Why Not?
Public Health’s Role in Healthy Aging

HCBS Conference August 28, 2019
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: Mission and Priorities

Dedicated to Improving the Care of Older Adults

- Age-Friendly Health Systems
- Family Caregiving
- Serious Illness & End of Life
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
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
Dementia-Friendly Communities per State
# 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 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

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Age-Friendly Health Systems: The 4Ms Framework

• Components are synergistic and reinforce one another
• Impact key quality and safety outcomes
Age-Friendly Health Systems: Implementation on the Rise

Cumulative growth in participation
(as of June 2019)

- 156 organizations
- 337 sites
- 44 states

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#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

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

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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

- The Scan Foundation
- Trust for America’s Health
- n4a
- American Hospital Association
- AGS Geriatrics Healthcare Professionals
- The Joint Commission
- CVS minute clinic
- RUSH
- New York State Department of Health
- Western Reserve University Cass Forman
- Alzheimers Association
- Massachusetts Healthy Aging Collaborative
- The John A. Hartford Foundation

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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!
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

Millions

Projected

65 and over

85 and over


Trust for America’s Health
WWW.TFAH.ORG
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

1. Monitor Health
2. Diagnose and Investigate
3. Inform, Educate, Empower
4. Mobilize Community Partnerships
5. Develop Policies
6. Enforce Laws
7. Link to and Provide Care
8. Assure a Competent Workforce
9. Evaluate
10. 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
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 a 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

- Connecting
- Coordinating
- Communicating
- Collecting
- Complementing
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 AFPH
• Developing evaluation framework based on FL pilot
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

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

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?

“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?

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

Health Factors
- Health Behaviors (30%)
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drug Use
  - Sexual Activity
- Clinical Care (20%)
  - Access to Care
  - Quality of Care
- Social and Economic Factors (40%)
  - Education
  - Employment
  - Income
  - Family & Social Support
  - Community Safety
- Physical Environment (10%)
  - Air & Water Quality
  - Housing & Transit

Policies and Programs

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

From Research  
To Practice  
To People
Health Equity
Health Equity

Health Affairs

Health Disparities and People with Disabilities

AAHD

American Journal of Public Health (AJPH)

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

Accepted: July 07, 2014
Published Online: March 06, 2015
Emergency Operations and Preparedness

COMMUNICATION METHODS

The best way to communicate with me is:

- Writing
- Cell Phone
- Communication Partner
- Sign Language
- Visual Cues

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 clearly 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/visibility device.

PAIN

Where is the pain located?

FRONT  BACK

LEVEL OF PAIN

0  1  2  3  4  5  6  7  8  9  10

NO PAIN  MILD PAIN  MODERATE PAIN  SEVERE PAIN  MOST SEVERE PAIN

TRANSPORTATION

- Car
- Bus
- Train
- Motorcycle
- Bike
- Taxi
- Boat
- Plane

IMPORTANT PEOPLE OR SERVICES

I need help with ...

- Doctor
- Hospital
- Pharmacist
- Gas Station
- Fire Station
- Police
- Police Department
- EMS
- Ambulance
- Fire
- Bank
- Lawyer
- Insurance
- Friends
- Family
- Home Health Provider
- Home Care Provider
- Skipboarder
- Neighbors

Healthy Communities

A toolkit for Building Dementia-Friendly Communities

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.
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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