

Part II

An Example of How to Apply
Evidence-Based Concepts to
Existing Best Practices

Afghan Health Promoter Program: Becoming Evidence-Based

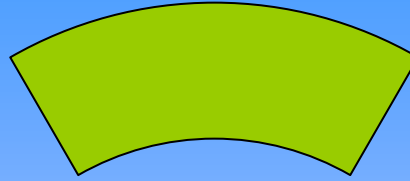


Afghan Elders: Unmet Needs

- **Untreated PTSD**
- **Fear and anxiety**
- **Isolation**
- **Poorly Managed Chronic Health conditions**
- **Access to Medical Care**
- **Access to Mainstream Public Benefits**

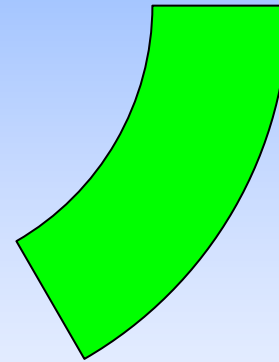
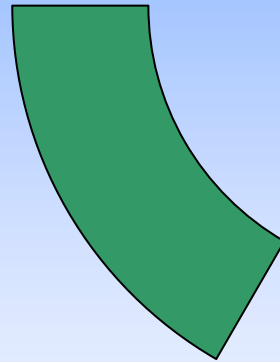


Health Promoter Partnership



City of Fremont

Afghan Elderly Association



Alameda
County
Public Health

Afghan Elderly Association Role



Project Oversight

- Health promoter recruitment, oversight and evaluation
- Record keeping, client surveys and client evaluation data

City of Fremont Support

Arquimides Caldera, Fiscal Mgr

- Health Educator
- Clinical Supervision
- Fiscal Management
- Wrap Around Services
- Professional Social Services
- Mobile Mental Health Team
- Paratransit



Senior Mental Health Team



City of Fremont Paratransit



Audrey Uhring,
Clinical Supervisor



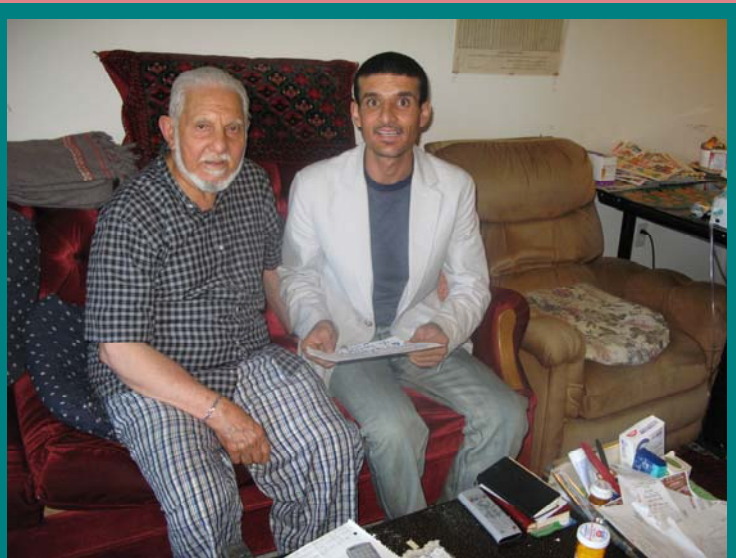
Health Promoter Roles

Individual Client Services

- In home assessments
- Educate clients on self-care
- Home Safety Evaluations
- Exercise Instruction
- Medical Care Coordination
- Emotional support
- 20 Clients per HP

Healthy Aging Program

- Exercise Instruction
- Medication Management
- BP Screening
- Translation Services



Health Promoter Curriculum

- In-home Safety
- Nutrition
- Exercise
- Basics of Chronic Disease Management
- Disease Specific Topics (Heart Disease, hypertension, asthma, Parkinson's Disease)

Diabetes Training



- 6 week class
- Monitoring of A1C, blood pressure, and weight
- Topics covered:
 - ✓What is Diabetes
 - ✓Blood Sugar Monitoring
 - ✓Meal Planning
 - ✓Understanding Medications
 - ✓Stress Management
 - ✓Exercise
 - ✓Preventing Complication
 - ✓Conduct home visits
 - ✓Maintain records for program participants

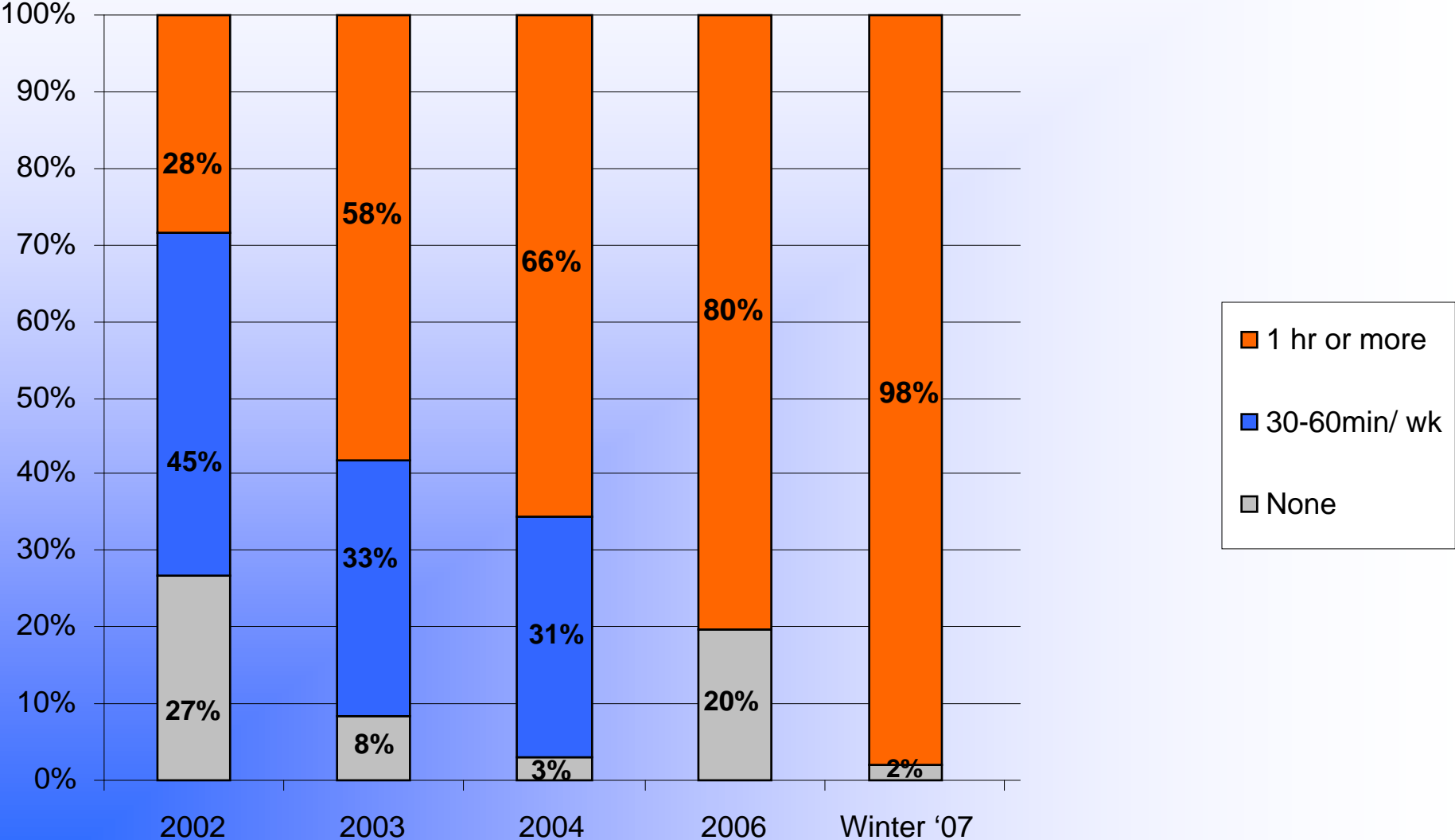
Program

Indicators & *Outcomes*

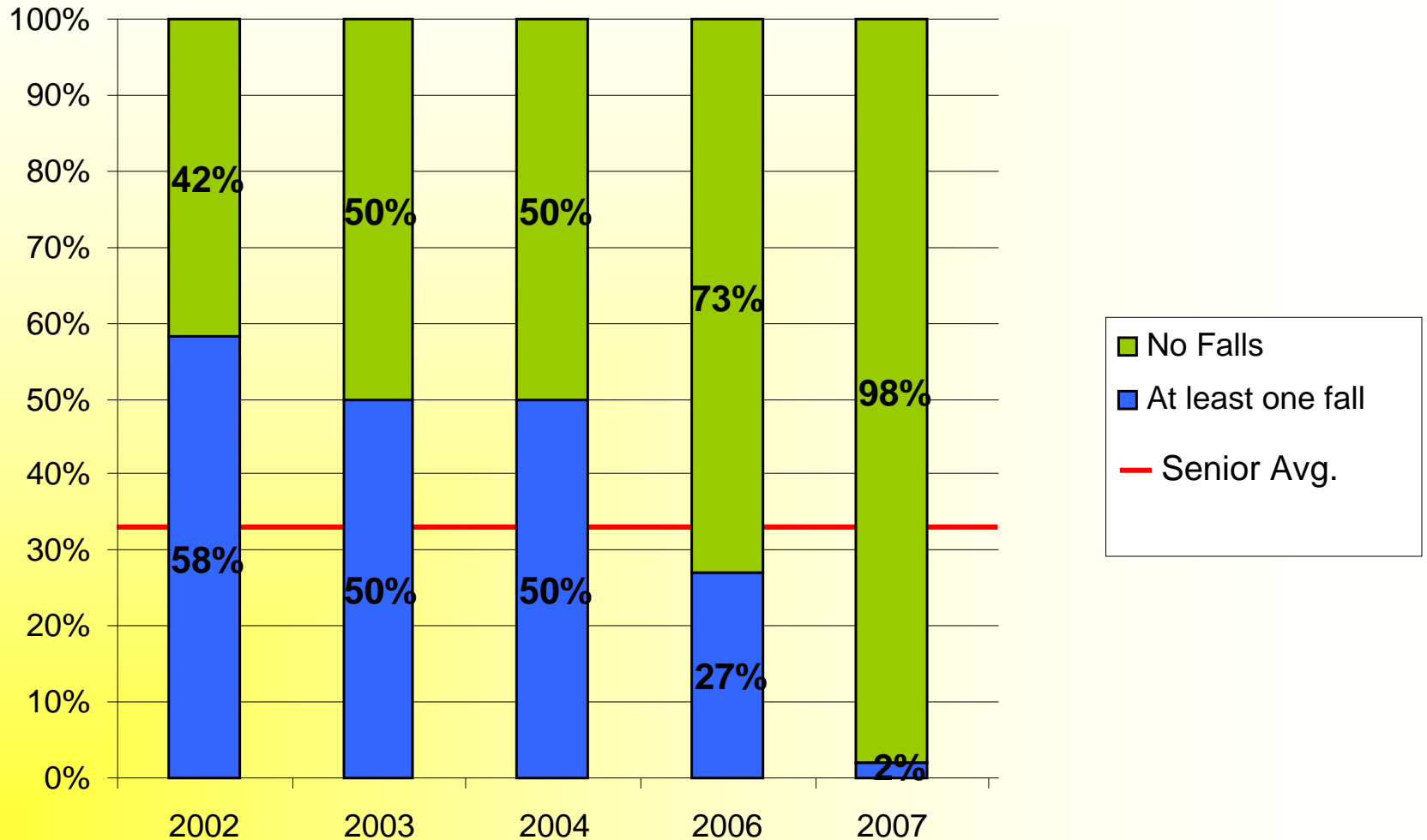
- ✓ *Improve frequency of exercise*
- ✓ *Reduce number of clients experiencing falls*
- ✓ *Reduce emergency room visits*
- ✓ *Increase access to MediCal Benefits*
- ✓ *Increase access to MediCal services*
- ✓ *Assist clients in establishing and meeting health objectives*

- **18% increase regular exercise**
- **25% reduction in clients falling**
- **21% reduction in emergency room use**
- **14% increase in number of clients with Medi-Cal**
- **81% of clients obtained health care services**
- **Average Blood Pressure now below Borderline Hypertension**

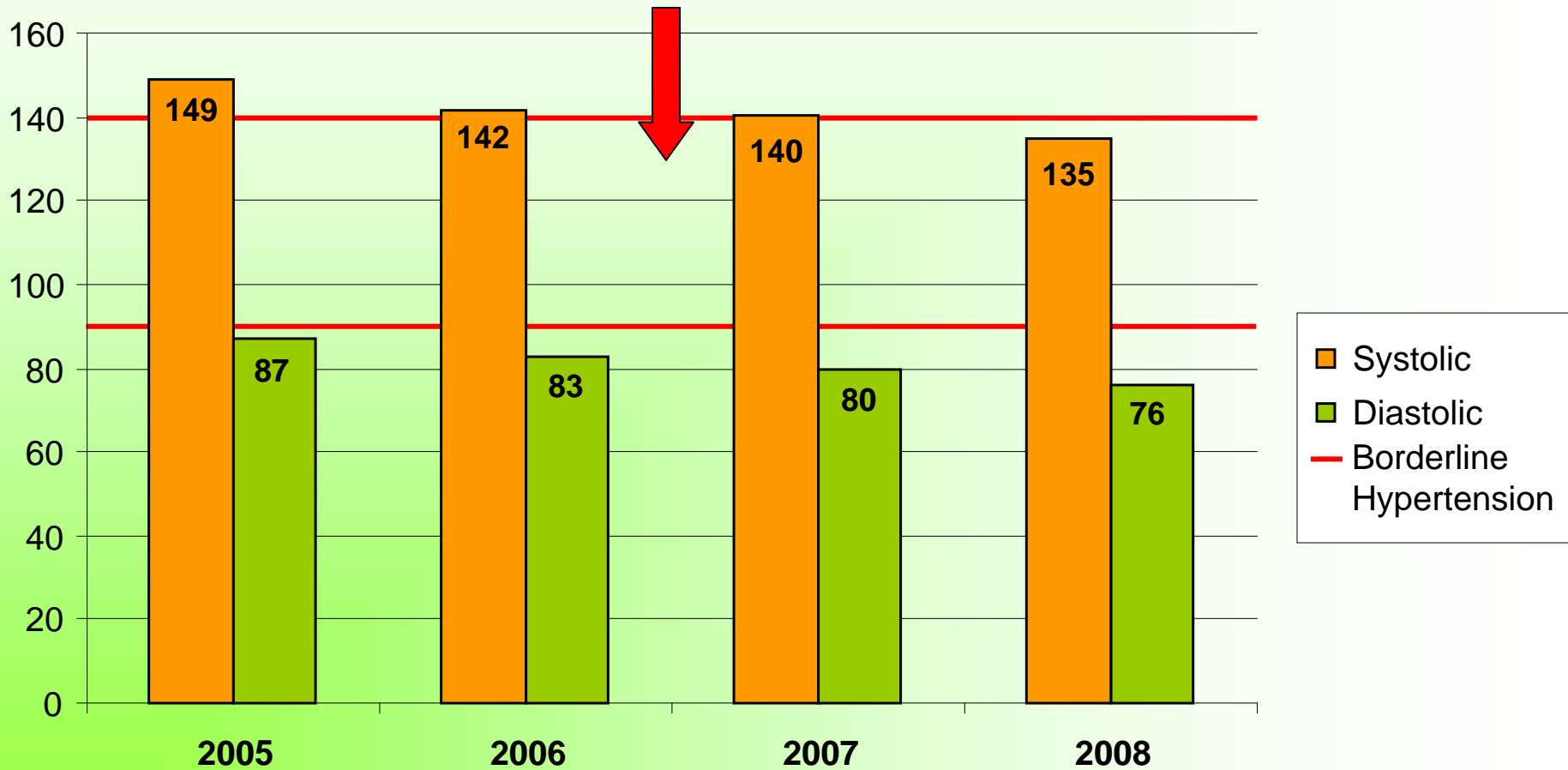
Frequency of Exercise Improves Significantly



Frequency of Falls Reduced Significantly Since Health Promoter Program Implemented



Average Blood Pressure of Afghan Elderly Women Decreasing over Past Four Years



Source: Annual Blood Pressure Monitoring Program

Medication Management

- Of 76 seniors making errors in either dosage or knowledge of drug action, 51% have reduced number of errors.



ONGOING FUNDING SECURED!



Best Practice Evidence-Based A continuum

- ❖ **Belief** that program is effective, efficient and cost effective
- ❖ **Anecdotal** evidence of success
- ❖ More **process focused**
- ❖ Highly **qualitative**
- ❖ **Less than rigorous** evaluation methods
- ❖ **Proof** that program is effective, efficient and cost effective
- ❖ **Scientific** evidence of success
- ❖ **Outcome focused**
- ❖ Highly **quantitative**
- ❖ **Rigorous research methods**

Thank You!



Questions?

