Aging and Population Health
New Priorities, Partnerships and Funding Streams

Kate Clark, MPA, Planner for Policy and Program Development, Philadelphia Corporation for Aging

Amanda Lehning, PhD, Assistant Professor at University of Maryland School of Social Work and Health & Aging Policy Fellow at the Office of the Surgeon General

David Nevison, MBA, MSW, Chief Planning, Development, and Gvt Relations Officer, Philadelphia Corporation for Aging

Ilene Warner-Maron, PhD RN-BC CWCN CALA NHA FCPP, Assistant Professor, St. Joseph's University
Challenges to Society

Biomedical
- Finding ways to delay, prevent or ameliorate frailty, dementia, functional disabilities

Epidemiological
- Identify risk factors for disease to change the course of the progression of disorders as well as incidents; decrease the prevalence of disability

Sociological
- Why certain populations age better; how resources affect aging; understand the role of race and gender

Ethical
- Explore how resources, technology and the goals of care collide and coincide
Public health and aging uses public health methods to promote healthy aging to ensure optimal physical, cognitive, affective and social well-being in order to promote health and function in later life by helping people adapt to disease and disability.
“Health promotion and disease prevention, the mantra of public health needs to be broadened to stress maximizing function and well-being.”

Steven M. Albert
Vicki A. Freedman
Public Health and Aging 2010
What Population Health Does

1. Prevents epidemics and spread of disease
   Infectious, chronic through immunization and screenings

2. Protects against environmental hazards
   Excessive heat/cold, home assessments, age-friendly communities

3. Prevents injuries
   Fall prevention, driving, handguns, wandering, social engagement

www.health.gov/phfunctions/public.htm
What Population Health Does

4. Promotes and encourages health behaviors and mental health
   Prevention, monitoring, interventions for depression, grief

5. Response to disasters and assists communities with recovery
   Fires, issues related to housing

6. Ensures the quality and accessibility of health services
   Services provided along the continuum of care, discharge planning,
   workforce education, promoting work in aging

www.health.gov/phfunctions/public.htm
# Essential Population Health Services

1. Monitor health status and identify/solve community health issues

2. Diagnose and investigate hazards

3. Inform, educate and empower people

4. Develop community partnerships

5. Develop policies/plans to support individuals and communities

6. Law enforcement and regulation development

7. Connect individuals to services

8. Ensure competent health care workforce

9. Evaluate the effectiveness, accessibility and quality of personal and population based services

10. Conduct research to develop innovative solutions

www.health.gov/phfunctions/public.htm
How Old is Old?

How Do you Know?
Gillick’s Five Faces of Aging

1. The Robust Elder—physically and mentally vigorous, engaged, despite chronic illnesses

2. The Frail Elder—suffer from impairments in multiple domains that cause vulnerability with the slightest change

3. The Elder with Dementia

4. The Dying Elder

5. The compensating, Adaptive Elder—alter tasks and compensate for deficits, maximize what can be maximized
### Types of Aging and Experience and Goals of Medical Care and Population Health Activities (Albert and Freedman)

<table>
<thead>
<tr>
<th>Type of Elder</th>
<th>Goal of Medical Care</th>
<th>Goal of Population Health</th>
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<tbody>
<tr>
<td>Robust</td>
<td>Prolong life and develop cures for disease</td>
<td>Delay or prevent frailty and disability</td>
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<tr>
<td>Demented</td>
<td>Maximization of function and provision of palliative care in end stage</td>
<td>Prevention of excess morbidity; supportive care</td>
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<td>Dying</td>
<td>Palliative support</td>
<td>Reduction of isolation; promotion of choice</td>
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<tr>
<td>Frail</td>
<td>Medical care based upon the best interests of the older adult; maximize medically tolerable interventions</td>
<td>Environmental modifications to minimize tasks and support capacity</td>
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<td>Compensating</td>
<td>Physical, occupational, speech therapies; cognitive support,</td>
<td>Provide age appropriate services integrated into a variety of settings</td>
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## Examples of Collaboration

<table>
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<th>Elder abuse and neglect</th>
<th>MVAs</th>
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<tr>
<td>Discharge planning</td>
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<td>HIV/AIDS and safe sex</td>
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<td>Nutrition promotion</td>
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<td>Disease management</td>
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<td>systems-DM, osteoporosis, CHF</td>
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<td>Falls</td>
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<td>Screening for genetic</td>
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<td>markers for dementia</td>
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<td>Decreasing isolation</td>
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NATIONAL PREVENTION STRATEGY

Background and Overview

Amanda Lehning, MSW, PhD
Assistant Professor, University of Maryland, Baltimore
Health & Aging Policy Fellow, Office of the Surgeon General
AFFORDABLE CARE ACT

NATIONAL PREVENTION COUNCIL
## NATIONAL PREVENTION COUNCIL

<table>
<thead>
<tr>
<th>Bureau of Indian Affairs</th>
<th>Department of Labor</th>
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<tr>
<td>Corporation for National and Community Service</td>
<td>Department of Transportation</td>
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<td>Department of Agriculture</td>
<td>Department of Veterans Affairs</td>
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<td>Department of Defense</td>
<td>Environmental Protection Agency</td>
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<td>Department of Education</td>
<td>Federal Trade Commission</td>
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<td>Department of Health and Human Services</td>
<td>Office of Management and Budget</td>
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<td>Department of Homeland Security</td>
<td>Office of National Drug Control Policy</td>
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<td>Department of Housing and Urban Development</td>
<td>White House Domestic Policy Council</td>
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<td>Department of Justice</td>
<td>Department of the Interior</td>
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<tr>
<td>General Services Administration</td>
<td>Office of Personnel Management</td>
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PREVENTION ADVISORY GROUP

• 21 non-federal members

• Statutory Role:

  - Develop policy and program recommendations
  - Advise National Prevention Council on prevention and health promotion practices
• Extensive stakeholder and public input
• Aligns and focuses prevention and health promotion efforts with existing evidence base
• Supports national plans
KEY HEALTH INDICATORS

Leading Causes of Death, 2008 and 2011

VISION

Working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness.
Increase the number of Americans who are healthy at every stage of life.
• Clean air and water

• Affordable and secure housing

• Sustainable and economically vital neighborhoods

• Making healthy choices easy and affordable
• Evidence-based preventive services are effective

• Preventive services can be delivered in communities

• Preventive services can be reinforced by community-based prevention, policies, and programs

• Community programs can promote the use of clinical preventive service (e.g., transportation, child care, patient navigation issues)
Even when healthy options are available and affordable, people still must make the healthy choice.

People are empowered when they have the knowledge, resources, ability, and motivation to identify and make healthy choices.

When people are empowered, they are able to take an active role in improving their health, supporting their families and friends in making healthy choices, and leading community change.
• Health outcomes vary widely based on race, ethnicity, socio-economic status, and other social factors

• Disparities are often linked to social, economic, or environmental disadvantage

• Health disparities are not intractable and can be reduced or eliminated with focused commitment and effort
PARTNERS IN PREVENTION

• Federal government
• State, tribal, local and territorial governments
• Businesses and employers
• Health care systems, insurers, clinicians
• Education (early learning centers, schools)
• Community and faith-based organizations
• Individuals and families

• What role can AAAs play?
Thank you!

www.surgeongeneral.gov/nationalpreventionstrategy
Aging and the National Prevention Strategy

Kate Clark, M.P.A.
kclark@pcaphl.org

Planner for Policy & Program Development

2013-15 Atlantic Philanthropies Health and Aging Policy Fellow

Philadelphia Corporation for Aging
Area Agency on Aging
4th Largest in the Country
Not-for- Profit (700 employees)
Federal and State Funds (Lottery!)
Aging Network (180+ organizations)
Departments
Atlantic Philanthropies Health and Aging Policy Fellowship 2013-15

ACA Population Health Elements

- National Prevention Strategy
- Hospital Community Benefit
- The Prevention and Public Health Fund
- Accountable Care Organizations
- Preventive Services/Wellness Visits
Observation: Aging and Public Health

Traditionally have not worked closely together – younger focus

“The aging population has been at the periphery of the public health agenda since public health’s origin in the industrialized cities of the 19th century.”

- Lynda Anderson, Director of the Healthy Aging Program at the CDC
Seniors: Prevention of what?

- Avoidable chronic conditions
- Institutionalization
- Frequent Hospitalization
- Isolation
- Managing chronic conditions (preventing them from getting worse)

AAA/Aging Network:
Wellness and prevention is at the heart of work
The National Prevention Strategy

Increase the number of Americans who are healthy at every stage of life.
Annual Status Report to Congress and the President

Hospitals
- Henry Ford
- North Shore - LIJ

Foundation
- Robert Wood Johnson
Use the NPS Framework as a Springboard to:

1. Make the case that aging issues should be built into the broader population health agenda

2. Inspire aging network organizations to align with this population health strategy and connect with new partners ie. local and state health departments and hospitals (via community benefit initiatives)
NPS Strategic Direction: Healthy and Safe Community Environments

✓ Age-friendly Philadelphia

✓ GenPhilly

Approximately 70% of Americans live in single family homes with barriers (steps, narrow doorways) that make it difficult or impossible for someone with a physical disability or in a wheelchair to enter or exit the home. -AARP
NPS Strategic Direction: Clinical and Community Preventive Services

✓ Transportation

✓ Preventing Readmissions

Nearly one in five Medicare patients discharged from a hospital—approximately 2.6 million seniors—is readmitted within 30 days, at a cost of over $26 billion every year. -CMS
NPS Strategic Direction:
Empowered People

✓ Chronic Disease Self – Management Program

✓ Healthy Steps

About 80% of older adults have one chronic condition, and 50% have at least two. -CDC
NPS Strategic Direction: Elimination of Health Disparities

- Outreach to Diverse Communities
- Breast Cancer and African American Women

In 2009, African Americans under 85 years of age had the largest death rates from heart disease and stroke compared with other racial and ethnic populations. -CDC
Seven NPS Priorities

1. Healthy Eating
2. Active Living
3. Injury and Violence-Free
4. Sexual Health
5. Drug and Alcohol Use
6. Tobacco-Free
7. Mental and Emotional Well-being
Opportunity: Community Benefit & Aging

Nonprofit hospitals receive tax exemptions in return for providing benefits to the community
- Services designed to improve community health and increase access to health care
- Research and education
- Uncompensated or discounted care (Nationally – 85%)

Report to IRS / ACA requirement (first round 2013):
- Community Health Needs Assessments (CHNAS)
- Implementation Plans (Ips)

Aging Missing from the Picture
Non-profit public health organization that represents the leaders of State and Territorial health agencies.

ASTHO’s 2015 President’s Challenge is to promote the health of older adults by collaborating across sectors.

- This challenge aims to galvanize support for state health officials, their public health teams, state and local experts in aging and a broad network of partners, to implement evidence-based strategies for increasing the number of older adults who are living well in our communities.

The President’s Challenge platform uses National Prevention Strategy

Map of pledges - http://www.astho.org/healthyaging/pledges/
PCA Plans to Use the NPS to:

1. Link the agency to broader public health agendas.

2. Build multidisciplinary collaborations around environment and aging.

3. Assist aging network organizations to better promote prevention activities and collaborate with other health providers.


5. Design programming in select areas.

6. Include as a framework in future research and grant applications.
For More Information

Aging and the National Prevention Strategy
www.PcaCares.org/NationalPreventionStrategy

Age-friendly Philadelphia
www.PCAagefriendly.org

GenPhilly
www.GenPhilly.org

My Contact Info:
Kclark@pcaphl.org