

# Success Stories

## Creating Regional Networks to Promote Health and Well-Being: A Case Study on Evidence-Based Programs in New England

Area Agencies on Aging (AAAs) have long delivered evidence-based programs to promote the health and well-being of their communities. Many AAAs partner with a wide range of local community-based organizations (CBOs) to make these programs accessible to a range of populations in their communities. This case study looks at how six lead organizations collaborate to take a multi-state approach to delivering evidence-based programs, all while respecting local sensitivities and maintaining community connections.

For more than 15 years, AAAs around the country have delivered evidence-based programs (EBPs) to improve the health and well-being of older adults in their communities (see sidebar). These programs have been proven to be effective as standalone programs, particularly when delivered by local CBOs such as AAAs, which understand the populations they serve and have access to a wide range of community resources to help support participants in sustaining their progress after they complete a program. CBOs delivering these programs have greater capacity to sustain programs when they contract with health care partners. In fact, according to the [2021 Community Based Organization – Health Care Contracting Survey](#)<sup>1</sup> from USAging’s Aging and Disability Business Institute and Scripps Gerontology Center, 24 percent of CBOs contracting with health care entities are doing so by providing evidence-based programs.

### Types of Evidence-Based Programs Offered by Area Agencies on Aging

- Chronic disease: [Chronic Disease Self-Management Program](#)<sup>2</sup> and [Enhanced Wellness](#)<sup>3</sup>
- Falls prevention and management: [A Matter of Balance](#)<sup>4</sup> and [Tai Chi Quan Moving for Better Balance](#)<sup>5</sup>
- Behavioral health: [Healthy IDEAS](#)<sup>6</sup> and [PEARLS](#)<sup>7</sup>
- Family caregiver supports: [Savvy Caregiver](#)<sup>8</sup> and [Powerful Tools for Caregivers](#)<sup>9</sup>

- 1 Scripps Gerontology Center, *2021 Advancing Partnerships: Contracting Between Community-Based Organizations and Health Care Entities*, March 2022, [www.aginganddisabilitybusinessinstitute.org/adbi-resource/advancing-partnerships-contracting-between-community-based-organizations-and-health-care-entities](http://www.aginganddisabilitybusinessinstitute.org/adbi-resource/advancing-partnerships-contracting-between-community-based-organizations-and-health-care-entities).
- 2 Evidence-Based Leadership Collaborative, Chronic Disease Self-Management Program (CDSMP), [www.eblcprograms.org/evidence-based/recommended-programs/cdsmp](http://www.eblcprograms.org/evidence-based/recommended-programs/cdsmp).
- 3 Enhance, What is EnhanceWellness?, [www.projectenhance.org/enhancewellness](http://www.projectenhance.org/enhancewellness).
- 4 Maine Health, A Matter of Balance, [www.mainehealth.org/healthy-communities/healthy-aging/matter-of-balance](http://www.mainehealth.org/healthy-communities/healthy-aging/matter-of-balance).
- 5 Tai Ji Quan Moving for Better Balance, About the Program, [www.tjqmhb.org](http://www.tjqmhb.org).
- 6 Healthy Ideas, [www.healthyideasprograms.org](http://www.healthyideasprograms.org).
- 7 Health Promotion Research Center University of Washington, Evidence Behind PEARLS, [www.depts.washington.edu/hprc/programs-tools/pearls/pearls-details-faqs/evidence-behind-pearls](http://www.depts.washington.edu/hprc/programs-tools/pearls/pearls-details-faqs/evidence-behind-pearls).
- 8 Savvy Caregiver, [www.savvycaregiver.com](http://www.savvycaregiver.com).
- 9 Powerful Tools for Caregivers, <https://www.powerfultoolsforcaregivers.org>.

Many states (including Massachusetts, Maine, California, New York and Missouri) have developed regional or statewide networks of CBOs, in part to grow their ability to contract with health care for the delivery of services. AgeSpan (formerly Elder Services of the Merrimack Valley and North Shore), a AAA in Massachusetts, formed such a network, the **Healthy Living Center of Excellence**<sup>10</sup> (HLCE), in 2010. HLCE has a wide scope of work and robust capabilities to deliver EBPs across Massachusetts. By partnering with more than 70 senior centers, councils on aging, housing sites, YMCAs, faith-based organizations, multicultural centers and other CBOs, HLCE provides more than 15 evidence-based programs to more than 5,000 older adults annually. As part of its mission, HLCE operates as a Community Care Hub (also called a Network Lead Entity) to oversee training, outreach, fidelity, quality improvement and contracting for these programs across the commonwealth.

In 2020, AgeSpan and the HLCE began exploring how to expand this model to provide consumers with access to EBPs across the six New England states. In partnership with stakeholders in Maine, New Hampshire, Vermont, Massachusetts, Rhode Island and Connecticut, AgeSpan created a first-of-its-kind sustainable New England network with the goals of: (1) developing and strengthening an integrated regional network to address the social determinants of health (SDOH) across New England and (2) to significantly increase the number of older adults participating in evidence-based programming.

## What is the New England EBP Network?

The New England EBP Network spans six states—Massachusetts, Connecticut, Rhode Island, Maine, Vermont and New Hampshire (see sidebar). Under this model, one of six state leads (hubs) brings together community and sustainability partners, guides statewide implementation efforts, and actively participates in building the regional network. Each hub includes a network of community-based organizations that deliver evidence-based programs, have significant experience delivering supports and services that address the social determinants of health of older adults, either as AAAs, or CBOs that work closely with

the Aging Network infrastructure in their respective states. Collectively, these agencies provide integrated SDOH supports, including nutrition assistance, housing, transportation, financial management, protective services in cases of abuse, support services for people who are hoarding, delivery of pet food to older pet owners and many other services. These services can and should exist alongside evidence-based programs that promote health and well-being to provide holistic care.

### New England EBP Network Hubs

- Connecticut: Connecticut Community Care, through the Connecticut Healthy Living Collective
- Maine: Spectrum Generations, a AAA, through the Healthy Living for ME collaborative
- Massachusetts: AgeSpan, through the Healthy Living Center of Excellence
- New Hampshire: Dartmouth Centers for Health and Aging
- Rhode Island: Rhode Island Parent Information Network, through the Own Your Health Collaborative
- Vermont: Vermont Association of Area Agencies on Aging

## Why a Multi-state Network?

New England has the oldest population in the United States. Across the six New England states, nearly 20 percent of the population is age 65 or older, far higher than the national average,<sup>i</sup> making it imperative to meet the rapidly increasing need for supports to manage chronic disease and behavioral health issues among older adults. One way CBOs in the region are addressing this is by collaborating to create an integrated network that shares knowledge, expertise and resources among its members.

Another of the primary rationales for a regional New England EBP Network (rather than six separate statewide networks) is the changing landscape of health care providers and payers in the region. For example, in August 2019, two of the region's largest

10 The Healthy Living Center of Excellence, [www.healthyliving4me.org](http://www.healthyliving4me.org).



## Best Practices to Address Multi-State Challenges

Despite the many successes the New England network has achieved in its first year, there remain a number of challenges the collaborative continues to address:

1. **Data collection and sharing:** Perhaps the most significant challenge faced in the first year of the New England collaborative related to collecting the data necessary continue to show value of these programs. Each state has its own established processes for collecting data from implementation partners, analyzing that data, and then sharing results with community partners. For example, some states collect data using spreadsheets while others have more robust data management platforms that collect and aggregate data, and automate reports.
2. **Maintaining local sensitivities:** While the collaborative delivery of evidence-based programs across state boundaries allows for greater access to programs for a larger number of individuals, it is important to maintain the connection to local partners and resources. For example, a consumer in Connecticut can now attend a remote Tai Chi Quan program offered by New Hampshire community-based organizations as a result of the New England EBP Network. After that program is over, however, the consumer would benefit from the connection to local resources to continue their physical activity gains. To resolve this challenge, the New England EBP Network is developing mechanisms for “warm handoffs” post-EBP so that, for example, the New Hampshire program leaders can connect the participant back to a Connecticut AAA or another local partner.

## Conclusion

AAAs and other CBOs are working to improve the health outcomes of older adults in their communities by partnering with health care providers and systems. Connecting consumers to evidence-based programs that promote behavior change is just one of the services AAAs provide to achieve better health outcomes for the people they serve.

If AAAs wish for this work to be sustainable over the longer term, they will need to create systems and workforces that meet the needs of both insurers and other health care systems, as well as the consumers they serve. Creating regional networks that cross state boundaries can be one such model. In regions like New England, where states are smaller and where providers have expanded reach, this model means that AAAs benefit from shared resources, cohesive marketing and aligned value propositions. What cannot get lost in a multi-state delivery system, however, is the substantial role that local communities play in supporting improved health.

## Endnotes

- i United States Census Bureau, Population 65 Years and Over in the United States, 2017, <https://data.census.gov>.
- ii Healthy Payer Intelligence, Tufts Health Plan and Harvard Pilgrim Announce Merger, August 2019, [www.healthpayerintelligence.com/news/tufts-health-plan-and-harvard-pilgrim-announce-merger](http://www.healthpayerintelligence.com/news/tufts-health-plan-and-harvard-pilgrim-announce-merger).

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