

PEARLS – From Research to Practice

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Presentation Outline

- Background, PEARLS findings
- Incorporating PEARLS into practice
- Educating Community and Policymakers
- Implementing program, new partners and providers
- Challenges and opportunities ahead

Background

- ❑ Aging and Disability Services (ADS)= Area Agency on Aging for Seattle-King County
- ❑ Sponsored by City, County and United Way
- ❑ Close partnership with University of Washington, Health Promotion Research Center
- ❑ Annual budget approx \$50 million
- ❑ Health promotion a strong interest (also provide/fund case management, family caregiving, nutrition, Project Enhance and new chronic care project)

PEARLS First Community Partners

- ❑ UW, Health Promotion Research Center
- ❑ Senior Services of Seattle-King County
- ❑ Seattle Mayor's Council for African American Elders
- ❑ Seattle Grandparents Reparenting group

PEARLS research model

- ❑ Age 60+
- ❑ Diagnosis of minor depression
- ❑ Receiving services from ADS (long term care Medicaid case management) or from Senior Services (through senior centers)
- ❑ ADS clients received intervention in-home
- ❑ PEARLS interventionist separate from case manager
- ❑ 8 sessions over 19 weeks, follow-up phone calls for 6 mos. after.

Findings



The PEARLS intervention resulted in lower severity and greater remission of depression among intervention participants as compared to usual care.

Quality of Life

There was significant improvement in quality of life areas related to **functional well-being** and **emotional well-being**.

“It made me think through my problem, before I didn’t. I used to stay indoors all the time doing nothing. Now, I listen to my tapes; go for walks with a friend. I’ve gone to parties now, before I didn’t. So, I think the program was good for me after all.”

Results

- Dissemination of the PEARLS intervention within the existing community social service programs has the potential to significantly improve the well-being and function of depressed older adults served by these programs.
- *“Life seems a little easier now.”*

Clarifying AAA role

- Continue with internal project
- Move to involve more providers, keep UW connections and guidance
- Assist with manual development, promote to AAAs (web site follows)
- Respond to requests for info, training
- Advance knowledge nationally, while building local support

Moving from Research to Practice

- PEARLS offered to all control group. Case-finding standardized through internal case management program
- Clarify staff roles: interventionists, data gathering
- Training for new interventionists, some at senior centers
- Tracking results: continued significant reduction in depression scores (UW support)

Moving From Research to Practice

- Find funding to implement PEARLS
- AAA Advisory Council
 - .5 FTE discretionary funding 2004, now 1.0 (Older Americans Act)
- Adjust psychiatrist role to provide PEARLS consultation
- Advocate for State resources: new AAA pilot, Spokane WA

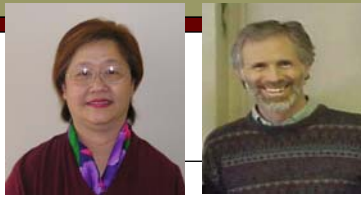
Educating Policymakers, Current status

- JAMA article (web reference follows)
- Outreach to other AAAs, State of WA (support for manual, new pilot)
- Education of local funder: King County Veterans and Human Services Levy (6 yrs)
 - New PEARLS funding in 2008, \$220,000
 - Two new subcontractors targeting African American, Filipino elders
 - New internal pilot, Chinese elders

Challenges and Opportunities

- ❑ Training support through new UW center
- ❑ Consider adding new mental health provider for PEARLS through Medicaid funding
- ❑ Examine referral flow, new UW-CDC research project
- ❑ Strengthen data gathering, new system
- ❑ Document results from expansion projects, seek to extend funding
- ❑ Continue working with UW to monitor results
- ❑ Link to overall health promotion work in AAA

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- ❑ *“Prior to participating in the PEARLS program I lacked motivation, was severely depressed, and suffering from chronic pain. Having completed the program, I am happy to say that I have successfully overcome these difficulties, thanks to my counselor and the tools and exercises he presented.”*



**HAVE YOU BEEN FEELING DOWN
OR BLUE?
HAVE YOU LOST INTEREST IN
THINGS LATELY?**

If you answered "yes" to one of these questions, and are 60 or older, there may be something I can do to help! The City of Seattle, Aging and Disability Services is offering a no cost in-home counseling program called PEARLS.

I'm a counselor for the new PEARLS Program which stands for Program to Encourage Active Rewarding Lives for Seniors. I can meet with you individually and help you identify and solve problems that are linked to making you feel the way you do, as well as find ways to become more physically and socially active.

Often the losses we endure as we age (for example, loss of loved ones, independence, physical health, or social isolation) can lead to feelings of loneliness, sadness, frustration, irritability, anxiousness, or restlessness. Gone unattended, these feelings can lead to a common medical condition known as depression. Depression, even minor depression interferes with how well we function, how active we are and how we interact with others. In short, it greatly affects our quality of life.

The PEARLS program teaches skills to manage these unpleasant feelings and therefore improve your quality of life

If you want to learn more about PEARLS, contact your ADS case manager or call me, Carl Kaiser at 386-0039 or Sarah Choi at 615-1945.

PEARLS: Program to Encourage Active Rewarding Lives for Seniors

Resources

- ❑ www.cdc.gov/prc/stories-prevention-research/stories/pearls.htm
- ❑ jama.ama-assn.org/cgi/content/full/291/13/1569
- ❑ depts.washington.edu/pearlspr/
- ❑ www.agingkingcounty.org/prevent_disease.htm?zoom_highlight=pearls