## Community Health and Mobility Partnership (CHAMP):

COLLABORATION, OUTCOMES, AND EXPANSION

Vicki S. Mercer, PT, PhD
with Anna Speer, SPT, and Gabrielle Sconce, PT, DPT
University of North Carolina at Chapel Hill

### Collaboration

#### History of CHAMP

- Idea originated with faculty at UNC – Chapel Hill
- Developed academic and community partners; obtained funding.
- First CHAMP location began in McDowell County in 2009



#### Early CHAMP partners

#### Academic

- University of North Carolina at Chapel Hill
- Western Carolina University
- Caldwell Community College
   & Technical Institute
- McDowell Technical Community College
- Appalachian State University
- · South College Asheville

#### Community

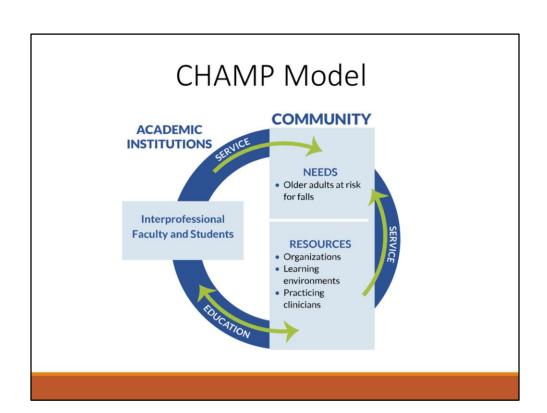
- McDowell County government
- McDowell Senior Center
- McDowell County EMS
- McDowell Hospital
- McDowell Dept of Social Services
- Rutherford-Polk-McDowell District Health Dept

Recognizing that falls among older adults was a serious problem in this county, and that health care students could help provide needed services while at the same time receiving valuable training, members of academic institutions and community organizations came together in 2009 to form CHAMP.

#### Mission Statement

CHAMP's mission is to prevent falls in communitydwelling older adults and people with disabilities, with a focus on rural and underserved communities.





### Why interprofessional, community-based education?

- Trend toward health care delivery in community-based settings (Williams-Barnard et al, 2004)
- Effective for teaching health promotion and prevention concepts (Kataoka-Yahiro et al, 1996)
- Competition for a limited number of clinical sites



- Trend toward health care delivery in community-based settings
  - which in turn is driven by escalating health care costs and socioeconomic disparities
- Health promotion and prevention concepts can be taught more effectively in the community
  - This type of education facilitates development of health care providers who are responsive to community needs
- Competition for a limited number of clinical sites so may need to provide integrated learning experiences that can supplement traditional clinical placements

#### Interprofessional education

- Prepares health care students to function effectively as members of interprofessional teams (Bridges et al, 2011)
- Leads to optimal quality of care and client outcomes (Medves et al, 2008; Furze et al, 2008; Bridges et al, 2011)



http://www.aippen.net/what-is-ipe-ipl-ipp

#### So how does CHAMP work?

- Screening events held at community sites that are easily accessible to older adults
- Providers & participants scheduled in advance



- · Assessment: Intake Forms
  - Activities-specific Balance Confidence Scale
  - Geriatric Depression Scale
  - Rapid Assessment of Physical Activity
  - Cognitive Screening (Mini-Mental State Exam)

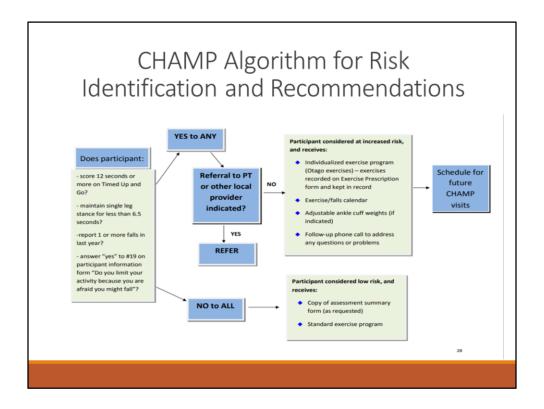
Show of hands who is familiar with/has administered each one. Have a person who is familiar with the assessment share a little bit about each assessment.

- Assessment: Nursing/ EMS
  - Medical history
  - Blood pressure assessment
  - Medication review
  - · Vision screening



- Assessment: PT/PTA students, faculty, and clinicians
  - Grip Strength Testing
  - 30 Second Chair Stands
  - Four Stage Balance Test
  - Timed Up and Go





Based on test results, providers determine whether participant is at increased risk for falls. Participants at increased risk for falls: Given individualized home program (Otago) exercises and scheduled for follow-up through CHAMP. May be referred to local health care professionals, or other community programs if needed. Matter of Balance for low ABC score, Healthy IDEAS for depression.

- Otago Intervention:
  - Balance and strengthening exercises
  - Resulted in 35% reduction in falls and fall related injuries
  - Was most effective for those ≥ 80 years old and those with history of falls
  - Improved strength & balance (Robertson et al, 2002; Sherrington et al, 2008)

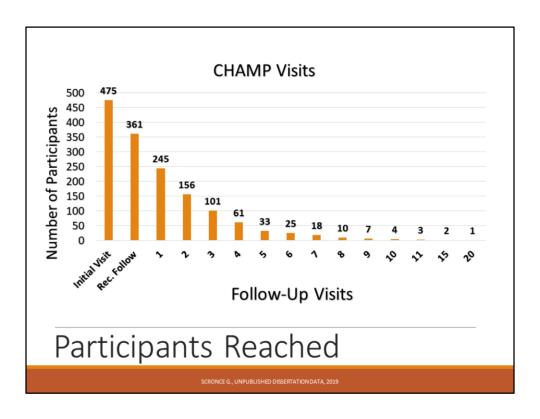


Example exercise illustration from Otago manual

- At follow-up visits,
  - Review health status
  - Repeat ABC Scale and physical performance testing
  - Review home exercises and modify as appropriate



Outcomes



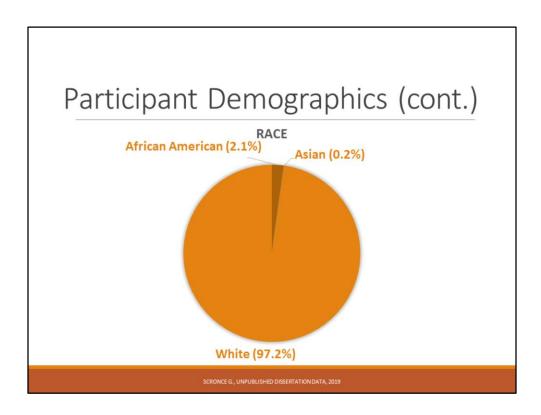
The following information is based on Caldwell and McDowell sites from 2009-2017

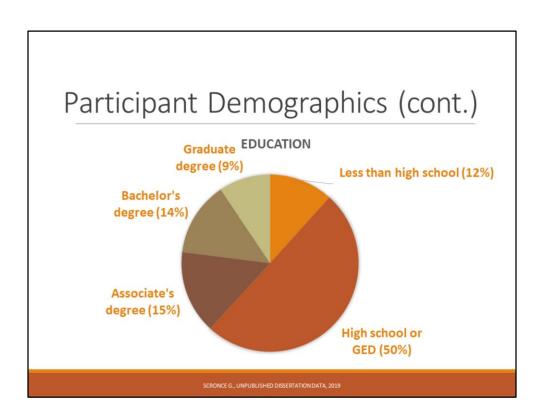
#### Participant Demographics (n=475)

	·
Age	74.4 ± 9.1 years
Gender	78.3% Women
	21.7% Men
Ethnicity	0.5% Hispanic or Latino
ВМІ	28.8 ± 6.2 kg/m <sup>2</sup>
Falls	1.3 ± 2.8 falls in past year
Fear of Falling	42.3% limit activity

SCRONCE G., UNPUBLISHED DISSERTATION DATA, 201

The demographic information is based on Caldwell and McDowell sites from 2009-2017





#### Participant Demographics (cont.)

#### **Comorbidities:**

70.1% arthritis

60.2% hypertension

25.5% osteoporosis

25.5% cardiovascular disease

24.0% diabetes

18.5% history of cancer

SCRONCE G., UNPUBLISHED DISSERTATION DATA, 2019

#### Participant Demographics (cont.)

#### **Device (used for TUG)**

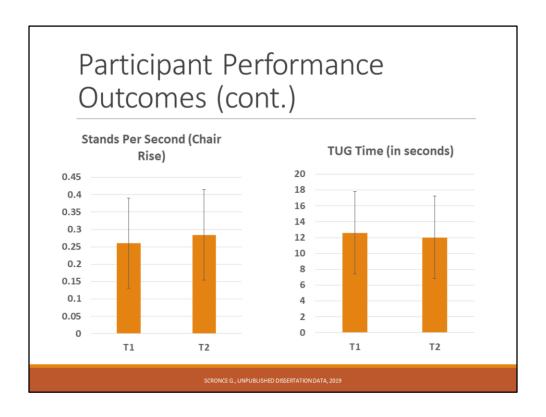
84.0% none

9.3% straight cane

4.9% walker

1.3% quad cane

SCRONCE G., UNPUBLISHED DISSERTATION DATA, 2019

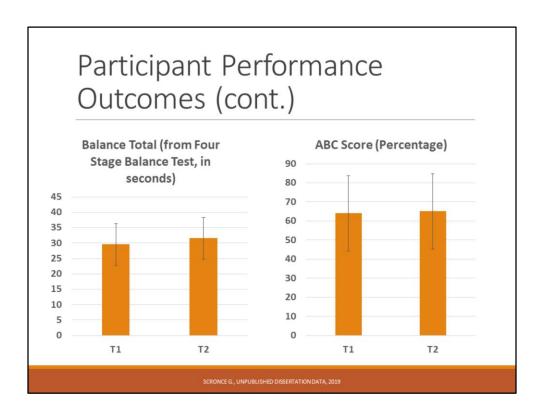


T1=initial evaluation, T2=after 2 follow-up visits. Explain meaning of each outcome measure.

**Stands Per Second:** T1 mean -> 0.26±0.13 stands/s, T2 mean -> 0.28±0.14

stands/s. SIGNIFICANT (t=-2.769, Sig.=0.006)

**TUG Time:** T1 mean -> 12.59±5.30 s, T2 mean -> 12.03±5.07 s.



**Balance Total:** T1 mean -> 29.59±6.54, T2 mean -> 31.58±7.13. SIGNIFICANT (t=-3.879, sig.=0.000)

**ABC:** T1 mean -> 64.00±19.61, T2 mean -> 65.13±19.86. ABC score may have increased at T2 because many older adults learn that they are at risk for falls through the program, and therefore become less confident in their balance during the first few months.

#### Bottom Line

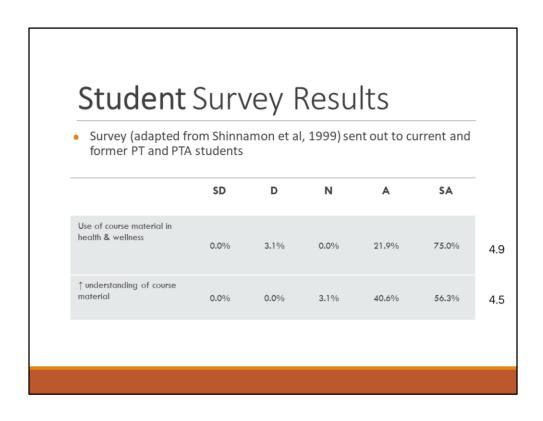
- •Able to detect increased risk of falls for 361 participants
- •Evidence shows improvement in multiple falls risk indicators after only 2 follow-up visits.



#### **Educational Outcomes**

- Student Participation:
  - Approximately 150 students participated in first 2.5 years
  - At the McDowell County Location, 96 students participated from 2017-2018.

CHAMP can help educational programs meet goals (e.g. geriatric competencies for entry-level PT education)



32 responses received: N = 15 (54%) for PT students; N = 17 (23%) for PTA students

#### **Student** Survey Results (cont.)

	SD	D	N	Α	SA	
† awareness of other professional roles	0.0%	0.0%	21.9%	34.4%	43.8%	4
† awareness of needs of rural areas	0.0%	3.2%	9.7%	41.9%	45.2%	4
Helped me clarify choice of career/specialization	0.0%	3.2%	32.3%	32.3%	32.3%	3
Plan to integrate community service into future plans	0.0%	0.0%	0.0%	43.8%	56.3%	4

Positive outcomes for students.

QUESTION/ITEM		RESPONSE (%)					
How would you rate the CHAMP program overall?	gram Poor 0.0	Fair 0.0	Good 5.4	Very Good <b>35.1</b>	Excellent 59.5		
How satisfied are you with your experience as a participant in the CH program?	AMP all satisfied 0.0	A little satisfied 0.0	Somewhat satisfied 5.4	Mostly satisfied 21.6	Completely satisfied 73.0		
3. How well did the health care provide CHAMP work together to assess and recommendations for you?		Not so well	Somewhat well 2.7	Very well	62.2		
4. How do you feel about having health students (physical therapy and nursing students) involved with CHAMP?	0 /	Negative 0.0	Neutral	Positive 37.8	Strongly Positive <b>62.2</b>		
5. Please rate your level of agreement the following statement: "I have bene	0 /	Disagree	Neutral	Agree	Strongly Agree		

Paper and pencil survey given out to older adults who had or were currently participating in CHAMP. Survey distributed at 3 regular CHAMP event locations (2 senior centers and one subsidized housing community for seniors). N = 37.

#### Participant Survey Quotes:

What were the BEST things about your CHAMP experience?

I was losing muscle strength in my
legs and sometimes I fell very easy. I
have regained my walking ability and
by watching my step, I'm not falling
now.

They were very positive & pleasant. I felt
better after being with them, and [it]

made me want to continue my exercise."

From Participant Survey.

Expansion

# Caldwell Guilford County County McDowell County

#### Key Ingredients for Expansion



**Elderly population** with need in area



Accessible Location: Senior Center, Retirement Center, etc.



Professional
Partnerships:
healthcare facilities,
professional volunteers



Academic Partnerships: student volunteers

#### Practical Needs of Each New Site

- Equipment: BP cuffs, hand dynamometers, gait belts, stop watches (can be provided by UNC)
- •Forms: easily accessible for printing through CHAMP website
- •Volunteer Staff:
  - Site leader coordinates scheduling, obtains supplies, oversees operations
  - Intake Forms/Nursing Assessment (2 or more volunteers)
  - Physical Assessment and Otago Prescription (2 or more volunteers, one must be a licensed physical therapist, others can be student PT/PTA volunteers)

CHAMP events take place monthly, so volunteers would come 1 day/month at the maximum.

#### Resources for Expansion

- CHAMP Manual
- •Website: access to manual, all CHAMP forms, other falls prevention resources
- Consultation from UNC

#### Resources for Expansion (cont.)

- •Training:
  - Online Otago training through North Carolina AHEConnect Learning Management system
  - Can provide on-site training
  - Training checklist with competencies provided in manual

#### Recent and Planned Additions

- Pennybyrn, Guildford County (Fall 2018)
  - Partners: Pennybyrn Retirement Center, Guilford Technical Community College
- Buncombe County (Fall 2019)
  - Potential partners: UNC Asheville, Western Carolina University, South College, Asheville-Buncombe Technical Community College, Mission Health network, Council on Aging

#### Interested?

Visit <u>ncchamp.org</u> for more information or to volunteer!

#### Acknowledgements



The Baxter International Foundation



McDowell County Government



UNC Center for Aging and Health Thorp Faculty Engaged Scholars (UNC)



NC AHEC

All CHAMP Partners

# QUESTIONS?

#### References

Bridges, D. R., Davidson, R. A., Odegard, P. S., Maki, I. V., & Tomkowiak, J. (2011). Interprofessional collaboration: three best practice models of interprofessional education. *Medical Education Online*, 16. doi:10.3402/meo.v16i0.6035

Furze, J., Lohman, H., & Mu, K. (2008). Impact of an interprofessional community-based educational experience on students' perceptions of other health professions and older adults. *Journal of Allied Health*, *37*(2), 71–77.

Kataoka-Yahiro, M., Yoder, M., & Cohen, J. (1996). Ten steps to create an innovative community-based pediatric experience as part of a clinical practicum: a model. *Journal of Pediatric Nursing*, 11(5), 309–314. doi:10.1016/S0882-5963(05)80064-8

Medves, J., Paterson, M., Chapman, C. Y., Young, J. H., Tata, E., Bowes, D., ... O'Riordan, A. (2008). A new inter-professional course preparing learners for life in rural communities. *Rural and Remote Health*, 8(1), 836.

Williams-Barnard, C. L., Sweatt, A. H., Harkness, G. A., & DiNapoli, P. (2004). The clinical home community: a model for community-based education. *International Nursing Review*, *51*(2), 104–112. doi:10.1111/j.1466-7657.2003.00215.x

#### References

Robertson, M. C., Campbell, A. J., Gardner, M. M., & Devlin, N. (2002). Preventing injuries in older people by preventing falls: a meta-analysis of individual-level data. Journal of the American Geriatrics Society, 50(5), 905–911.

Sherrington C, Whitney JC, Lord SR, Herbert RD, Cumming RG, Close JCT. Effective exercise for the prevention of falls: a systematic review and meta-analysis. J. Am. Geriatr. Soc. 2008;56(12):2234-2243. doi:10.1111/j.1532-5415.2008.02014.x.

Shinnamon A, Gelmon S and Holland B. Methods and Strategies for Assessing Service-Learning in the Health Professions. San Francisco, CA: Community-Campus Partnerships for Health, 1999.

Williams-Barnard, C. L., Sweatt, A. H., Harkness, G. A., & DiNapoli, P. (2004). The clinical home community: a model for community-based education. *International Nursing Review*, *51*(2), 104–112. doi:10.1111/j.1466-7657.2003.00215.x