

# What Are Evidence-based Programs and Why Should I Care?

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**Editor’s Note:** This is Article 1 in a series of upcoming articles that will print in subsequent issues of *GeriNotes*.

“Physical therapists have the expertise and the opportunity to help individuals and populations improve overall health and prevent the need for avoidable health care services”.

In 2016, The APTA House of Delegates published this description of the physical therapist’s role in prevention, wellness, fitness, health promotion, and management of disease and disability. This statement suggests interactions with our patients may need to extend beyond an episode of care. However, for clinicians, practices, and agencies working with older adults, extending physical therapy services into health and wellness may not be feasible due to current billing and reimbursement models. This poses a significant challenge. Older adults with chronic health conditions require support and guidance to “prevent the need for avoidable healthcare services.” Physical therapists are strategically positioned to facilitate a continuum of care for our older patients to achieve this goal, but significant challenges often limit achieving this in our own practice setting.

Enter community partners. Partners can be found at the national level like the National Council on Aging (NCOA) or the International Council on Active Aging (ICAA), and in your own community (eg, senior centers, YMCAs, Area Agencies on Aging). These community-based organizations (CBOs) are assuming new roles in the areas of public health and prevention. As such, they offer evidence-based programs (EBP) to give older adults the tools to better manage their own health and wellness. Programs equip participants to manage a variety of aspects of health, such as increasing levels of physi-

cal activity, reducing fall risk factors, and managing chronic health conditions. An added benefit is that patients participating in these programs are often better able to communicate with health care providers and engage with physical therapy. There are opportunities to identify CBOs in your own community and learn about the programming they offer. Partnerships can be developed with these organizations, providing your patients with an opportunity to attend an EBP that aligns with their wellness goals. These partnerships can provide significant value to both entities - the clinician now has a community partner providing quality programming, and the CBO has a PT in the community they can refer clients to for health education, falls screening and for PT consultation.

## A BRIEF HISTORY

Where did these programs come from? First, demographics have driven the need to identify alternative methods to manage older adult health. In 2015, older adults accounted for approximately 15% percent of the United States (U.S.) population, and for the first time in history, older adults are projected to outnumber children by the year 2035. Many older adults have one or more chronic conditions, which can limit their physical function and challenge their ability to live independently. As of 2018, there were 6,910 board certified geriatricians (physicians), and 2,418 Geriatric Certified Specialists (physical therapists) in the U.S. The sheer numbers of older adults living with chronic health conditions combined with a limited number of providers and concerns about costs have created opportunities to assess whether community-based programs are a feasible and effective disease-management solution.

In the early 2000’s, the NCOA strategically partnered with the Administration for Community Living (ACL, national level) and the aging services networks (state and regional levels) to identify, document, and implement disease prevention and health promotion programs based on scientific evidence. The results of this early work strongly supported the efficacy of standardized, community-based programs to achieve improved health and wellness outcomes and spawned the development and validation of several new programs. The results were so compelling that in 2012, the U.S. Congress required that all senior centers include evidence-based programs in their selection of member patient offerings to receive federal funding.

## WHAT IS AN EVIDENCE-BASED PROGRAM?

Evidence-based programs, offer effective ways to improve health and well-being by reducing disease severity, disability, and/or injury among older adults. These programs are based on rigorous research, provide documented health benefits, and have mechanisms in place to ensure standardized program delivery. To be recognized as an EBP, a program must meet the requirements for ACL’s Evidence-Based Definition (Figure 1).

There are four broad categories of evidence-based programs: (1) falls prevention, (2) general wellness and physical activity, (3) chronic disease self-management, and (4) behavioral health. A list of approved programs is available on the National Council on Aging’s website (<https://www.ncoa.org/wp-content/uploads/Title-IIID-Highest-Tier-EBPs-January-2019.pdf>)

Each EBP has a standard set of elements that stakeholders such as physical therapists, older adults, caregivers, and

1. Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; *and*
2. Proven effective with older adult population, using experimental or quasi-experimental design; *and*
3. Research results published in a peer-review journal; *and*
4. Fully translated in one or more community site(s); *and*
5. Developed dissemination products that are available to the public

**Figure 1.** Administration for Community Living/Administration on Aging (ACL/AOA) criteria for evidence-based programs

other providers can refer to (Figure 2). To achieve the proven benefits, the program goals should align with the patient's goals, and the patient should fit the description of the target audience. For example, A Matter of Balance (AMOB) describes the target audience as adults 60+ who are ambulatory, able to problem solve, concerned about falling, interested in improving flexibility, balance and strength and have restricted their activities because of concerns about falling. Individuals who do not meet this description can still attend the program, but there is no guarantee they will achieve the same benefits.

### Getting Started

The next article in this series will provide a step-by-step description of how

Target Population Described
Measurable Goals
Program Rationale
Program Benefits
Program Structure and Time Frame
Staffing
Facility and Equipment Required
Program Evaluation
Fidelity Checklist

**Figure 2.** Key components of Evidence-based Health Promotion Programs

to find programs and develop partnerships in the community. To get started in this process, go to the NCOA website at [www.ncoa.org](http://www.ncoa.org), which is considered the best source to learn more about the individual EBP programs. The NCOA's Center for Healthy Living page (<https://www.ncoa.org/healthy-aging/>) provides descriptions and additional information for all available EBPs programs.

Another resource for clinicians to identify community partners is through participation in events such as Active Aging Week (AAW) (October 1-7, 2019). This annual event is sponsored by the International Council on Active Aging (ICAA) to promote active aging. It is a great opportunity to learn more about community organizations invested in promoting wellness activities in your local area. Traditionally senior centers, retirement communities, Area Agencies on Aging, health care and other aging and wellness partners celebrate AAW by offering a variety of free (and fun!) programs. Individuals have the opportunity to experience exercise and other healthy aging activities throughout their communities. Anyone can get involved and offer one or more programs which typically include group exercise classes, health fairs, educational events, group walks, dances, and arts and craft classes. Some of these same organizations may also offer EBPs. Consider partnering with other community agencies to expand your reach. Visit [www.activeagingweek.com](http://www.activeagingweek.com) to learn more.

### CASE STUDY

#### How EBP Can Be Integrated Into Your Practice

Anne is an 83-year-old retired journalist, living in a single family home with her spouse, Larry. They recently moved into the area to “downsize” and be closer to their extended family. Anne is overweight (BMI 33). She has hypertension that is controlled by medication and a history of arthritis in both knees with a right total knee replacement five years ago. She hasn't had any falls but does report fear of falling, and has a slow walking speed (0.7 m/s). Anne has not participated in regular exercise since moving to the community, and her activity level had been limited to household “puttering” prior to the move.

Larry is receiving physical therapy (PT) to address shoulder pain which is limiting his ability to participate in his usual activity of playing 18 holes of golf twice a week. One day, Anne picks up Larry from his PT appointment. While waiting in the reception area, she sees and fills out the Centers for Disease Control's “Stay Independent” brochure. This is a fall risk self-assessment handout on display in the waiting room. She inquires about the “free consultation” with a physical therapist that is offered with the brochure. The PT reviews Anne's answers to the Stay Independent self-assessment/questionnaire, and completes the STEADI screen. Anne scores at moderate risk per the STEADI and the PT determines that Anne's fear of falling is what is most functionally limiting. Larry has raved about his PT, and Anne quickly sees why Larry is so impressed.

The PT explains the objectives, format, goals, and benefits of the A Matter of Balance (AMOB) program. Per the NCOA website, “AMOB is an 8-week structured group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels. Participants learn to view falls and fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance”. The physical therapist recommends that Anne attend the program when it is next offered, starting in 2 weeks at the local senior center. The PT offers to connect Anne with one of her patients who completed AMOB earlier this year to answer any questions she may have. Anne takes her up on this offer. Larry encourages Anne as well. The PT explains to Anne that she would also benefit from physical therapy to improve her level of mobility in the community, and timing of that would be best after completing AMOB. The PT recommends that Anne follow up with her after attending the AMOB program to discuss next steps.

Anne attends AMOB, which results in a significant improvement in her confidence to manage her own fall risk. Anne now sees the benefit of exercise, especially in relationship to managing her fall risk, and wants to start an exercise routine. Anne befriended a few ladies in the AMOB group. One of Anne's

new buddies convinces her to join the Tai Chi class that is offered at the local YMCA. Anne is motivated to participate in Tai Chi, but decides she needs a more thorough assessment from the PT first. She now feels ready to work on improving her strength and stamina to take on some of her recent physical challenges, such as walking in her garden and in her community, and getting on and off the floor to be able to play with her great grandchildren. She is highly motivated to create goals with her physical therapist. She's even wondering if her physical therapist can help her learn to get in/out of the family boat that they use to visit a lake house in Canada every summer... Anne hasn't gone in the last 3 years. She has become fond of an expression her physical therapist introduced her to.... YOLO! (You Only Live Once!)

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Jennifer Vincenzo PT, MPH, PhD, is an Assistant Professor with the depart-

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Lori Schrodt, PT, PhD, is a professor the Department of Physical Therapy at Western Carolina University (WCU;Cullowhee, NC) and is the lead physical therapist of the WCU Balance and Fall Prevention Clinic. Dr. Schrodt has presented 9 sessions at CSM as well as numerous posters and educational sessions at other several state and national conferences.

Jennifer Brach, PhD, PT, is a Professor in the Department of Physical Therapy at the University of Pittsburgh, Pittsburgh, PA. Dr. Brach has over 20 years of research experience in the areas of aging, mobility and exercise and has presented at various local, national and international conferences.

Patrice Hazan PT, DPT, MA, is founder and CEO of GroupHab,<sup>®</sup> an innovative PT clinic pioneering an alternative model of PT care including PT designed and supervised group exercise classes- an alternative model of PT care with long term solutions to keep patients well.

She has a Doctorate in Physical Therapy from Des Moines University

and a Master's degree in Gerontology from Roosevelt University. In addition, she is a GCS, a member of the Academy of Geriatrics, a member of PPS, and a member of ACSM. She has presented this model at CSM, SCAPTA, and PPS annual conventions. Patrice has been published in numerous publications, including the American Physical Therapy Association *PT in Motion* for her ground-breaking work.

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Jennifer Sidelinker, PT, DPT, is a Vice President of Clinical Services and the Director of Physical Therapy for Genesis Rehab Services. Jennifer achieved Board Certification as a Geriatric Clinical Specialist in 2005, and was recertified in 2015. She was honored in 2005 by the APTA Section on Geriatrics award for Clinical Excellence in Geriatric Practice. Jennifer has been a leader in development and dissemination of Balance In Action<sup>®</sup>, the Genesis organization's evidence-based care delivery model for fall risk management. Balance in Action was recognized as an innovative program at the 2013 APTA Innovation Summit. In addition to her role with Genesis, Jennifer is an active member of the Pennsylvania Falls Coalition, APTA PAC Work Group, and AGPT/NCOA partnership project.

**A Matter of Balance is an 8-week structured group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels and is a program approved by the NCOA.**

Participants learn to view falls and fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance. Group classes are conducted by trained lay leaders with supplemental training by either a physical or occupational therapist at one of the sessions. This program was developed at the Roybal Center at Boston University.

To become a master trainer and offer A Matter of Balance in your community, go here: <https://mainehealth.org/healthy-communities/healthy-aging/matter-of-balance/master-trainer-session-information>.

Haynes M, League P, Neault G. A matter of balance: older adults taking control of falls by building confidence. *Front Public Health*. 2015;2:274. Published 2015 Apr 27. doi:10.3389/fpubh.2014.00274