

HHS Public Access

Am J Health Promot. Author manuscript; available in PMC 2015 August 18.

Published in final edited form as:

Author manuscript

Am J Health Promot. 2013; 28(1): 2-6. doi:10.4278/ajhp.121116-CIT-564.

The Healthy Aging Research Network: Resources for Building Capacity for Public Health and Aging Practice

Sara Wilcox, PhD,

Department of Exercise Science and Prevention Research Center, Arnold School of Public Health, University of South Carolina, Columbia, South Carolina

Mary Altpeter, PhD, MSW, MPA,

Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

Lynda A. Anderson, PhD,

Healthy Aging Program, Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, Georgia

Basia Belza, PhD, RN, FAAN,

Department of Biobehavioral Nursing and Health Systems, University of Washington, Seattle, Washington

Lucinda Bryant, PhD, MSHA,

Department of Community and Behavioral Health and Department of Health Systems, Management and Policy, Colorado School of Public Health, University of Colorado Denver, Aurora, Colorado

Dina L. Jones, PT, PhD,

Department of Orthopaedics and Division of Physical Therapy, School of Medicine, West Virginia University, Morgantown, West Virginia

Katherine H. Leith, PhD, LMSW,

College of Social Work, DeSaussure College, University of South Carolina, Columbia, South Carolina

Elizabeth A. Phelan, MD, and

Division of Gerontology and Geriatric Medicine, Department of Medicine, University of Washington, Seattle, Washington

William A. Satariano, PhD, MPH

Department of Epidemiology and Community Health, School of Public Health, University of California, Berkeley, Berkeley, California

Abstract

Send reprint requests to Sara Wilcox, PhD, Department of Exercise Science and Prevention Research Center, Arnold School of Public Health, University of South Carolina, 921 Assembly Street, PHRC 1st Floor, Columbia, SC 29208; wilcoxs@mailbox.sc.edu. All authors belong to the Healthy Aging Research Network Writing Group; after the listing of the first two authors, the writing group members are listed in alphabetical order.

There is an urgent need to translate science into practice and help enhance the capacity of professionals to deliver evidence-based programming. We describe contributions of the Healthy Aging Research Network in building professional capacity through online modules, issue briefs, monographs, and tools focused on health promotion practice, physical activity, mental health, and environment and policy. We also describe practice partnerships and research activities that helped inform product development and ways these products have been incorporated into real-world practice to illustrate possibilities for future applications. Our work aims to bridge the research-to-practice gap to meet the demands of an aging population.

INTRODUCTION

The increase in the proportion of older adults,¹ combined with their burden of chronic conditions and age-associated syndromes,² has created an urgent challenge for public health and aging practice. Despite the fact that effective evidence-based health promotion programs and practices exist, they are not being implemented and disseminated widely.³ Thus, there is a need to advance the translation of science into practice in the area of public health and aging. Additionally, there is a need for well-trained professionals versed in public health and aging to meet the growing demands of an aging society.^{4–6}

This paper describes the contributions of the Healthy Aging Research Network (HAN) to help build public health and aging practice, knowledge, and skills within communities (referred to as "capacity" hereafter). We introduce a set of products and tools that are open access, free of charge, and free of commercial influence that can be applied to enhance community capacity for public health and aging practice in four areas: health promotion practice, physical activity, cognitive and mental health, and environment and policy (Table). HAN priorities are established through a participatory process in which stakeholders help identify national-level needs that are subsequently aligned with HAN member expertise. We also describe practice partnerships that informed and grounded product development for real-world use. Finally, we summarize the ways in which products and tools are being used to enhance provider practice capacity to illustrate possibilities for future applications.

INTRODUCTION TO THE HAN

The mission of the HAN, established in 2001, is to better understand the determinants of healthy aging, identify interventions that promote healthy aging, and help translate this knowledge into sustainable community-based programs. An earlier publication describes the HAN's origins, guiding principles, and national network of member campuses (seven universities from seven U.S. states are currently funded network members).⁷ Information is available at http://www.prc-han.org/. Routinely engaging local, state, and national partners (e.g., government agencies, service providers, professional organizations, foundations, academic campuses) has been key to identifying needs and mutual influences, sharing resources, and advancing knowledge and systems change in evidence-based program delivery. Partnering organizations are listed at http://www.prc-han.org/partners. In collaboration with these organizations, we have investigated gaps in evidence regarding healthy aging and efforts to apply existing evidence to practice and policy.^{5,8,9} We have also conducted systematic evidence-based reviews related to public health and aging

practice.^{10–12} By garnering input from multiple sectors and stakeholders, we have aimed to create unbiased, widely relevant, and timely products that we describe below. A list of network publications is available at http://www.prc-han.org/publications.

HEALTH PROMOTION PRACTICE

In partnership with the National Council on Aging (NCOA), we developed 10 online training modules on evidence-based health promotion for older adults for use by providers in aging services and their public health and community partners. Grounded in components of the RE-AIM framework,¹³ a method used to evaluate the public health impact of health promotion interventions, and integrating quality assurance processes, the modules offer systematic strategies for building sustainable programs and funding streams, as well as step-by-step approaches to planning, implementing, evaluating, and maintaining health promotion programs. We also developed two monographs on evidence-based health promotion. The first helps communities understand criteria for evidence-based programs, modify a program to local needs, monitor local adaptations, and identify and plan for strategies to ensure a safe and effective programs. The second helps community agencies assess the impact, reach, and effectiveness of their programs. It applies the RE-AIM framework to a case study and provides planning questions that align with each component of the framework.

PHYSICAL ACTIVITY

In partnership with NCOA, we produced seven physical activity issue briefs focused on key aspects of implementing evidence-based physical activity programs. The topics were chosen because of their relevance to community-based practitioners during a process of identifying best practice sites around the United States (including site visits). The briefs cover (1) best practices, (2) keeping current on research and practice, (3) designing safe and effective programs, (4) recruiting and retaining instructors, (5) recruiting older adults, (6) motivating older adults, and (7) maintaining participation of older adults. We also developed a physical activity guide to help community agencies plan, conduct, and maintain effective physical activity programs for older adults. The guide illustrates how the RE-AIM framework can be applied to community programs, with questions for the agency to consider in applying the RE-AIM components, case studies, and resources on how these programs can be put into place in the community.

MENTAL AND COGNITIVE HEALTH

In partnership with CDC and a practice-based panel of content experts and practitioners, HAN members conducted a systematic literature review of community-based depression interventions¹⁰ and screening tools for older adults.¹⁴ The Program to Encourage Active Rewarding Lives for Seniors is now listed on the searchable National Registry of Evidence-Based Programs and Practices and qualifies as an evidence-based program for Administration on Aging funding. Using data from our workgroup review, the Task Force on Community Preventive Services also recommended home-and clinic-based depression care management for older adults on the basis of strong evidence of effectiveness in

improving short-term depression outcomes. In addition, we produced a series of webinars and action briefs related to depression care management for older adults. These webinars and briefs cover such topics as overcoming stigma in mental health treatment, examples of evidence-based programs for managing depression in late life, evidence-based practices, and program funding and sustainability issues.

We have also done influential work in the area of cognitive health. HAN members participated in the development of a National Public Health Roadmap to Maintaining Cognitive Health. We later conducted 55 focus groups with ethnically diverse participants and 20 focus groups and in-depth interviews with providers and caregivers to examine public perceptions about cognitive health.¹⁵ This work helped to inform public awareness of how ethnically, culturally, and geographically diverse groups think about aging well and "brain health" and contributed to furthering the 44 actions in the roadmap, particularly the "disseminating information" and "translating knowledge" actions. Subsequently, HAN members conducted a systematic review of physical activity/exercise and cognitive performance in older adults.¹² The panel concluded that there was not sufficient evidence that physical activity/exercise improved cognition in older adults. Recommendations for future studies included longer study durations, selecting measures more carefully, and reporting intervention adherence.

ENVIRONMENT AND POLICY

We created an online community, Creating Aging Friendly Communities, featuring four environmental- and policy-relevant modules, each including a webinar, on-demand presentation, action brief, and facilitated technical support activities. We also developed an audit tool to guide detailed quantitative and qualitative inquiry into community- and streetlevel factors associated with mobility in older adults and to support community efforts in maintaining an older adult-friendly environment. In addition, we created the Environmental and Policy Change Clearinghouse, a searchable database of resources and tools to inform local efforts in environmental and policy change for healthy aging. The resources included in the clearinghouse were chosen for their relevance and usefulness to aging services, public health, planning, architecture, engineering, recreation, transportation, and health care practitioners. The major topic areas are healthy aging, healthy communities, built environment, and mobility. A panel of experts who conduct research or practice in one or more of these topic areas reviews each resource according to six criteria (e.g., cross-sector approach to the built environment and mobility, focused on older adults or of great universal value, practical and user friendly) prior to inclusion. The clearinghouse received the 2011 APEX Award for Publication Excellence, an annual award sponsored by Communications Concepts, Inc., and given to business, nonprofit, agency, or freelance communicators who create print, Web, electronic, and social media (http://www.apexawards.com/). Select resources from the clearinghouse have been integrated into the AARP Livable Communities Web site (http://www.aarp.org/livable-communities/).

USE OF PRODUCTS AND TOOLS

The development of products and tools is one of many HAN activities, and this activity has had varying levels of external funding support or concomitant expectations for monitoring uptake and outcomes. Hence, a limitation of our work is that we often have not had the resources to conduct systematic evaluations of the impact of our products and tools. Nevertheless, we routinely distribute evaluations for many of our online modules, webinars, and practice materials to gauge perceived product quality and utility and provider confidence in using tools. We have learned that modules and webinars have been used for program planning, in in-service training and orientation of new staff and volunteers, in refresher courses, in orientations of community partner agencies, and as documentation of in-service training for performance development. Similarly, anecdotal reports indicate that the HAN issue briefs, monographs, and other print materials are being used in a variety of ways, including as required reading for various academic degree programs (e.g., nursing, public health, gerontology) to support developing public health and aging competencies and as references guiding the strategic approaches community providers employ within health promotion program grant applications.

SUMMARY

HAN's ongoing funding has provided an infrastructure for substantial capacity and longterm relationships across diverse transdisciplinary perspectives, geographies, and community sectors. We have been able to pool resources and talents and leverage resources, which in turn enhances the credibility of the network with partners and potential funders. This structure has given us greater ability to conduct research, partner with groups and agencies, and develop products for geographically, racially, and ethnically diverse populations. As we move forward, we anticipate continuing efforts to bridge the research-topractice gap to enhance the capacity of the public health and aging field to meet the evolving demands of an aging population. The expansion of HAN focus areas including mobility and nutrition affords the opportunity to develop tools in these areas as well. The goal of the network is to make a real difference in the lives of older adults, while also generating new knowledge. We hope that the described resources will be useful to a broad audience of practitioners, researchers, and educators and provide linkages to the larger network of collaborators committed to improving the translation of research into practice.

Acknowledgments

This manuscript is the result of work conducted by the Healthy Aging Research Network (HAN). The HAN is a Prevention Research Centers (PRC) program funded by the Centers for Disease Control and Prevention (CDC) Healthy Aging Program. Efforts were supported in part by cooperative agreements from CDC's PRC Program: U48-DP-001911, 001908, 001921, 001924, 001936, 001938, and 001944. HAN PRC member center campuses include University of Washington (Lead Coordinating Center), University of California at Berkeley, University of Colorado–Denver, Texas A&M University, West Virginia University, University of South Carolina, and the University of North Carolina at Chapel Hill. Affiliate PRC member centers include University of Illinois–Chicago and University of Pittsburgh. In addition to the CDC, we wish to thank the following funders for their support in research and product development: Administration on Aging, Agency for Healthcare Research and Quality, the Centers for Medicare and Medicaid Services, National Council on Aging, and the Robert Wood Johnson Foundation. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention, the Department of Health and Human Services, the Administration on Aging, or the Agency for Healthcare Research and Quality.

We wish to thank the many partners who have contributed to the work of the HAN over the past 10 years. We also wish to thank the following individuals for their important contributions to the network: Carla Doan, James LoGerfo, and Gwen Moni.

References

- US Census Bureau. [Accessed June 22, 2012] State & county quick facts. 2010. Available at: http:// quickfacts.census.gov/qfd/
- 2. Centers for Disease Control and Prevention, National Center for Health Statistics. [Accessed June 22, 2012] Health data interactive. Available at: www.cdc.gov/nchs/hdi.htm
- Glasgow RE, Lichtenstein E, Marcus AC. Why don't we see more translation of health promotion research to practice Rethinking the efficacy-to-effectiveness transition. Am J Public Health. 2003; 93:1261–1267. [PubMed: 12893608]
- Laing SS, Silver IF, York S, Phelan EA. Fall prevention knowledge, attitude, and practices of community stakeholders and older adults. J Aging Res. 2011; 2011:395357. [PubMed: 21915377]
- Snowden M, Steinman L, Frederick J. Treating depression in older adults: challenges to implementing the recommendations of an expert panel. Prev Chronic Dis. 2008; 5:A26. [PubMed: 18082015]
- Frank, J.; Weiss, J. Public health workforce: preparing for an aging society. In: Prohaska, T.; Anderson, L.; Binstock, RH., editors. Public Health for an Aging Society. Baltimore, Md: The Johns Hopkins University Press; 2012. p. 275-298.
- Lang JE, Anderson L, LoGerfo J, et al. The Prevention Research Centers Healthy Aging Research Network. Prev Chronic Dis. 2006; 3:A17. [PubMed: 16356370]
- Prohaska T, Belansky E, Belza B, et al. Physical activity, public health, and aging: critical issues and research priorities. J Gerontol B Psychol Sci Soc Sci. 2006; 61:S267–S273. [PubMed: 16960240]
- Satariano WA, Guralnik JM, Jackson RJ, et al. Mobility and aging: new directions for public health action. Am J Public Health. 2012; 102:1508–1515. [PubMed: 22698013]
- Frederick JT, Steinman LE, Prohaska T, et al. Community-based treatment of late life depression an expert panel-informed literature review. Am J Prev Med. 2007; 33:222–249. [PubMed: 17826584]
- Frost SS, Goins RT, Hunter RH, et al. Effects of the built environment on physical activity of adults living in rural settings. Am J Health Promot. 2010; 24:267–283. [PubMed: 20232609]
- Snowden M, Steinman L, Mochan K, et al. Effect of exercise on cognitive performance in community-dwelling older adults: review of intervention trials and recommendations for public health practice and research. J Am Geriatr Soc. 2011; 59:704–716. [PubMed: 21438861]
- Glasgow, RE. Evaluation of theory-based interventions: the RE-AIM model. In: Glanz, K.; Rimer, BK.; Lewis, FM., editors. Health Behavior and Health Education. Theory, Research, and Practice.
 San Francisco, Calif: Jossey-Bass; 2002. p. 530-544.
- Snowden M, Steinman L, Frederick J, Wilson N. Screening for depression in older adults: recommended instruments and considerations for community-based practice. Clin Geriatr. 2009; 17:26–32.
- Logsdon RG, Sharkey JR, Hochhalter AK. Promoting cognitive health in diverse populations of older adults. Gerontologist. 2009; 49:S1–S111. [PubMed: 19525209]

Table

HAN Tools and Products to Enhance Capacity for Public Health and Aging $\operatorname{Practice}^*$

Product or Tool	Title and URL
Health promotion practice	
Online training modules	All modules available at: http://www.ncoa.org/chamodules
	Series 1: Introduction to Health Promotion Programs
	QA: Assuring Program Quality
	Making the Case for Health Promotion
	What is EBHP?
	Assuring Program Quality: Reach and Adoption
	Assuring Program Quality: Fidelity
	Assuring Program Quality: Maintenance
	Series 2: Making Effective Presentations
	An Introduction to Designing Slides and Delivering Talks
	Describing Your Evidence-Based Health Promotion Program
	Conveying Data About Your Evidence-Based Health Promotion Program
	Series 3: Advanced Tools
	Creating a Business Plan for Evidence-Based Health Promotion Programs
Monographs	Evidence-Based Healthy Aging Programming: Tools & Checklists: http://www.ncoa.org/improve-health center-for-healthy-aging/content-library/CHA_Tools_Checklists.pdf
	RE-AIM for Program Planning: Overview and Applications: http://www.prc-han.org/docs/
	RE-AIM_issue_brief.pdf
Physical activity	
Physical activity issue briefs	Each of the URLs begins with the stem http://www.ncoa.org/improve-health/center-for-healthy-aging/ content-library/ and ends as noted below.
	Best Practices in Physical Activity: best-practices-in-physical.html
	Keeping Current on Research and Practice in Physical Activity for Older Adults: keeping-current-on-research.html
	Designing Safe and Effective Physical Activity Programs: designing-safe-and-effective.html
	Recruiting and Retaining Effective Instructors for Physical Activity Programs: recruiting-and-retaining.html
	Recruiting Older Adults Into Your Physical Activity Programs: recruiting-older-adults-into.html
	Motivating Participants to Be More Physically Active: motivating-participants-to-be.html
	Maintaining Participation of Older Adults in Community-Based Physical Activity Programs: maintainin participation-of.html
Physical activity guide	Moving Ahead, Strategies and Tools to Plan, Conduct, and Maintain Effective Community-Based Physical Activity Programs for Older Adults: A Brief Guide: http://www.prc-han.org/docs/monograph.pdf
Mental and cognitive health	
Task Force on Community Preventive Services	Task Force on Community Preventive Services: http://www.thecommunityguide.org/mentalhealth/ depression-home.html
Webinars and action briefs	Webinars: http://www.prc-han.org/tools-cognitive#cogwebinars
	Action briefs: http://www.prc-han.org/tools-cognitive
	Overcoming Stigma
	Evidence-based depression care management: IMPACT
	Evidence-based depression care management: PEARLS

Product or Tool	Title and URL
	Evidence-based depression care management: Healthy IDEAS
	Money Matters: Funding and Sustaining Evidence-Based Depression Programming
	Evidence-Based Mental Health Practices for Older Adults: The Latest Data, Strategies and Funding Options
National Public Health Roadmap to Maintaining Cognitive Health	The Healthy Brain Initiative: National Public Health Roadmap to Maintaining Cognitive Health: http://www.prc-han.org/docs/healthybrainroadmap.pdf
Environment and policy	
Presentations, webinars, and action briefs	Four modules, each with presentation, webinar, and action briefs: http://www.prc-han.org/tools-environment
	Module 1: Introduction to Environmental and Policy Change for Healthy Aging
	Module 2: Optimal Living Environments for Healthy Aging
	Module 3: Integrated Approaches to Mobility
	Module 4: Emerging Environmental Issues in Healthy Aging
Audit tool	HAN environmental audit tools and protocols: http://www.prc-han.org/tools-environment
Environmental and Policy Change Clearinghouse	Environmental and Policy Change Clearinghouse: http://www.prc-han.org/tools-environment

*QA indicates quality assurance; EBHP, Evidence-Based Health Promotion; RE-AIM, reach, efficacy/effectiveness, adoption, implementation, maintenance; IMPACT, Improving Mood-Promoting Access to Collaborative Treatment; PEARLS, Program to Encourage Active Rewarding Lives for Seniors; IDEAS, Identifying Depression Empowering Activities for Seniors; and HAN, Healthy Aging Research Network.