

HEALTHY AGING IN ACTION

ADVANCING THE NATIONAL
PREVENTION STRATEGY

NATIONAL PREVENTION,
HEALTH PROMOTION, AND
PUBLIC HEALTH COUNCIL



NATIONAL
PREVENTION
STRATEGY

NOVEMBER 2016



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FOR MORE INFORMATION ABOUT THE NATIONAL PREVENTION STRATEGY GO TO:

surgeongeneral.gov/priorities/prevention/strategy/

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MESSAGE FROM THE CHAIR OF THE NATIONAL PREVENTION, HEALTH PROMOTION, AND PUBLIC HEALTH COUNCIL



In 2011, the year the National Prevention Strategy was released, the first wave of the baby boomer generation celebrated its 65th birthday. Since then, the number of individuals over the age of 65 has reached 46 million and is projected to reach 74 million by 2030. Americans reaching the age of 65 today can also expect, on average, to live an additional 19 years. While the federal government, states, communities, and families significantly benefit from the contributions and experiences of older Americans, there also are challenges in meeting the needs of the growing population of Americans 65 and older. Never has there been such a spotlight on older adults, and we can use this moment to redefine what it means to experience healthy aging in the United States.

74 MILLION

PEOPLE WILL BE OVER THE AGE OF 65
BY 2030 (PROJECTED)

AMERICANS REACHING THE AGE
OF 65 TODAY CAN EXPECT, ON
AVERAGE, TO LIVE AN ADDITIONAL

19 YEARS

As I reflect on healthy aging and what that means, I am reminded of Amelia Boynton, a 103-year-old woman I met just before I was sworn in as U.S. Surgeon General. When I complimented Ms. Boynton on her many accomplishments, she told me she wasn't finished yet. I remember admiring what it takes to live well to be 103 years old. While we all may not be destined to live that long, what strategies can we put into action, as individuals and within our communities, to ensure the best possible health outcomes as we age?

In 2015, our country celebrated the 50th anniversaries of Medicare, Medicaid, and the Older Americans Act, as well as the 80th anniversary of Social Security. These programs have proven to be shining examples

of national efforts that have improved the lives of generations of older adults. Recognizing the contributions of these programs and the need to continue our efforts to support older Americans, President Barack convened the sixth White House Conference on Aging, which brought together older adults, caregivers, researchers, advocates, and leaders from across the United States to identify and recommend actions to continue to improve the quality of life of older Americans.

One important outcome of the conference was the administration's announcement of the development of a report to advance healthy aging within the National Prevention Strategy. The report that follows, *Healthy Aging in Action: Advancing the National Prevention Strategy (HAIA)*, is the culmination of a review of the scientific literature, as well as consultation with experts in the fields of aging and public health and the expertise from leaders across the federal government from areas as diverse as housing, health, employment, and transportation.

This report aligns with the four strategic directions of the National Prevention Strategy: Healthy and Safe Community Environments, Clinical and Community Preventive Services, Empowered People, and Elimination of Health Disparities. It also recommends actions that individuals and community leaders can take to address supporting older adults in living longer and healthier lives.

As the U.S. Surgeon General and chair of the National Prevention Council, I am optimistic about the opportunities to be gained from living longer, healthier lives both for individuals and for our nation. I believe we can and will take action to help millions of Americans successfully navigate this next phase of their lives, much like Ms. Boynton did.

Vivek H. Murthy, MD, MBA
U.S. Surgeon General
VICE ADMIRAL, U.S. PUBLIC HEALTH SERVICE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



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INTRODUCTION

All sectors must be engaged in planning for the opportunities of a growing population of older adults to ensure we are not only adding years to life, but life to years



The National Prevention Council, created by the Affordable Care Act and chaired by the U.S. Surgeon General, provides coordination and leadership among 20 executive departments and agencies and aims to promote prevention and wellness. In 2011, the Council released the National Prevention Strategy, which identifies the most effective and achievable means for improving health and well-being with an overarching goal of increasing the number of Americans who are healthy at every stage of life.

The Strategy's aim is to increase the length of people's lives and ensure their lives are healthy and productive. The demographics of the United States are changing, as more Americans are reaching the age of 65 and can often have an additional 19 years of life.¹ The U.S. Census Bureau projects that the population age 85 and over could grow from 6 million in 2014 to 20 million by 2060. Therefore, all sectors must be engaged in planning for the opportunities of a growing population of older adults to ensure we are not only adding years to life, but life to years. Furthermore, many of the strategies that promote healthy aging can ultimately benefit individuals across the life course.

Today, older adults are experiencing on average better overall health, lower disability rates, and greater economic security than previous generations, due in part to key federal programs such as Social Security, Medicare, Medicaid, and the Older Americans Act. However, older adults often encounter challenges to their physical, mental, cognitive, and social health.

Healthy Aging in Action: Advancing the National Prevention Strategy (HAIA) identifies specific actions for healthy aging that are continuing to improve health and well-being in later life. Specifically, this report highlights federal and nonfederal programs that advance the four Strategic Directions of the National Prevention Strategy (Strategy) where the older adult population is concerned: Healthy and Safe Community Environments, Clinical and Community Preventive Services, Empowered People, and Elimination of Health Disparities. These Strategic Directions are the foundation for all prevention efforts and form the basis for a prevention-oriented society.

GOALS

This report is intended for a wide range of partners, including decision makers at the federal, state, and local government levels; aging services providers; public health officials; and health care providers, among others. The overall goal is to advance healthy aging (FIGURE 1), defined as

- Promoting health, preventing injury, and managing chronic conditions
- Optimizing physical, cognitive, and mental health
- Facilitating social engagement

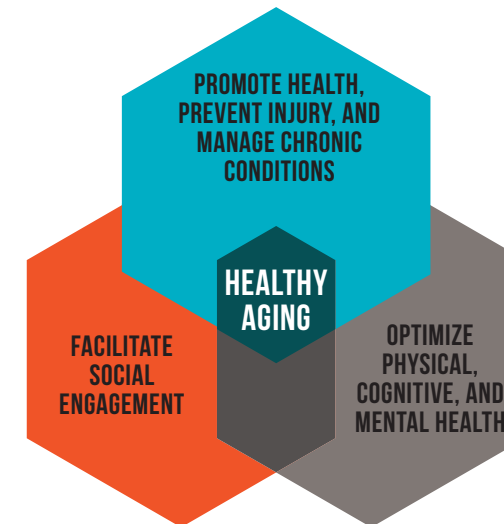
More specifically, *Healthy Aging in Action* aims to:

- **SUPPORT** prevention efforts to enable older adults to remain active, independent, and involved in their community
- **HIGHLIGHT** innovative and evidence-based programs from National Prevention Council departments and agencies and local communities that address the physical, mental, emotional, and social well-being issues that are often encountered in later life
- **INFORM** future multi-sector efforts to promote and facilitate healthy aging in communities

HAIA is an effort to call attention to existing policies and programs that reflect the National Prevention Strategy's approach of targeting prevention and wellness efforts to promote healthy aging, and offers recommendations that could further advance the Strategy for an aging society.

FIGURE 1

Guiding Model for Healthy Aging



SOURCE: Modified from: Rowe JW, Kahn RL. *Successful Aging*. New York: Pantheon, 1998; and Marshal VW, Altpeter M. *Health & Social Work* 2005; 30(2):135-144.

NATIONAL PREVENTION STRATEGY

The overarching goal of the Strategy is to increase the number of Americans who are healthy at every stage of life

The vision of the Strategy is working together to improve the health and quality of life for individuals, families, and communities by moving the country from a mindset focused on sickness and disease to one based on prevention and wellness. The overarching goal of the Strategy is to increase the number of Americans who are healthy at every stage of life. To achieve this vision and goal, the Strategy calls for ongoing engagement with partners in prevention from a variety of disciplines, sectors, and institutions. HAIA builds on this approach by focusing on multi-sector and multi-disciplinary efforts to promote healthy aging.

The National Prevention Council is committed to adapting approaches and recommendations in response to new evidence, plans and reports, legislation, and partnerships. HAIA aligns with the National Prevention Strategy, reflects the most recent scientific evidence, and highlights innovative initiatives at both the federal and local level.

THE STATE OF AGING IN THE UNITED STATES

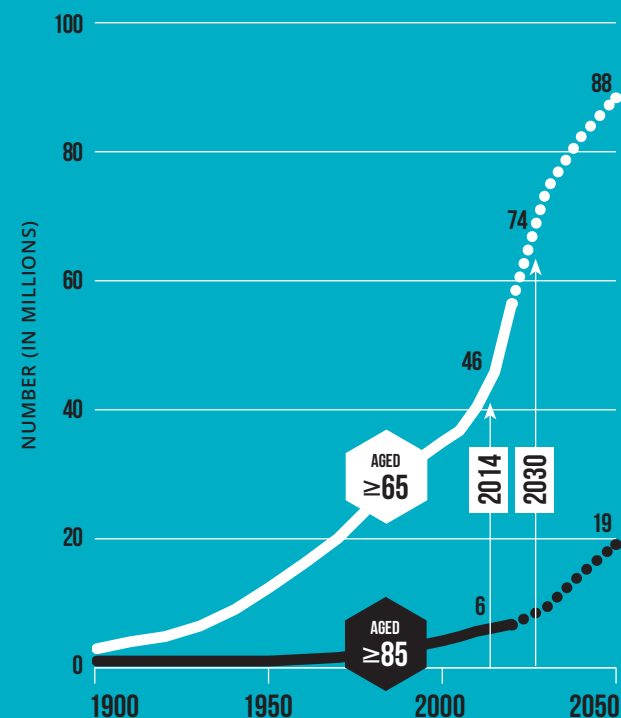
This report focuses on older adults while addressing critical community needs.

Due to a combination of factors, including improvements in health and longevity, the aging of the baby boomer generation, and declining fertility rates, older adults are a growing proportion of the U.S. population. In 2014, 46 million adults were aged 65 years and older; by 2030, that number is expected to reach 74 million (FIGURE 2),² representing nearly 21 percent of the total U.S. population.²

Within this growing number of older adults, there is a great deal of heterogeneity. Prevention strategies are needed to promote the health and independence of adults aged 65–74, as well as adults aged 85 and older, who are at a much higher risk for functional and cognitive impairments.³ Older women

FIGURE 2

Historical and projected number of U.S. adults aged 65 and older

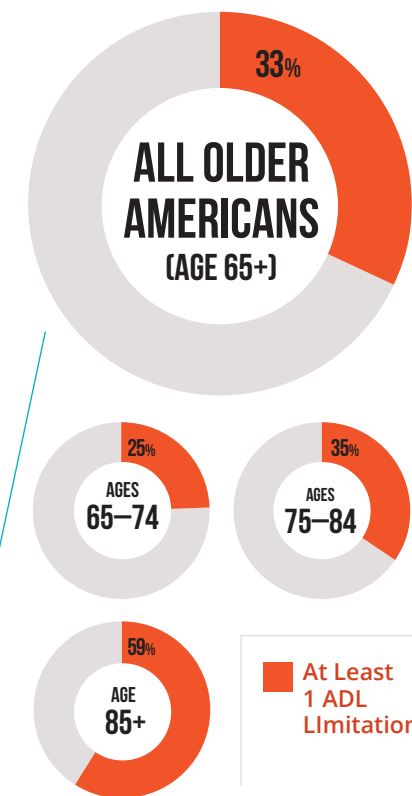


SOURCE: Older Americans 2012: Key Indicators of Well-Being. Washington, DC: Federal Interagency Forum on Aging-Related Statistics; 2012. <http://www.cdc.gov/chronicdisease/resources/publications/aag/healthy-aging.htm>

outnumber older men. In 2014, women accounted for 56 percent of the population aged 65 and older and for 66 percent of the population aged 85 and older.² The female to male sex ratio increases with age, ranging from 114 women for every 100 men for the 65–69 age cohort to a high of 216 women for every 100 men among persons aged 85 and older.⁴ Furthermore, projections indicate that by 2060 the composition of the older population will be 55 percent non-Hispanic White, 12 percent non-Hispanic Black, and 9 percent non-Hispanic Asian. Hispanics will be 22 percent of the older population in 2060.² Prevention efforts must take into account gender, racial, ethnic, and economic health inequities, as well as cultural differences in the meaning and promotion of health.

FIGURE 3

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>

80%

OF OLDER ADULTS HAVE AT LEAST ONE CHRONIC CONDITION

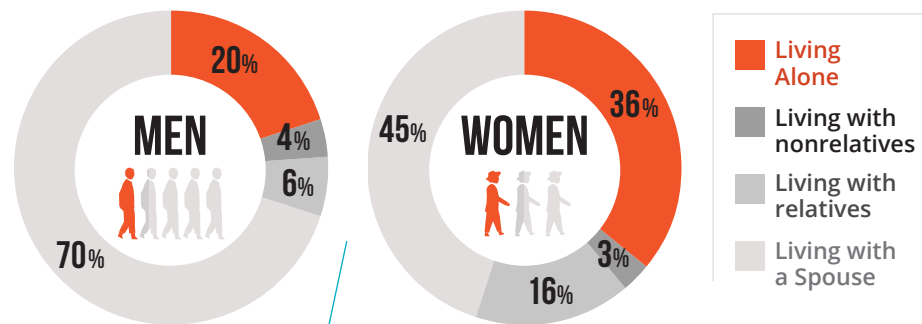
Aging, particularly among those over 85, can be accompanied by declines in physical and cognitive functioning that negatively affect health, well-being, and independence. For example, 80 percent of older adults in this age group have at least one chronic condition (such as hypertension, arthritis, heart disease, or diabetes), and half have two or more.⁵ In 2012, nearly one-third of Medicare recipients living in the community had a functional limitation in activities of daily living (ADLs), such as bathing, dressing, and eating (FIGURE 3).⁶



Psychological and social components of well-being are as important to healthy aging as physical aspects. Approximately 15 percent of women 65 and older and 10 percent of men 65 and older have clinically relevant symptoms of depression.² Additionally, older adults are at risk for social isolation. In 2015, one out of five men and more than one out of three women 65 and older lived alone (**FIGURE 4**).² The likelihood of living alone increases with age, and the proportion of older adults living alone has risen from 10 percent in 1945 to 28 percent in 2014.⁷

FIGURE 4

Living Arrangements of U.S. Adults Aged 65 and Older, 2015



SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economix Supplement.

ORIGINS OF HEALTHY AGING IN ACTION

HAIA is a response to the demographic changes in the population of older Americans, as well as evidence of physical, mental, emotional, social, and financial well-being issues often associated with aging. It provides evidence-based actions and concrete examples that could be adopted and adapted by communities to promote the healthy aging of their residents.

HAIA complements other recent efforts to promote healthy aging. For example, in 2014 the Philadelphia Corporation for Aging released *Aging & the National Prevention Strategy* to highlight how the work of aging organizations, including area agencies on aging, intersects with the National Prevention Strategy. In 2015, the World Health Organization published the *World Report on Ageing and Health*, which calls for a comprehensive global public health approach to the aging of the population. HAIA complements this global public health approach. In 2016, the Association of State and Territorial Health Officials released *State Strategies for Promoting Healthy Aging for All*, an issue brief that provides an overview of strategies for creating age-friendly environments based on Healthy People 2020 and the National Prevention Strategy, along with examples from states that have successfully implemented programs to promote healthy lifestyles for older adults.

HAIA PROVIDES EVIDENCE-BASED ACTIONS AND CONCRETE EXAMPLES THAT COULD BE ADOPTED AND ADAPTED BY COMMUNITIES TO PROMOTE THE HEALTHY AGING OF THEIR RESIDENTS.

WHITE HOUSE CONFERENCE ON AGING PROVIDES FORUM FOR NEW IDEAS, CATALYZES HAIA

The White House Conference on Aging has been held each decade since its inaugural meeting in 1961. On July 13, 2015, President Barack Obama hosted the sixth White House Conference on Aging, bringing together older adults, caregivers, advocates, and leaders from the public and private sector, both in person and virtually, from across the country. The conference provided a forum to formulate new ideas to improve the health, independence, and security of older Americans. During the conference, the Administration announced the development of HAIA to support Americans in living longer, healthier lives in their communities.

HEALTHY AGING RECOMMENDATIONS

Throughout this report and the Appendix are examples of federal and nonfederal programs that are putting the National Prevention Strategy into action in communities across the country. These programs demonstrate promising practices that can be adopted or adapted by public and private partners to advance the National Prevention Strategy and create a culture where older adults are viewed as vibrant, important, and productive members of society. Building on these existing programs, stakeholders can implement the following recommendations to promote the health and engagement of older adults in their communities:

- **FACILITATE** collaboration across sectors, disciplines, and professions and create incentives for stakeholders to work together to support healthy aging.
- **EXPAND** the evidence base for strategies to promote healthy aging by designing and implementing methodologically rigorous evaluations that include both process and outcome measures.
- **WIDELY DISSEMINATE** best practices, technical assistance guides, and other resources that address barriers to healthy aging.
- **PROMOTE** the relevance of prevention across the life course and recognize that the aging of the population is creating unique challenges and opportunities.
- **FOLLOW** an aging-in-all policies approach whereby the public and private sectors consider the impact on healthy aging for all policies, programs, and infrastructure changes.
- **EMBRACE** a multi-dimensional view of healthy aging that recognizes the importance of quality of life, happiness, personal fulfillment, and sense of meaning along with the prevention of disease and disability.

**We need
to create a
culture where
older adults
are viewed
as vibrant,
important,
and productive
members of
society**



HEALTHY AGING ACTIONS

TO ADVANCE
THE NATIONAL
PREVENTION
STRATEGY

STRATEGIC DIRECTIONS OF THE NATIONAL PREVENTION STRATEGY

The National Prevention Strategy outlines four Strategic Directions as the foundation for a prevention-oriented society:

- **HEALTHY AND SAFE COMMUNITY ENVIRONMENTS**
- **CLINICAL AND COMMUNITY PREVENTIVE SERVICES**
- **EMPOWERED PEOPLE**
- **ELIMINATION OF HEALTH DISPARITIES**

While each Strategic Direction individually guides actions to improve health, together they provide a comprehensive approach to fully support Americans in living longer and healthier lives. This section of the report provides a brief overview of each of the four Strategic Directions and recommends healthy aging actions that target each Strategic Direction to the needs of older adults (also shown in **FIGURE 5**). These healthy aging actions were identified based on a review of the scientific literature and consultation with experts in the fields of aging and public health, as well as experts from across the federal government. Each healthy aging action includes a rationale based on the existing evidence. In addition, some healthy aging actions include a federal or local community example of an initiative that is putting that action into practice.



FIGURE 5

Healthy Aging Actions to Advance the National Prevention Strategy



HEALTHY AND SAFE COMMUNITY ENVIRONMENTS

Healthy and Safe Community Environments advance evidence-based policies and practices to create, sustain, and recognize communities that promote health and wellness through prevention.



4%

OF ADULTS AGE 65 AND OLDER WERE LIVING IN AN INSTITUTIONALIZED SETTING

MOST AMERICANS WANT TO LIVE INDEPENDENTLY AND REMAIN IN THEIR OWN HOMES AND CHOSEN COMMUNITIES AS THEY GROW OLDER

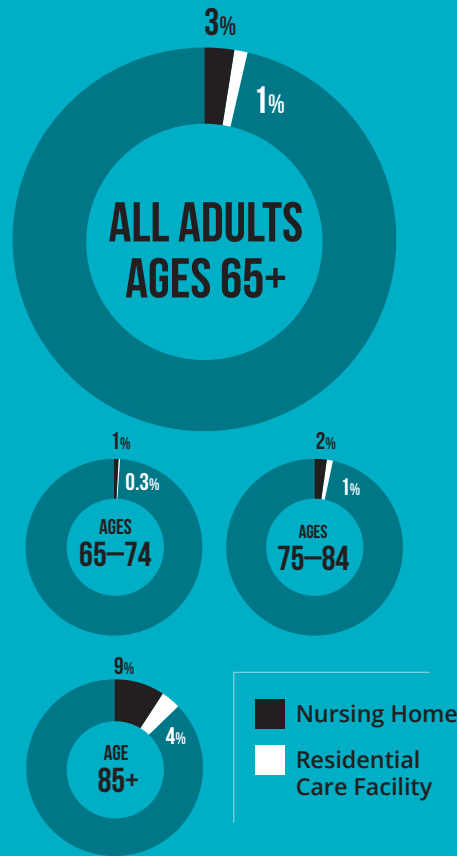
Many sectors play a part in keeping older adults safe and healthy in their homes and communities. The vast majority of older adults live in the community (**FIGURE 6**). In 2010, only 4 percent of adults age 65 and older were living in an institutionalized setting.

Most Americans want to live independently and remain in their own homes and chosen communities as they grow older. For older Americans to continue to achieve this goal, community environments should promote health and independence while ensuring safety. Developing prevention-oriented communities involves policy, infrastructure, environmental health, and social change. Innovative initiatives are taking place across the country

to keep older adults healthy and engaged in their communities. Such efforts promote mobility, community connectivity, and physical activity among older adults by improving access to transportation, healthy food, affordable and accessible housing, and health care and community support services and increasing safety of sidewalks and crosswalks. On October 6, 2015, the Institute of Medicine and the Division of Behavioral and Social Sciences and Education within the National Academies of Sciences, Engineering and Medicine convened a public workshop, *Policy and Research Needs to Maximize Independence and Support Community Living*, to explore the policies and research opportunities to support community living and maximize independence.

FIGURE 6

Percentage of U.S. older adults living in institutionalized settings



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>

HEALTHY AGING ACTIONS



Develop and promote strategies to increase accessible, affordable, and adaptable housing to allow older Americans to live safely in their homes.

The *Surgeon General's Call to Action to Promote Healthy Homes* outlines steps older adults can take to protect themselves from disease, disability, and injury that may result from health hazards in their homes. *Advancing Healthy Housing: A Strategy for Action*, developed by the federal Healthy Homes Work Group, outlines strategies to reduce health and safety risks in the home and highlights the need for increased research to inform policies and practices that minimize adverse health outcomes for those at greatest risk, including older Americans. At the White House Conference on Aging, the U.S. Department of Housing and Urban Development released *Aging at Home: A Guide for Home Improvements* to help older homeowners, families, and caregivers make changes to their homes so that older adults can remain safe and independent. Basic accessibility features include no-step entries, extra-wide doorways, and lever-style door and faucet handles.⁸



Advance walkable communities that support older Americans' mobility.

The National Highway Traffic Safety Administration's The Pedestrian Safety Workshop: A Focus on Older Adults was developed to describe how older adults, transportation and public health professionals, law enforcement, and other decision makers can improve pedestrian safety. Older adults who live in walkable communities are more likely to engage in physical activity than those who do not,⁹ while those who live in neighborhoods without benches, curb cuts, parks, or well-maintained sidewalks are at a higher risk for disability.¹⁰ Pedestrian-friendly design may be a particularly effective strategy for improving the safety of older adults who walk to destinations or for exercise.



Improve older driver safety.

The Federal Highway Administration (FHA) developed the *Handbook for Designing Roadways for the Aging Population* to provide practitioners with information that links driver performance to highway design, operational, and traffic engineering features. In addition, FHA developed a *Clinician's Guide to Assessing and*

"As HUD Secretary, I've made supporting affordable and accessible communities for all Americans one of my top priorities. One example is HUD's Community Development Block Grant (CDBG) funds, which provide approximately \$34 million a year to improve senior centers across the nation; an additional \$36 million to offer public services to approximately 1 million seniors annually; and CDBG funds the rehabilitation of nearly 70,000 single family and multi-family housing units each year, many of them occupied by low-income older adults—allowing them to age in place."

JULIÁN CASTRO
 Department of Housing and Urban Development Secretary
 Regional Forum in Cleveland, Ohio, 04/27/2015

Counseling Older Drivers to help health care providers prevent motor vehicle crashes and injuries. Other strategies to enhance older drivers' safety include increased visibility of road markings. In addition, FHA's bicycle and pedestrian program promotes safe, comfortable, and convenient walking and bicycling for people of all ages and abilities.

61%

OF OLDER ADULTS RESTRICT DRIVING TO CERTAIN HOURS OF THE DAY

21%

OF OLDER ADULTS REPORT THAT THEY MISS OUT ON ACTIVITIES THEY LIKE TO DO BECAUSE OF DRIVING LIMITATIONS



WALKING OUR WAY TO HEALTH

Step It Up!

The Surgeon General's Call to Action to Promote Walking and Walkable Communities

Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities, released in September 2015, aims to make walking a national priority and disseminate evidence-based strategies to design communities that make it safe and easy to walk for people of all ages and abilities.

Only 36 percent of Americans aged 65 years and older meet the recommendations from the *2008 Physical Activity Guidelines for Americans*.¹¹ Physical activity has a number of benefits particularly relevant in later life, including reducing the risk of falls,¹² improving balance and stamina,¹³ and delaying the onset of cognitive decline.¹⁴ Walking is related to the physical environment, particularly the extent to which the surrounding neighborhood is walkable and includes mixed land use.¹⁵

The Call to Action outlines five goals and related evidence-based strategies to support walking and walkability. These strategies call for families and individuals to change their own behavior and prioritize walking, and also outline the critical role of multiple sectors, including transportation and community design, parks and recreation, business and industry, nonprofit, and public health, among others. Middle-aged and older adults represent the segment of the U.S. population that may benefit the most from efforts to increase walking programs in the nation.

Numerous organizations announced commitments to improve health through walking and walkable communities. America Walks and the Every Body Walk! Collaborative funded 10 grants up to \$2,500 to community groups to strengthen existing walking programs and support policies and programs to create walkable places.

Federal agencies are also working to promote the Call to Action. The U.S. Regional Health Administrators partnered with America Walks to hold technical assistance webinars for community groups and local nonprofits, and the Department of the Interior (DOI) appointed a National Coordinator to help plan and implement regional activities to promote the Call to Action. The CDC supported the development of *Mall Walking: A Program Resource Guide* to increase walking among middle-aged and older adults. A group of federal agencies is currently working together to build a multi-sector coalition or consortium, including mall managers and mayors across the country, to support mall walking as part of a city-wide approach to re-imagining and using existing walkable spaces.

Since the release, 43 chief executive officers (CEOs) signed on to the *CEO PledgeSM for Physical Activity* in

September 2015. This is a national campaign encouraging CEOs to recognize physical activity as an important driver of employee health. *The Mayors' Challenge for Safer People and Safer Streets* is an initiative led by the U.S. Department of Transportation (DOT) to encourage mayors and other elected city officials to participate in leading a call to action and forming a local action team to advance safety and accessibility of streets for all road users.¹⁶ Since the announcement of the Mayors' Challenge in January 2015, there have been a total of 245 mayors' pledges in the United States. *Complete Streets policies* are street design policies that support the routine design of streets to make them safe for all pedestrians, regardless of age or ability, and accommodate all modes for transport.¹⁷ As of December 2015, 30 states and the District of Columbia had adopted Complete Streets policies, and 856 policies had been adopted at the local and regional levels.¹⁷

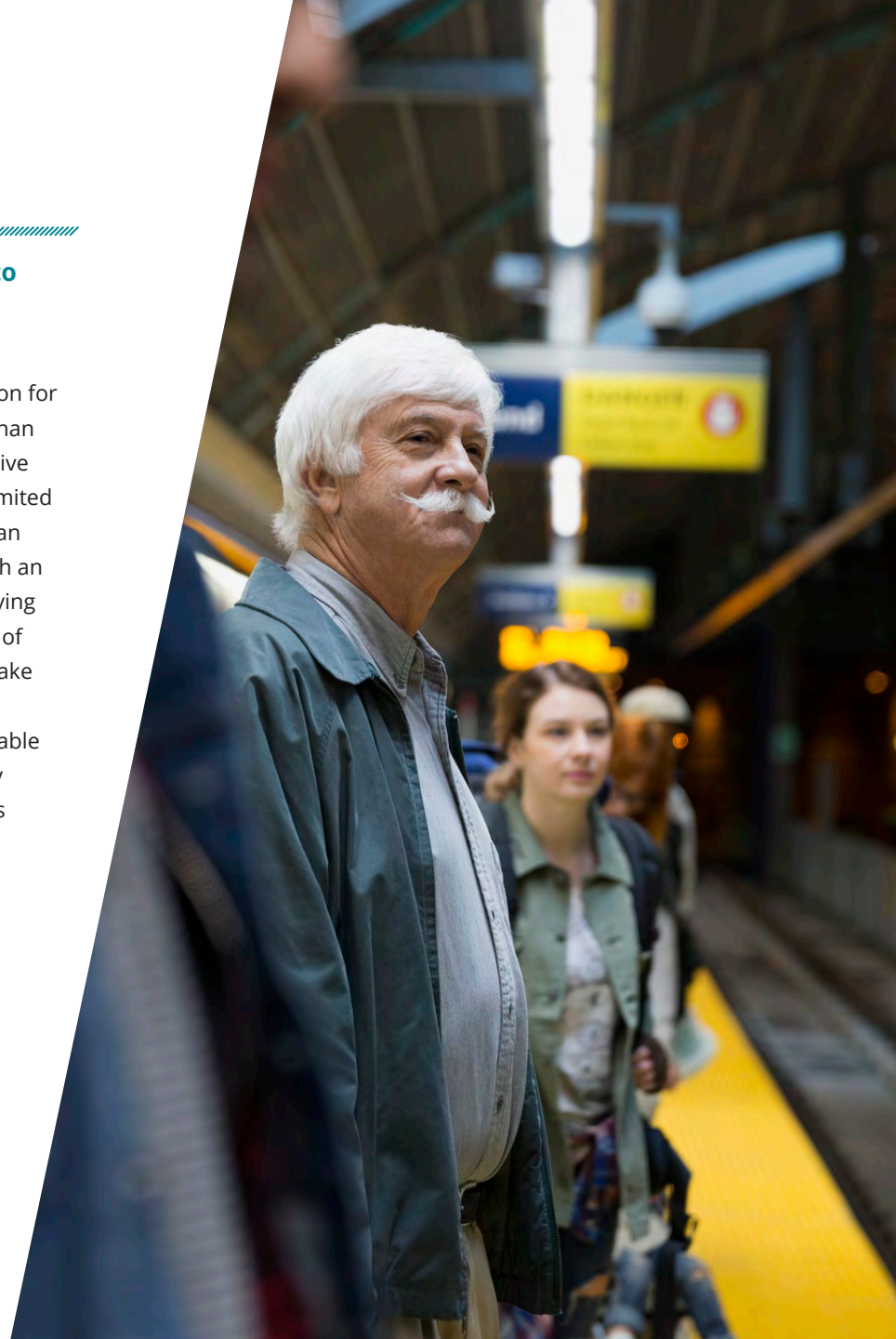
FOR MORE INFORMATION

- <http://www.surgeongeneral.gov/library/calls/walking-and-walkable-communities/index.html#Call%20to%20Action>
- <http://americawalks.org/surgeon-general-releases-call-to-action/>



Enhance transportation options to meet the needs of older adults.

Data from the National Household Travel Study suggest that older adults use public transportation for only 2 percent of all trips.¹⁸ Furthermore, more than 15.5 million Americans aged 65 years and older live in areas where public transportation service is limited or nonexistent.¹⁹ Lack of transportation access can create a barrier for treatment and screening, with an estimated 3.6 million Americans missing or delaying non-emergency medical care each year because of transportation issues.²⁰ Many people may not make appointments or take advantage of free health screenings such as those provided by the Affordable Care Act because they cannot get a ride. Mobility management, which coordinates multiple modes of transportation from multiple public and private providers, is one promising strategy to improve community access for older adults and individuals with a disability.²¹ Reflecting this approach, the DOT launched the *Rides to Wellness Initiative* to increase partnerships between health and transportation providers and increase access to care, improve health outcomes, and reduce health care costs.

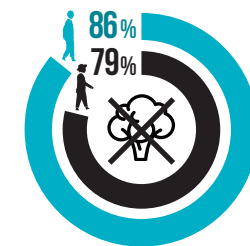


Promote older adults' access to healthy foods.

At the White House Conference on Aging, the U.S. Department of Agriculture (USDA) issued a proposed rule to increase accessibility to critical nutrition for homebound, older Americans and people with disabilities by enabling Supplemental Nutrition Assistance Program (SNAP) benefits to be used for services that purchase and deliver food to these households. The President's fiscal year 2017 budget proposed nearly \$850 million for Nutrition Services programs for older adults, a \$14 million increase over the 2016 enacted level, allowing states to provide an estimated 205 million meals to more than 2 million older Americans nationwide. The budget also includes a new proposal to invest in evidence-based innovations to help ensure that funding for Nutrition Services programs is spent as efficiently as possible to maximize the impact of these funds.



MEN & WOMEN
OVER 70 WHO
DO NOT MEET
FRUIT INTAKE
RECOMMENDATIONS



MEN & WOMEN
OVER 70 WHO
DO NOT MEET
VEGETABLE INTAKE
RECOMMENDATIONS



Develop plans to address older adults' potential vulnerability to environmental hazards.

Because of physical changes that accompany aging, older adults may be more susceptible to environmental toxins and extreme temperature changes in the environment.²² Furthermore, because of their increased likelihood of experiencing a sensory impairment, chronic conditions, mobility impairment, and limited social and economic resources, older adults are particularly at risk for negative outcomes from natural disasters.²³ This is especially true for those living in less densely populated, rural, and remote areas. *CDC's Alzheimer's Disease and Healthy*

Aging Program provides information, tools, and resources to assist in multi-sector planning for older adults in emergencies. The Centers for Medicare & Medicaid Services' (CMS) proposed Emergency Preparedness Rule establishes national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers to ensure that they adequately plan for both natural and manmade disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It would also ensure that these providers and suppliers are adequately prepared to meet the needs of patients, residents, clients, and participants during disasters and emergency situations.

COLLABORATING ACROSS SECTORS

GenPhilly

Philadelphia
Corporation
for Aging

GenPhilly is an innovative, replicable model to engage emerging leaders from a variety of disciplines to promote and sustain an aging-in-community agenda.

Today, it is a network of more than 500 emerging leaders from a variety of disciplines who are thinking about their own healthful future and the type of city in which they themselves want to age, while helping the current population of older adults. GenPhilly is a program of Philadelphia Corporation for Aging (PCA), the area agency on aging.

Philadelphia has the second highest proportion of older adults of large U.S. cities. In 2009, PCA set out to work with organizations outside of the aging network to help them integrate the needs of seniors into their plans, policies, and programs. At that time, the agency discovered that many organizations throughout the city had limited knowledge about older people. Through social media, meetings, and public events, GenPhilly has shown emerging leaders from all fields that there is a competitive professional advantage that results from incorporating knowledge about older adults into their skill set.

Events have addressed such topics as catalyzing community gardens at senior centers and senior housing complexes; showing urban planners why they need to design communities for people of all ages; connecting generations through contemporary music; presenting senior hunger issues to the community; and introducing disability and aging issues to young technologists via a “hackathon” and more.

The group has benefited the field of aging by building awareness of aging services in the wider community; facilitating cross-disciplinary learning and innovation around aging issues; stressing the competitive advantage for emerging leaders from all fields to know about aging issues; strengthening the aging network workforce; breaking down stereotypes about working with older adults; and introducing expertise from outside the aging network to benefit older adults.

FOR MORE INFORMATION

→ www.genphilly.org



10%

OF OLDER ADULTS ARE ESTIMATED TO BE THE VICTIMS OF ELDER MISTREATMENT


ENHANCING UNDERSTANDING OF THE EXTENT OF ELDER MISTREATMENT, AS WELL AS ITS RISK AND PROTECTIVE FACTORS, IS CRITICAL FOR DESIGNING AND IMPLEMENTING EFFECTIVE PREVENTION AND INTERVENTION EFFORTS

 **Protect older adults from elder mistreatment.**

At the White House Conference on Aging, CMS released a proposed rule to update the quality and safety requirements for more than 15,000 nursing homes and skilled nursing facilities to improve quality of life, enhance person-centered care and services for residents in nursing homes, improve resident safety, and bring these regulatory requirements into closer alignment with current professional standards. The National Institutes of Health also convened a state of the science workshop on elder abuse with researchers, clinicians, and others to review the science on understanding and preventing abuse; screening tools to identify abuse victims; effective

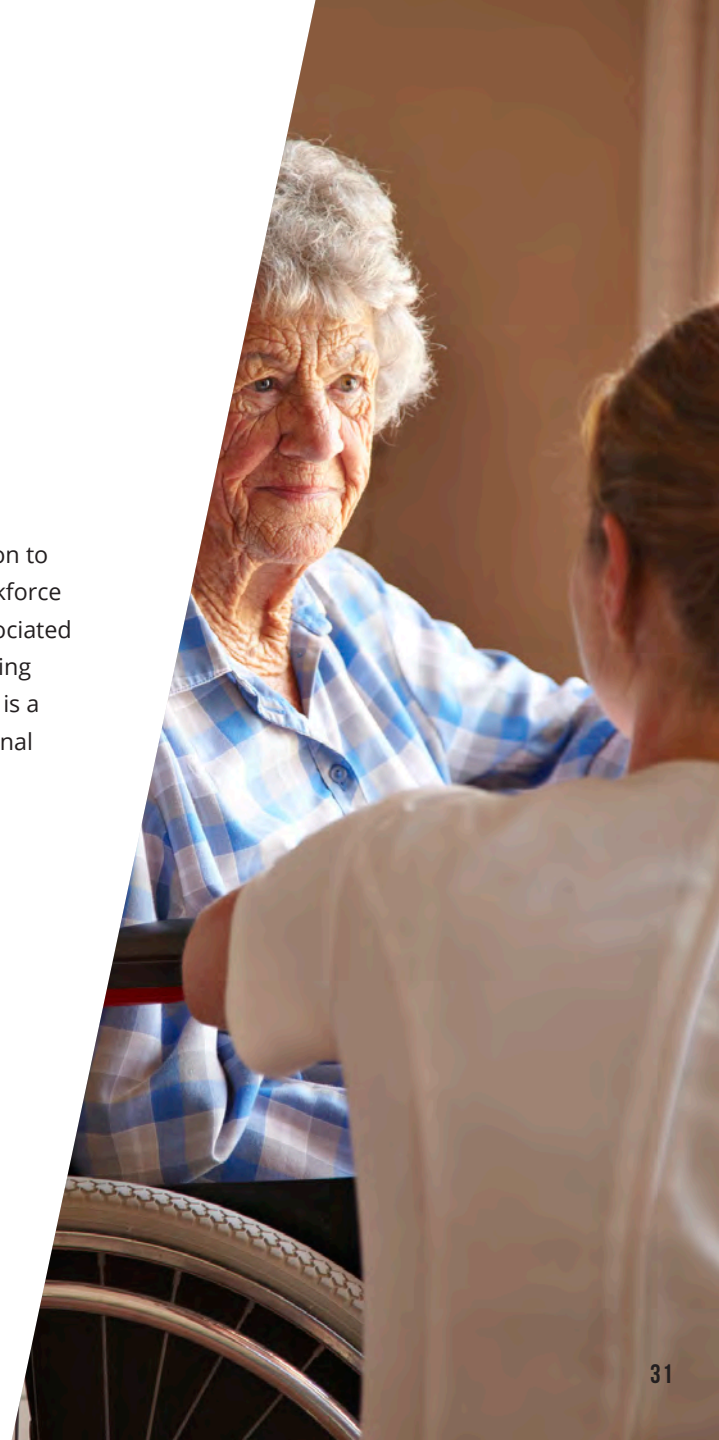
interventions and research in related areas like child abuse and domestic violence that might inform research on elder abuse; and gaps and opportunities in this field of research. An estimated 10 percent of older adults are the victims of elder mistreatment, including physical abuse, emotional abuse, sexual abuse, exploitation, neglect, or abandonment.²⁴ Establishing accurate estimates, however, is complicated because of state variations in the definition of elder mistreatment, the absence of a national database, and underreporting.²⁵ Enhancing understanding of the extent of elder mistreatment, as well as its risk and protective factors, is critical for designing and implementing effective prevention and intervention efforts.

Addressing the barriers to healthy aging is a complex and multi-dimensional challenge that requires the contributions of diverse stakeholders

 **Recruit, retain, and train a multi-sector and multi-disciplinary workforce, including those outside of the health and long-term care sectors, to promote health and well-being in later life.**

As part of the White House Conference on Aging, the CDC launched a free online course offering continuing education credits to physicians, nurses and other health professionals on making falls prevention a routine part of clinical care. The Health Resources and Services Administration announced \$35 million in awards to health professions training programs

to expand geriatrics education to prepare the health care workforce to respond to the needs associated with advancing age. Addressing the barriers to healthy aging is a complex and multi-dimensional challenge that requires the contributions of diverse stakeholders. This requires training for professionals in different geographic areas, from a variety of fields as well as older adults and their families, friends, and caregivers to promote the health and well-being of older adults.



CLINICAL AND COMMUNITY PREVENTIVE SERVICES

Clinical and Community Preventive Services are effective in reducing death, disability, and functional decline, and can be cost-effective.



BENEFITS FOR ALL

OLDER ADULT REMAINS HEALTHY AND INDEPENDENT

HEALTH CARE PROVIDER HAS A HEALTHIER PATIENT

INSURANCE PROVIDER HAS A BENEFICIARY WHO MIGHT BE LESS LIKELY TO NEED MORE EXPENSIVE ACUTE CARE

This is reflected in the Affordable Care Act's expansion and evaluation of patient-centered models that integrate primary care with community services. When older adults receive preventive services from a clinician, everyone benefits. The older adult can remain healthy and independent, the health care provider has a healthier patient, and the insurance provider has a beneficiary who might be less likely to need more expensive acute care. Preventive services can include screenings, counseling, immunizations, chronic disease management, and medications used to prevent or control disease. In order to deliver appropriate preventive services, health care providers must be aware of clinical preventive guidelines and the benefits for older adults. Older adults must have an understanding of the benefits of preventive care, motivation to seek such care, and the ability to access services.

HEALTHY AGING ACTIONS



Increase older adults' access to and use of clinical preventive services.

Clinical preventive services can prevent or detect disease earlier when treatment is more effective. These services include screenings for chronic conditions such as high blood pressure and diabetes, immunizations for diseases such as influenza and pneumonia, and counseling about personal health behaviors such as smoking and physical activity. The *U.S. Preventive Services Task Force* provides a complete list of all recommended services. Healthy People is an HHS initiative that sets 10-

year national objectives for improving the health of all Americans. In 2010, Healthy People 2020 added “older adults” as a new topic area with the goal of improving the health, function, and quality of life of older adults. One objective for older adults is to increase the proportion of that population who are up to date on a core set of clinical preventive services. Older adults do not always obtain important preventive services that are critical for avoiding disease and disability.²⁶ In 2014, only about two out of five adults 65 and older were up to date on all of a core set of preventive services.²⁷



IN 2014, ONLY ABOUT TWO OUT OF FIVE ADULTS 65 AND OLDER WERE UP TO DATE ON ALL OF A CORE SET OF PREVENTIVE SERVICES



37%



OF ADULTS AGED 65 YEARS AND OLDER HAVE NOT HAD A DENTAL VISIT IN THE LAST 12 MONTHS



Increase access to and availability of preventive dental services.

Oral health is an important but often overlooked component of older adult health. More than 37 percent of adults aged 65 years and older have not had a dental visit in the last 12 months.²⁸ Poor oral health can affect an older adult's overall health and well-being and is often associated with several chronic diseases and conditions, such as diabetes, cardiovascular diseases, pulmonary diseases, rheumatoid arthritis, cognitive impairment/ Alzheimer's disease, and some types of cancers (oral cavity, gastrointestinal tract, bladder, liver, kidney, and pancreatic).²⁸ In addition, older adults often do not have dental insurance or adequate dental insurance, and those with the poorest oral health are economically disadvantaged and members of racial and ethnic minorities.²⁹ There are also disparities in oral health outcomes, such as

tooth loss and gum disease, among Americans residing in different geographical areas. Preventive dental services include oral health screenings, regular dentist checkups, and patient counseling on behavioral risk factors for oral disease and conditions. These services are important even if older adults do not have natural teeth and have dentures, to ensure gum health.²⁸ The HRSA funded 420 health centers to increase access to *integrated oral health care services* and improve health outcomes for health center program patients. The National Academies of Sciences, Engineering, and Medicine report *Improving Access to Oral Health Care for Vulnerable and Underserved Populations* provides a roadmap for the important and necessary next steps to improve access to oral health care, reduce oral health disparities, and improve the oral health of the nation's vulnerable and underserved populations.



Increase access to and availability of behavioral health care.

Medicare covers *yearly screenings for depression*, and the *Welcome to Medicare visit* and the *Annual Wellness visit* require a doctor to screen for depression or other mental health conditions. Mental health issues, such as depression or anxiety, are often overlooked among the older adult population. Older adults are often misdiagnosed and undertreated for depression because providers mistakenly attribute symptoms to a natural reaction to illness or changes that occur with age.³⁰ The rate of death by suicide among White men 75 and older is three times the rate among the general population.³¹ Suicide

among older adults is different than among younger adults, as older adults are more likely to use lethal means (e.g., firearms) and die from their first suicide attempt, and they are less likely to report suicidal ideation or seek mental health treatment prior to suicide.³¹

To address the growing problem of overuse and abuse of opioid analgesics in the Part D program, the CMS adopted a policy in 2013 for Medicare Part D plan sponsors to implement enhanced drug utilization review. From 2011 through 2014, there were 7,500 fewer Medicare Part D beneficiaries identified as potential opioid over-utilizers; this is a 39 percent decrease.³² In August 2016, the Surgeon General launched the *Turn the Tide Campaign*

OLDER ADULTS ARE OFTEN MISDIAGNOSED AND UNDERTREATED FOR DEPRESSION BECAUSE PROVIDERS MISTAKENLY ATTRIBUTE SYMPTOMS TO A NATURAL REACTION TO ILLNESS OR CHANGES THAT OCCUR WITH AGE

to address the nation's prescription opioid epidemic. When prescribing or dispensing controlled substances, providers should warn patients not to use alcohol with prescription medicines and they should discuss the hazards of using controlled substances while driving.



Expand falls prevention programs, including those that address environmental hazards within the home and in the community.

In conjunction with the White House Conference on Aging, the Administration for Community Living (ACL) and the National Coalition on Aging, organized a *Falls Prevention National Resource Centers Conference* in May 2016. This meeting provided an opportunity for state and local agencies, community-based organizations, and others to learn about strategies to implement evidenced-based falls prevention programs. Approximately one-third of adults 65 and older fall each year, making falls the leading cause of fatal and nonfatal injuries among older adults. In 2013, 25,500 older adults died from fall injuries, and medical costs associated with fall-related injuries were an estimated \$34 billion.³³ Common fall injuries include

hip fractures, hand fractures, traumatic brain injuries, and lacerations. Half of falls occur outdoors; such falls are more likely to result in serious injury.³⁴ Interventions to prevent falls must address hazards in both the home and the neighborhood environment. ACL has awarded more than \$8 million in grants to support *falls prevention initiatives* in domestic public and private nonprofit entities, including state agencies, community organizations, and tribal organizations. ACL has also funded a nonprofit organization to serve as the first-ever ACL *National Falls Prevention Resource Center*. HUD is creating a falls prevention toolkit for public, non-governmental, and private sector policy and program managers and staff.



APPROXIMATELY ONE-THIRD OF ADULTS AGED 65 AND OLDER FALL EACH YEAR

25,000

OLDER ADULTS DIED FROM FALL INJURIES IN 2013

MEDICAL COSTS ASSOCIATED WITH FALL-RELATED INJURIES IN 2013 WERE AN ESTIMATED

\$34 BILLION

COMMUNITY FALLS PREVENTION PROGRAM

Satellite Beach, Florida

FOR MORE INFORMATION

→ <http://www.satellitebeachfire.com/#!/mihc/ccjp>

→ <http://www.satellitebeachfire.com/#!/fall-prevention/c11m6>

Satellite Beach, a small community in Florida, has been engaged in prevention efforts to promote healthy aging since the 1990s, when they participated in the Brevard County, Florida, Communities for a Lifetime initiative.

The Communities for a Lifetime effort in Satellite Beach won a 2008 EPA Building Healthy Communities for Active Aging Award. Continuing its focus on prevention, this community

currently operates a Community Paramedic Program and a Falls Prevention Program.

The Falls Prevention Program in Satellite Beach aims to lower the number of fall-related emergency calls by providing education, in-home assessments, and case management for older adults identified by themselves or someone else as being at risk. A Community Health Paramedic visits an older adult's home and works with the individual and/or family members to identify

potential hazardous conditions that could lead to falls. This includes not only factors in the environment—such as the presence of tripping hazards or the lack of handrails—but also a review of medications, which were linked with many fall-related calls the fire department received. Satellite Beach is using a variety of measures to evaluate the effects of this program. Data suggest that the program has resulted in fewer fractured hips, reduced the overall prevalence of falls, and decreased hospital 30-day readmission rates.





Enhance primary care and other allied health care professionals' training in aging-related health issues.

Diagnosis and treatment of health problems in later life are further complicated by the development of geriatric syndromes, such as dizziness or delirium, which involve multiple organs, systems, and symptoms.³⁵ HRSA's *Geriatrics Workforce Enhancement Program* serves as a model to improve health outcomes for older adults by integrating geriatrics with primary care, thereby maximizing patient and family engagement and transforming the health care system.

INTEGRATING GERIATRICS WITH PRIMARY CARE MAXIMIZES PATIENT AND FAMILY ENGAGEMENT

Home- and community-based services are associated with improved physical and mental health



Expand the availability of home- and community-based services.

Home- and community-based services (HCBS)—such as professional and family in-home personal care, adult day care, home health, home-delivered meals, and case management—are associated with improved physical and mental health.^{36,37} HCBS may also delay or prevent nursing home placement. Recent analyses found that as states spent more on Older Americans Act programs and Medicaid HCBS, the number of nursing home residents with low ADL-care needs decreased.³⁸ Home-delivered meals were particularly effective, perhaps because meal drivers became aware of issues among isolated and

home-bound older adults. Under the Affordable Care Act there have been multiple Medicaid investments to provide home-and community-based services and supports. The law improves existing tools and creates new options and financial incentives for states to provide HCBS and supports. The *Home- and Community-Based Services State Plan Option* enable states to target home- and community-based services to particular groups of people, to make services accessible to more individuals, and to ensure the quality of the services provided. The Community First Choice State Plan Option provides increased federal matching funds to states that provide HCBS to individuals who might be served in an institutional setting.



Support and protect the financial security, personal safety, and health of direct care workers.

Direct care workers are workers who provide home care services, such as certified nursing assistants, home health aides, personal care aides, caregivers, and companions.³⁹

Direct care workers often earn low wages, receive few if any benefits,⁴⁰ and are at risk for job-related injuries and other health problems.⁴¹ With a projected need for an additional 1 million in-home care workers by 2022,⁴² it is critical to address these occupational hazards. The Department of Labor issued the *Home Care Final Rule* to extend minimum wage and overtime protections to almost 2 million home care workers. As of January 1, 2015, most direct care workers are entitled to receive federal minimum wage and overtime pay protections.



GETTING PATIENTS TO SERVICES

Rides to
Wellness

Department of
Transportation

While the health industry offers preventive services, patients can face challenges in getting to those services if they no longer drive and have limited or no access to transportation.

In response, DOT's Federal Transit Administration (FTA) launched the Rides to Wellness initiative, which aims to increase access to care, improve health outcomes, and reduce health care costs.

In March 2016, the FTA announced \$5.3 million in funding to support the Rides to Wellness Demonstration Grants. These awards build on an extensive planning process with

communities. DOT provided grants to community organizations through two rounds of applications. In the first round, 16 finalists from local communities were selected to receive \$25,000 each for a planning grant based on their proposed program. During the 6-month grant period (June–December 2015), the 16 Healthcare Access Challenge grantees tested assumptions about their proposed concepts with potential users and modified their solutions to adapt to real-world situations. For example, the Worcester Regional Transit Authority in Massachusetts engaged in planning activities to 1) design a web-based application to help health care facilities schedule

appointments that align with public transit schedules, and 2) create a bus that would provide transportation to and from hospital appointments for a different neighborhood each day of the week.

DOT is also co-sponsoring with the HRSA, ACL, and CMS a national survey of health centers and community centers to document the magnitude

of missed medical appointments due to transportation issues. Results of this research will be published and distributed nationally and will inform not only the work of Rides to Wellness programs, but also other local efforts to increase health care access for those with limited transportation options.

FOR MORE INFORMATION

→ <https://www2.fta.dot.gov/ccam/about/initiatives>



EMPOWERED PEOPLE

While policies and programs can make healthy options available, *Empowered People* acknowledges that individuals need information to make health choices.



34 MILLION

AMERICANS PROVIDE INFORMAL CARE TO AN ADULT AGED 50 YEARS AND OLDER

Older adults can be empowered when they have the information, resources, ability, supports, and motivation to make choices for themselves. When this happens, they are able to take an active role in improving their health and the health of their families, friends, and communities.

The approximately 34 million Americans who provide informal care to an adult aged 50 years and older⁴³ also need the support and information necessary to make healthy choices for themselves and their care recipients. Access to easy-to-understand information, tools for empowerment, and affordable options can support older adults and their caregivers in making healthy choices.

“We need a cultural change in our view of aging that recognizes older adults bring experience and value to our communities that strengthen our society and can solve social problems. In other words, it’s time to shift the conversation from one that assumes an aging population will overwhelm us to one that recognizes older adults as an asset to our country and celebrates their contributions to improve lives for all generations.”

SYLVIA MATHEWS BURWELL
Department of Health and Human Services Secretary

White House Conference on Aging, 07/13/2015

HEALTHY AGING ACTIONS

OLDER ADULTS MIGHT NOT BE AWARE OF THE BENEFITS OF REGULAR PHYSICAL ACTIVITY, GOOD NUTRITION, THE RISK OF FALLS AND RELATED INJURIES, AND STRATEGIES TO MANAGE CHRONIC CONDITIONS

Provide older adults with information about healthy options.

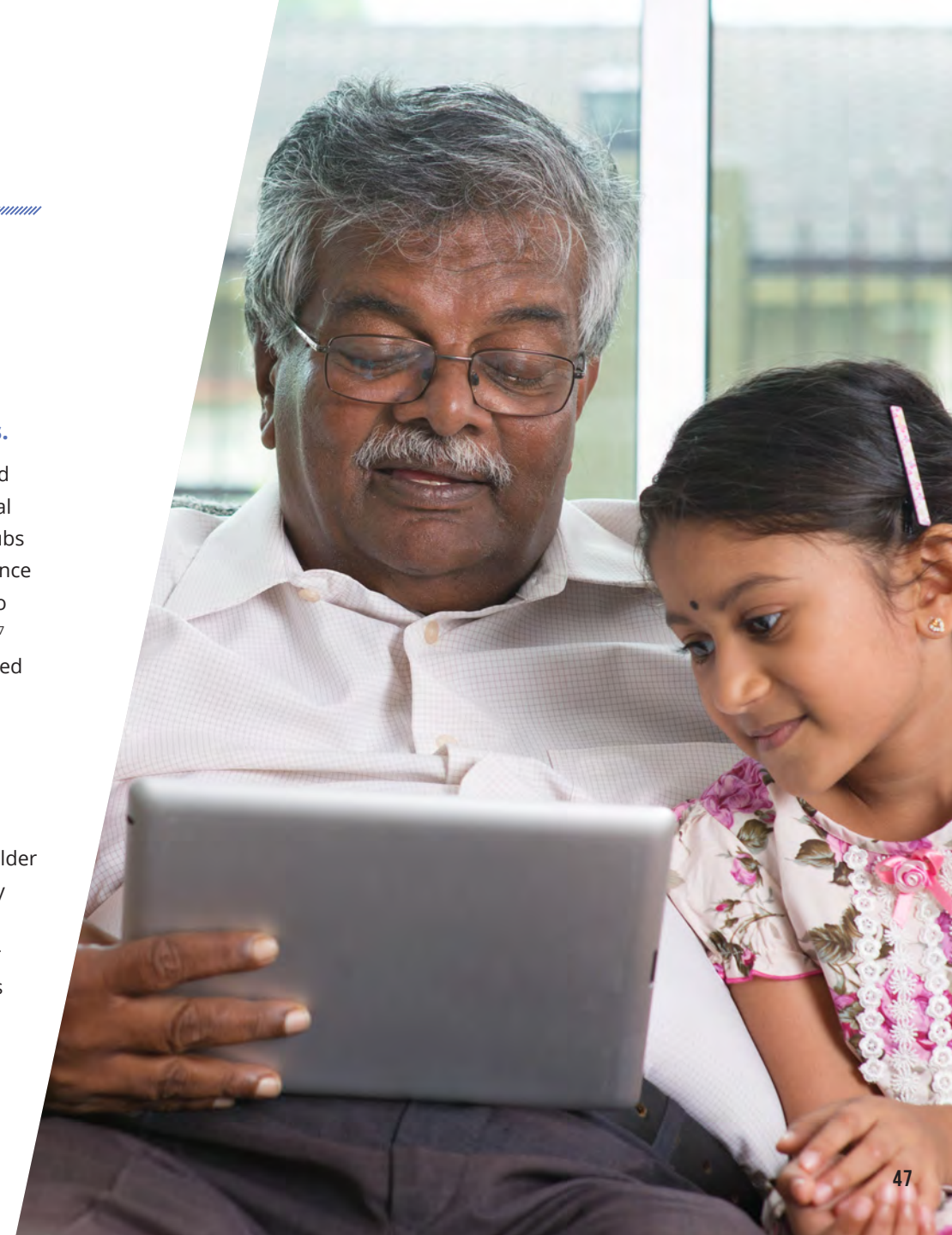
While the community context can provide opportunities for healthy behaviors through access to recreational facilities or farmers markets,⁴⁴ health information can also support older adults in engaging in healthy behaviors. For example, older adults might not be aware of the benefits of regular physical activity, good nutrition, the risk of falls and related injuries, and strategies to manage chronic conditions.⁴⁵ The National Institute on Aging's *What's On Your Plate* initiative outlines smart food choices for healthy aging. CDC's *Tips from Former Smokers campaign* profiles real people, including older adults, who are living with serious long-term health effects from smoking and secondhand smoke exposure. *Tips* engages doctors, nurses, dentists, pharmacists, and many other health care providers so they can encourage their smoking patients to quit for good.

Increase older adults' access to and use of technology that can support their information, health, social connectivity, and other needs.

In March 2016, The President's Council of Advisors on Science and Technology released a report to the President, *Independence, Technology, and Connection in Older Age*. The report includes four cross-cutting recommendations that span a wide range of technologies and eight targeted recommendations concerning specific applications to improve mobility, cognitive function, and social engagement. Internet access, telehealth, monitoring technology, emergency preparedness systems, and intentional design are some of the technologies that will support healthy aging for all Americans.

Create opportunities for the meaningful engagement of older adults through employment, education, and formal and informal volunteer activities.

Older adults who participate in paid employment, volunteering, informal social assistance, or community clubs and organizations typically experience better health than do those who do not participate in such activities.^{46,47} Volunteering in later life is associated with decreased mortality risk, fewer functional limitations, better mental health, and greater levels of life satisfaction.^{48,49,50} In addition, volunteering can foster a sense of meaning and purpose, and when older individuals feel purpose in life, they are empowered to make healthier living choices.⁵¹ Furthermore, older adults make valuable contributions to their communities.



MAKING PHYSICAL ACTIVITY A WAY OF LIFE

Go4Life®

Department
of Health
and Human
Services

The *Go4Life*® exercise and physical activity campaign from the National Institute on Aging (NIA) at the National Institutes of Health offers exercises, tools, and tips to motivate people aged 50 and older to increase their level of exercise and physical activity.

The physical, mental, and emotional benefits of physical activity have been well documented in scientific literature; for example, those who are physically fit have half the risk

of chronic health conditions, such as hypertension, coronary heart disease, type 2 diabetes, and some cancers compared to their less fit counterparts.^{52,53} However, only 36 percent of older Americans meet the recommendations from the *2008 Physical Activity Guidelines for Americans*.¹¹ *Go4Life* recognizes that public understanding about the dangers of a sedentary lifestyle is not enough to change behaviors. Informed by a review of the scientific literature and input from the NIA Task Force on Exercise and Physical Activity, the NIA developed this comprehensive

national health education campaign to provide resources and, with partners nationwide, help to motivate older adults to engage in regular physical activity.

Launched in 2011, the *Go4Life* campaign includes an evidence-based interactive website, exercise guide (available in English and Spanish), exercise video, tip sheets, and other materials. A key strategy of the campaign is national outreach to enlist partner organizations at the community level to help raise awareness about the benefits of exercise and physical activity and enlist individuals to become more active. As of January 2016, *Go4Life* had more

than 340 partners, primarily agencies, organizations, and companies that serve older adults or have physical activity as part of their core missions.

The campaign also partners with federal agencies, including the ACL; CDC and Prevention; Department of Veterans Affairs (VA); and President's Council on Fitness, Sports & Nutrition. The campaign, in collaboration with the White House Conference on Aging, established September 2015 as *Go4Life Month*, with more than 600 registered events taking place across the nation, including *A Capitol Walk with Go4Life* organized in Washington, DC, with the U.S. Surgeon General.

NIA has documented growth and recognition of the *Go4Life* campaign, including the distribution of more than 1.4 million copies of the exercise guide and a steady increase in partners, website visitors, and social media followers. In 2016, *Go4Life* plans to continue partner and community engagement, create new tip sheets (including tips on the connection between exercise and emotional well-being), and again sponsor *Go4Life Month* in September to help shine a spotlight on the importance of exercise and physical activity for healthy aging.

FOR MORE INFORMATION

→ <https://go4life.nia.nih.gov>





Support and empower informal caregivers to promote healthy aging for both caregivers and recipients of care.

In 2015, an estimated 34 million adults in the United States served as an informal caregiver to someone aged 50 or older in the prior 12 months.⁴³ Many older adults prefer to remain in their home to be cared for by family or friends, and providing care in the home can help prevent more costly formal care. Informal caregivers, such as family and friends, are an integral part of an older adult's care team; thus, maintaining the health and well-being of the caregiver is crucial for maintaining the health and well-being of the recipient of care. Approximately two-thirds of older adults with disabilities receive long-term services and support at home exclusively from

informal caregivers.⁵⁴ The *National Family Caregiver Support Program*, created by the Older Americans Act Amendments of 2000, provides grants to states and territories, based on their share of the population aged 70 and over, to fund a range of supports that assist family and other informal caregivers to care for their loved ones at home for as long as possible. The five types of service categories include 1) information to caregivers about available services; 2) assistance to caregivers in gaining access to the services; 3) individual counseling, organization of support groups, and caregiver training; 4) in-home respite during the day and overnight respite in a long-term care facility; and 5) limited supplemental services that includes home modification, financial planning, and assistive devices. In addition, the White House Conference on Aging highlighted public and private employers' efforts to develop supports for their employees who are family caregivers.



Combat ageism through culture change efforts, education and training, and intergenerational activities.

Ageism can take many forms and can exacerbate the social exclusion of older adults.⁵⁵ Furthermore, ageism by the larger society can lead to negative self-perceptions about aging, which in turn have been linked to decreased physiological and cognitive functioning, as well as an increased mortality risk.⁵⁶ The *Reframing Aging initiative*, developed by eight leading aging organizations, provides an example of the importance of shifting public perceptions about aging.



HEALTHY FOOD

FOR MORE INFORMATION

→ http://www.nyc.gov/html/dfta/downloads/pdf/press_release/yellow_buses.pdf

MarketRide

New York City
Department
for the Aging

MarketRide is a collaborative effort between New York City's Department for the Aging (DFTA) and Department of Education (DOE) to help older adults travel to and from supermarkets, farmers markets, and other sources of nutritious food.

More than 20 years ago, the Mayor's office initiated a School Bus Program through which DOE provides transportation to senior center participants using school buses that otherwise would be sitting idle during the school day. Participating senior centers that do not have their own vehicle can travel to shopping centers, museums, theaters, parks, and other community locations.

More recently, DFTA and DOE have created MarketRide, which focuses specifically on transportation to

supermarkets and other food sources. Older adults can encounter various barriers to meeting their dietary needs, including a loss of appetite, changes in the body's ability to absorb and use nutrients, and drug interactions.⁵⁷ Mobility restrictions and limited financial resources can place further constraints on older adults' ability to access healthy food. MarketRide addresses these barriers by helping senior center participants, who are often low-income and may live in neighborhoods with limited food options, get to grocery stores. This program also aligns with the city's Age Friendly NYC initiative, which calls for a variety of improvements to the city's social and physical infrastructure, including making it easier for older adults to find fresh fruits and vegetables.



ELIMINATION OF HEALTH DISPARITIES



Elimination of Health Disparities aims to address the inequities in health that adversely affect groups of people on the basis of their race or ethnicity, religion, socioeconomic status, sex, age, mental health, disability, sexual orientation, gender identity, geographic location, or other characteristics historically linked to discrimination or exclusion.⁵⁸

Health disparities related to race, ethnicity, socioeconomic status, gender, and sexual orientation, among others, compound health problems that can occur with age⁵⁹

Older adults who are a racial or ethnic minority or have a lower socioeconomic status are more likely to experience select chronic diseases (FIGURE 7).⁶⁰ At age 65, Whites can expect to live an average of 1 year longer than Blacks.² Life expectancy in 2014 among the Hispanic population was higher than among non-Hispanic Whites or non-Hispanic Blacks. Hispanic people who survive to age 65 can expect to live 2 years longer than non-Hispanic Whites and 3 years longer than non-Hispanic Blacks.⁶¹ Lesbian, gay, and bisexual older adults have higher rates of disability, cardiovascular disease, obesity, and depression than heterosexual older

adults. The more than 7 million Americans aged 65 and older living in a rural community can experience significant challenges to maintaining their health and independence⁶² compared to their urban and suburban counterparts, including higher rates of obesity, greater risk for food insecurity, higher prevalence of chronic disease, and less access to services.⁶³

Furthermore, adults aged 50 years and older with less than a high school education have higher rates of physical limitations than their more highly-educated counterparts.⁶⁴ In 2014, people aged 65 and over who had not graduated from high school were

BRINGING SERVICES TO THE COMMUNITY

FOR MORE INFORMATION

→ <http://www.voteandvax.org>

Vote & Vax

SPARC, Inc.

Vote & Vax, a national program of Sickness Prevention Achieved Through Regional Collaboration (SPARC, Inc.), aims to increase the number of Americans who get flu shots by offering them near polling places.

More than 130 million Americans vote in presidential elections, a large proportion of whom are middle-aged and older adults⁶⁵—suggesting that polling places could be an important

site for expanding vaccination coverage. CDC recommends that adults get a flu shot every year,⁶⁶ but vaccination rates remain low. Less than half of adults aged 50–64 years, for example, were vaccinated during the 2010–2011 winter.⁶⁷ Flu vaccination rates are even lower among African American and Latino adults in this age group.⁶⁸

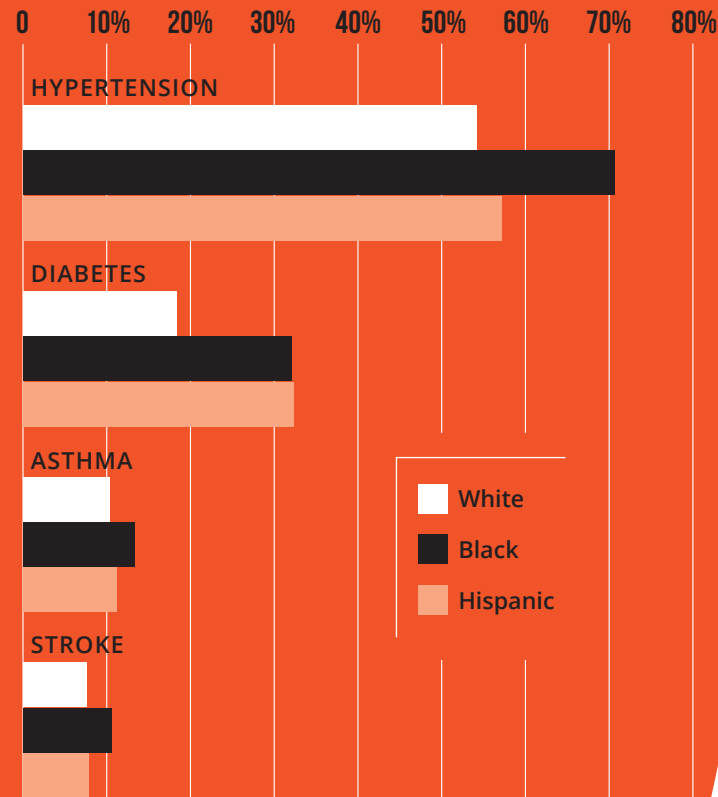
Vote & Vax brings flu shots to those who may not regularly visit traditional vaccination sites, such as hospitals,

physician offices, and pharmacies. With initial funding from the Robert Wood Johnson Foundation, Vote & Vax launched in 2006 at 127 polling places in 14 states.⁶⁹ In 2008, the program expanded to 331 locations in 42 states and DC. In 2012, Vote & Vax served 651 polling locations and was active in all states. The program, which has also received support from AARP and CDC, coordinates the activities of local providers from the public (e.g., public health departments), nonprofit (e.g., visiting nurse services), and for-profit sectors (e.g., pharmacies).

Vote & Vax outcomes confirm that polling places are effective locations for delivering flu shots to older adults and to members of racial and ethnic minority communities. In 2012, for example, 45 percent of those receiving flu shots at Vote & Vax clinics identified as African American or Latino. About half of White recipients and more than two-thirds of African American and Latino recipients did not regularly get a flu shot, indicating Vote & Vax may represent a helpful strategy to reduce racial and ethnic vaccination disparities.⁷⁰

FIGURE 7

Prevalence of Selected Chronic Health Conditions among Medicare Beneficiaries Aged 65 and Older, by Race/Ethnicity, 2013–2014



SOURCE: CDC, National Center for Health Statistics, National Health Interview Survey.

less likely to be vaccinated against both flu and pneumonia than were people who had more education (64 percent versus 72 percent for the flu vaccination and 55 percent versus 63 percent for the pneumonia vaccination). In addition, women of any race/ethnicity are more likely than men of the same age to have one or more physical limitations, and this gap widens with increasing age.⁶⁴ In 2014, 36 percent of adults 65 years of age and older had a disability.⁷¹

Local communities have the opportunity to reduce health disparities by building community partnerships that create health parity; increasing access to preventive services; increasing the capacity of health care and prevention workers to address disparities; and implementing strategies that are culturally, linguistically, and age appropriate for individuals and their caregivers.

HEALTHY AGING ACTIONS



Educate professionals to identify and address disparities that may be exacerbated with age.

Among older adults, health disparities are exacerbated by factors such as disabilities, isolated living situations, limited retirement incomes, and other age-relevant factors. For example, people who are aging with a disability have higher disparities of health risk factors like physical inactivity, smoking, hypertension, and obesity than their counterparts without disabilities. CDC is working to address these disparities by funding *State Disability and Health Programs* and *National Centers on Health Promotion for People with Disabilities* across the United States that will address the needs of people with physical and intellectual disabilities, including older adults.



Collect community-wide data to identify and map health care gaps and high-need areas, such as naturally occurring retirement communities.

An estimated one-sixth of households with at least one person aged 55 years or older are in naturally occurring retirement communities where more than half of neighboring households also include someone 55 years or older.⁷² Community-wide needs assessment can examine the services and supports available in these communities, including grocery stores, pharmacies, medical facilities, parks and recreation areas, and public transit options. Collecting data regarding the number of older adults living alone, who are at an increased risk for depression, physical health problems, and mortality,^{73,74} can also inform community planning decisions. In 2015, 20 percent of civilian noninstitutionalized men aged 65 and older lived alone, and 36 percent of civilian noninstitutionalized women lived alone.^{2,7}



Distribute information and implement programs that address critical health issues in later life such as HIV.

Approximately one-quarter of people living with HIV in the United States in 2012 were aged 55 years and older. Individuals 50 and older accounted for 18 percent of new HIV diagnoses in 2013.⁷⁵ However, many public health campaigns to address HIV risk focus on younger adults and teenagers, and sexual health is rarely discussed with older adults in clinical settings, perhaps because of provider or patient discomfort with the topic or negative attitudes about sexuality and aging.⁷⁶ Three and a half million people are chronically infected with hepatitis C in the United States. Up to 75 percent of adults infected with the hepatitis C are baby boomers, born during 1945–1965, and 50 percent do not know they are infected.

NUTRITION PROGRAMS SUPPORT HEALTHY AGING

*Administration for
Community Living
Health Promotion
and Nutrition
Programs*

*Department
of Health and
Human Services*

The Administration on Aging (AoA), part of the ACL, was established over 50 years ago by the Older Americans Act to support the needs of vulnerable older adults.

AoA supports a sophisticated national infrastructure to provide health and long-term services and support for older adults in the communities where they live. The Older Americans Act

provides funding to State Units on Aging and federally recognized tribes. States and territories then fund area agencies on aging, which in turn fund direct service providers. The services and supports delivered through this network include nutrition services, transportation, health promotion programs, information and assistance, numerous caregiver supports such as respite care, and a number of other services.

For example, under the Older Americans Act, AoA issues grants for *Congregate Nutrition Services and Home-Delivered Nutrition Services* programs to states, territories, and tribes. States and localities augment the federal funds significantly. Meals funded through the program must meet the 2015-2020 *Dietary Guidelines for Americans* and the Food and Nutrition Board of the Institute of Medicine's Dietary Reference Intakes. The goals of

the nutrition services programs include 1) reducing hunger and food insecurity, 2) promoting socialization, 3) promoting health and well-being, and 4) delaying adverse health conditions. Congregate Nutrition Services provides funding for the provision of nutritious meals and nutrition-related services in a variety of congregate settings, which helps to keep older Americans healthy and may decrease or prevent the need for more costly medical interventions.

Home-Delivered Nutrition Services provides funding for nutritious meals, the delivery of meals, some nutrition services, opportunities for social engagement (which may decrease feelings of isolation and loneliness), and in most cases an informal "safety check" for homebound frail and isolated older adults. Both programs specifically target and provide services to older adults who are in poor health and functionally impaired.

FOR MORE INFORMATION

→ http://www.aoa.gov/AoA_programs/HPW/Nutrition_Services/index.aspx



MOVING FORWARD

Healthy aging is complex and multi-faceted, and the diversity of the nation's aging population creates opportunities at the federal, state, and local levels. To inform efforts to promote healthy aging, HAIA provides evidence-based actions and concrete examples from federal and nonfederal healthy aging initiatives across the country. Many of these actions, although targeted towards older adults, could benefit all members of a community.

These examples illustrate the paradigm shift from a traditional, reactive personal health and wellness approach to a more modern, proactive approach that emphasizes prevention. The traditional approach is also more individualized in nature, primarily focusing on medical care and a patient, whereas the preventive approach is collaborative in nature and involves the government, private sector, health care organizations, communities, families, and individuals working together at both the community- and individual-level.

The actions highlighted in HAIA also represent an important culture change in Americans' perceptions of growing older. The programs referenced in this report and in Appendix A, as well as the large number of established programs not mentioned, reflect an environment where the health and safety of older adults is valued and promoted more than ever before. Although preventive health and wellness are important across all stages of life,

these initiatives are tailored to the older adult population and its unique needs and characteristics. Prevention remains vital for older adults already living with a condition or illness in order to mitigate impact and reduce the risk of recurrence.

While HAIA points to a path for achieving the National Prevention Strategy's goal of increasing the number of Americans who are healthy at every stage of life, in order to realize this overarching goal, it is important to increase awareness of effective strategies. Increased awareness would help maximize use of these available strategies and further the dialogue between both public and private partners for development of other innovative strategies for healthy aging.

Many of the federal and local initiatives highlighted throughout this report and in Appendix A are developing metrics to evaluate programmatic goals. At a broader level, there is a need to track our nation's progress towards advancing healthy aging for all Americans. A useful approach may be that of Healthy People 2020, which uses various federal data sources to establish a current benchmark and set future goals for each indicator of health. Continued data collection at the federal level, as well as support for and encouragement of data collection at the state and local levels, would improve the ability to assess whether the United States is meeting milestones towards healthy aging.

HAIA illustrates the paradigm shift from a traditional, reactive personal health and wellness approach to a more modern, proactive approach that emphasizes prevention

APPENDICES

APPENDIX A

FEDERAL HEALTHY AGING INITIATIVES

The National Prevention Council provides coordination and leadership at the federal level and identifies ways that agencies can work, individually and together, to improve our nation's health. The Council helps each agency incorporate health considerations into decision making, enhances collaboration in implementing prevention and health promotion initiatives, and facilitates sharing of best practices. This Appendix highlights healthy aging initiatives in action across the National Prevention Council departments and agencies.

The initiatives highlighted in this Appendix were selected because they meet the following criteria:

- The program promotes prevention and aligns with at least one of the four Strategic Directions of the National Prevention Strategy.
- Older adults are the target of the program, or it has the promise of being effective for older adults.

→ The program addresses at least one aspect of healthy aging, specifically:

- Promoting health, preventing injury, and managing chronic conditions
- Optimizing physical, cognitive, and mental health
- Facilitating social engagement

→ Local, state, and federal stakeholders, including public health officials, aging services professionals, health care providers, city and county officials, and older adults, can participate in the program, benefit from technical assistance and other resources, or replicate or adapt the program.

These initiatives are organized by the National Prevention Strategy's four Strategic Directions; however many align with more than one Strategic Direction.

HEALTHY AND SAFE COMMUNITY ENVIRONMENTS

CREATING, SUSTAINING, AND RECOGNIZING COMMUNITIES THAT PROMOTE HEALTH AND WELLNESS THROUGH PREVENTION

Building Community Resilience to Address Everyday Challenges and Reduce the Impact of Disasters

Community Health Resilience Initiative DEPARTMENT OF HOMELAND SECURITY

The Community Health Resilience Initiative of the Department of Homeland Security (DHS) helps prepare communities to take collective action after an adverse event using resources that have been developed to reduce the impact of major disturbances and help protect people's health.

DHS' focus on community resilience involves enhancing the day-to-day

health and well-being of communities to reduce the negative impacts of disasters. Resilient communities promote individual and community physical, behavioral, and social health to strengthen their capacity to address daily, as well as extreme, challenges. A resilient community is socially connected and has accessible health systems that are able to withstand disaster and foster community recovery.

The Community Health Resilience Initiative includes the Geriatric/Elder Disaster Resilience Group that meets monthly via phone and through webinars to share information from community leaders who have experienced and responded to natural disasters.

Additional outcomes of the Community Health Resilience Initiative include the creation of a website with a community guide and toolkit. More than 250 stakeholders contributed to these resources. The website has community resilience resources and activities listed for all communities and populations. While the guide and toolkit are useful for any population, they will include aging-specific resources in the future.

FOR MORE INFORMATION:

→ <http://chri.inl.gov>

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**Equipping Older Adults
and Their Families to
Prevent and Respond
to Elder Abuse**

**Resources to Prevent Elder
Abuse and Exploitation**

DEPARTMENT OF JUSTICE

The Department of Justice (DOJ) provides older adults and their families with resources to educate and prevent abuse or exploitation of older adults. An estimated 2 to 10 percent of older adults are the victims of elder mistreatment, including physical abuse, emotional abuse, sexual abuse, exploitation, neglect, or abandonment. Establishing accurate estimates, however, is complicated because of state variations in the definition of elder mistreatment, the absence of a national database, and underreporting.²⁵ Many of DOJ's initiatives have been in direct response to something that has happened, prompting action or defense on behalf of an individual or group of individuals.

In 2014, the Department of Justice released the *Elder Justice Roadmap*, a set of consensus policy recommendations. The White House Conference on Aging built on these recommendations to identify elder justice as a priority issue and further elevate this important topic.

At the White House Conference on Aging, DOJ's National Institute of Justice and its Elder Justice Initiative announced it will fund a multi-year pilot project in 2016 to evaluate potential means to avoid and respond to elder mistreatment. In addition, on August 8, 2016, DOJ published a *final rule* expanding the ability of victim-serving agencies and organizations across the nation to reach and serve more crime victims at a time of substantial increases in victim-assistance funding. Victims of Crime Act (VOCA) funding directed to the states for victim assistance has more than quadrupled in the last two fiscal years. Under the final rule, programs that serve victims of elder abuse and other crimes that can affect older adults, such as financial fraud, are eligible for VOCA funding.

FOR MORE INFORMATION:

→ <http://nij.gov/topics/crime/elder-abuse/Pages/welcome.aspx>

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**Promoting Cognitive Health
in Aging**

Healthy Brain Initiatives

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

HHS released an update to their *National Plan to Address Alzheimer's Disease* in August 2016. The Plan addresses the major challenges presented by Alzheimer's disease and outlines and tracks the various goals and activities—from advancing scientific collaboration to improving patient care—now undertaken with increasing collaboration within the federal government and between the public and private sectors. The Administration on Community Living (ACL) developed a public service campaign, *What is Brain Health*, to spread awareness about brain health and provide people with helpful tips that may reduce some risks to their brains.

CDC's *Healthy Brain Initiative* (HBI) is an Alzheimer's-specific segment of CDC's Healthy Aging Program. Through the HBI, CDC's Alzheimer's Disease and Healthy Aging Program and the Alzheimer's Association formed a partnership in 2005 to examine how best to bring a public health perspective to the promotion

of cognitive health with the long-term goal of maintaining or improving the cognitive performance of all adults. In 2013, CDC released *The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013–2018*, which outlines how state and local public health agencies and their partners can promote cognitive functioning, address cognitive impairment for individuals living in the community, and help meet the needs of caregivers.

CDC established the *Healthy Brain Research Network* in 2014 to strengthen linkages between CDC's Prevention Research Centers and the public health and aging service professionals in states and communities. To implement public health actions at state and local levels, CDC is funding the "Healthy Brain Initiative: Implementing Public Health Actions Related to Cognitive Health, Cognitive Impairment, and Caregiving at the State and Local Levels." Two awardees, the Alzheimer's Association and The Balm in Gilead, Inc., selected through a competitive application process, began their projects in October 2015. Anticipated short-term outcomes within the next 2 years include increased evidence for public health interventions; integration of cognitive health into organizational

missions and planning; understanding among health care partners about assessment tools and the caregiver's health and role in care management; and understanding of cognition and resources available among public health organizations and partners.

Twice as many Americans fear the loss of mental capability as fear diminished physical ability. The *2015 World Alzheimer Report* by Alzheimer's Disease International estimates that the total worldwide cost of dementia exceeded \$800 billion in 2015, including informal care provided by family and others, social care provided by community care professionals, and direct costs of medical care. Family members often play a key caregiving role, especially in the initial stages of what is typically a slow decline. U.S. researchers estimate that the annual value of informal caregiving for dementia in the United States is \$221 billion.

FOR MORE INFORMATION:

→ **HBI:** <http://www.cdc.gov/aging/pdf/thehealthybraininitiative.pdf>

→ **Road Map:** <http://www.cdc.gov/aging/healthybrain/roadmap.htm>

Providing Tools to Assess Risk and Prevent Falls in Older Adults

Fall Prevention

DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Administration on Aging, a program division within ACL, awarded *Evidence-Based Falls Prevention Grants* totaling over \$4.8 million—funded by the 2014 Prevention and Public Health Fund—to advance implementation and dissemination of evidence-based falls prevention programs and strategies across the nation. These projects are designed to increase participation in evidence-based community programs to reduce falls and falls risk while also increasing the sustainability of such programs through innovative funding arrangements. The projects will specifically target adults at risk for falls, particularly older adults, including American Indian, Alaska Native, and Native Hawaiian elders, as well as adults with disabilities.

At the White House Conference on Aging, CDC released the STEADI (Stopping Elderly Accidents, Deaths & Injuries) initiative to further reduce the risk of falls. STEADI includes materials developed specifically for primary care providers. These include established clinical guidelines and tested interventions designed to help health care providers integrate falls screening, assessment, and referral to community-based fall prevention programs into their daily practice.

The *STEADI toolkit* walks health care providers through assessing a patient's fall risk, educating patients, selecting interventions, and following up. It provides a simple algorithm for falls screening, assessments, treatment, and follow-up. CDC is working with vendors of electronic health records (EHR) to develop STEADI-based fall prevention clinical decision support modules, and some health care sites have already incorporated STEADI into their EHR systems. The modules

prompt providers to screen for fall risk; assess gait, strength, and balance; optimize medication; determine the need for follow-up; and allow clinic staff to document assessment results and treatment plans.

CDC developed a *Compendium of Effective Fall Interventions*, describing 41 scientifically tested and proven fall prevention interventions with relevant details for organizations looking to implement a program. The interventions are grouped into four categories: exercise, home modification, clinical, and multi-faceted.

FOR MORE INFORMATION:

- **STEADI:** <http://www.cdc.gov/steady/index.html>
- **Compendium of Effective Falls Interventions:** <http://www.cdc.gov/homeandrecreationalafety/falls/compendium.html>

CLINICAL AND COMMUNITY PREVENTIVE SERVICES

ENSURING THAT PREVENTION-FOCUSED HEALTH CARE AND COMMUNITY PREVENTION EFFORTS ARE AVAILABLE, INTEGRATED, AND MUTUALLY REINFORCING

Making Park Use Part of Healthy Aging

Healthy Parks Healthy People

DEPARTMENT OF THE INTERIOR

The National Park Service's Healthy Parks Healthy People (HPHP) program reframes the role of parks and public lands as a powerful health prevention strategy. This renewed focus on health is meant to generate a lifelong impact on Americans' lifestyle choices and their relationship with nature and the outdoors. HPHP works with national, state, and local parks, as well as business innovators, health care leaders, scientists, foundations, and advocacy organizations to foster and build upon the role that parks play in the physical, mental, and emotional health of our society. Since HPHP's inception, more than 400 park-based health promotion

activities and initiatives have been documented in national parks, with half of them in collaboration with health partners. Park settings provide recreational experiences such as walking, hiking, bicycling, cross-country skiing, fishing, nature viewing, wading, paddling, and swimming that promote personal health and well-being. Providing access to parks for healthy recreational activities can address the disproportionate burden of health issues among older adults.

A pillar of HPHP is the Healthy and Sustainable Food Program (HSFP), which was established in 2011. It provides standards, guidelines,

tools, and resources for parks and concessioners to help ensure that older Americans and all visitors have healthy food options and that the National Park Service uses sustainable food sourcing and service practices to reduce its environmental footprint.

ParkRx (park prescriptions)

ParkRx programs are designed in collaboration with park managers, health care providers and community partners that use parks, trails, and open space for the purpose of improving individual and community health for all people, children to seniors. Community health clinics, doctors, and nonprofit organizations connect communities to parks through a ParkRx to combat chronic disease, obesity, depression, attention deficit

disorder, diabetes, post-traumatic stress disorder, and other ailments that have been shown to be reduced through increased physical activity and exposure to green space.

The National Park Service, National Recreation and Park Association, and the Institute at the Golden Gate serve as co-leaders and conveners of the National ParkRx Initiative. To date, this coalition has inventoried 32 park prescription programs across the country, including 14 park prescription efforts in national parks. The National ParkRx Initiative partners are working together to build on early successes and lessons learned to support broader park and community-based application of park prescriptions nationally. The National Park Service

has established an annual National ParkRx Day to be celebrated in April on the last day of National Park Week. A National ParkRx website (ParkRx.org) provides resources, tools, and case studies to help grow the movement nationally.

FOR MORE INFORMATION:

- **Healthy Parks Healthy People US Initiative:** https://www.nps.gov/public_health/hp/hphp.htm
- **Park Rx:** www.ParkRx.org

Resources for Talking About Coverage of Preventive Services

Medicare Learning Network Preventive Services Program

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CMS's Medicare Learning Network Preventive Services program aims to equip community providers with resources that they can use to help them talk to patients about Medicare-covered preventive services. Preventive health benefits comprise a broad category of services covered by Medicare and include cancer screenings, vaccines, and tobacco cessation counseling, among others. Generally, for Medicare to cover a preventive service, the service must have a grade A or B from the U.S. Preventive Services Task Force (USPSTF). More recently, independent of but related to preventive benefits, the Affordable Care Act has made the annual wellness visit a covered service for Medicare beneficiaries.

The Medicare Learning Network gives community providers a list of benefits that Medicare covers, as well as booklets and fact sheets that

can help providers discuss these benefits with their patients. Benefits are continuously updated pursuant to the recommendations of the USPSTF and, for coverage of new preventive services, a national coverage determination. CMS encourages community leaders and public health officials to host campaigns and fairs that get the word out about covered preventive benefits—e.g., “ask your doctor about ____” or vaccination fairs at the start of the flu season.

FOR MORE INFORMATION:

- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html>

Gauging Older Adults' Use of Screenings and Vaccinations

Up-to-Date Measure: Clinical Preventive Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Clinical preventive services, including cancer screenings and immunizations for flu and pneumonia, can prevent disease or help to detect disease early, when treatment is more effective. Greater use of these services could prevent thousands of deaths among older Americans each year.⁷⁷ However, only about one-third of adults aged 50–64 years and less than half of those aged 65 and older are up to date on a selected set of recommended screenings and immunizations.

CDC developed a composite measure to help close the gap in preventive service delivery for older Americans. This composite measure, known as the “up-to-date measure,” assesses the extent to which older adults are up to date on a critical set of clinical preventive services. For men and women aged 65 and older, the

measure includes influenza and pneumonia immunizations and colorectal cancer screening. For women, breast cancer screening is also included.

The up-to-date measure is analogous to one commonly used to report the percentage of children up to date with pediatric immunizations. It provides a practical summary score that helps public health professionals and others identify gaps, assess disparities, and gauge progress to ensure that older adults receive these potentially life-saving services. It is a measure of progress in meeting the Healthy People 2020 national health objectives.

FOR MORE INFORMATION:

→ <https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults>

Guidelines for Identifying Older Americans at Risk for Alcohol and Substance Use Disorders

Prescribing and Dispensing Controlled Substances

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Screening and, where appropriate, brief intervention or referral to treatment by medical providers is essential for identifying older Americans at risk for alcohol and substance use disorders, overdose, and death from complications. Alcohol use becomes more risky with aging, and drinking levels differ for older adults and younger adults. The Substance Abuse and Mental Health Services Administration's *Center for Substance Abuse Treatment* (CSAT) recommends that everyone over 60 be screened for alcohol and prescription drug use and abuse annually as part of regular health care services.⁷⁸

Guidelines for Alcohol Consumption for Older Adults

The *National Institute on Alcohol Abuse and Alcoholism* (NIAAA) and CSAT⁷⁹ recommend that people age 65 and

older consume no more than one standard drink per day or seven standard drinks per week.⁸⁰ These recommendations are consistent with the current evidence weighing the risks and beneficial health effects of drinking.^{81,82} To put these recommendations into perspective, the USDA and HHS guidelines for adults younger than age 65 are as follows: up to one drink per day for women and up to two drinks per day for men. One drink is defined as 12 fluid ounces of regular beer, 5 fluid ounces of wine, or 1.5 fluid ounces of distilled spirits.⁸³

Guidelines for Prescribing and Dispensing Controlled Substances

Prior to prescribing or dispensing controlled substances, providers and pharmacists should check Prescription Drug Monitoring Programs to identify whether an older American is receiving controlled substances at doses or in combinations that might put them at risk of a drug poisoning–related injury. The *CDC guideline on opioid therapy* contains specific recommendations for those over 65.⁸⁴ It also suggests providers consider whether cognitive

limitations might interfere with management of opioid therapy (for older adults in particular) and, if so, determine whether a caregiver can responsibly co-manage medication therapy. CDC has provided a *Checklist for Prescribing Opioids for Chronic Pain* as well as a *website with additional tools to guide clinicians* in implementing the recommendations. In addition, clinicians should discuss the importance of reassessing safer medication use with both patients and caregivers.

Older people with substance use disorders including alcohol and prescription drug addictions can and should be engaged with treatment services. Medication-assisted therapy with FDA-approved medicines and counseling is effective for opioid use disorders and alcohol addiction.

FOR MORE INFORMATION:

→ <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

EMPOWERED PEOPLE

SUPPORTING PEOPLE IN MAKING HEALTHIER CHOICES

Air Quality and Heart Health: Making the Connection

Healthy Heart Program

U.S. ENVIRONMENTAL PROTECTION AGENCY

The Healthy Heart program of the U.S. Environmental Protection Agency aims to raise awareness among health care providers and the American public about the link between air pollution and cardiovascular health. Cardiovascular disease contributes to disabilities, high health care costs, and poor quality of life, and it is the leading cause of death among adults aged 65 and older.⁸⁵ In 2004, the American Heart Association published its first scientific statement concluding that short-term and long-term exposure to particulate-matter air pollution increases the risk for cardiovascular

disease and related deaths.⁸⁶ An updated scientific statement in 2010 reported even stronger evidence for the cardiovascular health consequences of particulate matter.⁸⁷ In response, in 2012 the EPA launched the Healthy Heart program.

Healthy Heart program activities focus on increasing environmental health literacy through messaging and sharing key facts and resources with stakeholder groups. The Healthy Heart program's website includes a variety of resources, including a toolkit, public service announcement, and access to the growing scientific evidence showing the link between particulate-matter air pollution and cardiovascular health.

The program encourages Americans, especially those who are older, to

consult the Air Quality Index before engaging in outdoor activities. The program also provides education to health care providers through webinars, presentations, and other activities about the importance of discussing environmental air quality with their patients. For example, EPA continues to partner with CDC's Million Hearts® initiative, which aims to prevent 1 million heart attacks and strokes by 2017; the American Heart Association; and the American College of Cardiology. Healthy Heart is also working with CDC, the U.S. Forest Service, and DOI to learn more about the cardiovascular health consequences of wildfires smoke among vulnerable populations and, in particular, older adults.

Program leaders report that they are encouraged by the willingness of

health care providers to participate in the program and of patients to use the Air Quality Index when planning outdoor activities. The EPA plans to disseminate their message to other groups, including public health officials, hospital discharge planners, and physical rehabilitation facilities. A future goal is to evaluate their communication strategies in terms of changing providers' and the public's behavior.

FOR MORE INFORMATION:

→ <https://www.epa.gov/air-research/healthy-heart-toolkit-and-research>

Helping Older Adults Avoid Health Scams and Other Fraud

Education about Health Care Scams FEDERAL TRADE COMMISSION

Elder Financial Exploitation

As a result of the White House Conference on Aging, in March 2016 the Consumer Financial Protection Bureau (CFPB) released an *Advisory for Financial Institutions on Preventing and Responding to Elder Financial Exploitation*. This advisory will help financial institutions prevent, recognize, and report elder financial abuse. When seniors fall victim to a scam or to theft by a trusted family member, they may be too embarrassed or too frail to pursue legal action or even to report that they have suffered harm. So it is crucial that others are looking out for them. Financial institutions are especially well-positioned to prevent such fraud.

Law Enforcement

The Federal Trade Commission (FTC) enforces laws that require advertising to be truthful, substantiated, and not misleading. Several recent law enforcement actions focused on the deceptive marketing of health-related products and services to older adults and others. These cases challenged false or unsupported claims that 1) brain-training programs would improve cognitive function in persons with age-related memory decline, dementia, and Alzheimer's disease; 2) a "clinically proven" dietary supplement would improve memory and prevent cognitive decline; and 3) copper-infused compression garments would relieve chronic or severe pain due to arthritis, multiple sclerosis, and fibromyalgia. In addition, the agency sued telemarketers who used false claims and coercive practices to get consumers to pay for unwanted

medical alert devices, and another telemarketer whose employees posed as Medicare representatives and used false claims to get access to banking account information.

Education about Health Care Scams

The FTC's bilingual Pass It On campaign (Pásalo in Spanish), tailored to people aged 65 and older, provides information about health care scams and other frauds that affect older adults. Campaign materials inform and empower readers to protect themselves and resolve problems; they do not suggest, however, that readers are necessarily frail or vulnerable because of their age. The print and video materials encourage people to share the information with friends, especially less active friends who may not come to the library or senior center to receive it firsthand. In 2015, individuals, senior centers, and other community groups ordered more than 3 million Pass It On publications.

The materials that make up the Pass It On campaign are just part of FTC's extensive online and print information in English and Spanish designed to help people make informed decisions about health claims and avoid scams. To maximize its outreach efforts, FTC staff work with an informal network of about 16,000 community-based organizations and national groups that order and distribute FTC information to their members, clients, and constituents. In 2015, the FTC distributed more than 17 million free publications to individuals and organizations.

The FTC encourages consumers to help fight fraud by reporting potential scams to www.ftccomplaintassistant.gov (available in English and Spanish). In 2014, of the 2.5 million consumer complaints the FTC received, almost 38,000 were about health products and services.

FOR MORE INFORMATION:

- Cited cases available at www.ftc.gov
- <https://www.consumer.ftc.gov/scam-alerts>
- <https://www.consumer.ftc.gov/topics/health-fitness>
- <https://www.consumer.ftc.gov/blog/spotting-elder-financial-abuse>



Creating Opportunities for Low-Income Older Adults to Contribute to the Community

Senior Corps

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

Seniors Corps, an initiative of the Corporation for National and Community Service (CNCS), provides opportunities for adults aged 55 and older to contribute to their communities through three programs: the Senior Companion Program, the Foster Grandparent Program, and the Retired and Senior Volunteer Program (RSVP). Recognizing the valuable contributions of older volunteers to schools, nonprofits, and other community organizations, the Senior Corps programs were launched more than 40 years ago. Substantial empirical evidence shows that volunteering not only benefits communities, but also the volunteer.

For example, research indicates that volunteering in later life fosters higher levels of activity, increased use of preventive health services, and a greater sense of making a positive impact for future generations.

CNCS provides grants and technical assistance to local governments, nonprofit organizations, health care systems, area agencies on aging, faith-based organizations, and other community entities to engage older adults in volunteering. Senior Companions assist with activities of daily living and provide friendship to older adults at risk of nursing home placement. Foster Grandparents mentor, tutor, and care for children and youth in schools, juvenile detention centers, and other settings. Participants in the RSVP program engage in a variety of activities and address a range of needs in their communities. The Foster Grandparent

and Senior Companion programs, which are older volunteers with annual incomes below 200 percent of the federal poverty level, also provide stipends to participants. Data collected from grantees indicate that Senior Corps volunteers are very diverse by race, ethnicity, and socioeconomic status. Competitive grant opportunities will continue to ensure the widespread availability of the program, such as the more than \$3 million in funding for tribal communities announced in 2015. Senior Corps volunteers can also support the work of other federal initiatives, such as DOT's Rides to Wellness.

FOR MORE INFORMATION:

- <http://www.nationalservice.gov/programs/senior-corps>



Promoting a Healthy Workforce

Healthy Aging Initiatives within the Federal Workforce

U.S. OFFICE OF PERSONNEL MANAGEMENT

The Office of Personnel Management (OPM) is the federal government's lead human resources agency. Through OPM's initiatives, programs, and materials, the federal government seeks to recruit and hire the best talent; train and motivate employees to achieve their greatest potential; and constantly promote an inclusive work force defined by diverse perspectives. This includes promoting and supporting healthy aging initiatives within the federal workforce. Below is a glimpse at just a few of the programs:

Alternative Work Schedules

OPM developed a *Handbook on Alternative Work Schedules* to provide a framework for federal agencies to consult in establishing alternative work schedules—such as flexible and compressed schedules—and to provide additional information to assist agencies in administering such programs.

Elder Care

Caregivers can be an integral part of maintaining the health and

well-being of an older adult. In conjunction with the White House Conference on Aging, OPM released the *Handbook on Workplace Flexibilities and Work-Life Programs for Elder Care*, which provides assistance and demonstrates how flexibilities and programs available to federal employees support employees who are providing elder care for a family member. Additionally, this handbook provides various tools for employees to use in preparing and planning for time off for elder caregiving. It must be read in conjunction with agency and component-specific flexibilities and program policies and, to the extent they comport with applicable law, and any applicable collective bargaining agreements.

Worksite Health and Wellness

The leading causes of death and disabilities in the United States are preventable. The federal government is committed to implementing *comprehensive health and wellness programs* that help employees and their families modify their lifestyles and move toward an optimal

state of well-being and add years of active living to their lives. Elements of these programs include agency policies, educational materials and events, physical activity opportunities, lifestyle counseling, screenings, assessments, and immunizations. They address a wide range of health needs, such as tobacco cessation, nutrition, physical activity, weight management, supports for nursing mothers, stress management, depression, high blood pressure, high cholesterol, diabetes, and vaccine-preventable diseases.

Employee Assistance Programs (EAP)

Employee Assistance Programs (EAPs) can be instrumental in helping employers, aging and older workers, caregivers, and/or managers. EAPs offer needed supports to assist experienced workers who have years of valuable service left in managing life concerns. Each federal executive branch agency has an EAP—a voluntary, confidential program that helps employees (including management) work through various life challenges that may adversely

affect job performance, health, and personal well-being to optimize an organization's success. EAP services include assessments, counseling, and referrals for additional services to employees with personal and/or work-related concerns, such as stress, financial issues, legal issues, family problems, office conflicts, and alcohol and substance abuse.

Federal Employees Health Benefits (FEHB) Program

The FEHB program provides quality health care benefits for the federal family to optimize health at every stage of life. All *preventive services* recommended with an A or B rating by the U.S. Preventive Services Task Force, as well as immunizations recommended by the Advisory Committee on Immunization Practices (ACIP), and Women's Health Services specified in guidelines issued by the HRSA are covered with no cost share. Services include screening for diabetes, high blood pressure, cholesterol, osteoporosis, lung cancer, and depression; tobacco use counseling

and interventions; obesity screening and counseling; and fall prevention.

Phased Retirement

Phased Retirement is an innovative alternative to traditional retirement, in which an eligible employee receives a partial annuity and keeps accruing additional service credit toward their final annuity. The employee also spends 20 percent of his or her time in mentoring activities to facilitate the transfer of their knowledge and skills to other employees within the agency. Each agency has the flexibility to implement the mentoring component in a way that is best for the agency and employees. Through Phased Retirement, employees can design a smooth transition into the next phase of their lives, and agencies across government can get a head start on succession planning.

FOR MORE INFORMATION:

→ <https://www.opm.gov/policy-data-oversight/worklife/health-wellness/>

ELIMINATION OF HEALTH DISPARITIES

IMPROVING THE QUALITY OF LIFE FOR ALL AMERICANS

Promoting Physical Activity and Healthy Eating Among Older Americans

Active Aging Initiative

DEPARTMENT OF HEALTH AND HUMAN SERVICES

The President's Council on Fitness, Sports & Nutrition, under the Office of the Assistant Secretary for Health, coordinates the Active Aging Initiative to educate, engage, and empower all Americans—including those aged 50 and older—to lead a healthy lifestyle that includes regular physical activity and good nutrition. The Council was originally established by President Eisenhower in 1956, as the President's Council on Youth Fitness. In recent years, and particularly with the Council celebrating its 60th anniversary in 2016, the focus has evolved to incorporate strategies to help

Americans of all ages and abilities to be physically active and eat well.

The Active Aging Initiative involves partnerships in the public and private sectors, including AARP, the National Senior Games Association, and the International Council on Active Aging. Continuing Care Retirement Communities (CCRCs) are key collaborators at the local level. The President's Council is working with the Stanford Center on Longevity in their efforts to disseminate the state of science on fitness and aging and to address barriers to physical activity among older adults. In addition to coordinating the outreach activities of federal and nonfederal partners, the Active Aging Initiative engages in media and other community awareness campaigns.

The Active Aging Initiative also supports other federal efforts, including *Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities*, the National Institute on Aging's *Go4Life® Campaign*, and the CDC's *Mall Walking: A Program Resource Guide*. Finally, the Active Aging Initiative complements the work of the President's Council's *I Can Do It, You Can Do It!* program, which facilitates and encourages opportunities for children and adults with disabilities to engage in regular physical activity and make healthy food choices.

FOR MORE INFORMATION:

→ <http://www.fitness.gov/resource-center/research-and-reports/>

From Falls Prevention to Brain Health—Programs Support Healthy Aging

Administration for Community Living Health Promotion and Nutrition Programs

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Through Community-Based Falls Prevention Programs, ACL/AoA provides funding to organizations implementing evidence-based falls prevention programs in community settings. Grantees are implementing programs such as *A Matter of Balance*, *Stepping On*, and *Tai Chi for Arthritis*. ACL also funds the National Falls Prevention Resource Center, currently housed at the National Council on Aging's Center for Healthy Aging, which works to 1) increase public education about the risks of falls and how to prevent them; 2) support and stimulate the implementation and dissemination of evidence-based community programs and strategies to reduce falls incidence; and 3) coordinate the national *Falls Free®* initiative, which includes the promotion of Falls Prevention Awareness Day, and the implementation of a comprehensive National Action Plan for reducing older adult falls in the United States. One in three adults 65 and older will fall every year, which can lead to injury, hospitalization, loss of independence, and even death. Through funding from

the Prevention and Public Health Fund, ACL/AoA has been able to provide support for falls prevention programs in community settings across the country.

For more than a decade, ACL/AoA has invested in organizations that are implementing Chronic Disease Self-Management Education (CDSME) programs. These evidence-based programs provide older adults with education and tools to help manage chronic conditions such as diabetes, heart disease, arthritis, HIV/AIDS, and depression. Over its history, ACL/AoA has funded organizations in 47 states to coordinate and run these programs. Grantees (financed by the Prevention and Public Health Fund) are providing evidence-based chronic disease self-management education and self-management support programs including *The Diabetes Self-Management Program*; *Chronic Disease Self-Management Program*; *EnhanceWellness*; *HomeMeds*; and *Program to Encourage Active, Rewarding Lives for Seniors* (PEARLS).

ACL/AoA has also funded a National CDSME Resource Center, housed at the National Council on Aging's Center for Healthy Aging. The Resource Center's activities include 1) training and technical assistance for state and community-based organizations on implementing, scaling, and sustaining CDSME programs; 2) serving as the national clearinghouse of resources and best practices for CDSME programs; and 3) offering workshops and presentations on CDSME to aging and public health stakeholders.

ACL has a variety of brain health resources titled Brain Health as You Age: You Can Make a Difference, and created a national public service campaign called What is Brain Health? The brain health resources—developed by the AoA, National Institute on Aging and National

Institute of Neurological Disorders and Stroke at the National Institutes of Health, and CDC's Healthy Aging Program—are split into four modules:

1. Brain health basics (e.g., resources to help professionals and organizations educate older adults and their families on how to promote a healthy brain)
2. Medication management (e.g., resources for presentations on medications and aging)
3. Traumatic brain injury (e.g., educational brochures about preventing TBI)
4. Dementia (e.g., issue briefs on available long-term services and supports for dementia)

Spanish versions of certain brain health basics resources are available.

FOR MORE INFORMATION:

- **Current ACL/AoA grantees:** http://www.aoa.acl.gov/AoA_Programs/HPW/Falls_Prevention/index.aspx
- **Current ACL/AoA CDSME grantees:** http://www.aoa.gov/AoA_Programs/HPW/ARRA/PPHF.aspx
- <http://www.eldercare.gov/>
- <http://www.brainhealth.gov>

Coordinating Supportive Services to Help Older Adults Age in Place

Supportive Services Demonstration for Elderly Households in HUD-Assisted Multifamily Housing

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

HUD's Supportive Services Demonstration is providing 3-year grants to owners of HUD-assisted senior housing to support an enhanced service coordinator and wellness nurse to help low-income older adults age in place and avoid nursing home placement. HUD's Section 202 Supportive Housing for the Elderly program, which provides subsidized housing to low-income tenants aged 62 and older, is the largest publicly funded rental assistance program for older adults.⁸⁸ HUD has been funding service coordinators in Section 202 buildings in which at least 25 percent of residents are frail or at risk for institutionalization.

In January 2016, the department announced a funding opportunity for HUD-assisted developments to apply for a subsidy to cover all of the costs of providing a full-time enhanced service coordinator and half-time wellness nurse, and some of the costs of services for older residents. Applications were due in April 2016, and grant recipients will be announced by September 2016. The developments

that are selected to participate in the demonstration will implement an enhanced service coordination model in the same way in all sites, guided by a training manual and resources developed by HUD and its partners. Selected housing developments will also agree to participate in a multi-year randomized assignment study to develop evidence about the effectiveness and sustainability of this new model.

Although only select applicants will participate in the demonstration, the resources developed as part of this project, including standardized assessment, training manuals, and best practice guides, will be available to all HUD-assisted properties.

FOR MORE INFORMATION:

- <http://www.grants.gov/view-opportunity.html?oppId=281074>

Supporting Veterans as They Age

Alternative Care Models

DEPARTMENT OF
VETERANS AFFAIRS

Since 1972, the VA has been running the Home-Based Primary Care (HBPC) program, a model that enhances the health and well-being of veterans. Interdisciplinary, primary care teams consisting of a primary care physician, nurse, social worker, mental health professional, rehabilitation therapist, dietitian, and pharmacist work with patients who have long-term, multiple medical and disabling health conditions. Patients receive care from HBPC for approximately 3–5 years. Evaluations of this program suggest it can contribute to positive outcomes, including a 25 percent reduction in combined VA plus Medicare hospitalizations, 36 percent reduction in combined VA plus Medicare hospital days, and 13 percent reduction in combined VA plus Medicare total costs, after accounting for the cost of the intervention.⁸⁹

The VA first piloted the **Medical Foster Home** (MFH) model in 2000 in Little Rock, Arkansas, in response to veterans who did not want to move

into nursing home care settings, but did not have the financial or social resources available for the care needed to remain safely in their own home. The program is now in 45 states and territories and serves approximately 1,000 veterans a day (with a documented need for 5,000). Veterans pay on average \$2,400 a month to be cared for in another individual's home, while VA provides Home-Based Primary Care services, caregiver training, and program oversight. The home must not be caring for more than three individuals, including family members, at any one time. Veterans are provided any care assistance they may need, including help with activities of daily living. For many veterans who need a nursing home level of care, MFH provides an alternative that is safe, preferable to many veterans, and about half the total cost of care in a nursing home.

Gerofit is a group-based exercise and health promotion program for veterans aged 65 and older that offers

supervised exercise 3–5 days a week, tailored to functional impairments and patient-directed goals. The primary aim is to improve the health, physical function, and well-being of older veterans. The program was originally established in the Durham VA in 1986. The Geriatric Research, Education, and Clinical Center and VA Medical Center in Durham, North Carolina, jointly support the program. The Durham program documented a 5-year reversal of functional trajectory and 25 percent lower mortality rate over 10 years among program participants in comparison to nonparticipants. In 2013, Gerofit began expanding to other VAs across the country with support from the Office of Geriatrics and Extended Care (GEC). Seven new Gerofit programs across the United States—in Baltimore, Maryland; Canandaigua and Rochester, New York; Los Angeles, California; Honolulu, Hawaii; Miami, Florida; and Salem, Virginia—are replicating clinical

findings observed by the Durham VA program. With funding from the Office of Rural Health and GEC, these programs are exporting Gerofit to partnering VA Community-Based Outpatient Clinics via video classes, telephone follow-up, and adult day care exercise programming.

FOR MORE INFORMATION:

- **Home-Based Primary Care:** http://www.va.gov/geriatrics/guide/longtermcare/home_based_primary_care.asp
- **Medical Foster Home:** http://www.va.gov/geriatrics/guide/longtermcare/medical_foster_homes.asp
- **Gerofit:** http://www.va.gov/geriatrics/gerofit/gerofit_Home.asp

APPENDIX B

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