







Healthy IDEAS: From Demonstration to Replication

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Barriers to Addressing Depression

- Client Barriers
 - Stigma - reluctance to acknowledge depression
 - Lack of knowledge about depression care
- Provider Barriers
 - Lack of knowledge on the presentation of mental illness
 - Competing demands and Uneasiness to assess and treat
 - Scarcity of mental health professionals who know aging and vice versa
- System Barriers
 - Access & availability of services – lack of financing
 - Cannot depend on primary care alone
 - Need for intra- and interagency collaborations and partnerships



What is Healthy IDEAS?

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)



An evidence-based community depression program designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations through existing community based case management services.



Program Goals

- To reach the intended population of frail, high-risk, diverse older adults, often overlooked and under-treated.
- To train agency staff to provide and deliver an evidence-based intervention for depression to older adults
- To improve the linkage between community aging service providers and health care professionals through appropriate referrals, better communication & effective partnerships.
- To prevent recurrence of depression through regular ongoing depression screening embedded into routine case management services.



History of Healthy IDEAS

- John A. Hartford Foundation funded NCOA & Baylor to develop depression model program through community/academic team
- Researchers & community practitioners reviewed scientific evidence and incorporated program components suitable for in-home delivery to diverse populations
- Feasibility pilot conducted in four community agencies (English, Spanish and Chinese)



History of Healthy IDEAS As EBP

- Learned care managers are ideal delivery agents
- Team refined program model & obtained federal funding (DHHS-AoA) to conduct large-scale demonstration and evaluation: 2003-2007
- Recognized need for assessing readiness of agency, individual provider, need for some customization of program



Evidence for Healthy IDEAS Components

- **IMPACT AND PEARLS** offered the “care management road map” and evidence for in-home approach
- **Screening and Assessment:** Early recognition of depression facilitates treatment and can be done by non-professionals using valid tools. (Whooley et al. 1997, Sheikh & Yesavage, 1986, Williams et al. 2002.)
- **Education, Linkage, and Self-management Support:** (Unützer et al., 2002 and Hunkeler et al., 2000.)
- **Behavioral Activation:** Helping clients “activate” to increase behaviors that fit with life goals and produce rewards will help decrease depressive symptoms. (Hopko et al., 2003, Jacobson et al., 2000.)



Evaluation Design

- **Pre-post** impact evaluation data collected.
- Measures were embedded into agency assessment & care plan review forms.
- Data collection occurs according to the **routine timeline for case management:** Baseline, 3 months, 6 months, and for some clients 9 months assessment.
- Outcomes address:
 - Depression, pain, social function, social and physical activity levels, education/knowledge, service use
- Measured **client satisfaction** via telephone interviews.



Client Outcomes

- Reduction in depression severity and pain.
- Increased knowledge of how to get help for depression.
- Increased knowledge of how to reduce symptoms through increasing activities.
- Increased level of activity.
- A significant group of diverse, high-risk older adults who otherwise might never have received help for depression have been served.



Program Design

- Embedded in **case management** programs at three community-based social service agencies in Houston, TX & being currently implemented in other states.
- The intervention is conducted **in the client's home** in the community on a **one-to-one** basis by agency case managers over a 3-6 month period.
- A **manual** outlines the steps and includes written worksheets, client handouts, and forms to support and document the steps and client outcomes.
- **Partner** with health/mental health care providers to facilitate referral and uses community **partnership** approach for training, evaluation & fidelity.



Target Population

Reaching Underserved Populations

- Ethnically diverse and socio-economically diverse populations of older adults who are at high risk for depressive symptoms and living in the community.

Inclusion Criteria:

- 60+
- Currently enrolled in a long-term supportive care management program
- Cognitive ability to participate
- Able to communicate verbally



Program Components

- **Screening** for symptoms of depression & assessing severity
 - Two-question screening
 - 15 item Geriatric Depression Scale (GDS)
 - Some agencies have substituted the PHQ-9
- **Educating** older adults & family caregivers about depression & effective treatment: including self-care & medication.
- **Referral, linkage** & follow-up for older adults with untreated depression to health or mental health providers.
- **Behavioral Activation (BA)** empowering older adults to manage their depressive symptoms by engaging in meaningful, positive activities.



Behavioral Activation

Improve mood by:

- Increasing frequency of behaviors that lead to positive outcomes
- Doing activities that “feel good” or are pleasurable or reduce stress (may involve a task, something social or an activity)

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graph TD; A[Increased frequency of behaviors] --> B[Rewarding Activities]; B --> C[Improved Mood]; C --> D[Decreased Depressive Symptoms]; D --> A;
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Evidence-BASED Healthy IDEAS

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Adaptations required

“When we retire, I want to watch travel videos.”

Evidence-BASED Healthy IDEAS

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Keys to Successful Implementation

- Organizational and Individual Partners with Mental Health or Other Expertise to assist with
 - Training of care managers and supervisors
 - Linkages to evaluation and treatment resources
- Organizational & Staff Readiness for Change
 - Internal advocate/cheerleader
- Training and Follow-up Coaching and Supervision
 - Using an interactive approach for skill building
 - Maintaining **fidelity** to the model



Stages and Core Components

STAGES

- Exploration and Adoption
- Program Installation
- Initial Implementation
- Full Implementation
- Innovation
- Sustainability

CORE COMPONENTS

- Staff Selection
- Preservice/Inservice
- Ongoing consultation/coaching
- Staff/program evaluation
- Facilitative Administrative Support
- Systems Intervention



Challenges

- **Stigma** - Helping overcome barriers to depression care as some clients are reluctant to acknowledge depression.
- **Reluctance to change** – Helping clients to adopt new behaviors and learning curve for staff with multiple demands—client directed vs. worker directed...
- **Resources** - Finding affordable mental health diagnostic or treatment services for older adults, especially for non-English speaking elders.
- **Time** required for the intervention – case managers (10) reported: a mean of 3.6 hours & a range of .5 to 7 hours.
- **Commitment** – at the agency level to addressing depression and supporting a change process.



Healthy IDEAS Replication



- Plan includes approach and tools for each core component and recognizes stages
- Attention to intervention packaging;
 - Training tools and resources that process evaluation lessons from early adopters
 - Program manual: role descriptions, fidelity tools
 - Training curriculum & DVD for skills training 80 min.
 - Technical assistance model
- Tools for assessing organizational readiness
- Resources to support academic-community partnership for replication support:



Who is Replicating?

- New Jersey – 2 Jewish Family Service Agencies in Trenton, Mercer County
- Ohio – Marietta Area Agency on Aging & two other AAAs
- Vermont – Champlain Valley Area Agency on Aging
- Maine – Throughout the state (Elder Independence of Maine)
- Maine – 5 Area Agencies on Aging : Alzheimer's Demonstration
- Arizona – Casa Grande Area Agency on Aging - Pinal-Gila Council for Senior Citizens
- Texas – 4 agencies in Houston, Harris County & Tarrant County AAA
- Georgia – 10 Area Agencies on Aging throughout the state
- Michigan – A Behavioral Health Agency in Coldwater, Branch County
- Maryland – Howard County Office on Aging



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