



Program



History

In 1995, researchers from the Center for Health Studies, Group Health Cooperative of Puget Sound, began an evaluation of the impact of a 1-year, senior center-based chronic illness self-management and disability prevention program on health, functioning, and healthcare utilization in frail older adults. Evaluation of the program, EnhanceWellness (formerly the Health Enhancement Program), followed 201 disabled adults, aged 70 and older, to track improvements in their performance of activities of daily life (ADL). The results, later published in the *Journal of the American Geriatrics Society* (1), showed that the program led to improved ADL functioning in those who were disabled and thereby offered a promising strategy for limiting or reversing functional decline in disabled older adults.

Following completion of the study, Sound Generations (formerly Senior Services) was chosen to hold the license for the program and oversee its dissemination to additional sites. Sound Generations' dissemination strategy has been to license, train, and support community-based delivery sites that adopt EnhanceWellness. It has a software program, WellWare™, to guide staff through the service process as well as provide reports for the participant, staff and for funders.

Program Description

EnhanceWellness is a participant-centered motivational intervention. One or two professionals, typically social workers and/or nurses, provide coaching and motivation to individuals as they work on their chosen health challenge, whether it is to become more physically active, cope with depression or eat better.

EnhanceWellness happens in three steps: screen, plan, and action:

- An EnhanceWellness screen identifies personal strengths and risks. Together the EnhanceWellness staff and the participant review a detailed health questionnaire.
- The action plan focuses on areas the participant chooses to work on and is also shared with the participant's health care provider.
- The participant then moves into action with the support of a health professional and/or volunteer health mentor, who offer ongoing encouragement, feedback, and monitoring. The team helps with problem solving, health education, and referral to support groups and additional services, including individual and family counseling, if indicated.

EnhanceWellness is a reliable complement to formal healthcare services for older adults. It has been modified to a six-month program, unless the participant chooses to continue, selecting additional health challenges to work on.

EnhanceWellness is listed in The Substance Abuse and Mental Health Services Administration National Registry of Evidence-based Programs and Practices (NREPP), a searchable online registry of interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment.

EnhanceWellness is also on the US HHS Agency for Healthcare and Research Quality Health Care Innovations Exchange website as an innovation that improves quality and reduces disparities.

Program Outcomes

The original randomized control trial (1) results showed:

- The total number of inpatient hospital days during the study year was significantly less in the intervention group compared with controls (total days = 33 vs 116, $P = .049$), (i.e. 72% decrease in hospital days).
- The number of hospitalized participants increased by 69% among the controls and decreased by 38% in the intervention group ($P = .083$).
- 35% decrease in psychoactive drugs

Further research (2) found, fewer participants were:

- Depressed (8.8% vs 15.9%)
- Physically inactive (15.8% vs 38.6%)
- High nutritional risk (24.3% vs 44.1%)
- Experiencing restricted activity days (35% vs 48%). (2)

Program References

1. Leveille SG, et al. (1998). Preventing disability and managing chronic illness in frail older adults: A randomized trial of a community-based partnership with primary care. *Journal of American Geriatrics Society*, 46:1-9.
2. Phelan EA, Williams B, Snyder SJ, Sizer Fitts S, LoGerfo JP. (2006). A five state dissemination of a community-based disability prevention program for older adults. *Clinical Interventions in Aging*, 1(3): 267-74.



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