hospitalizations Decreased vascular events Reduced racial and ethnic disparities for cardiovascular disease 	2017-2019 SHIP

Relevant state plans and other resources

- [Healthy Brain Initiative](#), U.S. Centers for Disease Control and Prevention
- [National Alzheimer's and Dementia Resource Center](#), Administration for Community Living
- [Dementia Friends USA](#)
- [Cognitive Health Resources](#), National Institute on Aging
- [Alzheimer's Disease Education](#), Ohio Department of Aging
- [Depression and Aging webpage](#), U.S. Centers for Disease Control and Prevention
- [Depression and Older Adults](#), National Institute on Aging
- [Hypertension Prevalence and Management in Ohio](#), Ohio Department of Health (2015)