Aging Mastery Program®
Qualifications for Older Americans Act Title III Funding
December 2019

The National Council on Aging (NCOA) created the Aging Mastery Program® (AMP) to develop new expectations, norms, and pathways for people aged 50+ to make the most of their gift of longevity. The program incorporates evidence-informed materials, expert speakers, group discussion, peer support, and small rewards to give participants the skills and tools they need to achieve measurable improvements in managing their health, remaining economically secure, and increasing societal participation.

Since its inception in 2012, AMP has grown rapidly among community and state organizations looking for effective older adult programming. To date, AMP has reached more than 16,000 older adults at over 500 sites across 33 states.

As AMP has spread nationally, several organizations have expressed interest in including AMP in their Area Agency on Aging plans and requesting reimbursement for the program through Older Americans Act (OAA) Title III-D funds. As of October 2016, all programs using Title III-D funds must meet the Administration for Community Living's (ACL) highest-level criteria for evidence-based programs.

According to ACL there are two ways to assess whether Title III-D funds can be spent on a program:

1. The program meets the requirements for ACL's Evidence-Based Definition (the ACL Definition is below)
2. The program is considered an "evidence-based program" by any operating division of the U.S. Department of Health and Human Services (HHS) and is shown to be effective and appropriate for older adults.

As of May 2018, AMP meets all the requirements for ACL's Evidence-Based Definition. The following is a summary of the evidence that supports AMP's qualifications.

Criteria for ACL Definition of Evidence-Based Programs	AMP Status
1. Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability, and/or injury among older adults.	✓
2. Proven effective with older adult population, using Experimental or Quasi-Experimental Design.	✓
3. Research results published in a peer-review journal.	✓
4. Fully translated in one or more community site(s).	✓
5. Includes dissemination products that are available to the public.	✓

Criteria 1: Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability, and/or injury among older adults.

Since creating AMP in 2012, NCOA has been evaluating the program's reach and impact through pre-post designs and experimental designs, described in more detail below under Criteria 2.

The initial AMP implementation, Alpha I, began in January 2013 and included the enrollment of 239 participants across 5 senior centers in Connecticut, Indiana, Massachusetts, Pennsylvania, and South Carolina. Alpha I was evaluated in partnership with George Mason University. AMP demonstrated a highly significant improvement in social isolation, from baseline to post-test, measured using The Friendship Scale, a 6-item instrument designed to assess perceived social isolation and perceived emotional loneliness.

In Alpha I, the pre- and post-test scores on the Medication Adherence Rating Scale (MARS) and other medication-related questions showed improvements. At post-test, a higher percentage of participants reported they were storing their medications in a cool, dry, dark location; were enrolled in a Medicare Part D prescription drug plan; and had an up-to-date medication record. A slightly higher percentage reported that they reviewed their Medicare Part D plan to see if it fits their needs every year and every few years. Participants also saw highly significant ($p<.01$) improvement on the Planning for the Future domain (now referred to as the Advance Planning session) with an intermediate effect size (Cohen's $d=.45$). The age groups significantly differed ($p<.05$), with older-old participants endorsing more health care plans for the future.

In Alpha II, which began in the fall of 2014, scores from the class Communicating with Your Doctor were also highly significant ($p<.01$), evaluated with 3 questions pertaining to whether a person makes lists of medical questions and current prescription drug use, as well as writing down the doctor's diagnosis and treatment plan. The difference of pre- and post-evaluations for the Healthy Eating module was significant ($p<.01$), indicating that participants had formulated a plan for healthy eating that included reading food labels and tracking food choices.

In Digital AMP, which ran for two years starting in fall of 2014, 225 older adults aged 60-99 with no previous experience using the internet were recruited through 7 community-based organizations in Massachusetts, New Jersey, Pennsylvania, Florida, and California. About one-third of program participants were homebound. Digital AMP was evaluated by Columbia University's Center on Aging. Major findings included significant improved outcomes in key areas such as frequency of social interactions, self-esteem, civic engagement, technology use, and physical activity over the course of the program. Digital AMP demonstrated that technology can add great benefits to the lives of older adults.

Criteria 2: Proven effective with older adult population, using Experimental or Quasi-Experimental Design.

An independent quasi-experimental, partial cross-over study was conducted in 2016, led by the Quality and Technical Assistance Center, part of the University at Albany School of Social Welfare. The study involved 284 participants across 14 community-based organizations throughout New York. Participants' average age was 72.8, most were female (89%), 32% were caregivers, and 73% had more than one

chronic condition. Participants were white (68%) or African American (29%), with less than 3% representing other racial/ethnic groups.

Participants were assessed at baseline (T1), at 10 weeks post baseline (T2), and at 10 weeks from the second time-point (T3). Pairs of community-based organizations were matched, and pairs were assigned to either the intervention or control group (resulting in a nested design). The sites were matched based on racial/ethnic composition and their location in either New York City or Upstate New York. Findings demonstrated significant and sustained improvements at follow-up (T3) in the number of minutes and days of physical activity ($p<.04$) on the International Physical Activity Questionnaire (IPAQ-L) and contemplation and action toward care planning on advanced care planning ($p<.04$) using the 9-item and 18-item subscales of the Advance Care Planning Engagement Survey.

A second study of 180 participants across five senior centers was completed in Los Angeles, CA, in 2017-2018, through a partnership with the Los Angeles County and City Department of Aging and UCLA's Los Angeles Community Academic Partnership for Research in Aging. Using a randomized wait-list controlled trial design, the impact of AMP on patient activation (10-item PAM scale/Insignia); global health and well-being (PROMIS-10); and quality of life for older adults (CASP-19) were examined. As Treated (AT) analyses (n=106) indicated participants who attended AMP showed a statistically significant increase in self-reported mental health, with improvements greater than participants who did not attend AMP, after controlling for study site and socio-demographic characteristics on the PROMIS-10. Intent to Treat analysis, limited to sites with randomized participants, did not support a causal relationship.

Criteria 3: Research results published in a peer-review journal.

A research article, titled Assessing the Effectiveness of the Aging Mastery Program, was published in *Healthcare*, a peer-reviewed journal in May 2018. Another article describing the results of the Los Angeles evaluation was published in the peer-reviewed journal *Health Education & Behavior* in October 2019.

Criteria 4: Fully translated in one or more community site(s).

The number of sites implementing AMP has grown from five in 2012 to more than 500 nationwide as of December 2019. During this period, AMP has reached more than 16,000 older adults across 33 states. The program is available in English and Spanish and is offered at senior centers, community colleges, community centers, hospitals, churches, and retirement centers.

Analyses of AMP data collected in 2015-2016 have shown that racial/ethnic minority participants benefit from AMP equally, and in some areas even report higher rates of satisfaction and improvement. Researchers compared 365 participants (133 African Americans, 109 Hispanic/Latinos, and 123 White) on demographic, health status, and satisfaction factors. Six African American workshops were held in Philadelphia, PA, Queens, NY, and Cleveland, OH; while another six were implemented in Texas with Hispanic/Latino participants in McAllen, San Antonio, and Houston. Completion of at least seven or more classes was high across all groups, with Hispanic/Latinos reporting much higher completion (91%).

Hispanic/Latino participants were slightly younger, averaging 68 years of age, while the oldest

participants were White, averaging 72 years of age. Women made up 87% of participants in the African American sessions, compared to 83% in Hispanic/Latino sessions, and 81% in the White sessions. Hispanic/Latino participants reported the lowest levels of educational attainment and income across all racial/ethnic groups. African American and White participants reported equivalent numbers of chronic conditions (87%). Hispanic/Latinos, who were slightly younger as a group, were just slightly less likely to report having multiple chronic conditions (84%).

There were very marginal differences in the rates of highly satisfied participants across racial/ethnic groups. The majority rated the quality of the education they received through AMP as Good or Excellent, with African Americans rating it the lowest at 96% and Whites at 100%. Most would recommend the course to a friend or expressed that it was fun, with little variation among racial/ethnic groups (98-100%).

On the subject of health, 100% of Hispanic/Latino participants noted that AMP helped them to manage their health more effectively. When asked how specific components of AMP impacted participants, African Americans were most likely to report that it helped them to manage their personal finances more effectively (89%) compared to Hispanics (86%) and Whites (88%). Hispanic/Latinos most often reported that the program had made a positive change in them (99%), when compared with African Americans (92%) and Whites (93%).

In an evaluation of AMP sites in 2017, among 2,884 participants, 69% rated the quality of AMP as Excellent, and 29% described it as Good. A large proportion (75%) described the program as being a lot of fun. Most (98%) said they would recommend the program to a friend.

AMP participants consistently demonstrate excellent retention, averaging 80% graduating by attending at least seven out of ten AMP classes. AMP also is shown to be effective in encouraging participation in other evidence-based programs.

- In two studies in Massachusetts and Pennsylvania in 2015 (n=462):
    - 58% of participants subsequently enrolled in an evidence-based program after graduation from AMP.
- In an AMP pilot study of 5 sites in 5 states (South Carolina, Pennsylvania, Indiana, Massachusetts, and Connecticut) (n=235) in 2014:
    - 71.1% enrolled in an evidence-based health promotion/disease prevention program, such as the Chronic Disease Self-Management Program or A Matter of Balance during the pilot as part of AMP's goals.
    - 20.7% increased from baseline in the number of participants saying they would take an evidence-based program after AMP ended.

Criteria #5: Includes developed dissemination products that are available to the public.

AMP includes several products that can be ordered online in the Aging Mastery Store. These include:

- AMP Core Curriculum
- AMP Elective Curriculum
- Faith-based AMP Curriculum
- AMP for Caregivers Curriculum
- Aging Mastery Starter Kit

The standard AMP participant kit features the Core Curriculum plus supplementary materials, including an exercise DVD, Five Wishes, and more. A detailed price sheet is available online.

NCOA provides an assortment of implementation and evaluation tools, including an Implementation and Fidelity Guide, a Participant Satisfaction Questionnaire, a Participant Information Survey, AMP Class Attendance Log, and evaluation instructions and fidelity tools.

Licensed sites take a self-guided, online training, which covers AMP's philosophy, background, key evaluation results, implementation, evaluation/data collection procedures, recruitment and retention strategies, fidelity and quality assurance, and sustainability. Once the training is complete, NCOA provides extensive technical support to program sites through one-on-one phone calls, regular technical assistance calls, a dedicated email address (amp@ncoa.org), dedicated toll-free phone number (1-888-256-3779), online AMP Community, Facebook group, blog, and newsletter. A national online survey of technical assistance conducted in 2019 showed that, overall, program personnel were highly satisfied with AMP-related training, technical assistance, and materials. As part of its process of continuous improvement, NCOA is working to further refine the quality of its products and integrating recommendations shared by partner sites.

In addition to the AMP core program of 10 classes, NCOA has developed two specialty programs—a 12-class AMP for Caregivers and a Jewish-focused AMP. A pilot study of AMP for Caregivers in 2017 found significant improvements in participants' awareness of resources and tools for caregivers because of the program. Qualitative analyses of the caregiver version support the importance of creating an exclusive program for caregivers that addresses both self-care and their role in helping a loved one.

Presently, AMP offers nine standalone electives that run for 90 minutes each. These electives can be offered at any time before or after the 10-class program or offered independently. Health-focused electives include: 1) Communicating with Your Doctor, 2) Preventive Health Services and You, 3) Memory Matters, and 4) Nutritional Vital Signs: Preventing and Treating Malnutrition. Financial-focused electives include: 1) Your Home as a Strategic Asset, 2) Rightsizing Your Life, and 3) Safe Home/Healthy Home. Life Enrichment electives include: 1) Aspirations/Bucket Lists and 2) Intergenerational Connections. A listing of the Core Curriculum and AMP Electives is available online.

In February 2018, NCOA introduced the Aging Mastery Starter Kit, a self-directed version of the in-person program that combines education with engaging activities to inspire and help individuals take actions to achieve autonomy, mastery, and purpose as they age. The kit is designed to bring the benefits of AMP to people who are homebound, live in rural communities, and to caregivers who can't easily get to a program in a community center. It includes the Aging Mastery Playbook©, a guide to the philosophy of Aging Mastery with practical tips for aging well across six dimensions. The kit also includes activity cards, custom exercise DVDs, a notepad for personal reflection and goal-setting, and postcards to express gratitude.