Improving Elder Health
2016-2017

The 2016 CHNA cited America's Health Rankings, where we learned that Pennsylvania and New Jersey rank 25th and 26th respectively nationwide for elder health, placing them squarely in the middle of all of the states within the U.S. When looking at CHNA survey data, an alarming 83% of survey respondents who were 65 or older reported having a chronic disease compared to 53% of respondents who were less than 65 years of age. High BP (60%), Arthritis (40%), High Cholesterol (35%), and Diabetes (23%) were the top 4 chronic diseases reported among survey respondents age 65 or older. Additionally, 40% of survey respondents who were 65 or older reported having an annual income of less than $25,000. According to America's Health Rankings, challenges faced by those who are 65 plus include the high prevalence of obesity, the lack of physical activity, and a low prevalence of high quality nursing homes nationally.

Our overarching goal is to improve the health and well-being of senior residents in our Network service area. We are approaching this goal by building capacity for community-wide approaches to addressing elder health needs in local communities served by SLUHN, which also includes supporting the United Way of the Greater Lehigh Valley's Alliance on Aging to collaborate with local agencies to promote the health and well-being of older adults. Additionally, we are working towards identifying existing Fall Prevention Initiatives and collaborating with other agencies to develop a community-wide comprehensive plan, as well as working with local agencies to develop networks for health and social service needs. Our approach will also focus on adopting strategies in support of the CDC's strategic plan to promote and preserve the health of older adults while addressing loneliness. We have started to do this by exploring opportunities for patient navigator models to be incorporated into community and health care settings to promote elder health, specifically with a focus on:

- Promotion of healthy lifestyle behaviors such as tobacco cessation and getting regular physical activity.
- Increased use of clinical preventive services.
- Addressing cognitive impairment.
- Addressing issues related to mental health.
- Providing education on planning for serious illness.

Additionally, from a population health perspective, there is momentum to explore the Age Friendly Community Model as developed by the World Health Organization (WHO) and adopted by American Association of Retired Persons (AARP).

Prevention and Wellness:
St. Luke's Quakertown Campus continues to offer adults 65 and over a daily dinner meal. In FY 17, they served over 60 adults and had 45 meal events. Meals are prepared fresh daily and provide diners with healthy food choices at a special price. Each dinner meal includes an entrée, salad, side, vegetable, dessert and 12 oz. drink. Older Adult Meal participants are invited to eat, gather with friends and neighbors, link into Wi-Fi and enjoy meeting new people. Throughout the month, St. Luke's will have guest speakers during the dinner hour. Participants are encouraged to bring friends and family to join in on the fun. This initiative is geared toward increasing social connectedness and decreasing levels of social isolation. St. Luke's Anderson Campus and St. Luke's Monroe campuses started similar programs in FY17. Social connectedness is an important factor when addressing loneliness and has been shown to have many positive health benefits. This program was developed to improve social connectedness among elders in our communities.

In 2016, approximately 82% of admissions into the Emergency Department at SLUHN for people 65 years or older were related to falls with an average Length of Stay of 4.4 days. CHPM partnered with the Trauma Department to grow the Matter of Balance program with Lehigh University student volunteers and the Bethlehem Health Bureau to further the reach. A Matter of Balance (MOB) is an evidence-based, national injury prevention program aimed at reducing falls and the fear of falling in the geriatric population. The course was developed by the MaineHealth's Partnership for Healthy Aging and now has been implemented by St. Luke's University Health Network. It is an 8-week course – 2-hour class sessions held once a week for 8 weeks. The course focuses on low impact exercising/stretching and discussions related to the fear of falling and how to implement fall-reducing behaviors. Between 9/1/14 to 3/1/17, 27 classes have been held in the Bethlehem community for a total of 292 participants with an average age of 76 years. Participants report an 18% increase in self efficacy and a 14% increase in exercise, while showing a 4% decrease in the concern of falling interfering with social activities. Additionally, MOB was also conducted in the Miners campus service area and the Quakertown campus service area. Both campuses average about 3-4 classes a year with approximately 10 participants in each class

Fit for Life: People who are physically active generally live longer and have a lower risk for heart disease, stroke, type 2 diabetes, depression, some cancers, and obesity. It is important for seniors to maintain a physically active lifestyle as they age, and there are many programs that encourage activity. St. Luke's works with partners to create safe places for physical activity, enhance physical education, and physical activity in schools and communities to encourage our patients to become more physically active through programs such as Get Your Tail on the Trail, WalkWorks and Bike Bethlehem. We have two programs that address the need for increased physical activity in our communities:

- Tail on the Trail – Since 2013, SLUHN and the Delaware & Lehigh National Heritage Corridor (D&L) have been encouraging community members to get out and get active walking, biking or running on local trails. Through a six month, 165 mile challenge and a winter 30 miles in 30 days challenge, participants log miles to earn incentives for being physically active through the Get Your Tail on the Trail (TOT) nationally recognized program. In 2017, we launched a new Get Your Tail on the Trail website that includes lifestyle factor tracking such as fruit and vegetable consumption so that we can begin gathering health outcome data.
- Walk with a Doc - St. Luke's University Health Network enrolled in the national Walk with a Doc program, a free walking program where you can join the network's physicians on a walk at locations around the Lehigh Valley. Walk with a Doc is a great opportunity to interact with healthcare professionals while getting those crucial steps in. Walk with a Doc was started in Columbus, OH in 2005 by Dr. David Sabgir. The Pennsylvania Walk with a Doc program finished its first full year with eight regular monthly program walks and numerous special walks associated with events and by doctor request. At our Warren Campus, the New Jersey Walk with a Doc program completed over 16 bi-monthly walks.
- WalkWorks - In partnership with the PA Department of Health (PA DOH), University of Pittsburgh and organizations in Easton and Bangor Walk Works was supported. Walk Works is a national, state and local initiative to increase physical activity levels in Easton by creating easy and accessible walking routes and walking groups within the community. Funding for Walk Works is provided by the PA DOH through the Preventive Health and Health Services Block Grant from the CDC. A fourth walking route of the WalkWorks program in the West Ward of Easton was developed. This marked the completion of a two-year grant provided by the Pennsylvania Department of Health to promote walkable communities.

Care Transformation:

SLUHN has the following programs to support the goals set forth in the implementation plan to address growing demands for services in the elderly population in our campus communities.

The Nurses Improving Care for Health System Elders (NICHE) program: All 7 hospitals in the network are NICHE designated. Extensive planning for growing our NICHE program network-wide is underway with the following 2 year goals:

- Establish and maintain a core group of Senior Care Resource (SCR) RNs and Patient Care Assistants on every adult inpatient unit
- Initiate a Senior Care volunteer program at each campus to provide frail hospitalized older adults with substantial socialization and individualized activities to reduce prevalence of loneliness, boredom, delirium, etc.

Related network performance improvement activities, although not existent at each campus, include:

- Reducing polypharmacy in older adults
- Improving medication reconciliation process
- Improving transitions of care
- Reducing falls and falls with harm
- Effective mobilization and decreasing deconditioning
- Reducing Pressure Ulcers
- Prevention, early detection and treatment of delirium
- Senior surgical services program to prevent complications in older adults
- Oral care program to prevent hospital acquired pneumonia

NICHE has also established senior friendly emergency departments with tracked lighting and signage in addition to an older adult acute pain management orders initiative set to help guide providers and promote alternative therapies to opioids and the judicious use of opioids when necessary. We have been the first to offer such an order set in Epic across the country.

Center for Positive Aging: works to develop a positive environment for aging in our community for elders and their caregivers through programs, classes and tools designed by geriatric specialists. The Center for Positive Aging offers a number of assessments in addition to the caregiver support groups.

- The Senior Assessment – which can help diagnose and address problems so seniors and their caregivers can enjoy a longer and higher quality life. The senior assessment will assist the healthcare team identify the patient's physical, social and cognitive needs.
- Mindstreams - seniors may also opt to have a Mindstreams Cognitive Health Assessment, which is an advanced scientific computerized evaluation. Mindstreams tests evaluate memory, executive function, attention, information processing, visual spatial, motor skills, and verbal function. Results of the test enable physicians to assess cognitive deficits earlier in the disease state, before it has progressed too far, and begin an appropriate course of treatment. A full report is sent to the senior's family physician.

The St. Luke's Miners Diabetes Education Center expanded the Diabetes Self-Management Training (DSMT) from the Miners service area to include South Bethlehem's Hispanic Center of the Lehigh Valley (HCLV). Classes were offered in both English and Spanish. The expansion was due in part to St. Luke's receiving a PA Department of Health (PA DOH) Diabetes Outreach Grant. The purpose of the grant is to develop an alternative health care delivery model focusing on the social determinants of health to improve diabetic outcomes of patients attending the St. Luke's Southside Medical Center (SSMC). The PA DOH grant allowed for a team-based approach for diabetes care to include a patient navigator, an integrated behavioral health specialist, nutrition/diabetes educator and a community care coordinator. Additionally, cooking and exercise classes were offered to diabetic patients living in South Bethlehem in partnership with the HCLV and Northampton Community College. Furthermore, a partnership with the St. Luke's Physician Group facilitated diabetes screening/outreach events in South Bethlehem. This program is described in

greater detail in the Fit For Life (Promoting Healthy Behaviors – Preventing Chronic Disease) implementation plan update.

The St. Luke's AIDS Service Center staff strives to meet the national vision by providing rapid HIV testing and prevention services, comprehensive primary and specialty care, case management and social support services, housing case management services and integrated behavioral health services to HIV+ or high-risk individuals. This past year, services were funded by the U.S. Dept. of Health and Human Services through its Health Resources and Services Administration (HRSA) Ryan White grant program, AIDSNET, and the PA Dept. of Health. ASC provided clinical care and case management services to 399 unduplicated clients in FY17. 37% of patients serviced by ASC are over 55 years of age.

Research & Partnerships:
Looking forward, the department of Community Health & Preventive Medicine received a grant from the United Way to understand issues around age-friendly communities as proposed by AARP and WHO using the 8 domains of livability. The data from these focus groups will allow us to better understand the needs of our seniors and develop systems/programs that take these needs into consideration.

We continue to work with the United Way, Alliance on Aging and Community based organizations such as the Hispanic Center of the Lehigh Valley to build collaborative partnerships to reach goals set forth for Elder Health within our communities.

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