



# Why Not? Public Health's Role in Healthy Aging

HCBS Conference August 28, 2019



The John A. Hartford  
Foundation



# The John A. Hartford Foundation

Private national philanthropy based in New York, established in 1929, by family owners of the A&P grocery chain

\$585,000,000

Grants authorized since 1982 to improve aging and health

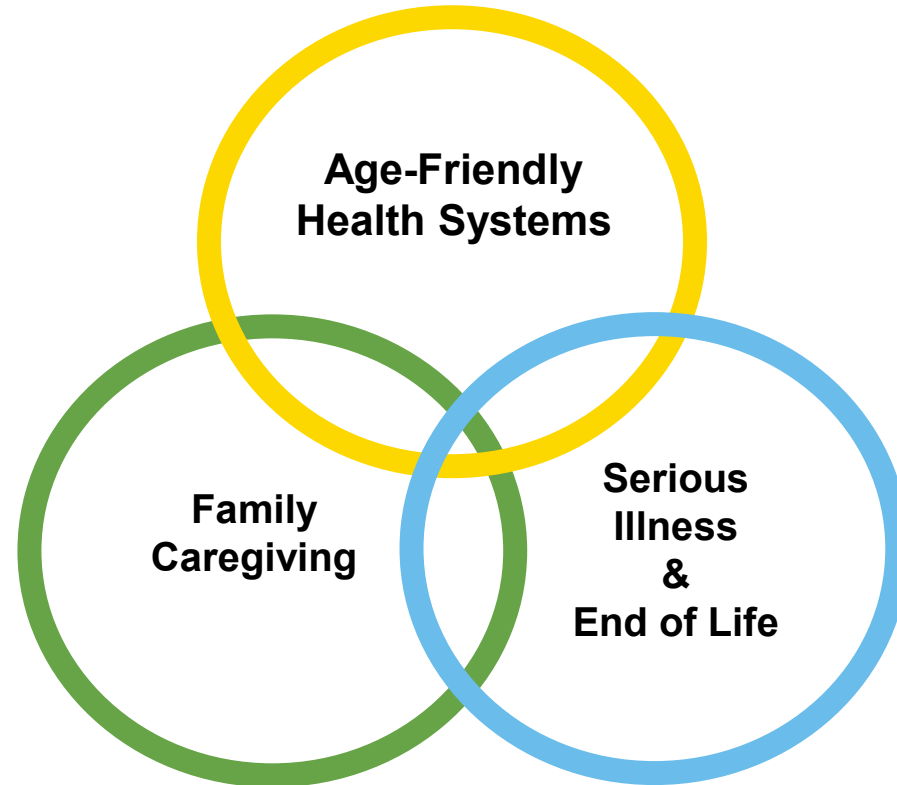
Building the field of aging experts  
Testing & replicating innovation



The John A. Hartford Foundation  
Dedicated to Improving the Care of Older Adults

# The John A. Hartford Foundation: Mission and Priorities

**Dedicated to Improving the Care of Older Adults**



# Age-Friendly Solutions



- 1) Livable Communities
- 2) Ageism
- 3) Health Care
- 4) Social Needs
- 5) Public Health



# # 1 Livable Communities

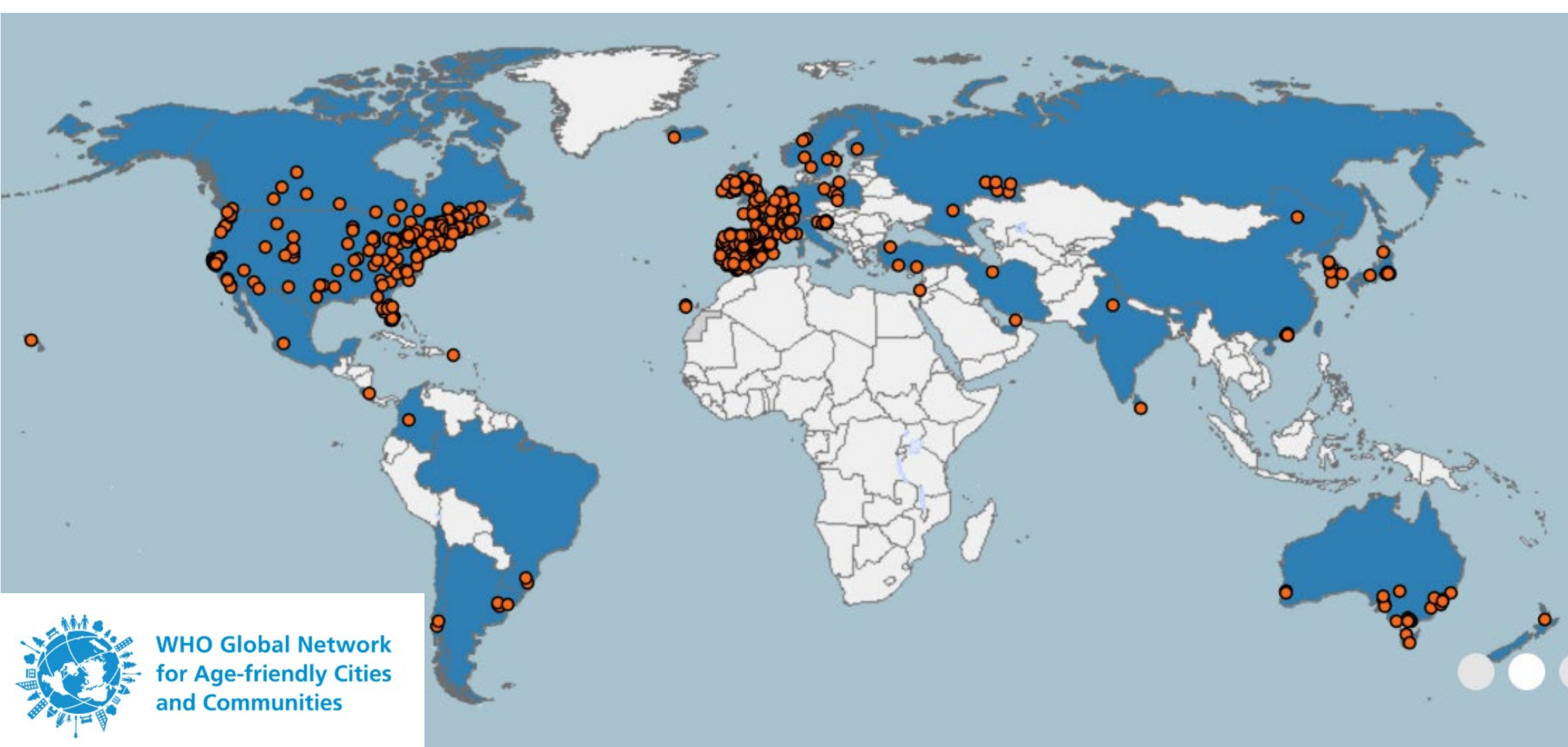
- Older adults are the fastest growing demographic of the U.S. population and most of the world.
- All sectors (justice, government, business, education, health, community services, public health, etc.) will have to be engaged in promoting healthy aging and meeting needs as we age



# WHO: Global Network for an Age-Friendly World (2006)

- A key strategy to facilitate the inclusion of older people is to make our world Age-Friendly (1000+ communities)
- A world where it is easy for older people to work, play, and stay connected; stay healthy and active; and provides appropriate support where and when needed





**WHO Global Network  
for Age-friendly Cities  
and Communities**



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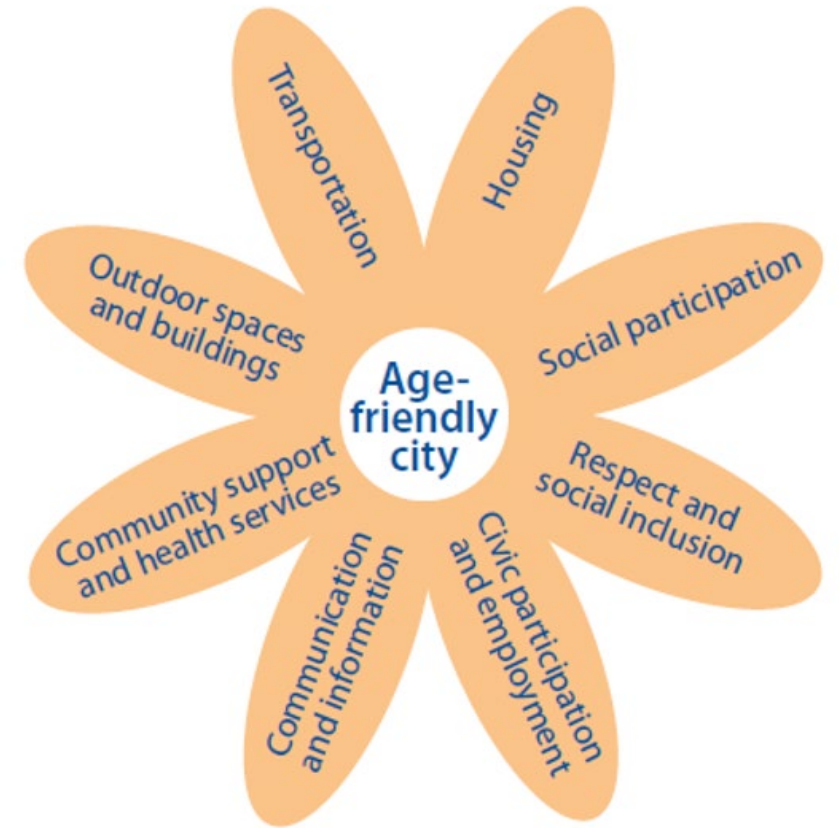
# WHO / AARP Age-Friendly Communities in the US (2012)

## Great Places for All Ages

- AARP Livable Communities: urban and rural neighborhoods, towns, cities (390+)



- Age-Friendly communities provide safe, walkable streets; housing and transportation options; access to needed support services; and opportunities for all ages to participate in community life





# Dementia Friendly Communities and DFA (2012)



- A key strategy to facilitate the inclusion of people living with dementia to make our country dementia-friendly (80+ communities and 40,000 DFA friends )
- Village, town, city or county: informed, safe and respectful of individuals with dementia, their families and caregivers and provides supportive options that foster quality of life, become dementia friendly



## # 2 Ageism

- Widespread misunderstanding about the aging process, lack of information about how older people contribute to society, led to pervasive ageism
- Ageism is alive and well in our attitudes, behaviors, programs, and policies; and it affects employment, health care practices, psychological well-being, family dynamics, and more...
- Research by the [FrameWorks Institute](#) found that the public believes aging is synonymous with decline and dependency, and that the aging process is a battle to be fought

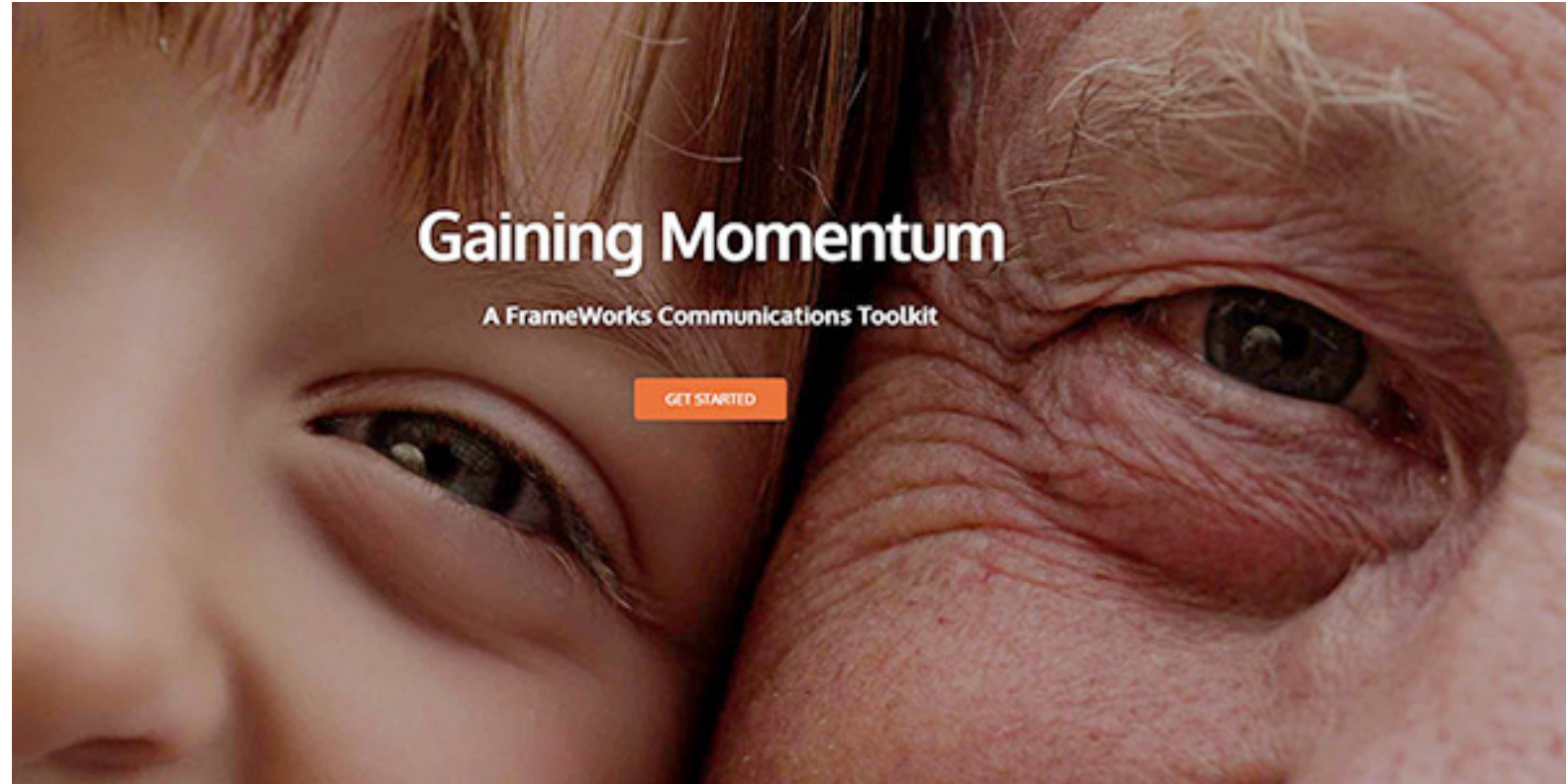


# Reframing Aging (2014)

Reframing Aging Initiative



- Redefine aging
- A call for justice
- Names matter
- A new metaphor dramatically shifts perceptions of aging



## # 2 Health Care

### Older Adults:

- Demography
  - Complexity
  - Disproportionate harm
- Many evidence-based practices and geriatric-care models of care are proven very effective
  - Yet, most reach only a portion of those who could benefit



# Age-Friendly Health Systems (2015)

Build a social movement, *all care* with older adults is *age-friendly care*:

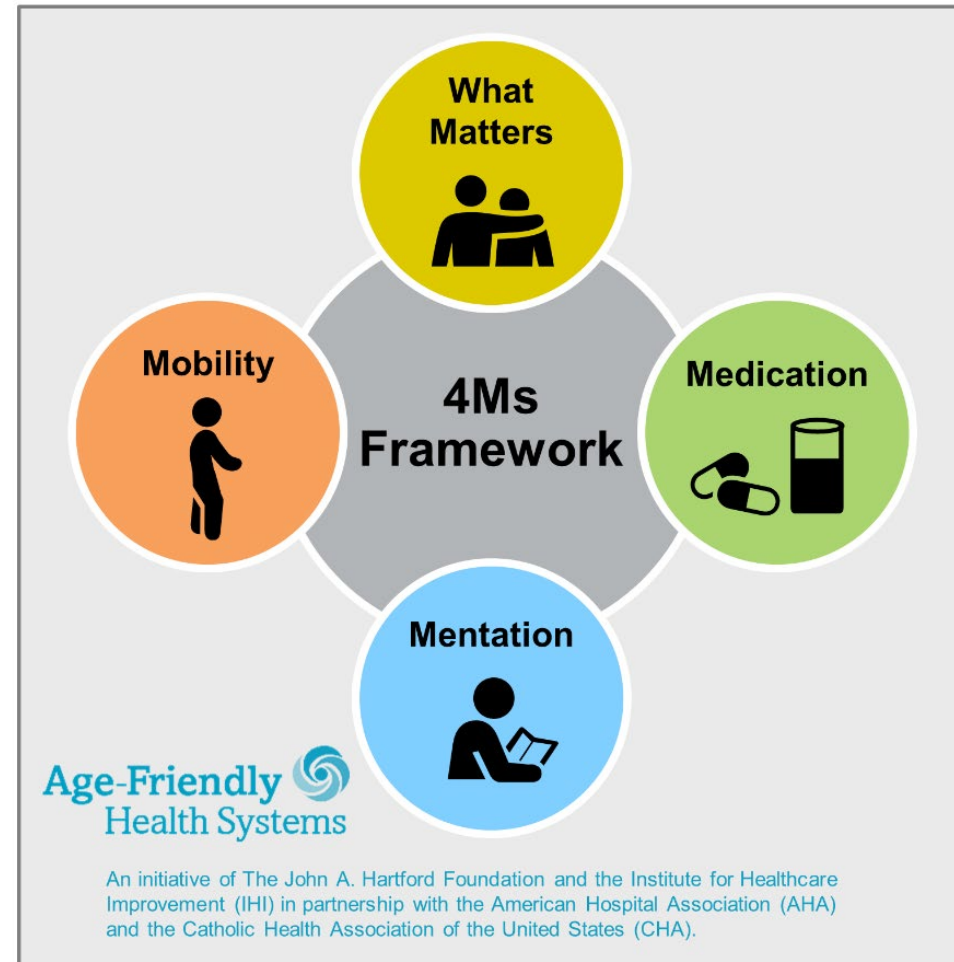
- Guided by an essential set of evidence-based practices (4Ms)
- Causes no harms
- Consistent with What Matters

First aim is to reach 20% of US health systems by December 31, 2020



# Age-Friendly Health Systems: The 4Ms Framework

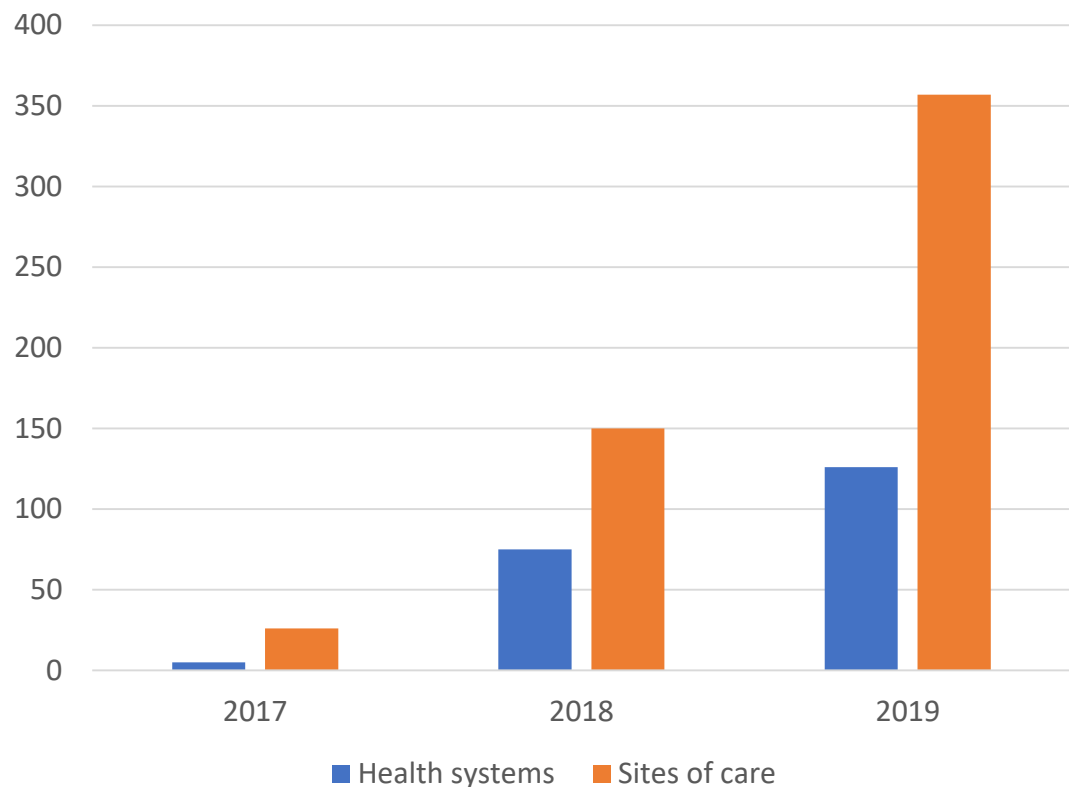
- Components are synergistic and reinforce one another
- Impact key quality and safety outcomes



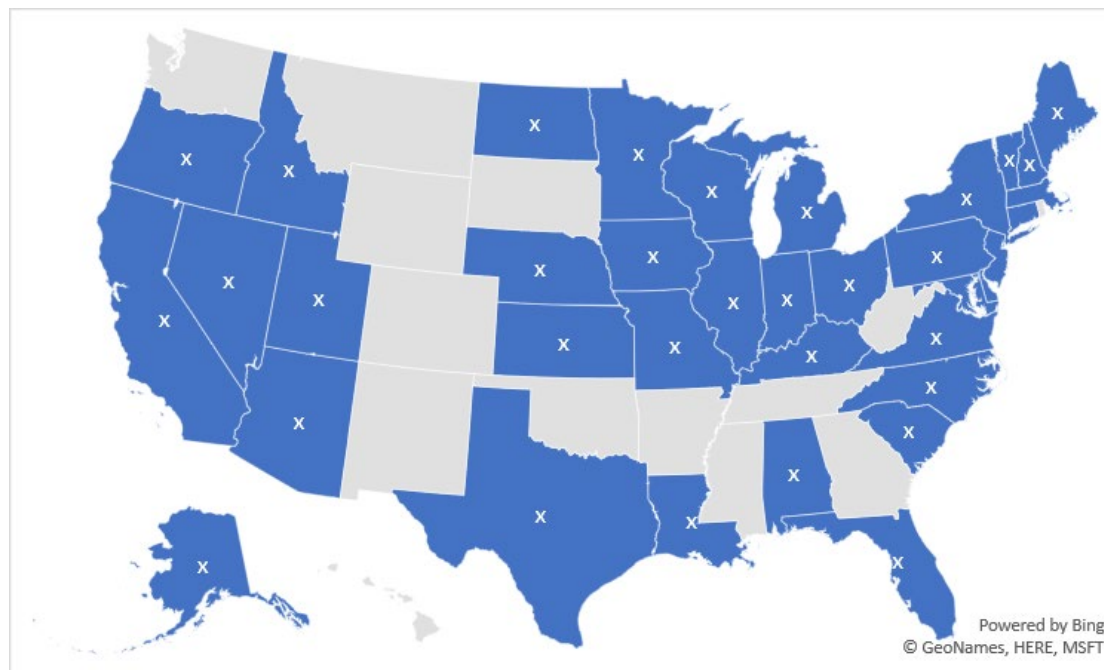
For related work, this graphic may be used in its entirety without requesting permission.  
Graphic files and guidance at [ihi.org/AgeFriendly](http://ihi.org/AgeFriendly)

# Age-Friendly Health Systems: Implementation on the Rise

Cumulative growth in participation  
(as of June 2019)



2019



156  
organizations  
337 sites  
44 states





## #4 Social Needs

- Social needs: food, housing, mobility/transportation...have major impact on our health and well-being
- High functioning communities are where social services and healthcare think and act together



# Community & Health System Partnerships (2016)

- The n4a Aging and Disability Business Institute:
  - to advance integration, partnerships and payment models between social services and health systems\*
- Payment Options:
  - CHRONIC Care Act;
  - MA coverage for health-related social needs



advocacy | action | answers on aging



**Aging and Disability  
BUSINESS INSTITUTE**

*Connecting Communities and Health Care*

(\* Affiliated partners: NASUAD, ILRU. MOW America...  
Funders: ACL, SCAN, West, Colorado, Buck and Marin Co...)



# #5 Public Health



- Public Health in no small part is responsible for the dramatic increases in longevity
- Over the past 50 years, it is rare when local, state or federal public health agencies have dedicated funding or developed initiatives targeting adults ages 65 and over
- Limited collaborations with health care systems and aging sectors

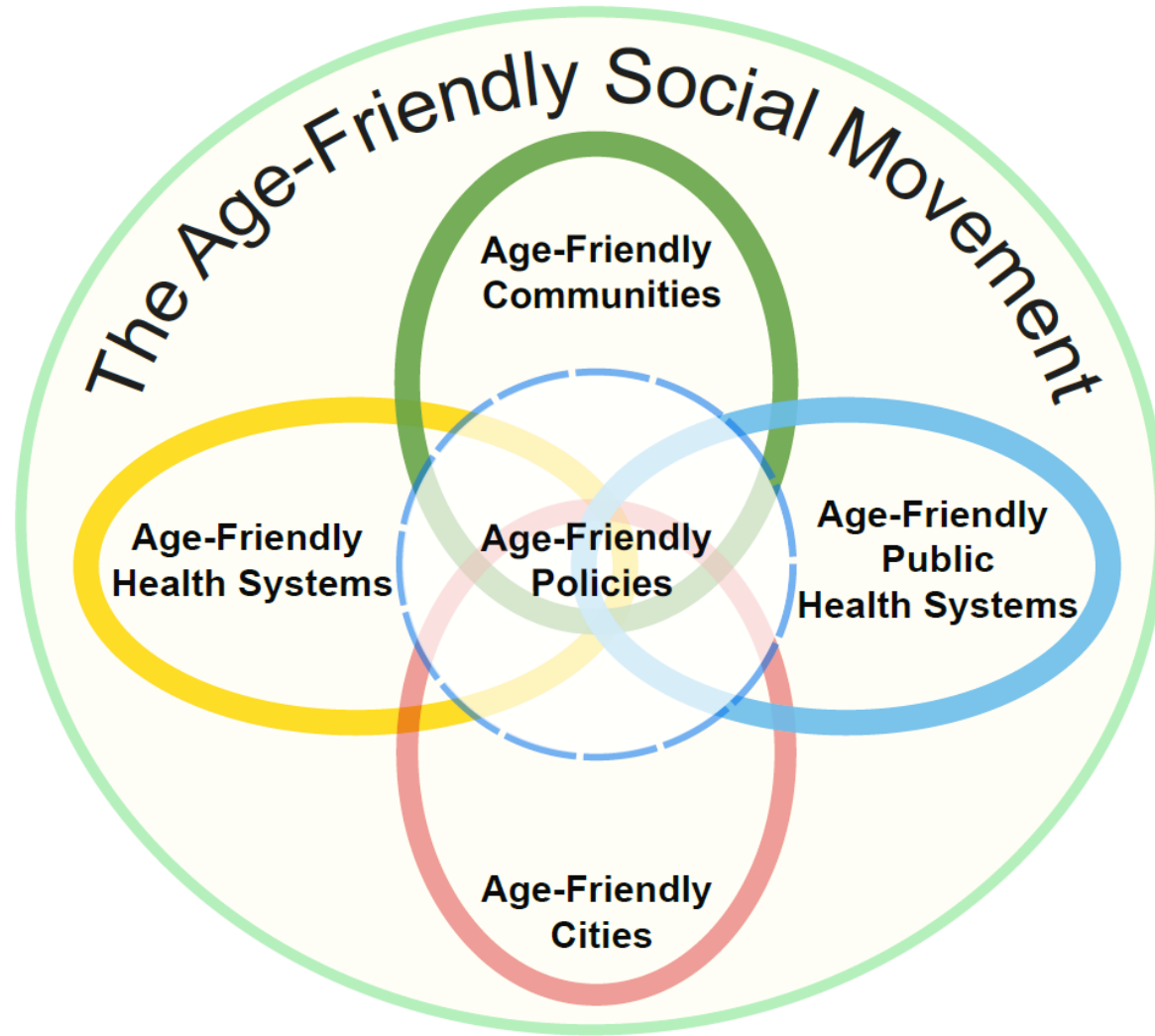
# Age-Friendly Public Health (2017)

Public Health's contributions to our longer lives, will now need to add quality to those years:

- promoting healthy aging
- reducing social isolation
- ensuring mobility
- healthy affordable food
- emergency preparedness



# Advancing Age-Friendly...a Social Movement



# Engaged Age-Friendly Stakeholders



advocacy | action | answers on aging



# Age-Friendly is a Social Movement from the Kitchen Table and Back to the Kitchen Table

“It is going to take an all-in, national response to embrace the health and well-being of the growing older adult population.”

*Terry Fulmer, PhD, RN, FAAN  
President  
The John A. Hartford Foundation*



Thank you!



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Dedicated to Improving the Care of Older Adults

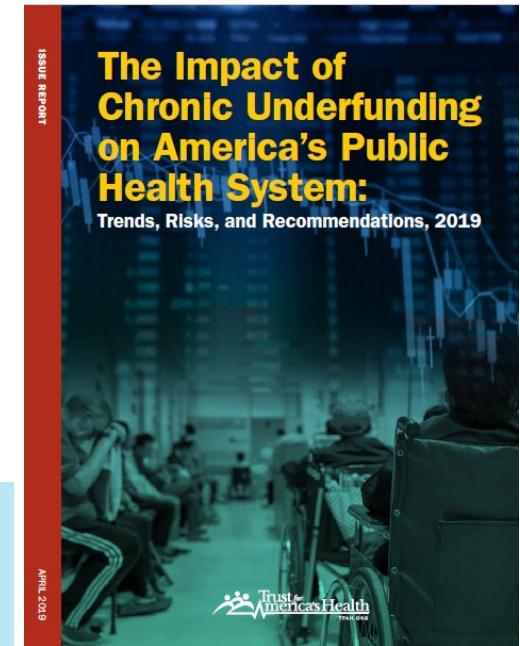
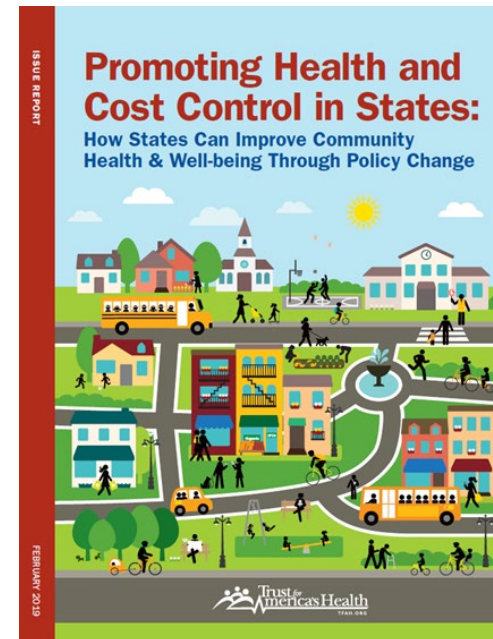
[Jane.Carmody@johnahartford.org](mailto:Jane.Carmody@johnahartford.org)



# Trust for America's Health

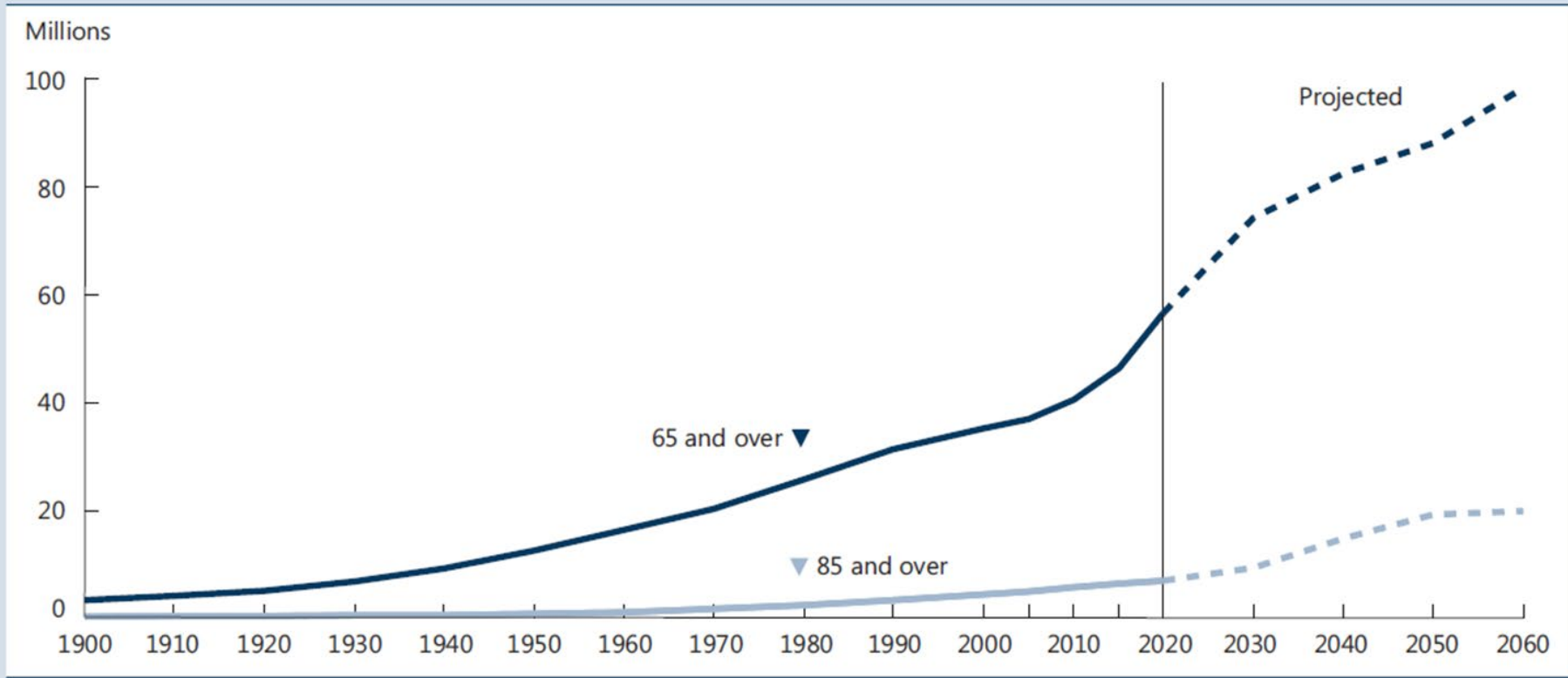
Independent, non-partisan, public health & prevention focus, including:

- Non-profit, non-partisan
- Evidence-based policy & advocacy
- Dedicated to improving the health of every community and making disease prevention a national priority

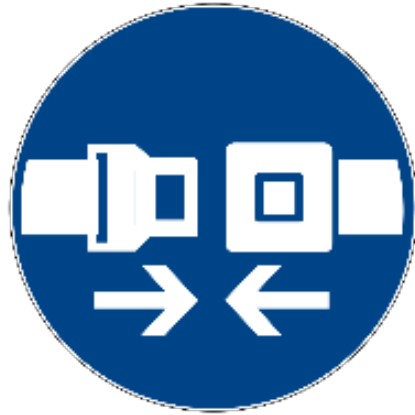


# The Demographics

Population age 65 and over and age 85 and over, selected years, 1900–2014, and projected years, 2020–2060



# Public Health's Contributions to Longevity



# Public Health's Current Focus on Older Adults

- Federal: No CDC healthy aging unit
- State/local: Lack of funding and expertise
- Current PH aging work limited: falls prevention, vaccinations, dementia and Alzheimer's Disease



# Public Health's 10 Essential Services



**Monitor health**



**Enforce laws**



**Diagnose and investigate**



**Link to and provide care**



**Inform, educate and empower**



**Assure a competent workforce**



**Mobilize community partnerships**



**Evaluate**



**Develop policies**

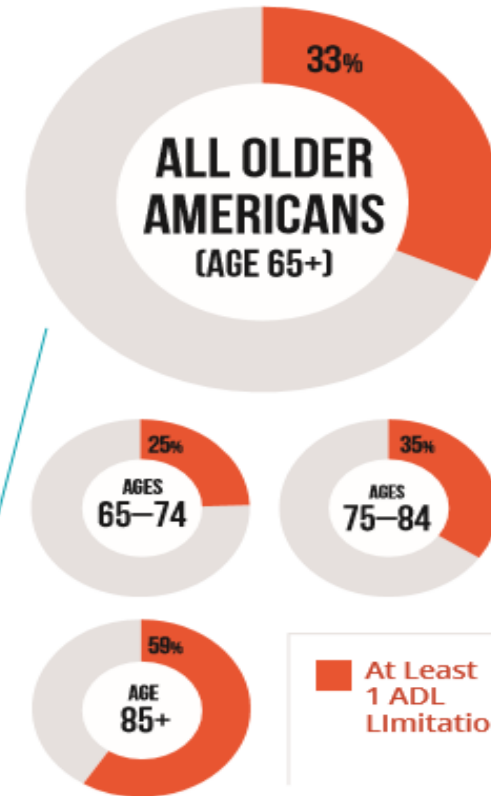


**Research**

# Why Public Health SHOULD Address Older Adult Health

- Every day, 10,000 Americans turn 65
- They have a higher burden of chronic disease
- They are responsible for a disproportionate share of health care spending

Activity of Daily Living (ADL) Limitations Among Non-Institutionalized Medicare Beneficiaries aged 65 and older, 2012



SOURCE: Congressional Budget Office based on data from Medicare Current Beneficiary Survey, Access to Care files, 2010. <https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44363-LTC.pdf>

# Changing Demographics

- Life expectancy has plateaued and is declining
- Racial and ethnic disparities in health and mortality persist
- Much of the rising mortality is attributable to social determinants of health (SDOH)
- Addressing SDOH requires broad, multi-sector approach
- Public health is the natural bridge linking health care with community services (community-clinical connection)

# Public Health 3.0

- Preventive health services
- Healthy, affordable food
- Physical activity
- Tobacco cessation and prevention
- Social/emotional support
- Violence/abuse prevention
- Safe, affordable housing and transportation
- Social engagement

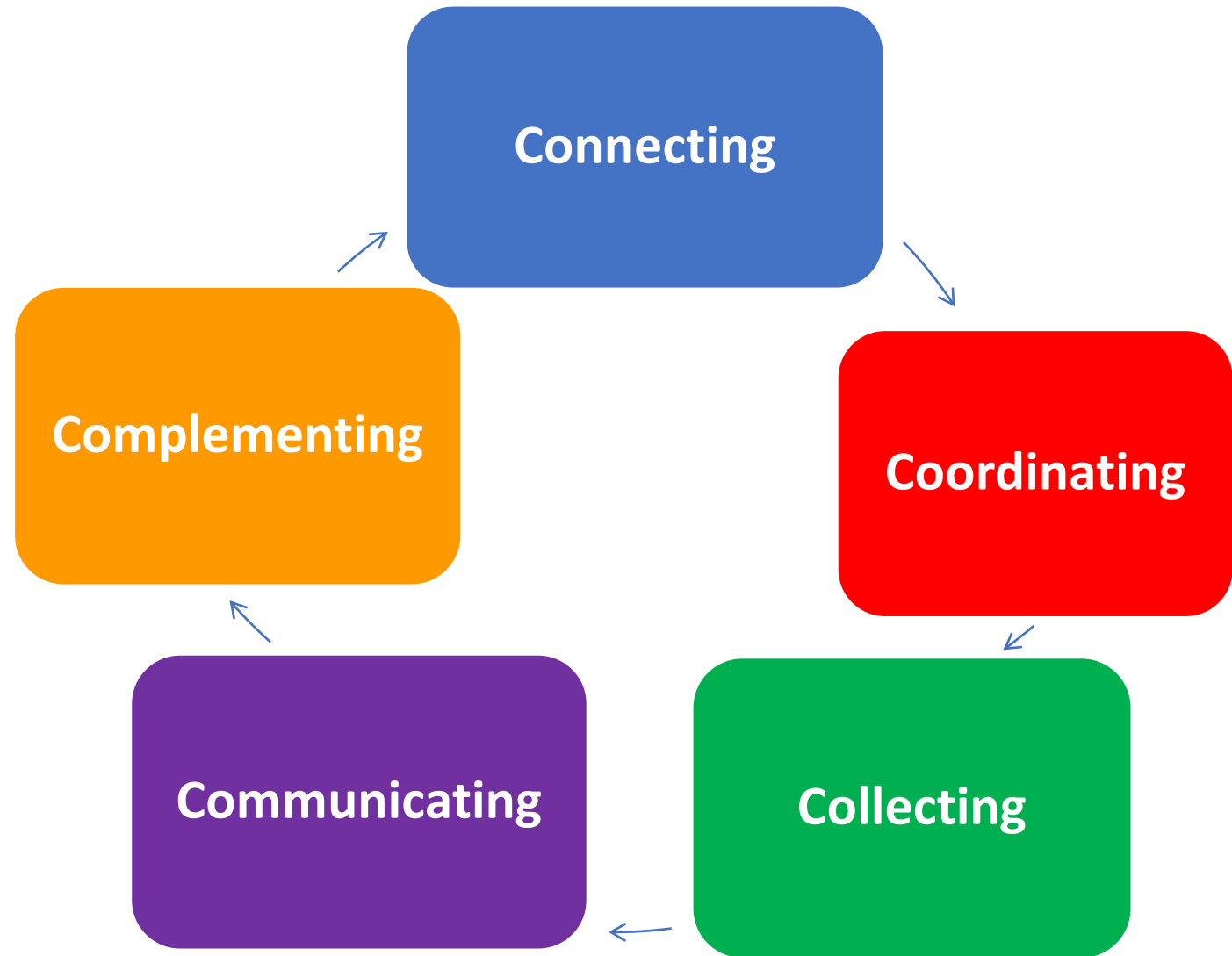




# Creating Age-Friendly Public Health Systems



# Framework for Creating Age- Friendly Public Health Systems



# Age-Friendly Public Health Project Objectives

Objective: Establish a Florida-based model

- a. Create a multi-sector Advisory Committee of experts
- b. Accelerate Age-Friendly Communities process
- c. Engage local public health departments in a learning network (AFPH Network)
  - a. Subcontract with partners and experts
  - b. Develop resources and provide technical assistance



# Age-Friendly Public Health Project Objectives

Objective: Engage with national-level stakeholders

- a. Public health sector (ASTHO, NACCHO)
- b. Aging services sector (AARP, N4A, NASUAD, Leading Age)
- c. Clinical services sector (AHA, ACPM, CHA, IHI)
- d. Other key organizations (Alzheimer's Association)



# Florida AFPH Learning and Action Network

Create a Vision

Engage  
Leadership

Collect  
Data

Environmental  
Scan

Identify  
Priorities

Engage  
Partners

Take  
Action

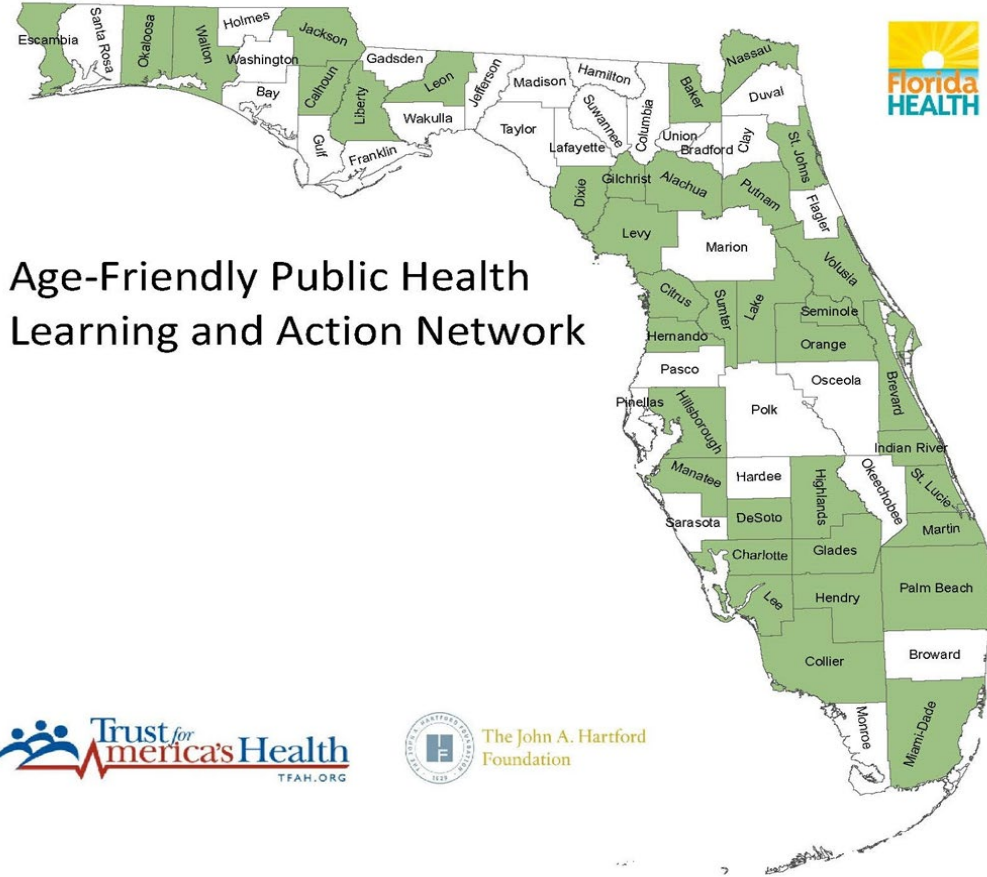
Evaluate  
Change

# AFPH Learning and Action Network

- In person convenings with experts (October 2018, June 2019)
- Webinars: TA, peer-to-peer learning
- FLHealthCHARTS new “Aging in Florida” profiles
- Technical assistance:
  - Partner engagement/communication/messaging
  - Survey tools
  - Issue-specific collaboration: housing and transportation, social isolation, Alzheimer’s, emergency preparedness, health equity
- Evaluation framework

# Surprises in Florida

- PH doesn't know aging sector partners
- Older adults aren't aware of programs and services
- New trends: grandparents as guardians
- Aging lens can be applied to all initiatives



# What We're Learning



- Begin with data and align assessments
- Identify aging sector and non-traditional partners
- Use common language
- Engage older voice
- Collaboration is key



# Additional Accomplishments

- Addition of older adult focus in FL SHIP
- Case Studies: Oregon, Los Angeles
- Website
- Responding to interest from other states: CA, CO, DE, MA, MI, MD, NY, VT
- Developed a logic model
- Developed a cross-walk of the 4Ms and ACPH
- Developing evaluation framework based on FL pilot

Advancing an Age-Friendly  
Public Health System

Adding Years to Life  
and Life to Years

A Case Study of  
Public Health's Contribution to  
Healthy Aging in Oregon

July 2018



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Every U.S. health department  
contributes to the health and wellbeing of older adults

Continue learning from the Florida pilot and develop tools to spread the AFPH Framework

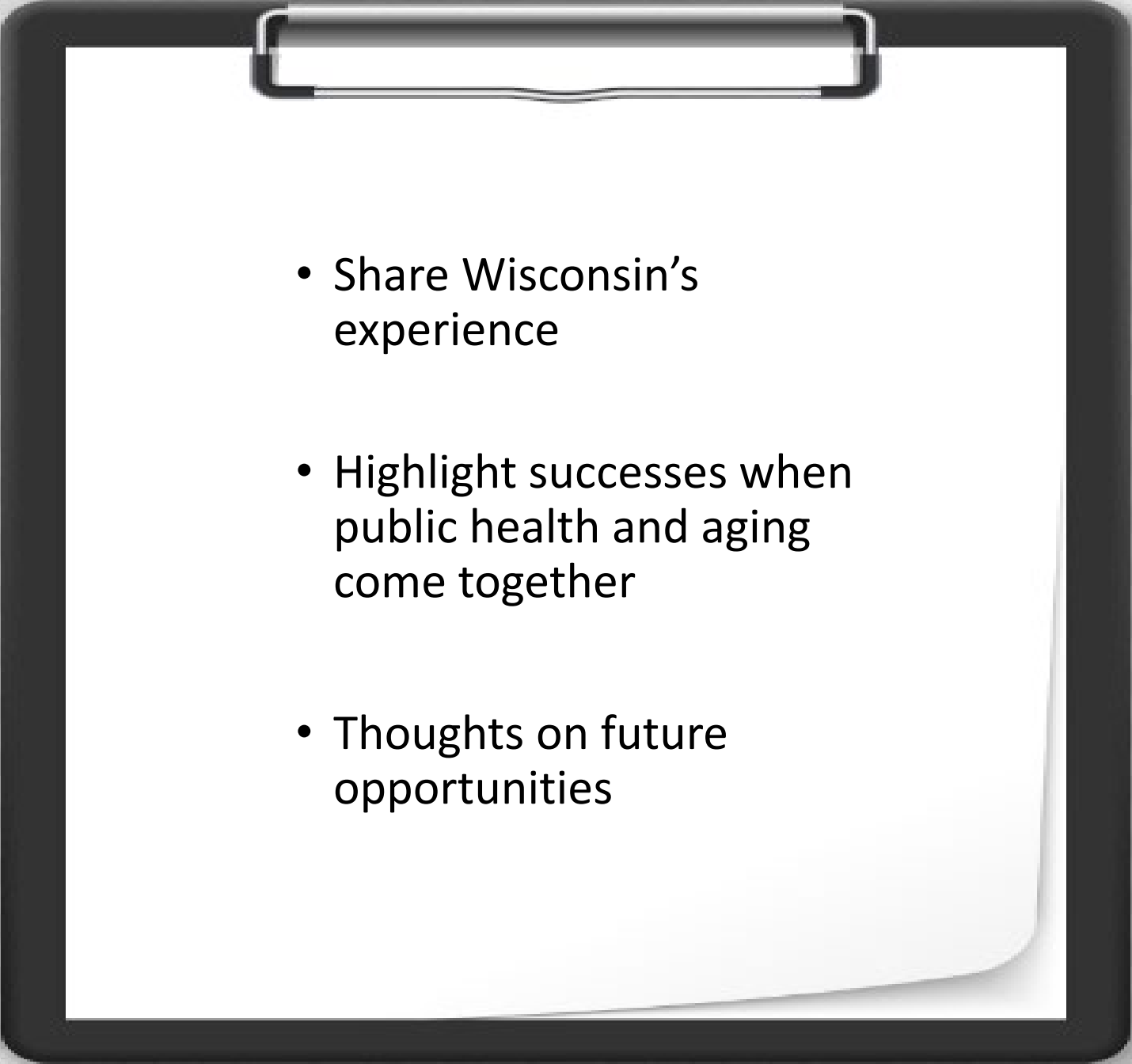
Demonstrate the pilot through replication in 2-3 states

Increase stakeholder engagement through publications, regional convenings, presentations and joint advocacy

Demonstrate Value

Create Political Will

Accelerate Awareness & Momentum

- 
- Share Wisconsin's experience
  - Highlight successes when public health and aging come together
  - Thoughts on future opportunities

# Joining Public Health




# Understanding Public Health



**Everyone living better, longer.**

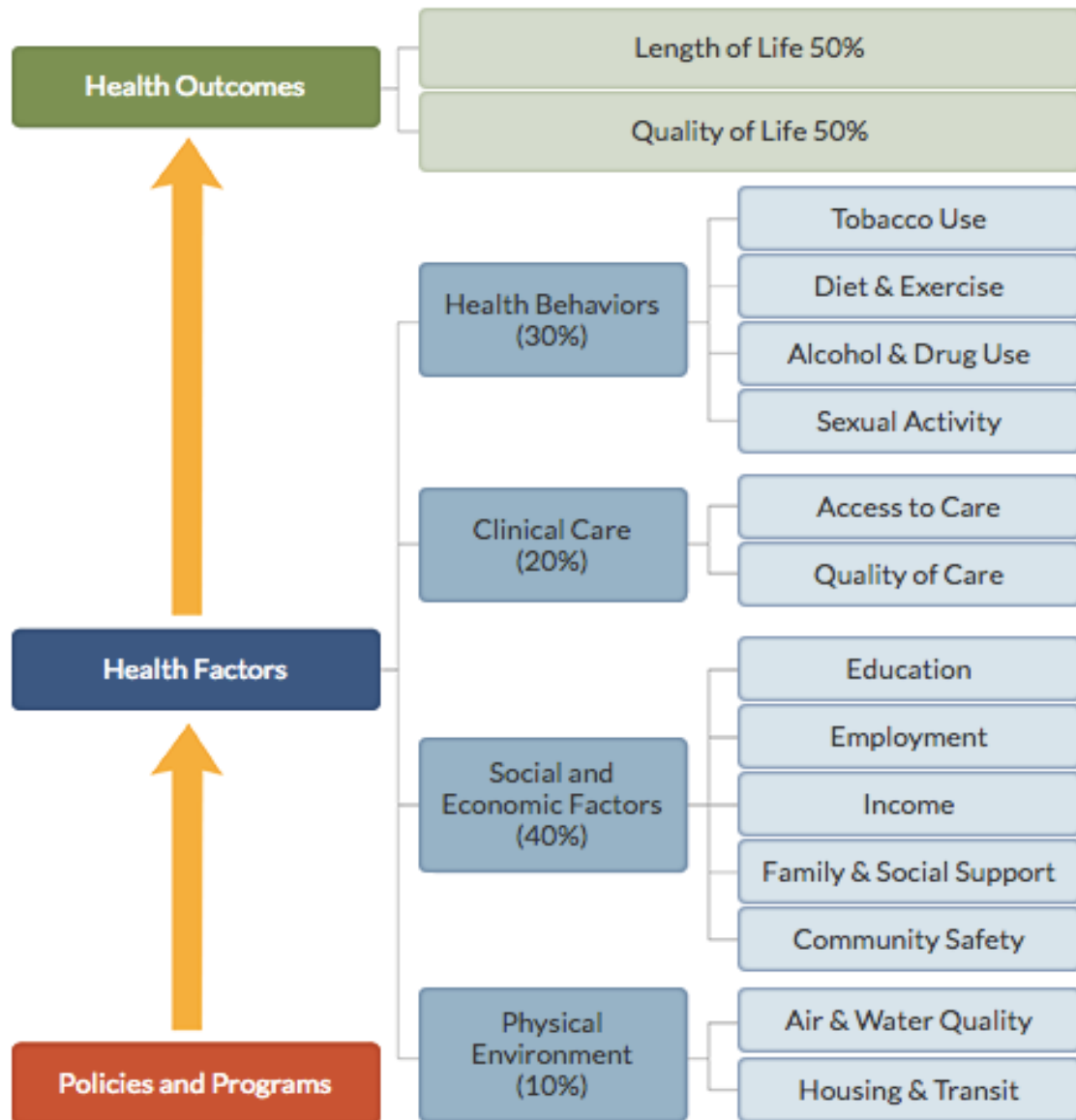
# What Is Health?

A photograph of a man and a woman in a red convertible car, seen from behind. Both have their arms raised in the air, suggesting a sense of joy, freedom, and well-being. The background is a clear blue sky with a palm tree visible on the right side. The car's rear window and a red light fixture are visible in the foreground.

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

World Health Organization, 1948 and Ottawa Charter for Health, 1986

# What Determines Health?



County Health Rankings model © 2014 UWPHH

## Aging and Disability Programs

Prevention and Health Promotion

Nutrition; Access to Food

Employment (and Education)

Income/Financial Stability

Access to Financial Assistance

Caregiver Support

Social Connectedness

Safety/Elder Abuse Prevention

Housing

Community Living Environments

Livable Communities

Transportation

# What is Public Health?

“Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy.”

Institute of Medicine (1988),  
Future of Public Health





# 10 Essential Public Health Services



## Aging and Disability Services

- Assess community needs
- Develop policies and plans to address needs
  - Inform, educate, empower
  - Link people to needed services
- Mobilize partnerships to solve problems
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed services and ensure the provision of care when otherwise unavailable

We ARE Public Health



So What?



# Building our Collective Capacity to Act

A partnership that amplifies our work by:

- Working collectively upstream
- Working collectively to reduce negative health outcomes; morbidity
- Working collectively to improve quality of life for *all* older adults and people living with disabilities

# Healthy Aging Prevention and Health Promotion

Wisconsin Institute for Healthy Aging



# Health Equity



# Health Equity

**HealthAffairs** TOPICS JOURNAL BLOG

**ANALYSIS & COMMENTARY**

HEALTH AFFAIRS > VOL. 30, NO. 10: AGENDA FOR FIGHTING DISPARITIES  
ANALYSIS & COMMENTARY

## Eliminating Health And Health Care Disparities Among The Growing Population Of People With Disabilities

Lisa I. Iezzoni<sup>1</sup>

AFFILIATIONS ▾

PUBLISHED: OCTOBER 2011  Free Access

**AAHD**

*Dedicated to better health for people with disabilities through health promotion and wellness*



## Health Disparities and People with Disabilities

**AJPH**  
A PUBLICATION OF THE  
AMERICAN PUBLIC HEALTH ASSOCIATION



Home

Articles

Authors

Home » American Journal of Public Health (AJPH) » April 2015

### Persons With Disabilities as an Unrecognized Health Disparity Population

Gloria L. Krahn PhD, MPH, Deborah Klein Walker EdD, and Rosaly Correa-De-Araujo MD, PhD

[+] Author affiliations, information, and correspondence details

Accepted: July 07, 2014    Published Online: March 06, 2015

[Abstract](#)   [Full Text](#)   [References](#)   [PDF](#)   [PDF Plus](#)

# Emergency Operations and Preparedness

## EMERGENCY PREPAREDNESS TOOLKIT VISUAL COMMUNICATIONS TOOL

I have a physical disability

I am Deaf

I am blind

I have a cognitive disability

Other

### Quick Communication Tips for Emergency Responders:

- Get the person's attention first.
- Speak to them at eye level.
- Look at the person when you speak. He or she may be able to read your lips.
- Speak slowly with a low-pitched and calm voice.
- Use short, familiar words, such as "What do you need?"
- Ask one question at a time. Also give directions one at a time. Check for understanding after each step.
- Give the person time to respond to your question or follow directions.
- Repeat, rephrase or write your message if necessary.
- Ask permission first, before touching the person.
- Ask before moving a person or their wheelchair/mobility device.



YES

NO

I DON'T KNOW

GO

WAIT

STOP

### COMMUNICATION METHODS

The best way to communicate with me is:

WRITING

CELL PHONE

COMMUNICATION BOARD

SIGN LANGUAGE

I CAN LIPREAD

HEARING AID OR COCHLEAR IMPLANT

TEXT / CAPTIONING

TACTILE INTERPRETER

List your unique communication equipment needs on your **MEDICAL EMERGENCY WALLET CARD**, available at <https://cpd.wisconsin.gov>.

A B C D E F

G H I J K L

M N O P Q R

S T U V W X

Y Z

1	2	3	4	5
6	7	8	9	0

### PAIN

Where is the pain located?

FRONT

BACK

R L L R

### LEVEL OF PAIN

0 1 2 3 4 5 6 7 8 9 10

NO PAIN MILD PAIN MODERATE PAIN SEVERE PAIN VERY SEVERE PAIN WORST POSSIBLE PAIN

### IMPORTANT PEOPLE OR SERVICES

I need help with ...

SHELTER

HOSPITAL

FAMILY

GAS STATION

ID / MONEY

CAREGIVER

SERVICE ANIMAL

SIGN LANGUAGE INTERPRETER

PHONE CALL OR TEXT

911 EMERGENCY SERVICES

POLICE

FIRE DEPARTMENT

EMT / RESCUE

LOST AND FOUND FOR PETS

711 RELAY SERVICES

GETTING OUT

DIRECTIONS / WHERE TO GO

COMMUNITY CENTER

ASSISTANT

### TRANSPORTATION

CAR

BUS

TRAIN

MOTORCYCLE

TAXI

BOAT

PLANE

BICYCLE



# Healthy Communities



AARP  
Real Possibilities

**Public Policy Institute**  
Inquiry. Analysis. Solutions.

PUBLICATIONS ISSUES INITIATIVES EXPERTS EVENTS DATA ABOUT PPI MORE FROM AARP ▼

AARP Home » AARP Public Policy Institute »

## Livability Index

 | Great Neighborhoods for All Ages

LIVABILITY DEFINED CALCULATING SCORES LIVABILITY CATEGORIES ABOUT US FAQs

How **livable** is your **community**?

enter your address, city, state or zip code

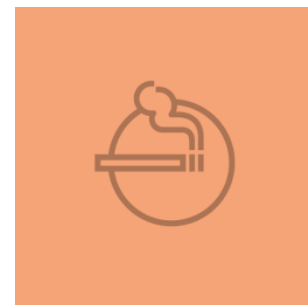
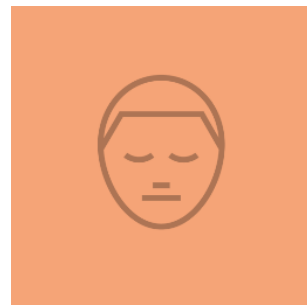
**LEARN MORE**

The Livability Index scores neighborhoods and communities across the U.S. for the services and amenities that impact your life the most.

Search for your city or learn more about how we define livability.

The screenshot shows a website interface. At the top is the AARP logo and the Public Policy Institute name. Below is a navigation menu. The main heading is 'Livability Index' with a sub-heading 'Great Neighborhoods for All Ages'. There is a search bar with the text 'enter your address, city, state or zip code' and a magnifying glass icon. Below the search bar is a 'LEARN MORE' button. At the bottom, there is a paragraph of text and a footer with a search prompt.

# Healthy Wisconsin



# State Health Assessment



**community  
health status**  
MAPP #1



**community themes  
and strengths**  
MAPP #2

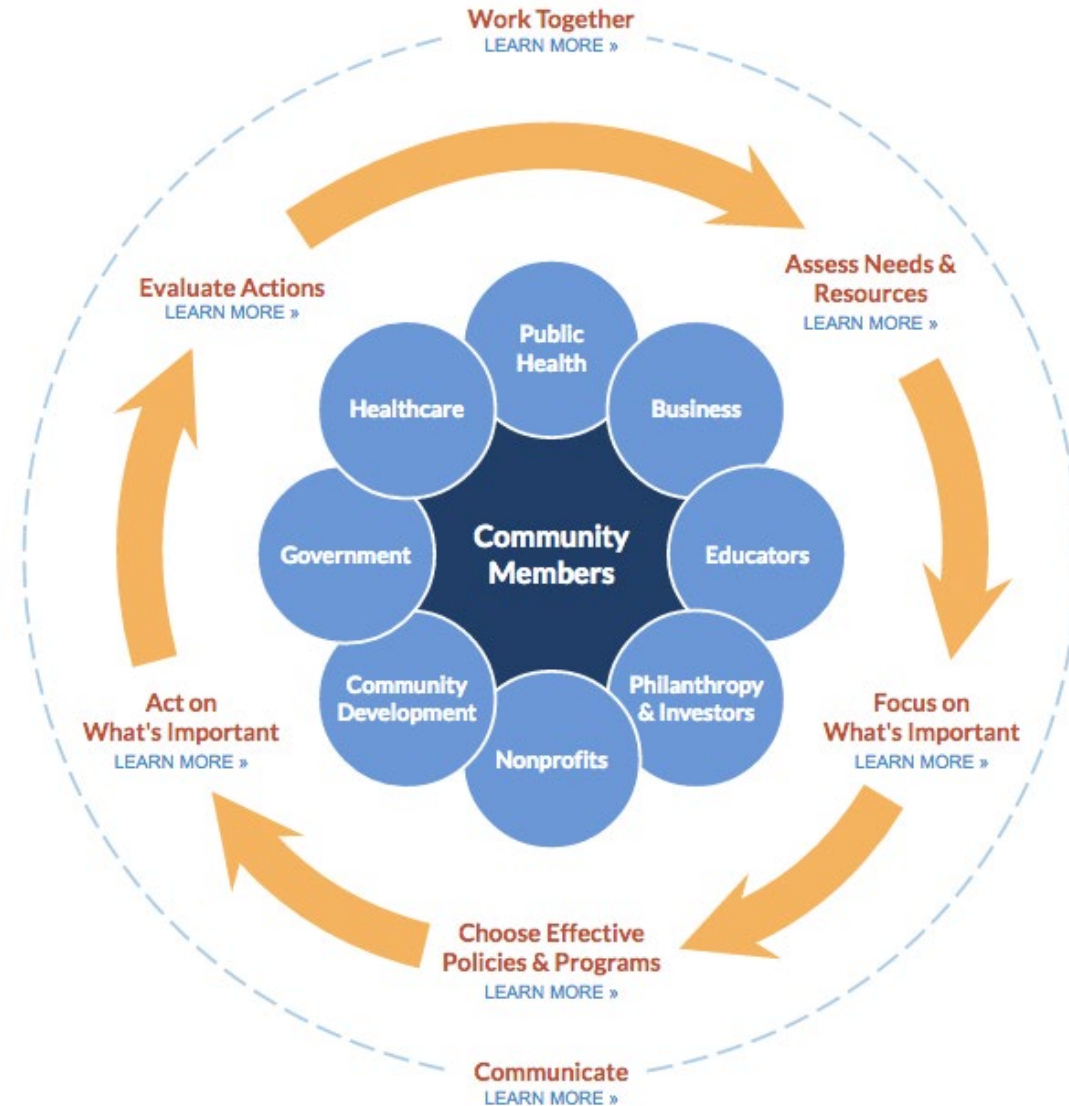


**public health system**  
MAPP #3



**forces of change**  
MAPP #4

# What's Next: Growing Partnerships



# What's Next? Changing the Narrative



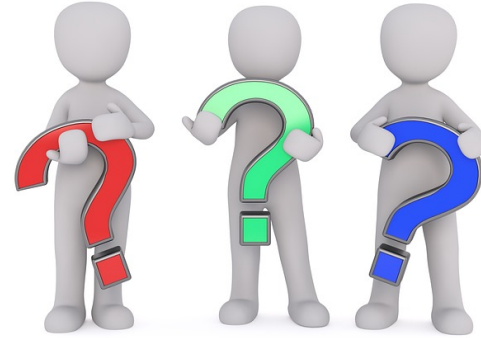
# What's Next? Planning for the Next Generation



Thank You!



# Questions



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