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Promoting Older Adults' Health through Policy

Pamela L. Buckmaster
Georgia State University

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Promoting Older Adults' Health through Policy



Introduction and Course Overview

- Acknowledgments
- Purpose
- Course Objectives
- Course Features
- Frequently Asked Questions
- Continuing Education Units

Acknowledgements

Design Advisory Team

Kristine Day, MPH, Public Health Advisor, Healthy Aging Program, Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, CDC

Jeffrey Hall, PhD, MSPH, Behavioral Scientist, Division of Violence Prevention, National Center for Injury Prevention and Control, CDC

Jason Lang, MPH, MS, Team Lead for Worksite Health Programs, Office of the Director, National Center for Chronic Disease Prevention and Health Promotion, CDC

Michele Sussman Walsh, M.Ed., Public Health Analyst, Office of the Director, Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, CDC

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Lynda Anderson, Ph.D., Director, Healthy Aging Program, Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Andree C. Harris, Public Health Analyst, Healthy Aging Program, Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, CDC

Georgia State University, Institute of Public Health

Professor Russell Toal, MPH

Professor Sheryl Strasser, Ph.D., CHES

Professor John Steward, MPH

Others

William Benson, ABC Consulting

Amy Slonin, AARP-CDC Liaison

Disclosure

- CDC, our planners, and our presenters wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products or suppliers of commercial services.
- This course did not receive commercial support.
- Presentations given during the course will not include any discussion of the unlabeled use of a product or a product under investigational use.

Course Overview

The purpose of this module is to provide public health professionals with a basic understanding of:

- Policy as a tool in promoting older adults' health
- Significant legislation and public policy impacting older adults' health since 1935
- Emerging policy, systems, and environmental changes that have the potential to prevent disability and premature death in the older adult population

Course Objectives

- Describe healthy aging
- Discuss significant statements of U.S. legislation and policies that promote older adults' health and mobility
- Discuss the relationship between The Public Health and the Aging Services Networks
- Discuss policy, systems, and environmental changes on the horizon that promote older adults' enhanced functioning and mobility
- Explain the difference between age-friendly policies and policies that promote health for all

A Note About Sources

- Early sections of this module contain slides from the CDC Workshop, Promoting Older Adults' Health: Opportunities and Resources for CDC Professionals developed by the CDC Aging and Health Work Group in 2009
- Citations of primary sources appear on slides as appropriate.
- Descriptive statements without citations appear on other slides to keep the presentation simple.
- A list of resources appears at the end of each chapter.

Course Features

Content for each chapter of the course is available as a PDF document in the Resources section. You may download or print this document to have a hard copy of the course content.

This module will contain a compendium of national, state, and local resources related to aging, public health, the aging services network as well as federal and nonfederal partner agencies working to advance the health of older adults thereby preventing premature disability and death. Resources, such as downloadable Websites, PDFs, and citations for books and articles can be found at the end of each chapter.

Frequently Asked Questions

- **How should I use this course?** This course can be used to improve your understanding of the important role policy has played in shaping the way we currently think of and experience aging in the United States. It can also be used to initiate a discussion on ways that your center/division/program to reflect on the role and ways in which you might further advance policies that promote the health of older adults.
- **How long will it take me to complete the course?** This course will take two hours to complete. We encourage you to carve out two hours of your time to complete the course. However, if you need to spread it out over two sessions, we encourage you to work up through the section on Policy Frameworks and complete the rest as soon as possible. You will be able to save the progress you made up to that stopping point.
- **How does this course relate to CDC Workshop, “Improving Older Adults’ Health: Opportunities and Resources for CDC Professionals”?**
“Promoting Older Adults’ Health Through Policy” is an online, stand-alone training module for public health professionals. Some of the content and slides used in that workshop are included in this module to ensure consistency. For those who completed that workshop, these slides will serve as a refresher; for those who did not, it will provide a starting point for our discussion of aging and policy.
- **Are Continuing Education Units available upon completion of this module?**
Continuing Education Units are available upon completion of the entire online course. Information on how to obtain the CEUs is provided at the end of the module.

Promoting Older Adults' Health through Policy

Start Module:

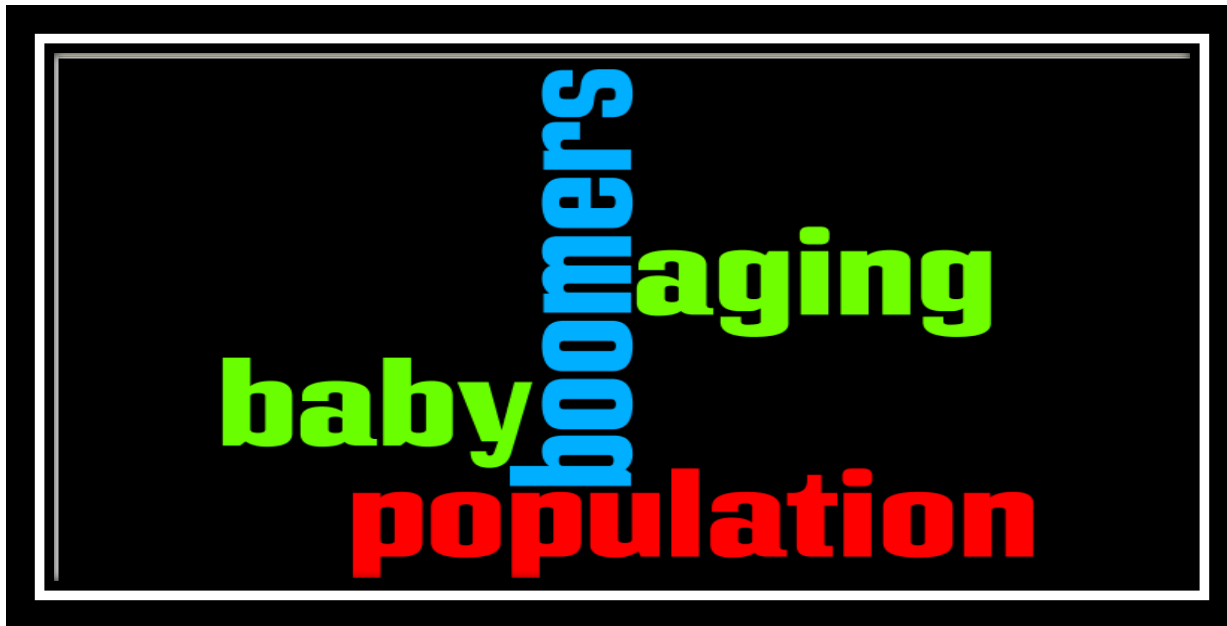


Course Outline

- Introduction and Course Overview
- Chapter I: Population Aging and the Demographic Imperative
- Chapter II: Policy Frameworks and Public Health Tools
- Chapter III: Older Adults in the U.S. and Significant Legislation and Policy impacting mobility
- Chapter IV: Policy, Systems, and Environmental Change on the Horizon to Enhance Mobility
- Chapter V: Emerging Policy Paradigms
- Conclusion: Implications and Future Directions

Chapter I

Population Aging & The Demographic Imperative



www.wordle.net/

Chapter 1

Learning Objective

By the end of this section, you will be able to:

- Discuss key points related to older adults' diverse concerns and experiences about growing old in the United States

Preview

- An Aging America

Table 102. Expectation of Life at Birth, 1970 to 2006, and Projections, 2010 to 2020

[In years. Excludes deaths of nonresidents of the United States. See Appendix III]

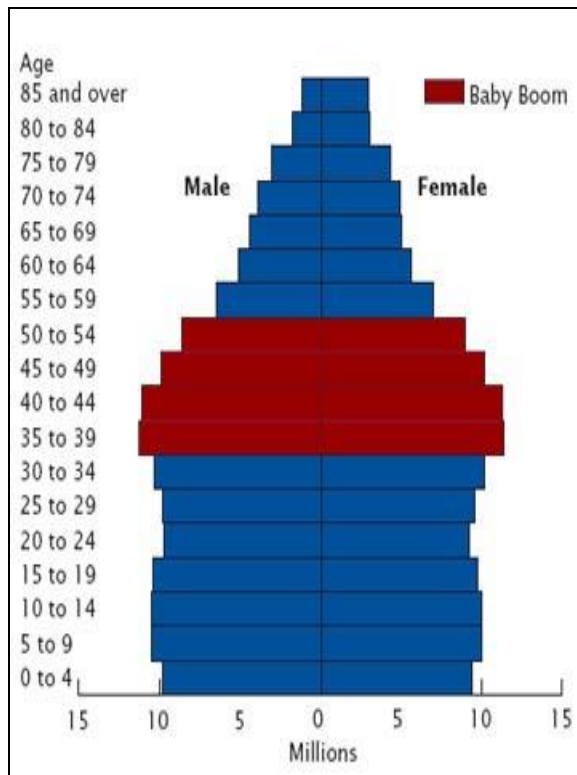
Year	Total			White			Black		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
1970.....	70.8	67.1	74.7	71.7	68.0	75.6	64.1	60.0	68.3
1975.....	72.6	68.8	76.6	73.4	69.5	77.3	66.8	62.4	71.3
1980.....	73.7	70.0	77.4	74.4	70.7	78.1	68.1	63.8	72.5
1981.....	74.1	70.4	77.8	74.8	71.1	78.4	68.9	64.5	73.2
1982.....	74.5	70.8	78.1	75.1	71.5	78.7	69.4	65.1	73.6
1983.....	74.6	71.0	78.1	75.2	71.6	78.7	69.4	65.2	73.5
1984.....	74.7	71.1	78.2	75.3	71.8	78.7	69.5	65.3	73.6
1985.....	74.7	71.1	78.2	75.3	71.8	78.7	69.3	65.0	73.4
1986.....	74.7	71.2	78.2	75.4	71.9	78.8	69.1	64.8	73.4
1987.....	74.9	71.4	78.3	75.6	72.1	78.9	69.1	64.7	73.4
1988.....	74.9	71.4	78.3	75.6	72.2	78.9	68.9	64.4	73.2
1989.....	75.1	71.7	78.5	75.9	72.5	79.2	68.8	64.3	73.3
1990.....	75.4	71.8	78.8	76.1	72.7	79.4	69.1	64.5	73.6
1991.....	75.5	72.0	78.9	76.3	72.9	79.6	69.3	64.6	73.8
1992.....	75.8	72.3	79.1	76.5	73.2	79.8	69.6	65.0	73.9
1993.....	75.5	72.2	78.8	76.3	73.1	79.5	69.2	64.6	73.7
1994.....	75.7	72.4	79.0	76.5	73.3	79.6	69.5	64.9	73.9
1995.....	75.8	72.5	78.9	76.5	73.4	79.6	69.6	65.2	73.9
1996.....	76.1	73.1	79.1	76.8	73.9	79.7	70.2	66.1	74.2
1997.....	76.5	73.6	79.4	77.2	74.3	79.9	71.1	67.2	74.7
1998.....	76.7	73.8	79.5	77.3	74.5	80.0	71.3	67.6	74.8
1999.....	76.7	73.9	79.4	77.3	74.6	79.9	71.4	67.8	74.7
2000 ¹	76.8	74.1	79.3	77.3	74.7	79.9	71.8	68.2	75.1
2001 ¹	76.9	74.2	79.4	77.4	74.8	79.9	72.0	68.4	75.2
2002 ¹	76.9	74.3	79.5	77.4	74.9	79.9	72.1	68.6	75.4
2003 ^{1,2}	77.1	74.5	79.6	77.6	75.0	80.0	72.3	68.8	75.6
2004 ^{1,2}	77.5	74.9	79.9	77.9	75.4	80.4	72.8	69.3	76.0
2005 ^{1,2}	77.4	74.9	79.9	77.9	75.4	80.4	72.8	69.3	76.1
2006 ^{1,2}	77.7	75.1	80.2	78.2	75.7	80.6	73.2	69.7	76.5
Projections: ³									
2010.....	78.3	75.7	80.8	78.9	76.5	81.3	73.8	70.2	77.2
2015.....	78.9	76.4	81.4	79.5	77.1	81.8	75.0	71.4	78.2
2020.....	79.5	77.1	81.9	80.0	77.7	82.4	76.1	72.6	79.2

¹ Life expectancies for 2000–2006 were calculated using a revised methodology and may differ from those previously published. ² Multiple-race data were reported by 25 states and the District of Columbia in 2006, by 21 states and the District of Columbia in 2005, by 15 states in 2004, and by 7 states in 2003. The multiple-race data for these reporting areas were bridged to the single-race categories of the 1977 OMB standards for comparability with other reporting areas. ³ Based on middle mortality assumptions; for details, see source. Source: U.S. Census Bureau, 2008 National Population Projections, released August, 2008. See <<http://www.census.gov/population/www/projections/2008projections.html>>.

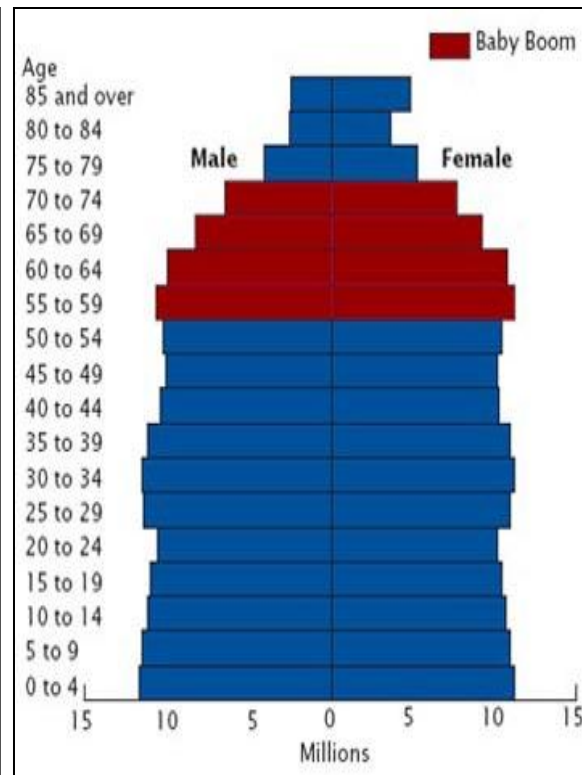
Source: Except as noted, U.S. National Center for Health Statistics, National Vital Statistics Reports (NVSR), *Deaths: Final Data for 2006*, Vol. 57, No. 14, April 17, 2009.

Population Aging: U.S. Population Pyramids

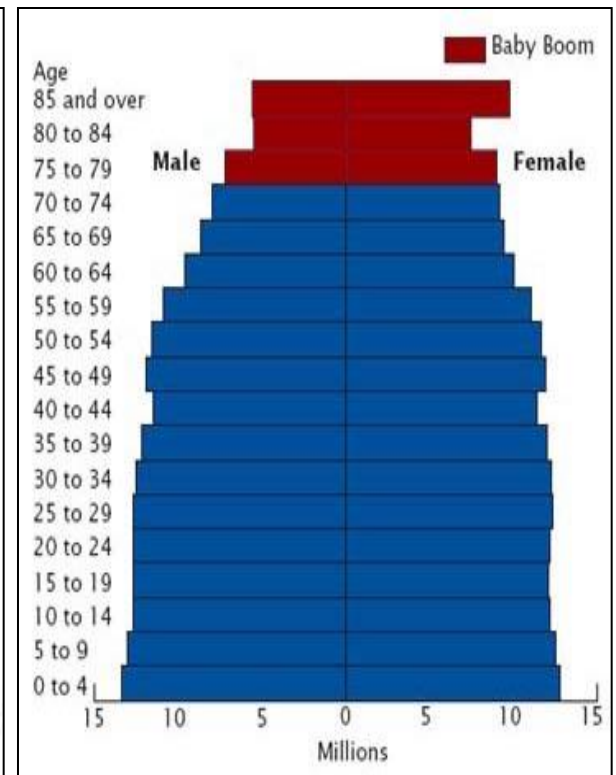
2000



2020



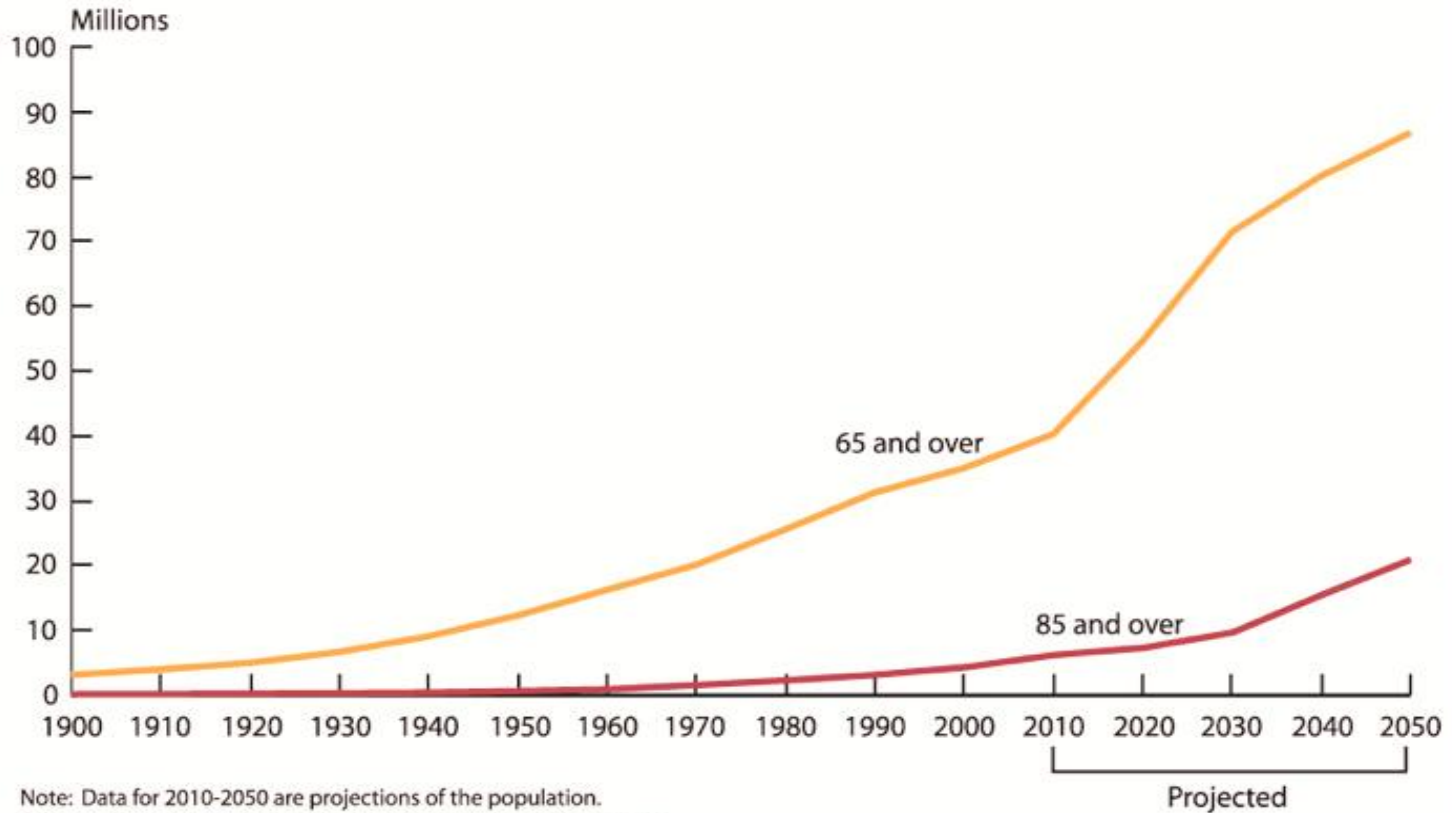
2040



Slide source of charts: U.S. Census Bureau, "65+ in the United States: 2005," December 2005. Prepared by the UNC Institute on Aging.

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Number of people age 65 and over, by age group, selected years 1900-2000 and projected 2010-2050



Note: Data for 2010-2050 are projections of the population.
Reference population: These data refer to the resident population.
Source: U.S. Census Bureau, Decennial Census and Projections.

Slide source: CDC workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009

Who are “Older Adults”?	It depends!
AARP	50 +
Centers for Disease Control and Prevention (CDC)	50 +
Centers for Medicare and Medicaid Services (CMS)	65 +
Gerontologists	60 +
Researchers	65-75 “Younger Old” 75-85 “Older-Old” 85 + “Oldest Old”
Social Security Administration (SSA)	65 +
U.S. Administration on Aging	60 +

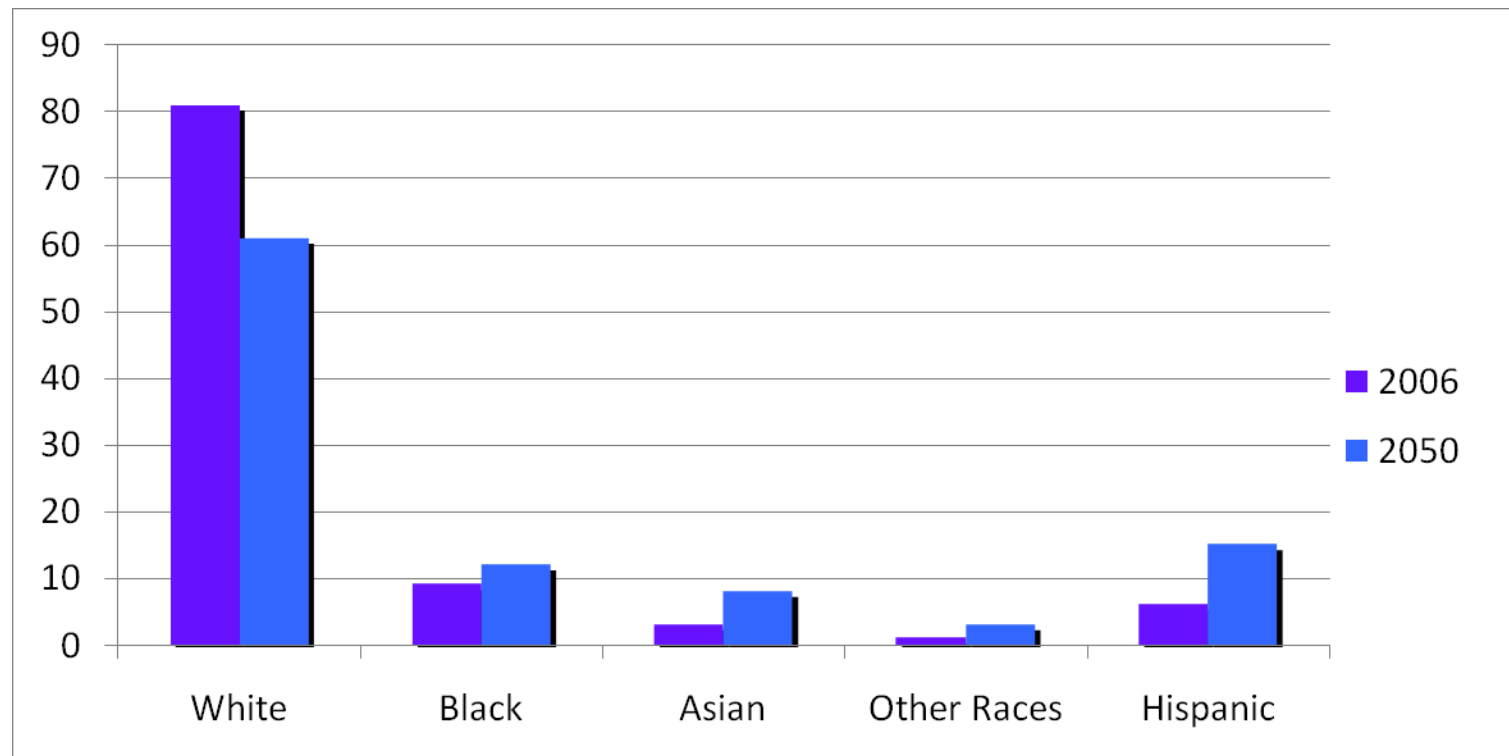
Slide source: CDC workshop, Improving Older Adults’ Health: Opportunities and Resources for CDC Professionals, 2009.

Groups of Adults & Older Adults

Generation Name	Birth Years, Ages in 2009
Younger Boomers	Born 1955-1964, ages 45-54
Older Boomers	Born 1946-1954, ages 55-63
Silent Generation	Born 1937-1945, ages 64-72
GI Generation	Born pre-1937, ages 73+

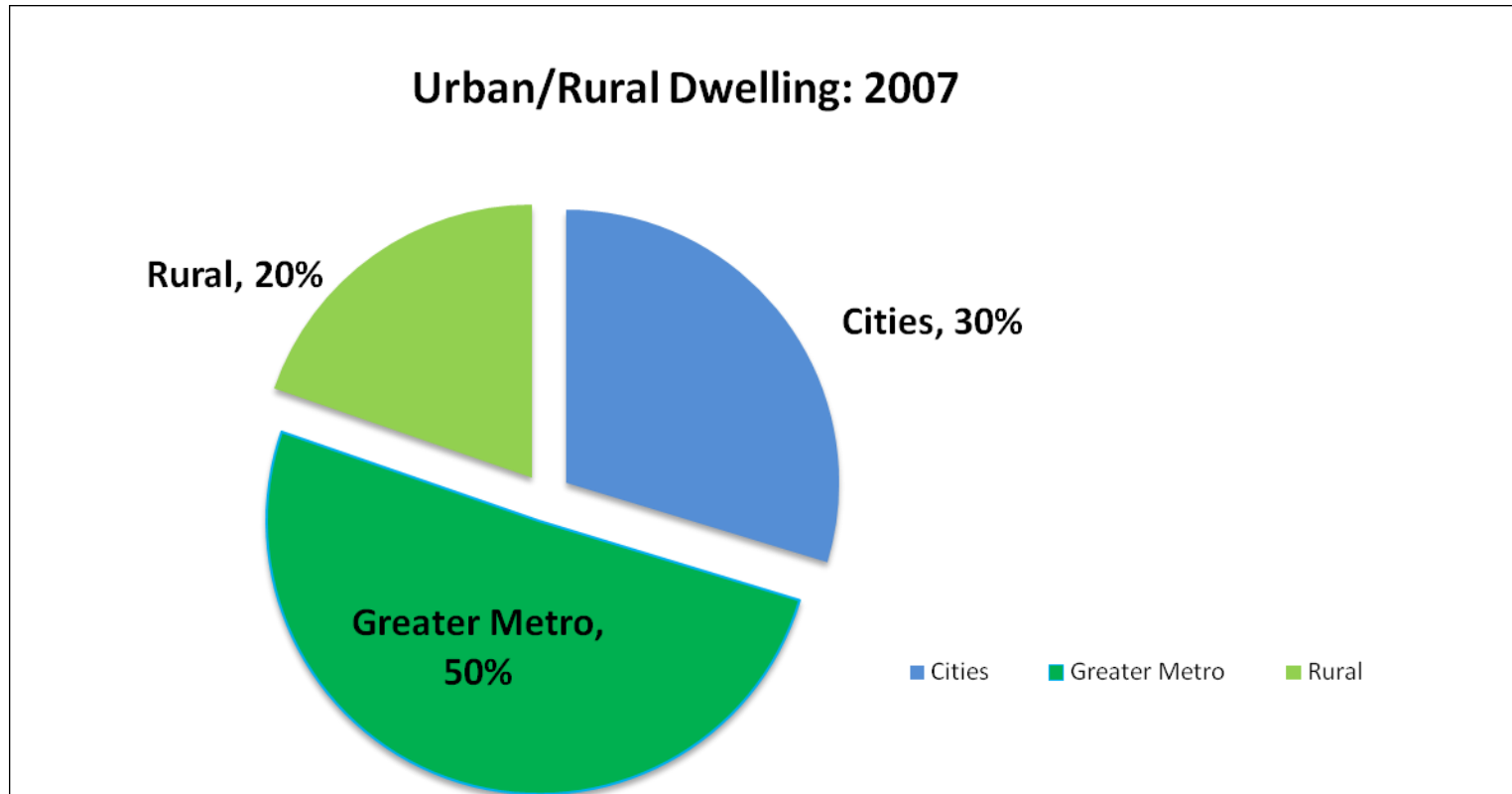
Source: Strauss, William & Howe, Neil. Generations: The History of America's Future, 1584 to 2069 (Perennial, 1992). Slide source: CDC workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009.

U.S. Population 65+, by Race and Hispanic Origin (2006) and Projected (2050)



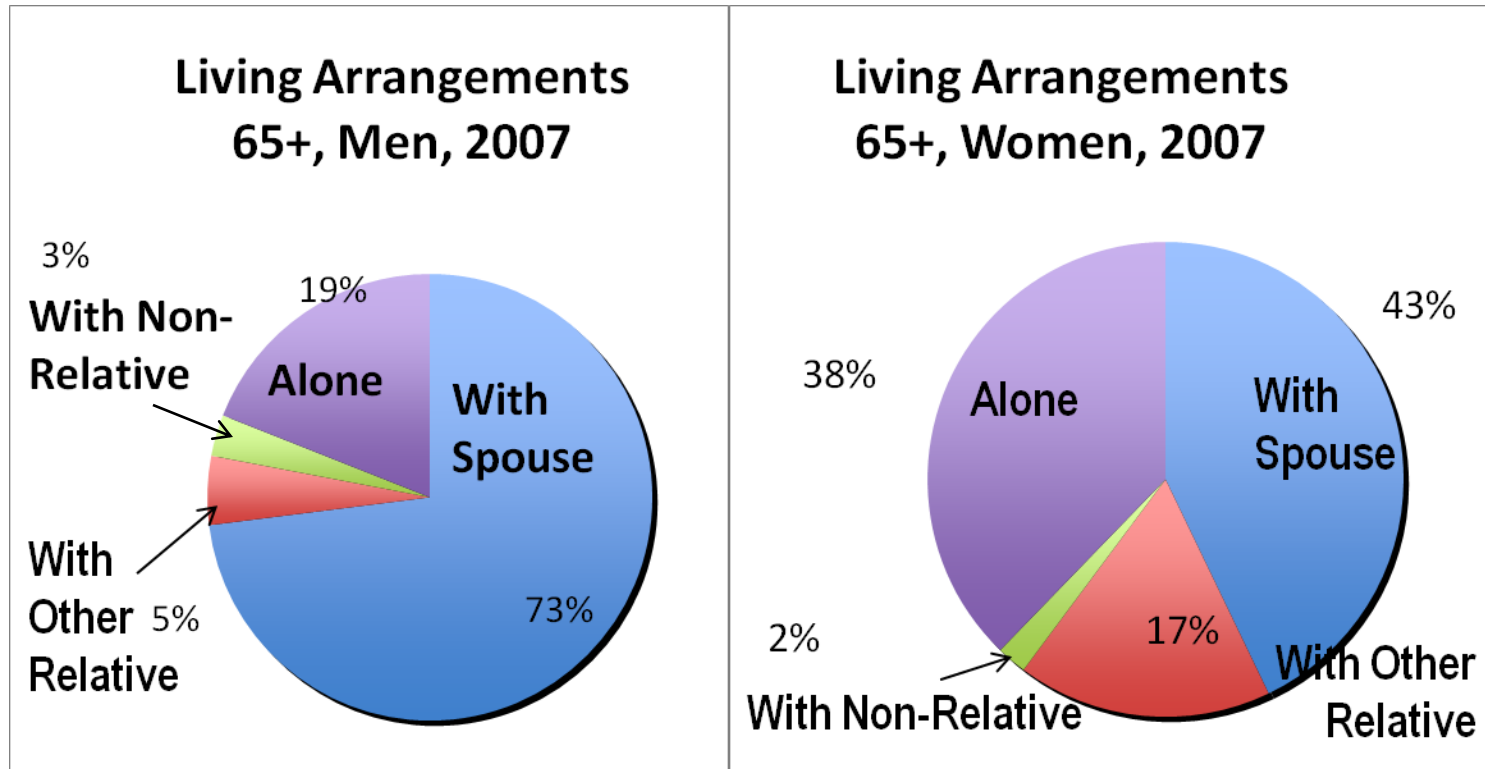
Source: Older Americans 2008, Key Indicators of Well-Being. Slide source: CDC workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009

Where Older Adults Live



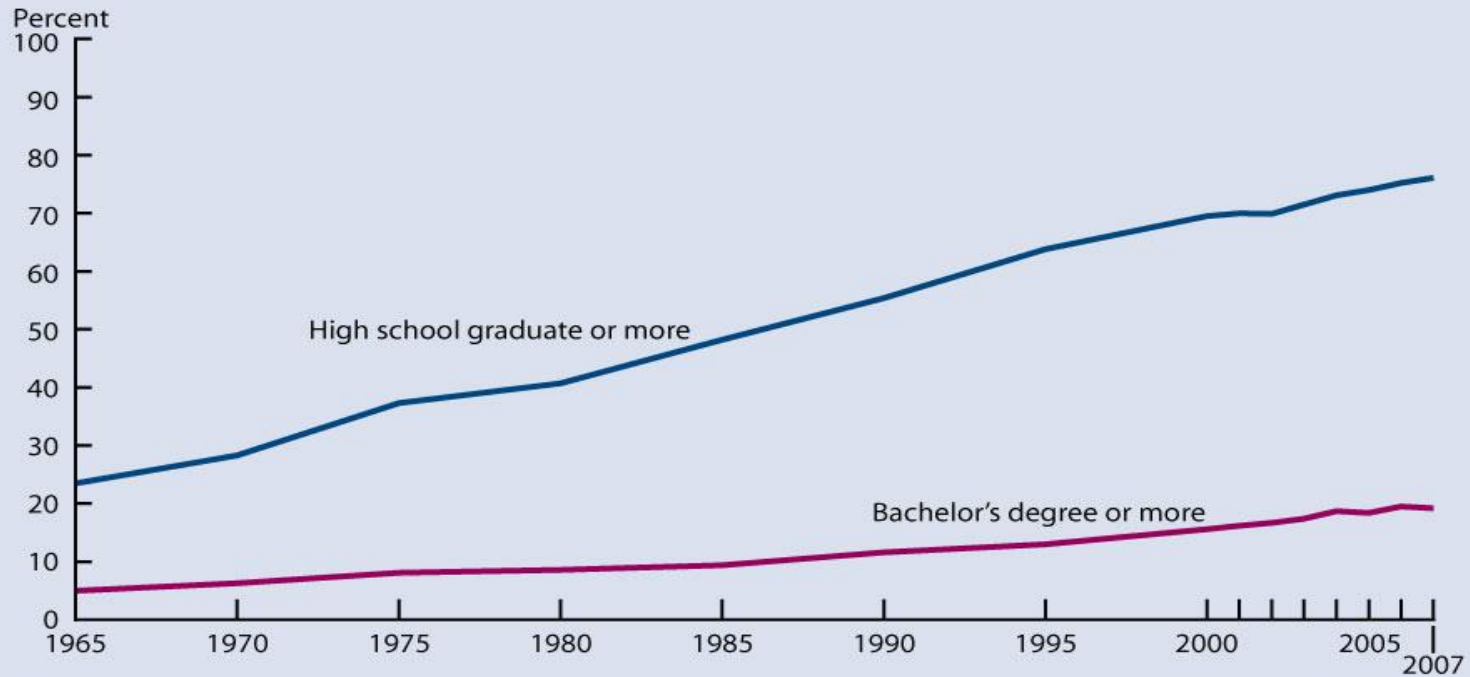
Source: Older Americans 2008, Key Indicators of Well-Being. Slide provided by CDC workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009

Where Older Adults Live: Living Arrangements



Source: Older Americans 2008, Key Indicators of Well-Being. Slide source: CDC workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009.

Educational attainment of the population age 65 and over, selected years 1965–2007






Note: A single question which asks for the highest grade or degree completed is now used to determine educational attainment. Prior to 1995, educational attainment was measured using data on years of school completed.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Slide source: CDC workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009

Median Net Worth of 65 + U.S. Households: 1984 vs. 2005

1984	2005	% Change
Average – \$109,900	Average – \$196,000	 79 %
Whites – \$125,000	Whites – \$226,900	 81%
Blacks – \$28,200	Blacks – \$37,800	 34%

Source: Older Americans 2008, Key Indicators of Well-Being. Slide source: CDC workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009.

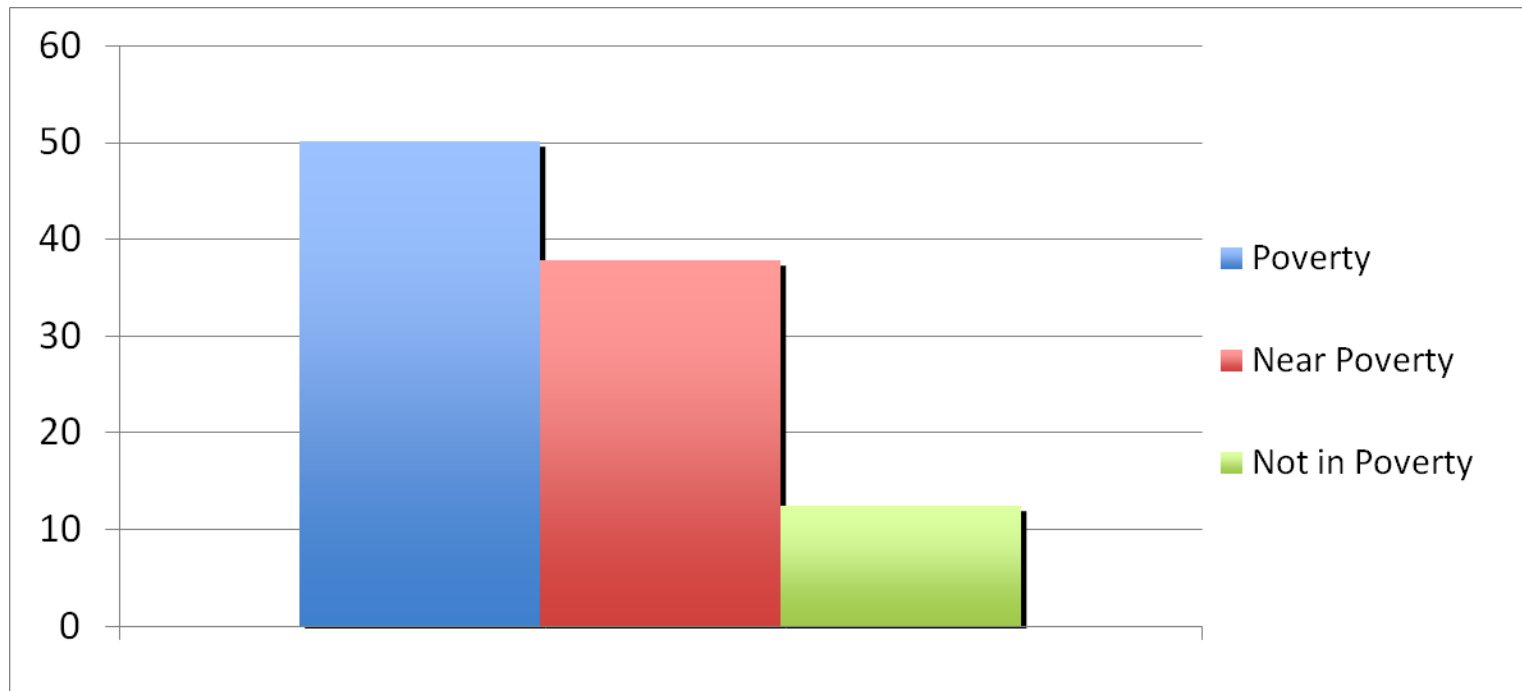
Self-Reported Health Status of Older Adults

- Over 75% of older adults consider themselves to be in good or excellent health.
- 22.9% of older adults say they're in fair or poor health.
 - 19.6% of those ages 55-64
 - 32.1% of those ages 85+

Slide source: National Health Interview Survey data from 2004-2007, as analyzed by Schoenborn & Heyman, 2009; CDC workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009

Older Adults' Socioeconomic Status and Health Status

Percentage of adults aged 55 years and over who were in fair or poor health by poverty status: United States, 2004–2007

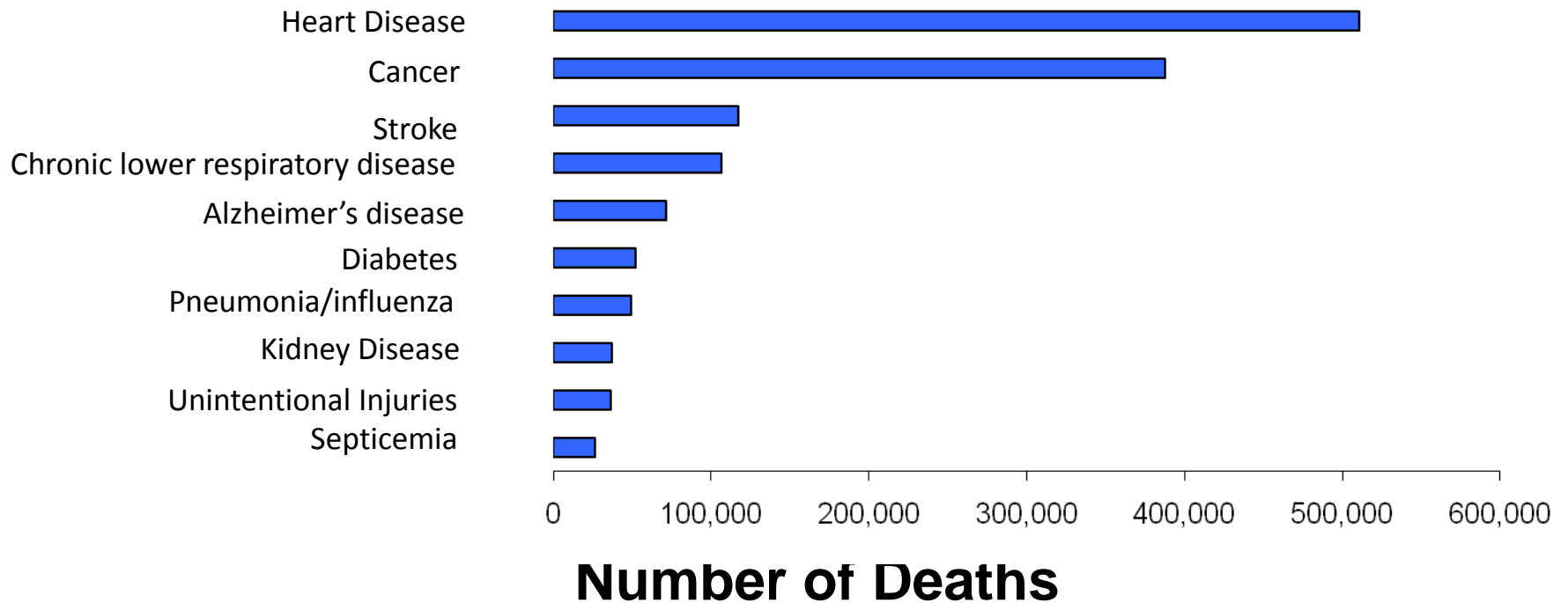


Adults Aged 55 Years and Over

Slide source: National Health Interview Survey data from 2004-2007, as analyzed by Schoenborn and Heyman (2009): CDC workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009.

Leading Causes of Death in U.S. Adults Age 65 Years and Older, 2006

Cause of Death



Source: CDC/NCHS, National Vital Statistics System, 2006. Slide source: CDC workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009.

Use of Clinical Preventive Services U.S. Adults Age 65 +

- One of four adults aged 50-64 were up-to-date on clinical preventive services between 2002-2008.
- For men, these services include:
 - Flu vaccine in past year
 - Ever had a pneumonia vaccine
 - Colorectal cancer screening
- Women's preventive services include all of these, plus mammogram in the last 2 years.

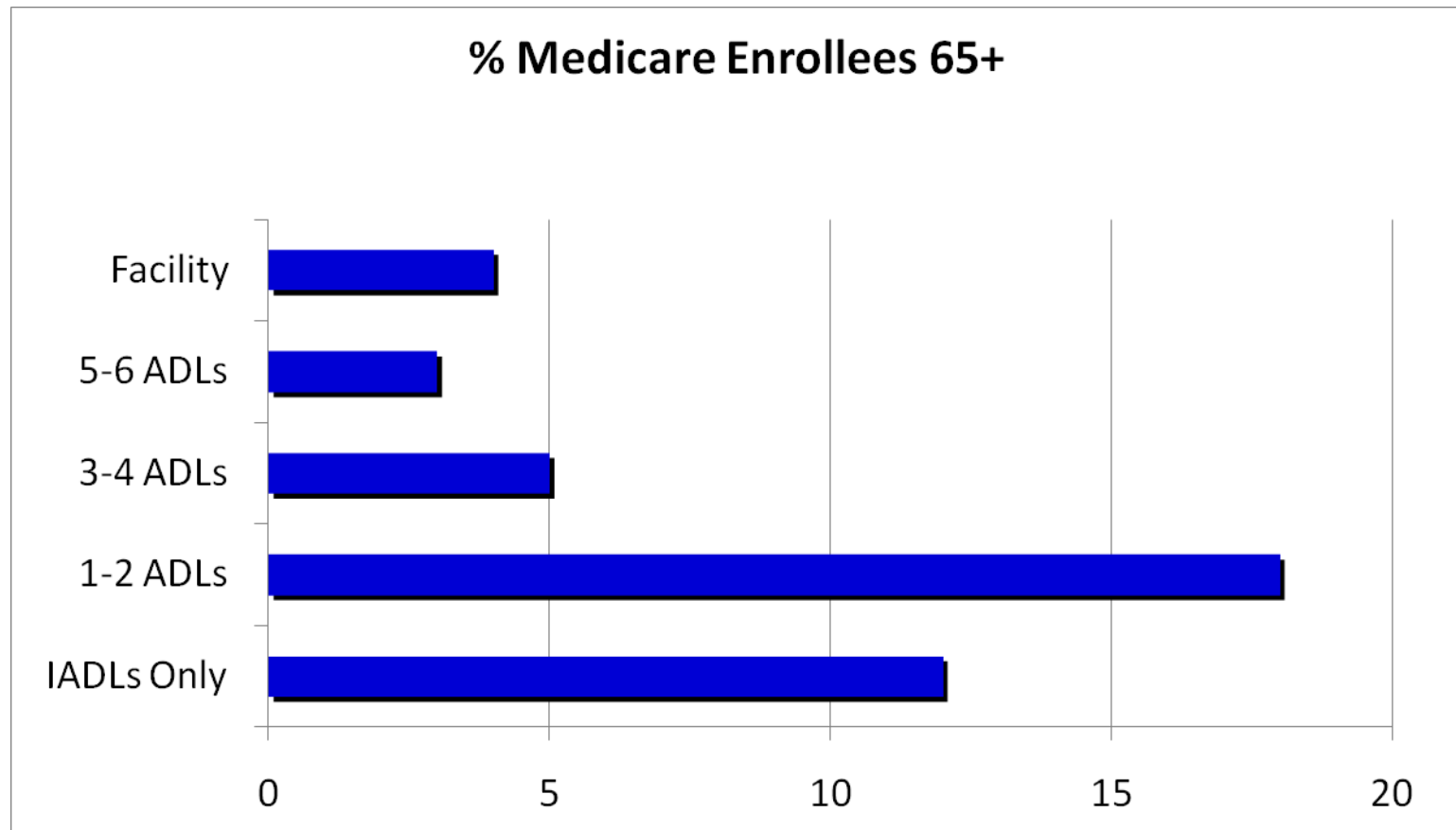
Source: Centers for Disease Control and Prevention, AARP, American Medical Association. *Promoting Preventive Services for Adults 5-64: Community and Clinical Partnerships*. Atlanta, GA: National Association of Chronic Disease Directors, 2009. Slide source: CDC workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009 (modified)

Disability and Measures of Functional Status

- ADLs or “Activities of Daily Living”: Daily personal care, such as bathing, dressing, eating, moving around, and using the bathroom
- IADLs or “Instrumental Activities of Daily Living”: Tasks such as shopping, cleaning, and finances

Slide source: CDC workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009

Disability In Older Adults, U.S.



Source: Older Americans 2008, Key Indicators of Well-Being. Slide source: CDC workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009.

Common Modifiable Risk Factors for Chronic Diseases

- Tobacco use
- Sub-optimal nutrition
- High blood pressure
- Obesity/overweight
- Physical inactivity

Slide source: CDC workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009 (modified)

Healthcare Use Among Older Adults

- Higher rate of many procedures
- Prescribed more drugs
- Utilization is more about chronic disease than age

Source: Butler, Robert N, MD. The Longevity Revolution. Public Affairs, NY, 2008. Slide source: CDC workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009.

Older Adults' Concerns About Aging

● Top Concerns:

- Losing your health
- Losing ability to care for yourself
- Losing mental abilities

● Other Issues:

- Running out of money
- Not being able to drive/travel on own
- Being a burden to your family
- Fear of being put into a nursing home
- Not being able to work or volunteer

Slide source: ABC NEWS/USA TODAY Poll: Living Longer, Living Better – 10/16/05
Slide provided by CDC Workshop: Improving Older Adult Health, 2009. Slide source: CDC workshop,
Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009

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Chapter I: Population Aging and the Demographic Imperative

Learning Objectives

- Define healthy aging
- Discuss social and political factors that influence our perceptions of older adults and aging
- Define health equity and key health equity concerns related to older adults

Preview

- Perspectives on aging
- Factors affecting our vision of older adults' health
- Changing social norms & policy considerations
- Health equity considerations

Perspectives on Aging

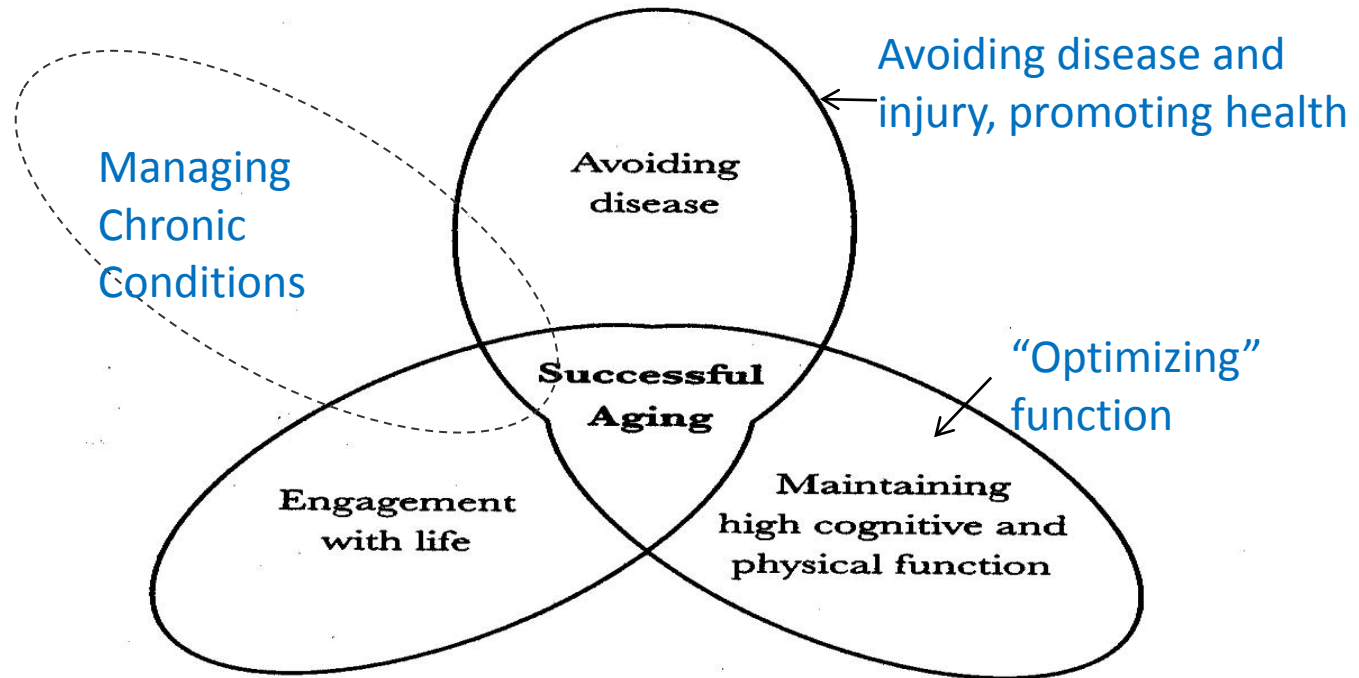
- “Successful Aging”
- “Healthy Aging”



www.wordle.net

Rowe & Kahn: *Successful Aging*

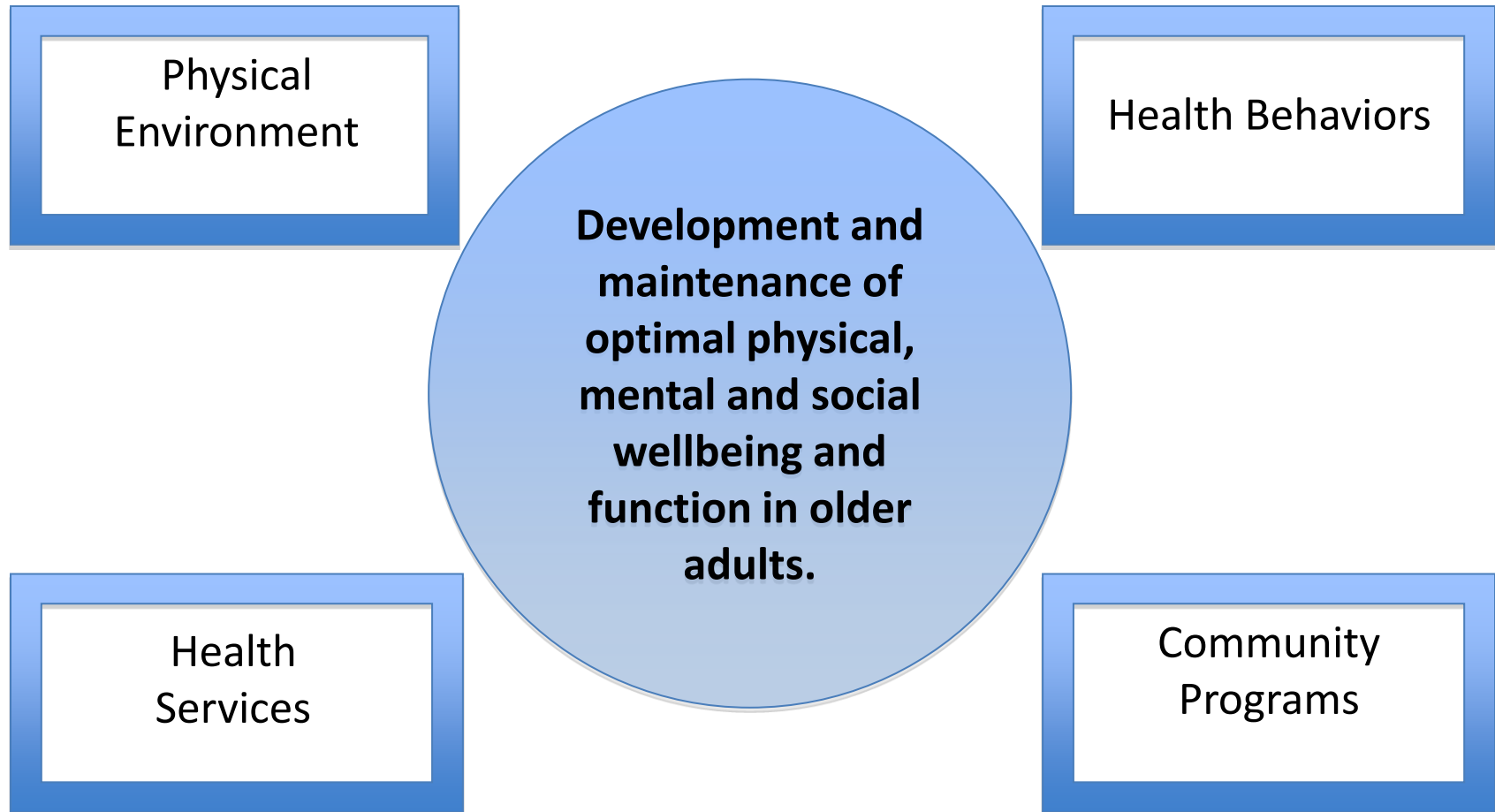
The Structure of Successful Aging



*Source: Rowe, John W. and Kahn, Robert L. (1998).
— Successful aging. New York: Pantheon. 39.*

Slide source: CDC Workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009.

CDC's Healthy Aging Research Network: Definition of Healthy Aging



The Healthy Aging Research Network Writing Group. The Prevention Research Centers Healthy Aging Research Network. Prev Chronic Dis [serial online] 2006 Jan. www.cdc.gov/pcd/issues/2006/jan/05_0054.htm. Slide source: CDC Workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009.

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Additional Guiding Perspectives

● Life-Course Perspective:

Diseases and conditions – and the behaviors that contribute to them – originate and develop throughout life.

- Genes
- Personal and family health history
- Health behaviors
- Socio-economic factors
- Physical and cultural environments

● Whole-Person Perspective:

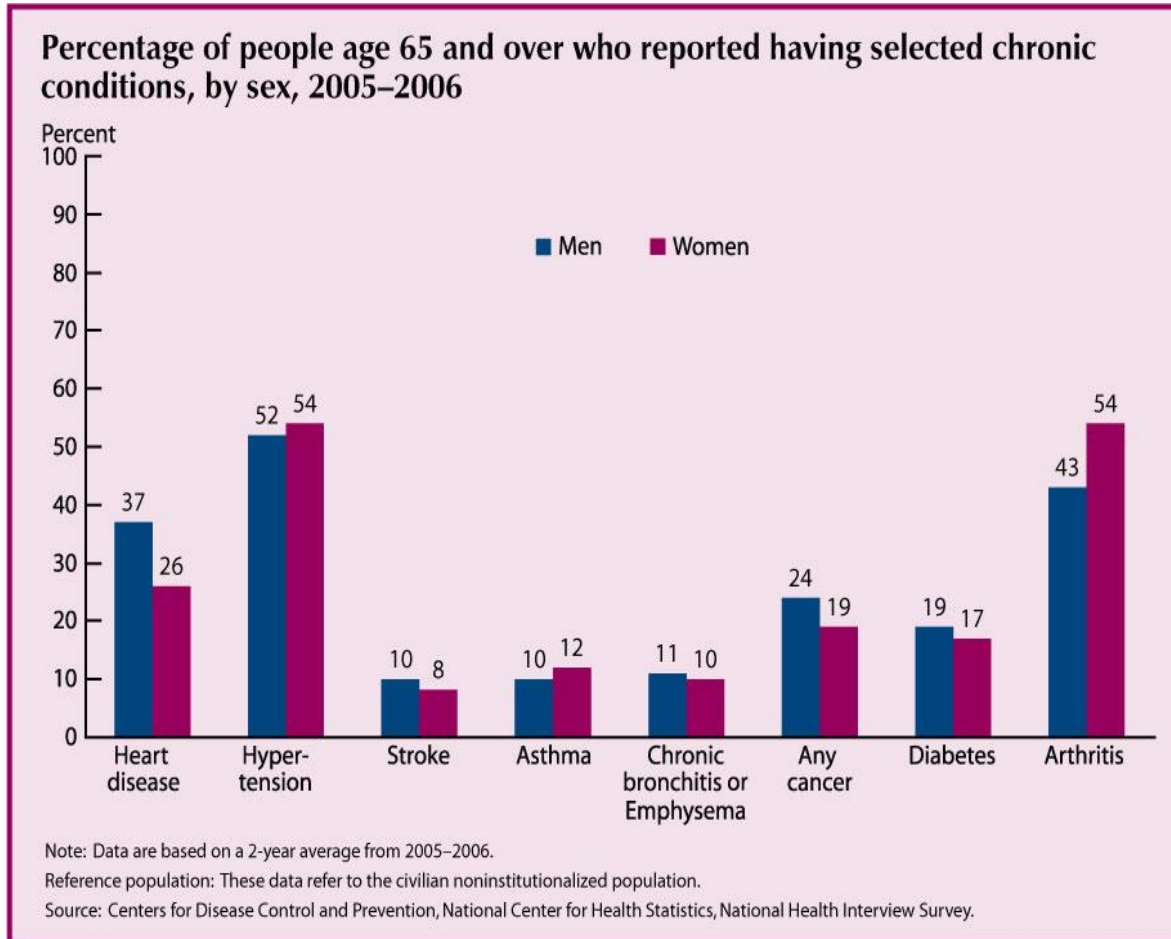
The person, not the condition, is our focus. People are complex and integrated.

Slide source: CDC Workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009

Factors Affecting Our View of Older Adults' Health

- Ageism
- Medical Model of Illness vs. Public Health Model
- Prevalence of chronic diseases
- Complexity of the issues

Prevalence of Chronic Diseases



Slide source: CDC Workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009

The “Crisis” of Aging: Watching Our Language



**MEDICARE AND SOCIAL
SECURITY BANKRUPT**
The Wall Street Journal Online, March 23, 2005

OUR GRAYING BUDGET PRIORITIES
The New York Times, September 18, 2000

Gray Dawn: The Global Aging Crisis

Foreign Affairs, January/February 1999)

**The Other Healthcare Crisis: America's Aging
Healthcare Workforce** *U.S. News and World Report, March 26, 2009*

Slide source: CDC Workshop, Improving Older Adults' Health:
Opportunities and Resources for CDC Professionals, 2009

Upstream or Downstream?

- Social philosophies
 - Individualism
 - Collectivism

- Conceptions of health
 - Natural or medical science
 - Holistic View

Slide source: McKinlay and Marceau, 2000

Changing Social Norms and Policy Considerations

- Greater emphasis on healthy aging
- Growing demands on family caregivers
- Greater diversity in the older adult population
- Greater use of the internet and other social networking vehicles across all ages

The Aging of The Baby Boomers

Redefining Aging

- Will Boomers be more active in their later years?
- Will Boomers be more engaged with society?
- Will Boomers retire later or not at all?
- What kinds of demands on preventive services and health care systems will Boomers make in their quest for health in their later years?

Growing Demands on Caregivers

- Caregiving is a public health priority
- Caregivers report having difficulty finding time for one's self (35%), managing emotional and physical stress (29%), and balancing work and family responsibilities (29%)
(National Alliance for Caregiving, 2004).

United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adult and Community Health, Healthy Aging Program, Family Caregiving: The Facts, November 16, 2009.
[Http://www.cdc.gov/aging/caregiving/facts.htm](http://www.cdc.gov/aging/caregiving/facts.htm)

A More Diverse Older Adult Population

Table 1.
Place of Birth and Year of Entry of the Foreign-Born Population Aged 65 and Over: 2000

(Numbers in thousands)

Characteristic	Foreign born	Region of birth			
		Europe	Asia	Latin America	Other areas
Total	3,115	1,203	690	976	245
90-percent confidence interval	2,888 - 3,342	1,057 - 1,349	551 - 829	805 - 1,147	178 - 312
Year of entry:					
1970 or later	1,189	172	516	441	59
Before 1970	1,926	1,031	173	535	187
Percent distribution by year of entry:					
Total	100.0	100.0	100.0	100.0	100.0
1970 or later	38.1	14.2	75.0	45.2	24.0
Before 1970	61.8	85.7	25.1	54.8	76.0
Percent distribution by place of birth:					
1970 or later	100.0	14.5	43.5	37.2	5.0
Before 1970	100.0	53.5	9.0	27.8	9.7

Note: Figures may not sum to totals because of rounding.

Source: U.S. Census Bureau, Current Population Survey, March 2000.

Slide source: The Older Foreign-Born Population in the United States: 2000 Issued September 2002, P23-211.

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Older Adults' Greater Use of the Internet

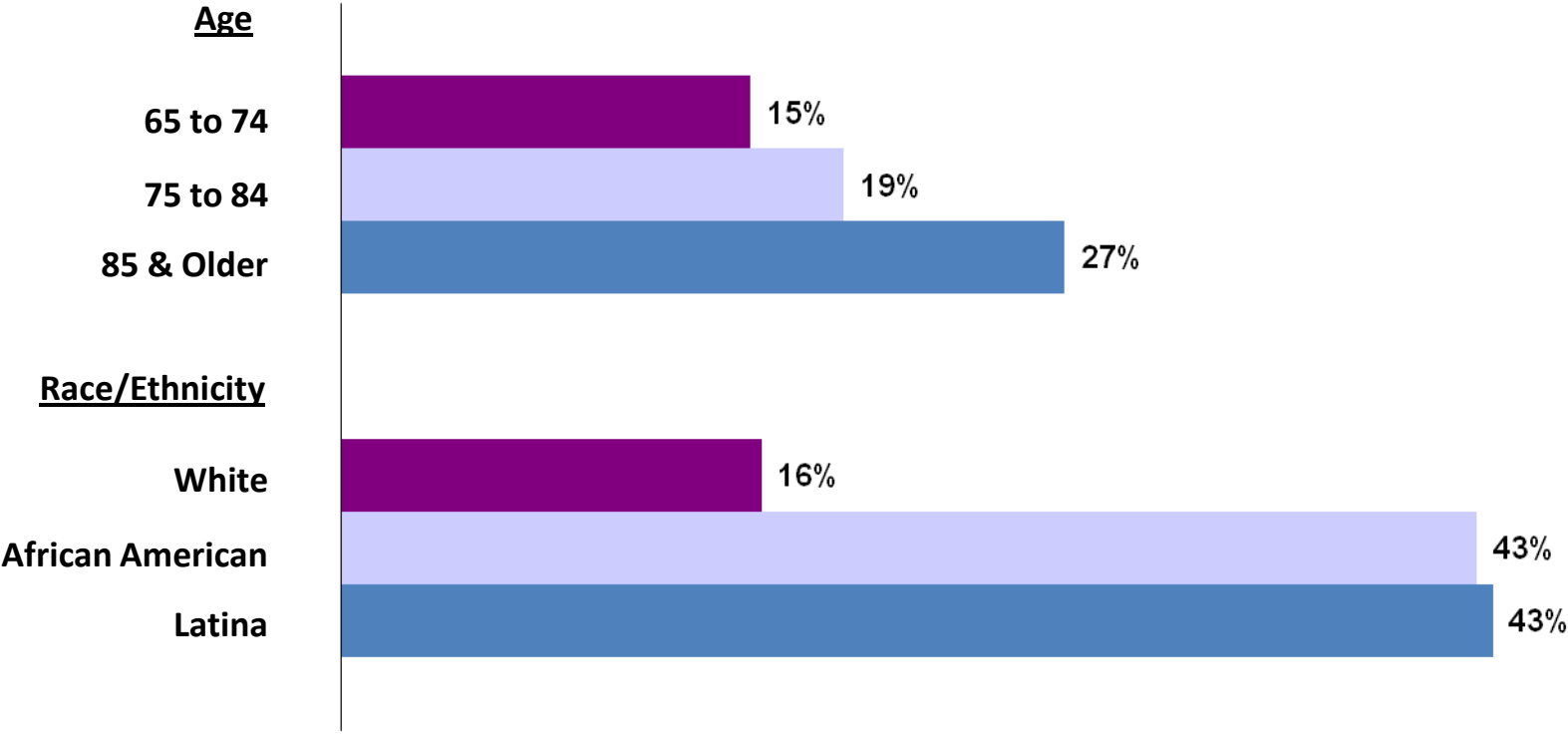
- Social networks
- Lifelong learning
- Access to services

Health Equity Considerations

- Aging as persons of color and/or different ethnic backgrounds
- Aging and low socioeconomic status
- Aging as persons with diverse gender and sexual orientations
- Aging with disability OR aging into disability?

Many Older Women on Medicare are Impoverished

Percent of women ages 65 and older on Medicare with annual income below \$10,000:



Source: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey Access to Care file, 2006. Slide source: CDC Workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009.

Aging and Women

- Women are the majority in the older population
- The large majority of older women are non-Hispanic white, but the share of other racial and ethnic groups will grow
- A large percentage of older women are living alone

Slide source: CDC Workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009

Aging as Persons with Diverse Gender and Sexual Orientations

- Caregiving Issues
- Legal Rights
- Health Concerns
- End-of-Life Planning

Aging *with* Disability or Aging *into* Disability

- According to the 2006 ACS, 15.1 % of the civilian non-institutionalized population 5 years and over in the United States, or about 41.3 million people reported a disability
 - Sensory disability: 43%
 - Physical disability: 9.4%
 - Mental disability: 5.8%
 - Self-care disability: 3.0%
- Disability prevalence was highest among the 65 years and older population at 41.0 %, compared to rates for the 16 to 64 years age group (12.3 %) and 5 to 15 years age group (6.3 %)

Summary

- Most of the top 10 causes of death for older adults also cause significant disability before death.
- The U.S. currently has approximately 40 million older adults. By the year 2030, that number will grow to about 71 million, nearly 20% of the U.S. population.
- The “oldest old” (85+) group is the fastest growing segment of the older adult population.
- Healthy aging emphasizes optimal functioning in older adults.

Summary

- Changing social norms both influence and reflect the way older adults experience their later years.
- Baby Boomers explore new ways to age, reflecting their preferences in relationships and family, work, retirement, and civic engagement.
- Health equity considerations related to age, race, ethnic background, gender, and sexual orientation influence older adults' health and mobility.

“Check Your Knowledge”

- The aging imperative is the term used to describe the demands that baby boomers will make on the preventive and health care systems when they reach age sixty-five. (True or False)
- Healthy aging describes the dominant view of aging in the United States. (True or False)
- Chronic diseases such as heart disease and diabetes limit older adults' physical activity. (True or False)

“Apply Your Knowledge”

- How and why does adopting the Life Course Perspective influence public health interventions related to older adults' mobility, including policy development as an intervention?
- Have you considered the impact of the “demographic imperative” on your center, division, or program research and partnerships?

To Learn More.....

Please see MPH Capstone Project Talking Points and To Learn More document for this reference/resource list.

Chapter II

Policy Frameworks and Public Health Tools



www.wordle.net

Learning Objectives

By the end of this chapter you will be able to:

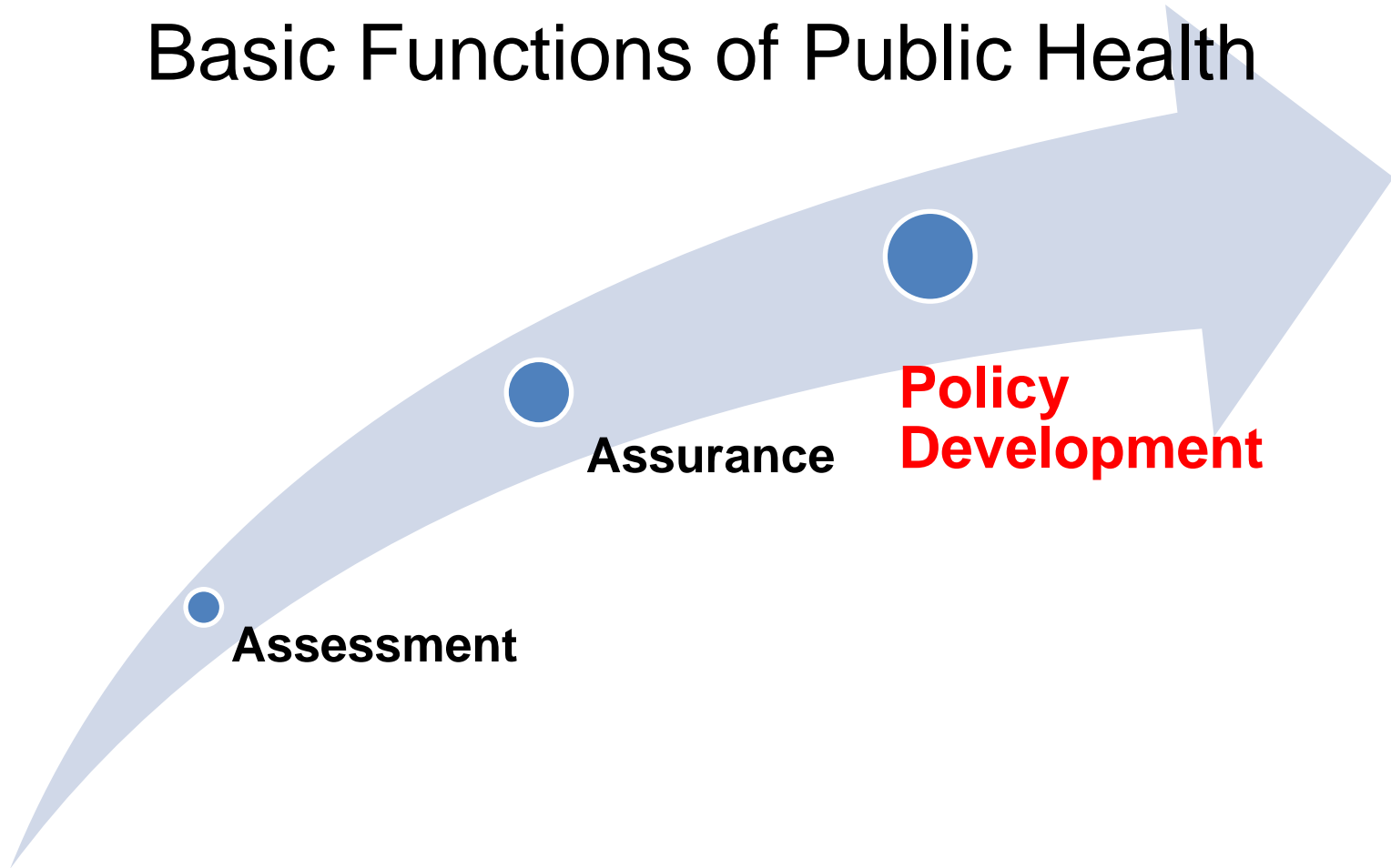
- Identify the barriers to the adoption of effective legislation and public policy that advances older adults' health
- List and describe five frameworks for effective legislation and public policy
- Identify three additional ways to frame the public discourse on aging and policy

Preview

Policy frameworks and public health tools

- Evidence-based research
- Social-Ecological Model
- Data for action
- Evaluation

Basic Functions of Public Health



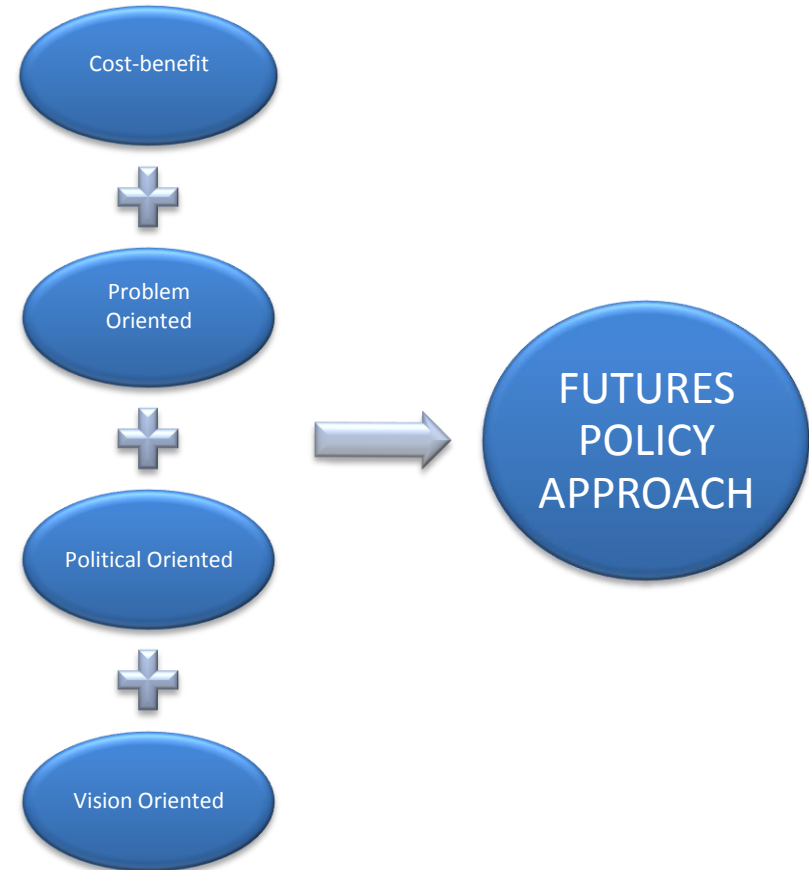
Policy is.....

“a plan or course of action intended to influence and determine decisions, actions, and rules or regulations that govern our collective daily life.”

Harrington and Estes, 2004

Policy Frameworks

- Cost-benefit
- Problem-oriented
- Political-oriented
- Vision-oriented
- Futures policy approach



Slide source: Inayatullah, Sohail. 2003. Ageing: Alternative Futures and Policy Choices. *Foresight : the Journal of Futures Studies, Strategic Thinking and Policy* 5 & 6:8-17. Graphic: Buckmaster, 2009

Cost-Benefit Analysis

- Cost-Benefit Analysis: costs and the health outcomes are expressed in dollars.
- $$\frac{\text{Value of Benefits}}{\text{Costs (Direct \& Indirect)}} = \text{Benefit/cost ratio}$$
- Useful evaluation tool

Slide source: Inayatullah, Sohail. 2003. Ageing: Alternative Futures and Policy Choices. *Foresight : the Journal of Futures Studies, Strategic Thinking and Policy* 5 & 6:8-17.

Problem-Oriented Framework

- Often reactionary
- Timeframe: a crisis or emerging issue
- Vehicle to address the needs of the people

Slide source: Inayatullah, Sohail. 2003. Ageing: Alternative Futures and Policy Choices. *Foresight : the Journal of Futures Studies, Strategic Thinking and Policy* 5 & 6:8-17.

Politically-Oriented Framework

- Tied to ideology
- Bureaucratic entanglements

Vision-Oriented Framework

- Vision for the future
- Varied and nuanced

Slide source: Inayatullah, Sohail. 2003. Ageing: Alternative Futures and Policy Choices. *Foresight : the Journal of Futures Studies, Strategic Thinking and Policy* 5 & 6:8-17.

Futures Policy Approach

- Implication for the future
- Anticipation of issues and trends
- Consideration of future generations
- Flexibility
- Anticipatory action learning

Slide source: Inayatullah, Sohail. 2003. Ageing: Alternative Futures and Policy Choices. *Foresight : the Journal of Futures Studies, Strategic Thinking and Policy* 5 & 6:8-17.

Additional Frameworks

Additional ways to frame the public discourse on legislation, policies, and regulations: affecting older adults' health and mobility:

- Triple Bottom Line
- Age-friendly or senior-friendly policies
- Family policies for population aging

Slide sources:

Blair, John M; Prashad, Deo; and Zehner, Robert. "Triple Bottom Line Assessment and Sustainability: A Method of Performance Evaluation." The 2005 World Sustainable Building Conference.

Shulz, James H. and Binstock, Robert H., *Ageing Nation: The Economics and Politics of Growing Older in America*, 2006. Westport: Praeger Publishers

World Health Organization, *Global Age-Friendly Cities: A Guide:*

http://www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf

Triple Bottom Line ?

- Origins in the corporate sector
- Socially responsible investing
- Synonym for sustainability
- Multidimensional indicators
 - Environmental
 - Economic
 - Community

Slide source: Blair, John M; Prashad, Deo; and Zehner, Robert. "Triple Bottom Line Assessment and Sustainability: A Method of Performance Evaluation." [The 2005 World Sustainable Building Conference.](#)

What is an “Age-Friendly” Policy ?

Legislation, Policy, Regulations Promoting Older Adults’
Access to:

- Safe and healthy outdoor spaces and buildings
- Safe and affordable , and accessible transportation
- Safe, affordable, and accessible housing
- Avenues for meaningful social participation, employment, and civic engagement
- Communication and information about health services and community programs
- Community and health services

Slide source: World Health Organization 2007.

http://www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf

Aging Policies as Family Policies?

- Age-friendly and family friendly policies go hand-in-hand
- Emphasizes our interdependence
- Avoids intergenerational conflict over limited resources

Slide source: Shulz, James H. and Binstock, Robert H., *Aging Nation: The Economics and Politics of Growing Older in America*, 2006. Westport: Praeger Publishers

Evaluating Legislative and Policy Interventions

- Effectiveness: → Accomplish objectives?
- Efficient: → Strong systems & methodologies?
- Efficacy: → Best use of resources?

Barriers to Adoption of Effective Policy

- Lack of data
- Lack of organized voice in support of the policy
- Change not always welcome
- Silo thinking
- Irrational policy considerations
- Fiscal constraints

Promoting Healthy Policies: State and Local Health Departments

- Develop appropriate skills; learn new tools
- Hire people with expertise in policy work
- Work with new partners that have overlapping goals and objectives
- Look for partners in business, academia, other levels of government
- Educate decision makers and the public about the underlying social determinants of health
- Explain why every policy is a health policy
- Use best evidence in choosing policy interventions to support

Slide source: Health in All Policies: Lessons Learned by LA County Department of Public Health, CDC Leaders to Leaders Conference, July 8, 2008.

Challenges for Public Health Professionals

- Recognize that older adults' health is a public health concern
- Break down the silos
- Learn to speak the language of other sectors affecting older adults' health
- Do more with less
- Develop competency and passion in the public health workforce to promote older adults' health and well-being

Public Health Tools for Policy Development

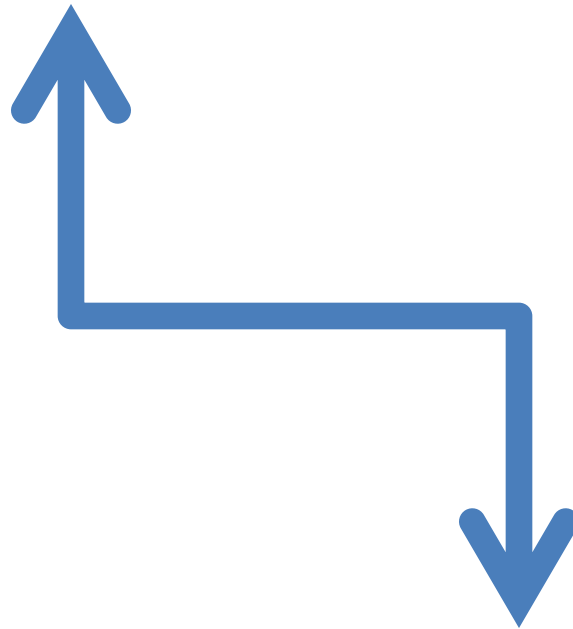
- Evidence-based research and Evaluation
- Social-ecological model
- Data for action
- Evaluation tools
 - Health Impact Assessment Tool
 - The C.H.A.N.G.E. Tool

Evidence-Based Interventions

The development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models.

Source: Brownson, Ross C., Elizabeth A. Baker, Terry L. Leet, and Kathleen N. Gillespie, Editors. *Evidence-Based Public Health*. New York: Oxford University Press, 2003. Slide source: CDC Workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009

Evidence-Based Research

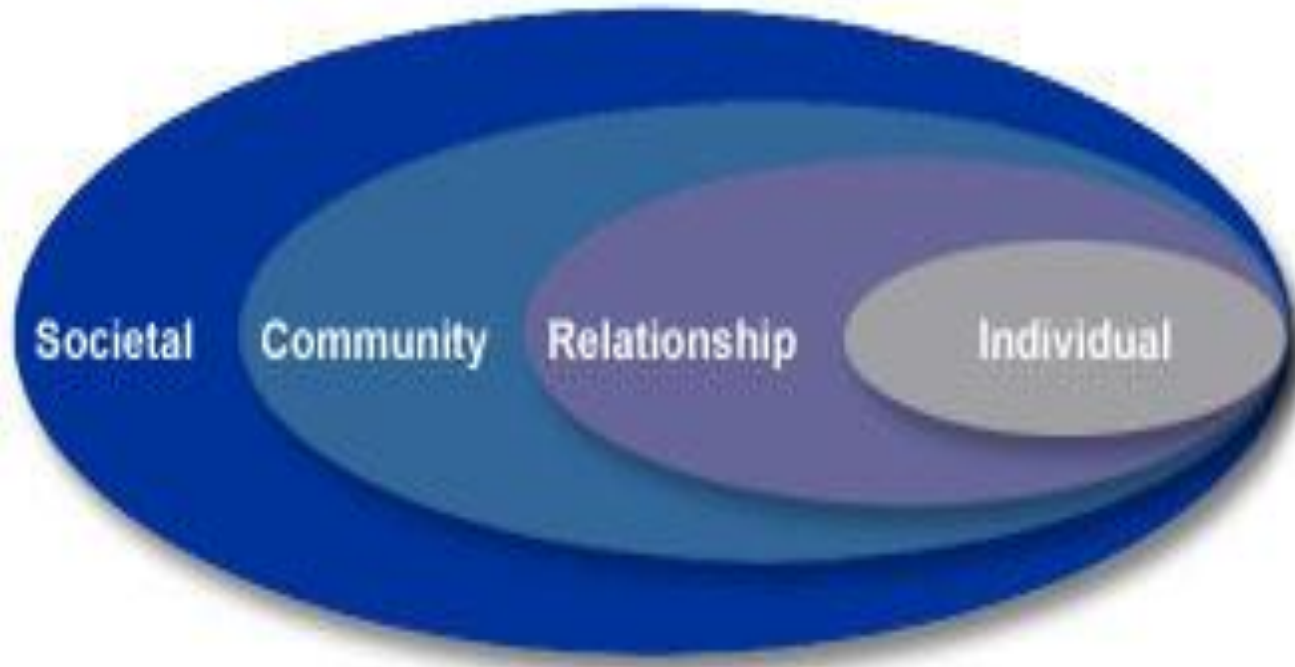


Data for Action

Resources for Evidence-Based Interventions

- CDC Guide to Community Preventive Services/
“The Community Guide”
- CDC Guide to Clinical Preventive Services
- CDC Prevention Research Centers-Healthy Aging
Research Network
- CDC, AARP, American Medical Association. Promoting
Preventive Services for Adults 50-64: Community and
Clinical Partnerships, 2009

Health Promotion Theory: Social-Ecological Model



Source: Adapted from Dahlberg LL, Krug EG. Violence-a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World Report on Violence and Health. Geneva, Switzerland: World Health Organization; 2002:1-56.
Adapted from McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Educ Q 1988;15:351-77. CDC Workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009

Health Impact Assessment (HIAs) as a Tool

- Similar to environmental impact assessments
- Voluntary or regulatory processes
- Quantitative and qualitative methods and tools
- Applicable to any public health issue
- Useful in cross-sector work

Slide source: National Center for Environmental Health, Division of Emergency and Environmental Health Services, 2010. [Http://www.cdc.gov/healthyplaces/publications/Health_Impact_Assessment2.pdf](http://www.cdc.gov/healthyplaces/publications/Health_Impact_Assessment2.pdf)

CDC's C.H.A.N.G.E. Tool

Community Health Assessment aNd Group Evaluation

- New way to assess and document policy, systems, and environmental change in communities
- Sections: community-at-large, community institution/organization sector, health care sector, school sector, and work site sector
- Benefits of using the tool:
 - Facilitates the community decision-making process
 - Creates a sense of ownership in the process

Slide source: CDC's Healthy Communities Program, 2010.
<http://www.cdc.gov/healthycommunitiesprogram/tools/change.htm>

Is It Really a Question of Unsustainability?

There is no doubt that population aging complicates the decisions facing baby boomers and other generations to follow.

.....the future costs of an aging population and our ability as a nation to meet these costs depend fundamentally not on demography but on the general economic health of the nation and the quality of the programs addressing issues of old age. Schulz and Binstock, 2008

Slide source: Shulz, James H. and Binstock, Robert H., *Aging Nation: The Economics and Politics of Growing Older in America*, 2006. Westport: Praeger Publishers

“Check Your Knowledge”

- The following frameworks are useful tools in the policy development process: (Check all that apply)
 - Cost-benefit approach
 - Political orientation
 - Faith-based approach
 - Problem-solving approach
 - Triple bottom line approach
- The Health Impact Assessment tool is another name for the C.H.A.N.G.E. Tool. (True or False)
- CDC’s Healthy Community Program developed the CHANGE Tool. (True or False)

“Apply Your Knowledge”

- Which of the policy frameworks most clearly represents the approach taken in your center, division, or program?
- Should policy makers frame the public debate on older adults' health and mobility as family policies verses age-friendly policies? If so, why/why not? What impact would this have on the way policy is developed?

To Learn More

Please see MPH Capstone Project Talking Points and To Learn More document for this reference/resource list.

Chapter III

Legislative and Public Policy's Impact on Older Adults' Health & Mobility



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Learning Objectives

By the end of this chapter you will be able to:

- Identify several legislative statements and public programs that promote older adults' health and mobility on a daily basis
- Discuss turning points in recent U.S. history that promote the health and mobility of persons with disabilities

Preview: Legislative and Policy Context

- Social Security: 1935
- Medicare: 1965
- Medicaid: 1965
- Older American's Act: 1965
- Americans with Disabilities Act of 1990
- Supreme Court Decision: LC v Olmstead (1999)
- Medicare Part D (2006)
- Safety of Seniors Act (2007)

Slide source: CDC Workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009 (modified)

Social Security

- Established in 1935
- “To provide protection as a matter of right for the American worker in retirement” Franklin Delano Roosevelt
- Not needs-based--most Americans are eligible for full benefits at age 65
- Benefits based on amount contributed to social security during working years; amount contributed is based on earnings
- FDR Speech Following Signing of the SSA
<http://www.youtube.com/watch?v=aVZijG4WSOw>

Slide source: CDC Workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009 (modified)

Social Security Facts

- **Fact:** “For two-thirds of the elderly, Social Security provides the majority of their income. For one-third of the elderly, it provides nearly all of their income.”

(Social Security Administration, Fast Facts & Figures About Social Security, 2004)

- **Fact:** “Social Security is especially beneficial for women. “
“Approximately 57% of adult beneficiaries are women. “

(Social Security Administration, 2005, Annual Statistical Supplement, 2004)

Medicare (1965)

- Title XVIII of Social Security Act
- Health insurance for older adults, covering 96% of older adults in America
- Entitlement program--people contribute through taxes & are entitled regardless of income and assets
- Administered by the Centers for Medicare and Medicaid Services (CMS) under the U.S. Department of Health and Human Services (DHHS)
- “Welcome to Medicare” preventive care visit AND new focus on prevention

AND.....health care reform will have an impact!

Slide source: CDC Workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009 (modified)

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Medicare

Part A	Part B	Part C	Part D
Hospital Insurance	Physician services Hospital outpatient services	Medicare Advantage	Prescription Drug Benefit
Inpatient services	Diagnostic tests Radiology Emergency Department	HMO plans undergoing change – health care reform	Voluntary enrollment
Short-term convalescence/ rehab in SNF	Rehab Ambulance Dialysis		Administered through private plans
Home health	Radiation		Premiums & Cost – Sharing [“doughnut hole”]
Hospice	Durable medical equipment		
No Premiums	Open enrollment & premiums		

Slide source: United States Department of Health and Human Services. <http://www.medicare.gov>

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Medicare and Public Health

- Focus on medical conditions ---NOT wellness
- No payment for prevention
- Limited community-based services

AND.....health care reform will have an impact!

Slide source: Kaiser Family Foundation's Medicare Policy Project: kff.org/medicare/index.cfm

Major Policy Challenges Facing Medicare & Medicaid

- Long Term Care & Medicaid
- Fair payments for health plans and providers
- Needs of vulnerable older adults
- Medicare out-of-pocket expenses
- Medicare financing
- Medicare & Medicaid “dual eligibles” coordination
- Avoiding intergenerational conflicts over resources

AND.....health care reform will have an impact!

Comparing Medicare & Medicaid

Medicare

- Title XVIII of Social Security Act
- For persons over 65, disabled persons entitled to Social Security benefits, people with end-stage renal disease
- Not “means-tested”
- Four Parts (A,B,C,D) --not comprehensive

Medicaid

- Title XIX of Social Security Act
- Welfare program to help the medically-needy in certain groups
- “Means-tested”
- Feds require certain basic services—states have discretion on others
- “Dual-Eligibles”

Medicaid: 1965

- Focused on the welfare population
 - Single parents with dependent children
 - Aged, blind, disabled
- Federal matching grants to states to finance care
- Mandatory services with state options to provide others
- States administer own program and determine eligibility
- Supports U.S. health care system and safety-net hospitals & services; significant payer of LTC services (skilled nursing facilities & community-based programs)

AND.....health care reform will have an impact!

Slide source: United States Department of Health and Human Services, Centers for Medicare and Medicaid Services: <http://www.cms.hhs.gov/home/medicaid.asp>

Long-Term Care (LTC) Medicare & Medicaid

- Nursing Homes not required to accept
- Self or family -- largest payers for LTC
- 2nd largest payer -- Medicaid
- Medicare—focus on hospital and physician offices
- Private LTC insurance plans
- Less than 5% of the U.S. population has LTC

BUT.....health care reform will have an impact!

Slide source: Feder, Judith; Komisar, Harriet L. and Robert B. Friedland. 2009. *Long-Term Care Financing: Policy Options for the Future*. edited by H. P. Institute. Washington, D.C.: Georgetown University.

<http://www.ltc.georgetown.edu>

NOT FOR DISTRIBUTION

Medicaid Nursing Home Coverage

- LTC policy has a large deductible – ALL your assets AND income limits
- Transfers of assets to help individuals become eligible?
- 2006 legislation extends “look back” for assets from three to five years and limits household exclusion to \$500,000

AND.....health care reform will have an impact!

Slide source: United States Department of Health and Human Services, Centers for Medicare and Medicaid Services: <http://www.cms.hhs.gov/home/medicaid.asp>

Emerging Trends in Medicaid Managed Care

- Mandating or offering managed care for complex Medicaid populations
- Primary care case management for persons with chronic physical, mental illnesses, and disabilities
- Coordination of Medicare and Medicaid services for dual eligibles

AND.....health care reform will have an impact!

Slide source: Medicaid and Managed Care: Key Data, Trends, and Issues.

www.kff.org/medicaid/upload/8046.pdf

Older Americans Act of 1965

Goal: To improve the lives of older adults & support them in all aspects of wellbeing

Title I: States the policy objectives of OAA

Title II: Establishes the Administration on Aging

Title III: Grants for state & community programs on aging

Title IV: Research, training, & demonstration programs

Title V: Part-time community service work for low income older adults

Title VI: Grants for Native Americans, Alaska Natives & Native Hawaiians

Title VII: Elder Rights including elder abuse, neglect, & exploitation

Slide source: CDC Workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009 (modified)

Title III of The Older Americans Act: Creating the Aging Services Network

Access to Services	Nutrition	Home & Community-Based Long-Term Care	Disease Prevention & Health Promotion	Vulnerable Elder Rights Protection
Outreach, Information & Assistance regarding Service Benefits	Congregate & Home-Delivered Meals ----- Nutrition Counseling & Education	Home Care, Chore, Personal Care ----- Adult Day Care ----- Family Caregiver Support	Examples: Physical Fitness ----- Nutrition Counseling ----- Immunizations	Long-Term Care Ombudsman ----- Prevention of Elder Abuse, Neglect & Exploitation ----- Legal Assistance

A Place for Disabilities in this Discussion?

- Some persons age *with* a disability and some age *into* a disability
- What's good for one population group (older adults) is good for another (persons with disabilities AND the general population) and vice versa—evidence for this?

Critical Turning Points in U.S. History

- Americans with Disabilities Act (1990)
- Olmstead Decision (1999)
- Collaboration between Centers for Medicare and Medicaid, the Administration on Aging to create Aging and Disability Resource Centers (ADRC)

Slide sources: Administration on Aging, Aging and Disability Resource Centers,
http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/ADRC/index.aspx

United States Department of Justice: <http://www.ada.gov/index.html>

Olmstead: Supreme Court's Decision: <http://supct.law.cornell.edu/supct/html/98-536.ZS.html>

Americans with Disabilities Act of 1990

- Extended anti-discrimination protections to employment, publicly funded services, & public accommodations

- Series of Titles establishing different protections

Title I Employers & employment benefits

Title II Publicly-operated & funded programs or entities

Title III Public accommodations

Title IV Telecommunications

Title V Miscellaneous provisions

Slide source: United States Department of Justice: <http://www.ada.gov/index.html>

Supreme Court Decision: LC v Olmstead (1999)

- Involved two women confined to Georgia Regional Hospital in Atlanta, Lois Curtis and Elaine Wilson
- Case brought against State of Georgia Department of Human Resources, Tommy Olmstead, Commissioner
- Based on Americans with Disabilities Act of 1990

Slide source: Olmstead: Supreme Court's Decision: <http://supct.law.cornell.edu/supct/html/98-536.ZS.html>

The Olmstead Decision Impact

- States must provide services for the mentally disabled in a community setting when deemed necessary by states' professionals
- Unnecessary segregation of people with mental disabilities may constitute discrimination under the ADA
- Work towards “integrated settings” and make “reasonable modifications”

Slide source: *Olmstead v. L.C.*, Judge David L. Bazelon Center for Mental Health Law
<http://www.bazelon.org/issues/disabilityrights/incourt/olmstead/index.htm>

Underlying Principle

“Institutional placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life” (U.S. Supreme Court, 1999)



Slide source: Olmstead v. L.C., Judge David L. Bazelon Center for Mental Health Law

<http://www.bazelon.org/issues/disabilityrights/incourt/olmstead/index.htm>

Olmstead: Supreme Court's Decision: <http://supct.law.cornell.edu/supct/html/98-536.ZS.html>

Aging and Disability Resource Centers

- Collaboration between Administration on Aging and the Centers for Disease Control and Prevention
- National demonstration grants to states
- One-stop entry
- Link to other agencies & organizations

Slide source: Administration on Aging, Aging and Disability Resource Centers,
http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/ADRC/index.aspx

The Institute of Medicine's Report on Disability (2007)

- Physical and other barriers still exist
- Outdated policies for assistive technologies & services
- World Health Organization's International Classification of Functioning, Disability, and Health (ICF) framework
 - National Center for Health Statistics
 - Census Bureau
 - Bureau of Labor

Slide source: Institute of Medicine (IOM). 2007. *The Future of Disability in America*. Washington, D.C.: The National Academies Press.

Safety of Seniors Act (2007)

Authorizes the Secretary of Health and Human Services to focus on falls prevention:

- Engage in public education on the seriousness of the issue
- Conduct research
- Provide educational support to states
- Provide funding for multi-state demonstration projects

Slide source: S.845: Safety of Seniors Act: <http://www.govtrack.us/congress/bill.xpd?bill=s110-845>

“Check Your Knowledge”

- Medicare and Medicaid provide assistance to older adults only. (True or False)
- State and local health departments receive no funding from Medicare and Medicaid. (True or False)
- The Older Americans Act and the Aging Services Network authorized by it are geared towards helping all older adults. (True or False)
- Recent health care reform is transforming both Medicare and Medicaid. (True or False)

“Apply Your Knowledge”

- How do these programs impact our work as public health professionals?
- How do they impact the Aging Services Network?
- How can public health professionals focused on older adults' health and mobility partner with those who promote the health of persons with disabilities? Who might some of these partners be?
- Discuss the impact of falls prevention on older adults' mobility, both inside the home and in the larger community.

To Learn More

Please see MPH Capstone Project Talking Points and To Learn More document for this reference/resource list.

Chapter IV

Policy, Systems, & Environmental Change on the Horizon



Slide photo source: CDC

Learning Objectives

By the end of this chapter you will be able to:

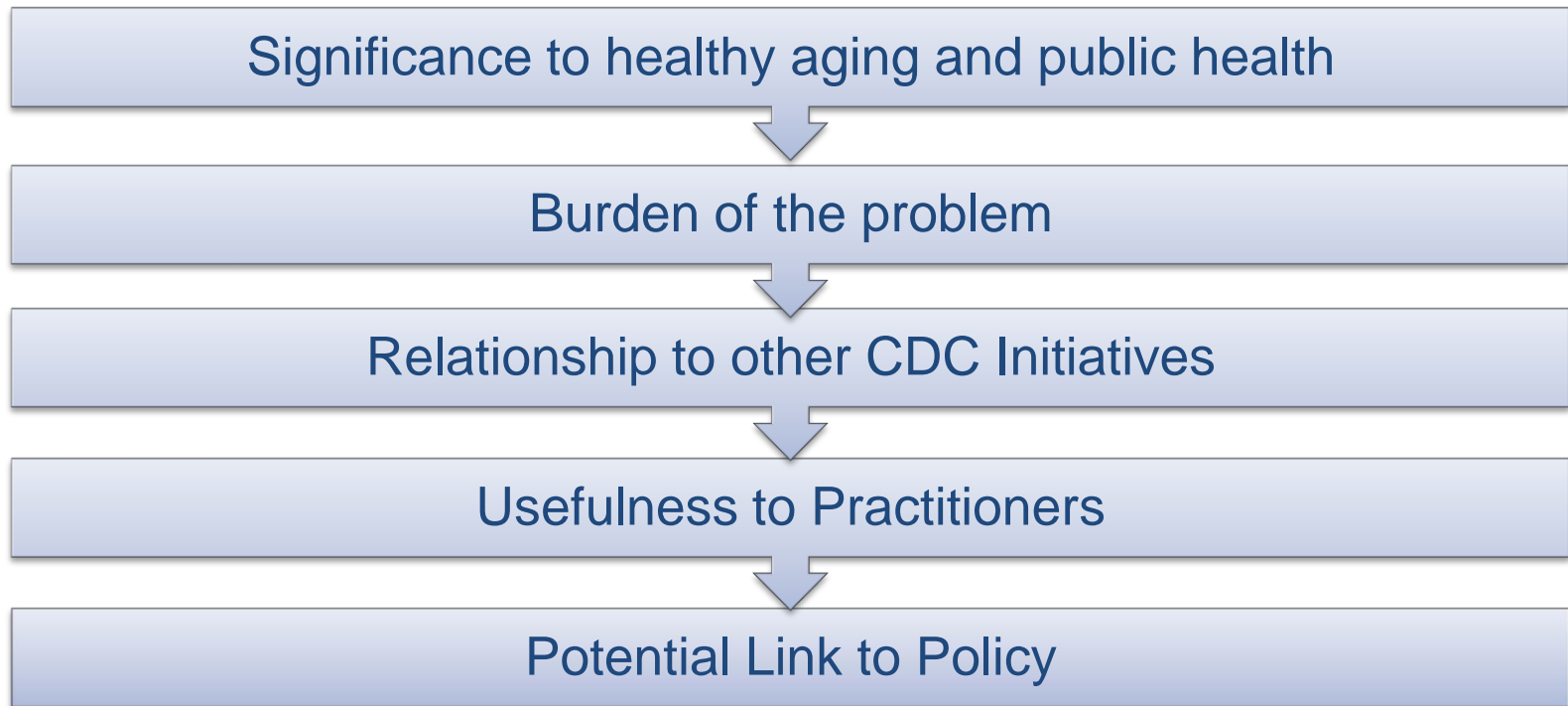
- Describe how older adults' health, the built environment, and emergency preparedness relate to older adults' mobility
- Identify three emerging approaches to community design that promise to enhance older adults' mobility
- List and describe five components of successful aging-in-place
- Discuss some of the recommendations put forth by area agencies on aging to help them meet their mandate to assist in emergencies and disasters

Preview

- Criteria for inclusion in this chapter --- MOBILITY
- Health and Older Adults' Mobility
- The Built Environment and Older Adults' Mobility
- Emergency Preparedness and Older Adults' Mobility

Criteria for Inclusion in this Module

Thematic Focus: Older Adults' Mobility



Slide source: Selected criteria from the Healthy Aging Network's (HAN) Criteria for the Selection of Theme (s) and Projects, Centers for Disease Control and Prevention, Healthy Aging Research Network, Semi-Annual Meeting, April 6-7, 2010. (modified)

Examples of CDC Areas of Responsibility Related to Older Adults' Mobility

HEALTH CONCERNS	BUILT ENVIRONMENT	EMERGENCY PREPAREDNESS
Cognitive and mental health	Safe and healthy places to live, work, and recreate	Disaster mitigation
Physical activity, nutrition, and obesity	Healthy community design	Disaster and emergency preparedness
Falls prevention	Extreme weather conditions	Disaster and emergency response
Chronic disease prevention		Disaster and emergency recovery
Health equity		
Elder maltreatment		

Slide source: www.cdc.gov

Other Examples of CDCs Work in Promoting Population Health

- Coordinating Office for Terrorism Preparedness and Response (COTPR)
- National Center for Immunization and Respiratory Diseases (NCIRD)
- National Center for Injury Prevention (NCIP)
- National Center for Public Health Informatics (NCPHI)
- National Center for the Preparedness, Detection and Control of Infectious Diseases (NCPDCID)
- National Center for Zoonotic, Vector-Borne, and Enteric Diseases (NCZVED)
- National Institute for Occupational Safety and Health (NIOSH)
- Public Health Law Program
- National Center for Health Marketing

Examples of CDC Areas of Responsibility for Older Adults' Health

HEALTH CONCERNS	CDC HOME(S)		PARTNERS
Cognitive and mental health	National Center for Chronic Disease Prevention & Health Promotion	Division of Adult and Community Health, Healthy Aging Program, CDC-HAN Research Centers	Alzheimer's Association
Physical activity, nutrition, and obesity	National Center for Chronic Disease Prevention & Health Promotion	Division of Nutrition, Physical Activity and Obesity, CDC-HAN Research Centers	YMCA of America, National Association of Area Agencies on Aging
Falls prevention	National Center for Injury Prevention and Control	CDC-HAN Research Centers	National Safety Council, State and Territorial Injury Prevention Directors Association, The Association of State and Territorial Health Officials
Chronic diseases	National Center for Chronic Disease Prevention & Health Promotion,	Division of Diabetes Translation, Heart Disease and Stroke Prevention, Cancer Prevention and Control, Oral Health, Office on Smoking and Health	National Association of Chronic Disease Directors
Health equity	National Center for Chronic Disease Prevention & Health Promotion	Racial and Ethnic Approaches to Community Health, CDC-HAN Research Centers	Centers of Excellence for the Elimination of Health Disparities, Action Communities, National Association of Area Agencies on Aging
Elder maltreatment	National Center for Injury Prevention and Control	Violence Prevention	National Center on Elder Abuse, Administration on Aging

Older Adults' Health Concerns & Mobility



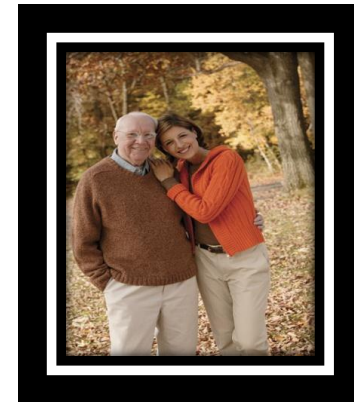
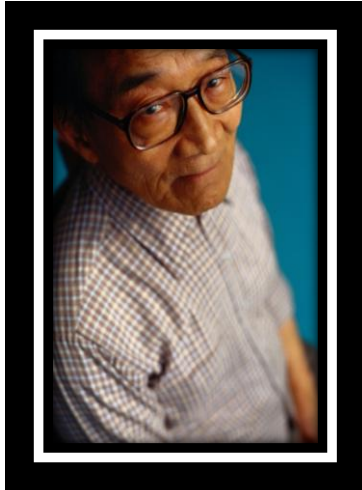
www.wordle.net

Physical Activity & Nutrition



CDC publications, *The National Blueprint on Increasing Physical Activity among Adults Aged 50 and Older* and *the Guide to Community Preventive Services* are practical resources for promoting the health of older adults and the larger population.

Cognitive Impairment: A Public Health Concern



A Mobility Issue?

Falls Prevention

- Exercise programs to improve mobility, strength, & balance
- Home safety assessment & modification
- Medications review & management
- Vision exams and vision improvement
- CDC Partners
 - Home Safety Council
 - State & Territorial Injury Prevention Directors

Slide source: Centers for Disease Control and Prevention, Division of Injury Prevention and Control, Home and Recreational Safety: <http://www.cdc.gov/homeandrecreationalafety/falls/index.html>

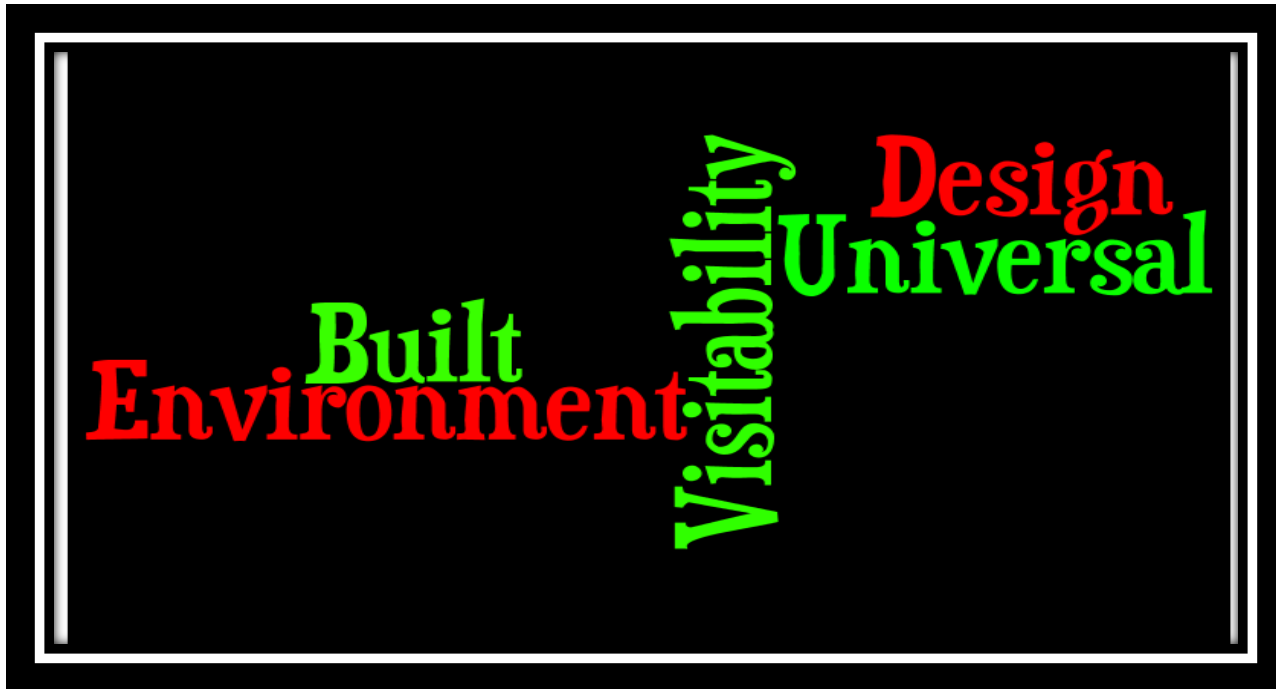
Preventing Chronic Diseases to Enhance Optimal Functioning & Mobility

- Multifaceted illnesses: arthritis, diabetes, heart disease and stroke, depression
- Evidence-based interventions/policies
 - Patient education
 - Improved self-coping skills
 - Community based care focused on independence
 - Organized approaches to medical care follow-up

Preventing Elder Maltreatment

- Older adults' increased dependency on caregiver
- Older adults' isolation
- Greater societal recognition of caregiver stress and policies that support caregiving

Older Adults' Mobility & The Built Environment



www.wordle.net

Examples of CDC Areas of Responsibility for Older Adults' Health & The Built Environment

BUILT ENVIRONMENT	CDC HOME (S)		PARTNERS
Accessibility and visitability	National Center for Chronic Disease Prevention & Health Promotion, CDC-HAN Research Centers, National Center for Environmental Health	Division of Adult and Community Health, Healthy Aging Program	R.L. Mace Universal Design Institute
Safe and healthy places to live, work, and recreate	National Center for Chronic Disease Prevention & Health Promotion, CDC-HAN Research Centers	Division of Adult and Community Health, Healthy Communities Program	Environmental Protection Agency, AARP, National Council on Aging
Healthy community design	National Center for Chronic Disease Prevention & Health Promotion, CDC-HAN Research Centers	Division of Adult and Community Health, Healthy Communities Program	National Association of Area Agencies on Aging
Extreme weather conditions	National Center for Environmental Health		National Association of Area Agencies on Aging

Older Adults' Mobility & The Built Environment

- Social and Physical Factors
- Mobility Issues
 - Accessibility & Visitability
 - Housing & Health Connection
- Emerging Models
 - Universal Design
 - Complete Streets
 - Lifelong Communities
 - Livable Communities

Social and Physical Factors

- The importance of place
- Changes in family structure, caregiving dynamics
- Dependence on cars; traffic congestion
- Isolation of older adults

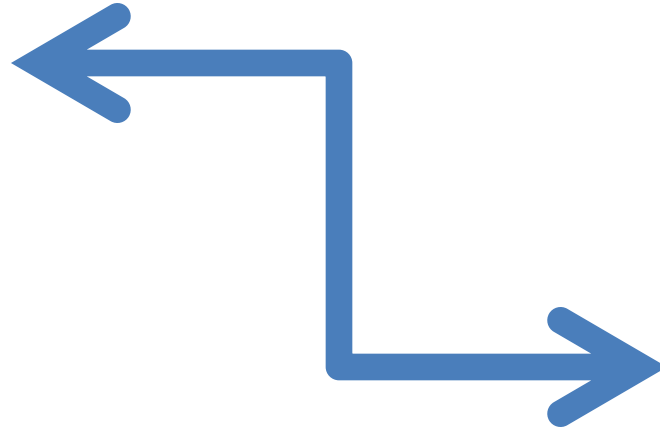
Barriers to Optimal Functioning

- Lack of affordable and appropriate housing
- Limited opportunities for physical activity
- Inadequate mobility options
- Limited information about health and supportive services in the community
- Concerns about safety and security

Accessibility & Visitability

- Getting into and out of the house
- Getting about in the community
- Not just age-friendly but family friendly too!

**A HEALTH CONCERN CAN
COMPOUND A
HOUSING
CONCERN**



**A HOUSING
CONCERN
CAN COMPOUND
A HEALTH CONCERN**

Slide content source: Lawler, Kathryn. 2001. Aging in Place: Coordinating Housing and Health Care Provision for America's Growing Elderly Population. Joint Center for Housing Studies of Harvard University and the Neighborhood Reinvestment Corporation.

<http://www.nw.org/network/pubs/studies/documents/agingInPlace2001.pdf>

Environmental Gerontology

3 Basic Functions of “Place”

- Maintenance
- Stimulation
- Support



Lawton, M.P. 1989. Three Functions of the Residential Environment. *Journal of Housing for the Elderly* 5:35-50. <http://www.informaworld.com/smpp/content~content=a904376734&db=all>

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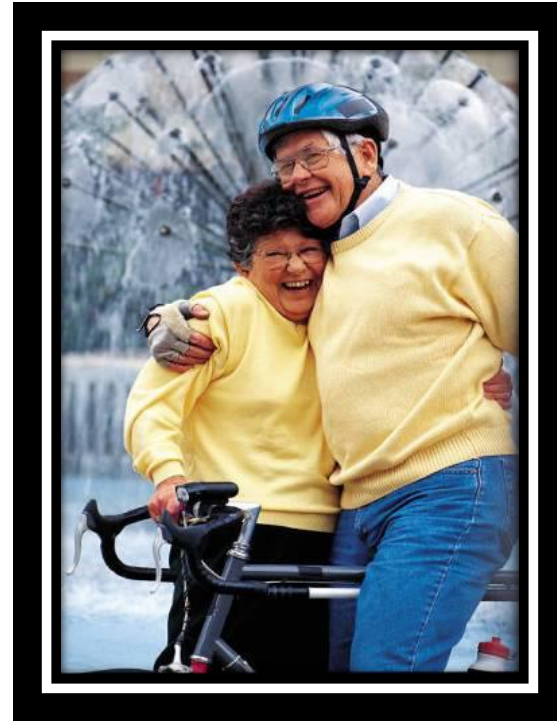
Aging-in-Place Components

- Choice
- Flexibility
- Entrepreneurship
- Mixed Generations
- Smart Growth

Slide source: Ball, Scott M. 2007. Aging in Place: A Toolkit for Local Governments. Atlanta, GA: Atlanta Regional Commission and the Community Housing Resource Center: www.atlantaregional.com or www.chrcatlanta.org

Key Concepts

- Enabling vs. constraining environments
- Healthy community
- Person-environment fit
- Chronic disease model
- Social capital



A Healthy Community

- Protection from all hazards
- Access to healthy foods
- Access to safe space for physical activities
- Mobility options
- Opportunities for social interaction

Slide source: United States Department of Health and Human Services, Centers for Disease Control and Prevention, Healthy Communities at <http://www.cdc.gov/HealthyCommunitiesProgram/>

Proposed Solutions to Enhance Older Adults' Mobility

- Complete Streets
- Lifelong Communities
- Livable Communities

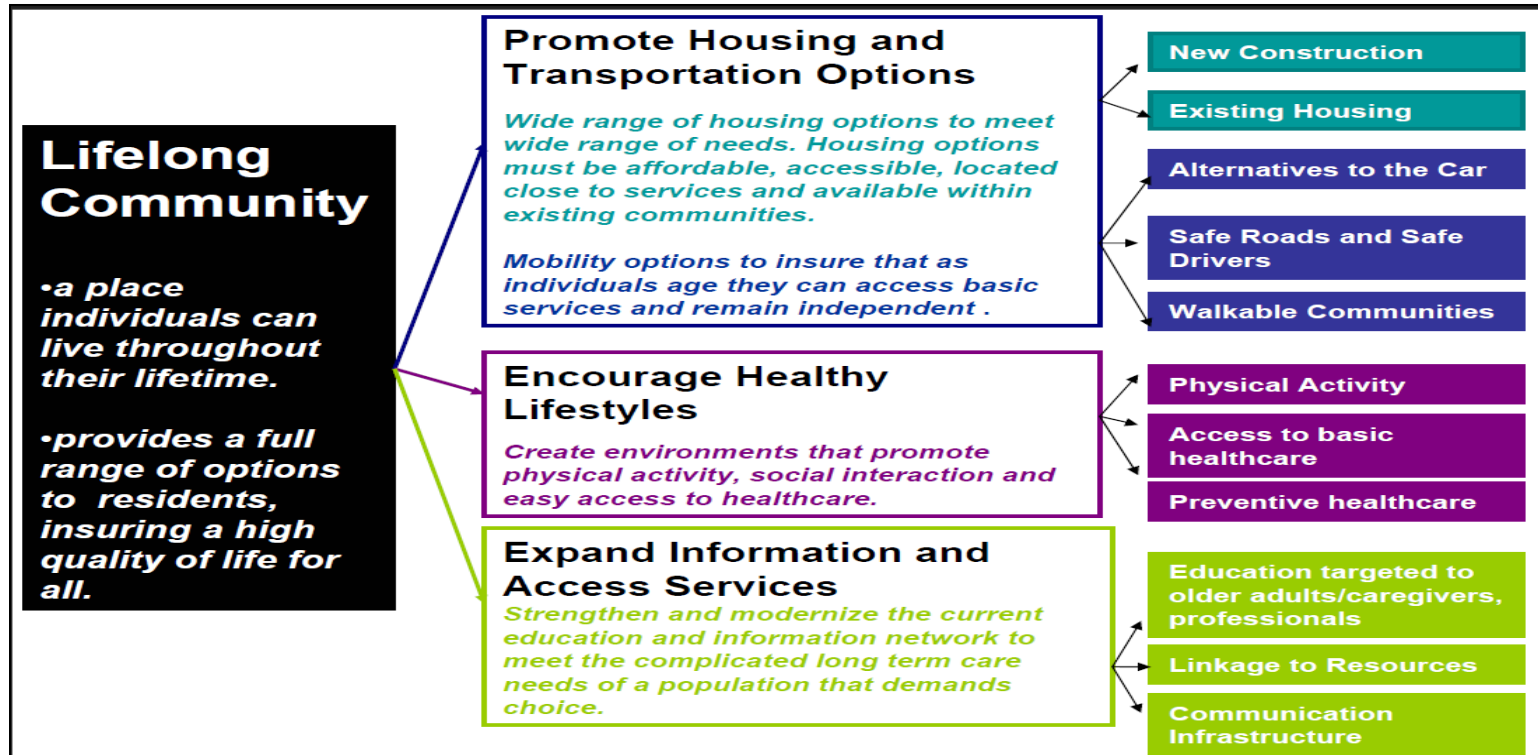


Slide source: Atlanta Regional Commission. 2009. Lifelong Communities: A Regional Guide to Growth and Longevity. Atlanta, GA. http://www.atlantaregional.com/documents/LLC_Final_Report_06_23.pdf

Complete Streets: Links to Resources

- [*Complete Streets: Best Policy and Implementation Best Practices*](#)
- [*Planning Complete Streets for an Aging America*](#)
- [*Complete Streets: We Can Get There from Here*](#)
- [*Aging Americans: Stranded Without Options*](#)

Atlanta Regional Commission's Lifelong Community Model



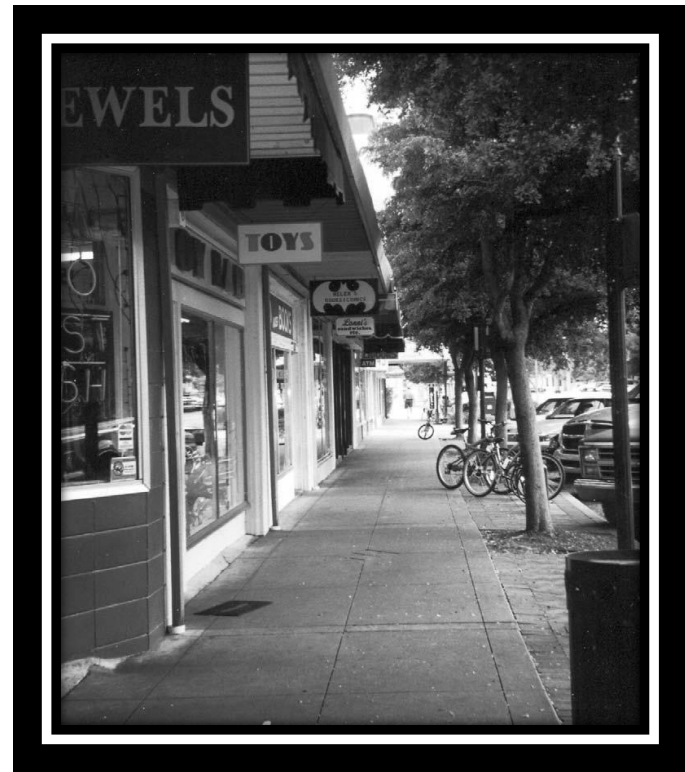
Slide source: Atlanta Regional Commission. 2009. Lifelong Communities: A Guide to Growth and Longevity. Atlanta, GA: Atlanta Regional Commission.

http://www.atlantaregional.com/documents/LLC_RgnlGuide2Grwth_Lngvty_ExSmmry.pdf

Livable Communities

“A livable community is one that has affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitate personal independence and the engagement of residents in civic and social life.”

(Kihl et al., 2005)



Slide source: Arizona State University Herberger Center for Design Excellence. 2005. Livable Communities: An Evaluation Guide. Washington, D.C.: AARP Public Policy Institute.

Universal Design

“All products, environments and communications should be designed to consider the needs of the widest possible array of users.”

“Universal design is a way of thinking about design that is based on the following premises: varying ability is not a special condition of the few but a common characteristic of being human, and we change physically and intellectually throughout our life.”

“Usability and aesthetics are mutually compatible.”

Slide source: Jackson, Richard J. and Kochtitzky, Chris. Centers for Disease Control and Prevention, Creating A Healthy Environment: The Impact of the Built Environment on Public Health, 2001, Washington, DC: Sprawl Watch Clearinghouse Monograph Series: www.sprawlwatch.org

Principles of Universal Design

- Equitable use
- Flexibility in use
- Simple and intuitive use
- Perceptible information
- Tolerance for error
- Low physical effort
- Size and space for approach and use

Slide source: Center for Universal Design: www.design.ncsu.edu/cud/

Smart Growth

- Higher density, more contiguous development
- Older adults closer to friends and family
- Preserved green spaces
- Provides places for older adults to walk and socialize
- Mixed land uses with walkable neighborhoods
- Older adults closer to destinations
- Balanced transportation alternatives
- Better transportation options for those who cannot drive

Slide source: Smart Growth Network, <http://smartgrowth.org/about/default.asp>

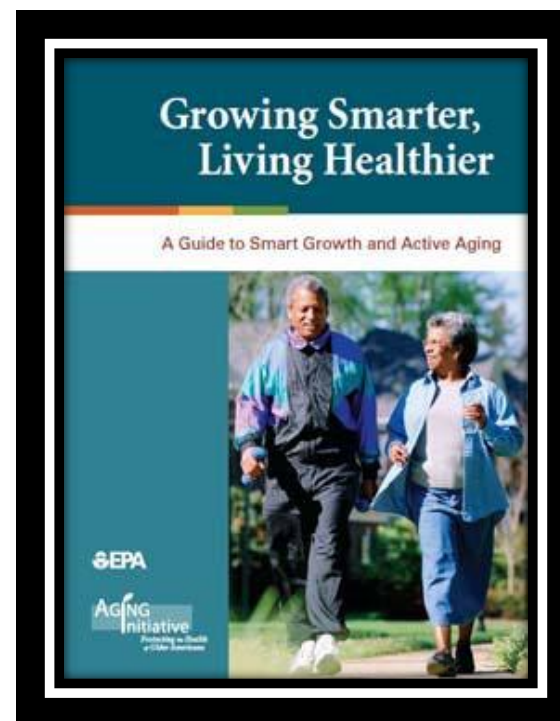
Smart Growth

- Architectural heterogeneity
- More housing options
- Economic and racial heterogeneity
- Improved social opportunities for older adults
- Development and investment in the city and the periphery
- Wider ranges of living choices for older adults
- Effective and coordinated regional planning

Slide source: Smart Growth Network, <http://smartgrowth.org/about/default.asp>

Environmental Protection Agency Aging Initiative

- All ages benefit from easy-to-navigate places and streets
- Tool: Building Healthy Communities for Active Living: Community Self-Assessment



Slide source: United States Environmental Protection Agency. 2009. Growing Smarter, Living Healthier: A Guide to Smart Growth and Active Aging. Washington, D.C.

American Institute of Architects (AIA)

10 Principles for Liveable Communities

- Human scale
- Choices
- Mixed-use development
- Urban centers
- Transportation options
- Inviting public spaces
- Sense of neighborhood
- Environmental resources
- Landscapes
- Design

Slide source: The American Institute of Architects, What Makes a Community Livable? Livability 101, 2005. Washington, D.C.

U.S. Department of Transportation

Elderly and Persons with Disabilities Program (Section 5310)

- Began in 1975
- Formula based on number of elderly persons and persons with disabilities in each state
 - Capital assistance: 80 % federal, 20 % local match
 - Vehicle-related equipment to meet ADA & Clean Air Act Amendment requirements: 90 % federal, 10 % local match
- “Private nonprofit agencies, public bodies approved by the state to coordinate services for elderly persons & persons with disabilities or public bodies which certify to the Governor that no nonprofit corporations or associations are readily available in an area to provide the service”
- Administered through the states--funding decisions at this level

Slide source: U.S. Department of Transportation. http://www.fta.dot.gov/funding/data/grants_financing_1262.html

Accident Waiting to Happen



Photo courtesy of Project for Public Space

What does the built environment have to do with CDC's mission and work?

CDC Healthy Communities Program

- ACHIEVE Communities: **A**ction **C**ommunities for **H**ealth, **I**nnovation, and **E**nvironmental **C**hange:
- Action Institutes
- Technical Assistance and Grants
- Collaboration between CDC and:
 - National Association of Chronic Disease Directors
 - National Association of County and City Health Officials
 - National Recreation and Park Association
 - Society for Public Health Education
 - YMCA of America

Slide source: CDC Workshop, Improving Older Adults' Health: Opportunities and Resources for CDC Professionals, 2009

CDC REACH Communities

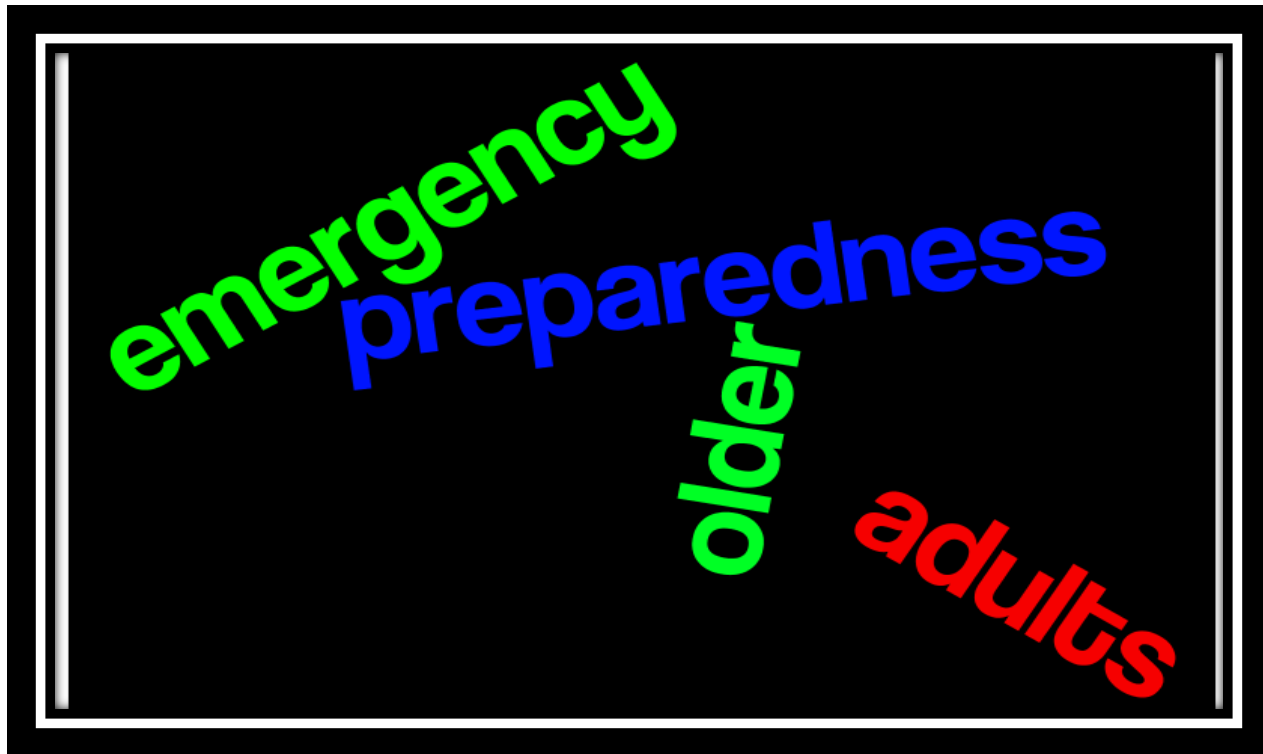
Racial and Ethnic Approaches to Community Health

Keys to success:

- Trust
- Empowerment
- Culture and history
- Focus on causes
- Community investment & expertise
- Trusted organizations
- Community leaders
- Ownership
- Sustainability

Slide source: REACH At A Glance, 2009

Older Adults' Mobility in Disasters and Emergencies



www.wordle.net

Examples of CDC Areas of Responsibility for Older Adults' & Emergency Preparedness

EMERGENCY PREPAREDNESS	CDC HOME (S)		PARTNERS
Disaster and emergency mitigation, preparedness, response, and recovery	Office of Public Health Preparedness and Response	The Division of Emergency Operations, The Division of State and Local Readiness , The Division of Strategic National Stockpile	Coordinating Office for Terrorism Preparedness and Emergency Response, Federal Emergency Management Agency
	National Center for Chronic Disease Prevention & Health Promotion	Division of Adult and Community Health, Healthy Aging Program, Public Health Law Program	Administration on Aging, National Association of Area Agencies on Aging

Older Adults and Disasters

- Reluctant to accept public assistance
- Fearful of losing their independence
- Possibility of transfer trauma
 - Illness or death
 - Starting over again

Slide source: Gibson, Mary Jo with Michele Hayunga. 2006. We Can Do Better: Lessons Learned for Protecting Older Persons in Disasters. Washington, D.C.: AARP. <http://assets.aarp.org/rgcenter/il/better.pdf>

Protecting Older Adults During Emergencies

- Availability of chronic disease medications
- Immunizations and other clinical preventive services.
- Evacuation assistance
- Emergency shelters for vulnerable populations
- Preparedness efforts integrated with community healthcare delivery systems and services

Slide source: Besser, Richard, M.D. 2009. Protecting Older Adults during Public Health Emergencies. In *Special Committee on Aging United States Senate*. Washington, D.C.:

<http://aging.senate.gov/events/hr212rb.pdf>

Key Concepts and Tools

- Social vulnerability
- Vulnerabilities vs. needs
- Risk assessment and planning tools
 - Social vulnerability index
 - Geographic Information Systems Maps (GIS)

Slide source: Cutter, Susan L.; Boruff, Bryan J.; and Shirley, W. Lynn. Social Vulnerability to Environmental Hazards, *Social Science Quarterly*: Volume 84, Number 2, June 2003. Southwestern Social Science Association.

Social Vulnerability

- Distinction between Needs & Vulnerabilities

Vulnerabilities = underlying conditions

Needs = brought on by a crisis

- Social vulnerability \neq poverty

- Social vulnerability \neq lack of resilience

- Fear of government authorities, social discrimination, or harassment

Slide source: Cutter, Susan L.; Boruff, Bryan J.; and Shirley, W. Lynn. Social Vulnerability to Environmental Hazards. *Social Science Quarterly*: Volume 84, Number 2, June 2003. Southwestern Social Science Association.

Assessment Tool: Social Vulnerability Index

- Developed by Susan Cutter & colleagues
- Vulnerability factors at the local level
 - Urban density
 - Infrastructure
 - Housing stock
 - Population growth
 - Medical services
 - Demographic data

Slide source: Cutter, Susan L.; Boruff, Bryan J.; and Shirley, W. Lynn. Social Vulnerability to Environmental Hazards, *Social Science Quarterly*: Volume 84, Number 2, June 2003. Southwestern Social Science Association.

Assessment Tool: Computer-Assisted Risk Assessment

- Mapping technologies: Geographic Information system (GIS)
 - Location of physical hazards
 - Indicators of social vulnerability
 - Technological hazards (oil refineries, etc.)
- Ensure consistency between the maps of risk & the maps of preparedness

Slide source: Cutter, Susan L.; Boruff, Bryan J.; and Shirley, W. Lynn. Social Vulnerability to Environmental Hazards, *Social Science Quarterly*: Volume 84, Number 2, June 2003. Southwestern Social Science Association.

Area Agencies on Aging (N4A)'s Proposals related to Disasters

- Federal, state, and local information sharing
- Special needs registries for vulnerable older adult population
- Existing federal policy--formalize coordination plans
- U.S. Department of Health and Human Services-
Administration on Aging interagency education program
- Emergency planning funding

Slide source: Straker, Jane K., Abbe E. Lackmeyer, Suzanne R. Kunkel and Sandy Markwood. . 2009. Emergency Readiness and Response: Area Agencies on Aging Survey. Oxford, Ohio: Scripps Gerontology Center, Miami University.

Area Agencies on Aging and Disasters

- What's their role?
- What's their capacity?
- What do emergency managers know about Area Agencies on Aging?
- Are Area Agencies on Aging included in disaster mitigation, preparedness, response & recovery plans?

Proportion of AAAs with the Following Items in their Emergency Preparedness and Emergency Response Plan

An appointed person for emergency preparedness /emergency response	92.4%
An emergency communication plan	73.4%
An appointed backup person for emergency preparedness /emergency response	59.9%
Contact information for caregivers of frail elderly	59.1%
Information about locations with large concentrations of elders	70.7%
System for knowing the location of frail individuals who are relocated in the event of a disaster	52.0%
Registry of clients who require ongoing access to electronic equipment	40.3%
Geographically-mapped locations that could serve as service delivery points during the recovery period	18.5%
Geographically-mapped locations of frail individuals or clients who require ongoing access to electronic equipment	15.4%
Emergency operations plan if the agency is directly affected	63.7%
System of backup or duplicate data sources vital to service operations	55.3%
Alternative location for AAA operations	53.9%
Contingency plan if home delivered meals unable to operate for a few days	62.1%
Transportation plan for frail individuals needing assistance in disaster	40.4%
Contingency plan to continue to provide personal care or homemaker services to elders in their homes	25.2%
Access to cooling centers/warming centers or shelters during extreme weather conditions	58.0%
Shelf-stable meals/emergency water supply	56.0%
Provisions for obtaining and dispensing prescription drugs	16.5%

Slide source: Straker, Jane K., Abbe E. Lackmeyer, Suzanne R. Kunkel and Sandy Markwood. . 2009. Emergency Readiness and Response: Area Agencies on Aging Survey. Oxford, Ohio: Scripps Gerontology Center, Miami University

All-Hazards Model for Older Adults

- Tool for AAAs: affiliated/non-affiliated older adults (60+)
- Plan Structure:
 - Roles & responsibilities
 - Evacuation, shelter, relocation, & housing
 - Social & healthcare issues
 - Community infrastructure--communication & transportation
 - Volunteerism & consumer protection
 - Special considerations (ethnicity, race, culture)
 - All-hazards considerations

Slide source: Seff, Laura R.; Rothman, Max B.; Pekovic, Vukosava; Davalos, Diana Maria and Luna, Brenda 2007. Designing a Model All-Hazards Plan for Older Adults: The Role of the Aging Services Network in Assuring Community All-Hazards Readiness for Elders and Providing Assistance to Elders When Disaster Occurs. North Miami, Florida: The Center on Aging of Florida International University.

<http://www.allianceforaging.org/pdfs/DisasterPlan.pdf>

Needed by AAA's and Emergency Managers

- Greater public awareness of the role of AAAs in disasters/emergencies
- Mapping of geographic dispersion of older adults especially most vulnerable and not affiliated with Area Agencies on Aging
- Identification of trained volunteers affiliated with AAAs authorized to help in disasters and emergencies
- Plan for continuity of operations at AAAs
- Community organizations' listing of older adults participating in various programs/coordinated approach

Emergency Managers, Policymakers, & Communities at Risk: Concerns

● Emergency Managers:

- Unfamiliarity with the Aging Services Network
- Older adults not affiliated with local Area Agency on Aging (AAAs)

● Policymakers:

- AAAs funding to assist in emergency planning
- Growth of aging population
- Increase in chronic diseases

● Communities at Risk:

- Population of (invisible) older adults
- AAAs capacity
- Continuity of operations for AAAs

Slide source: Gibson, Mary Jo with Michele Hayunga, 2006. We Can Do Better: Lessons Learned for Protecting Older Persons in Disasters. Washington, D.C.: AARP.

Programs, Policies Not Working Now!

- Difficult to navigate the maze of programs
- Need some kind of advocate to know what to do and how to do it
- Huge unmet needs of older adults
- Anticipated significant impact of population aging on programs and services --- AND not meeting these needs now!



SERVE.GOV



Homeland Security



Relevant CDC Work Groups

- Aging and Health Work Group
- Environmental Work Group
- Disabilities Work Group

“Check Your Knowledge”

- Older adults’ decreased mobility can be caused by:
(Check all that apply)
 - Chronic diseases
 - Falls
 - Cognitive impairment
 - Physical activity and nutrition
 - Moods

- Cognitive health and falls prevention are public health concerns.
(True or False)

- The Older Americans Act, amended in 2006, mandated that AAAs play a role in emergency preparedness and response.
(True or False)

“Apply Your Knowledge”

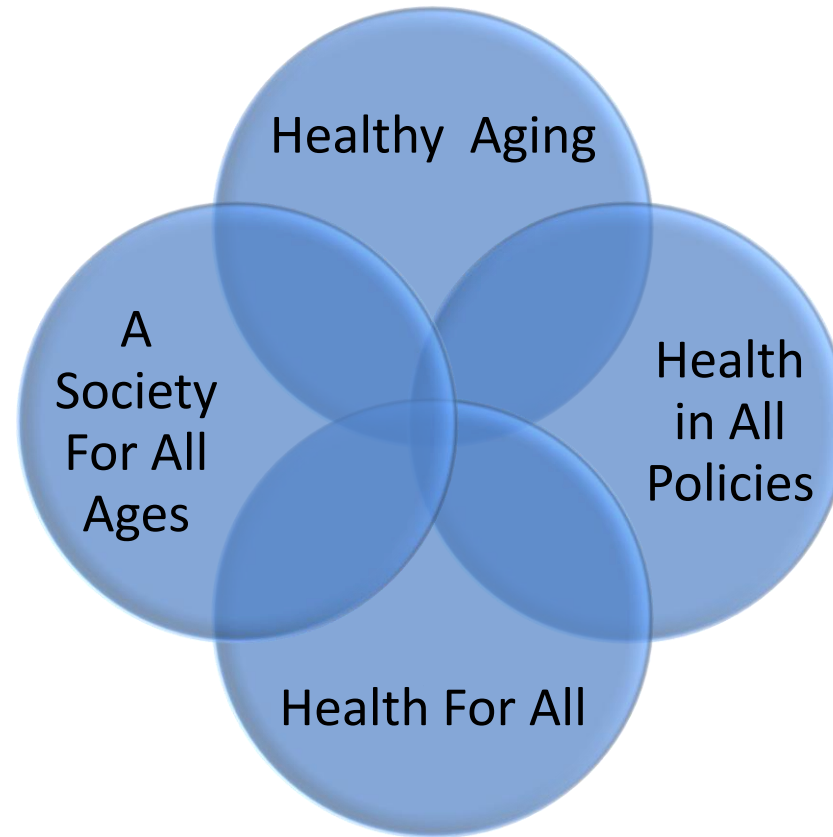
- Have you ever thought of including an older adults' health component when writing a funding opportunity announcement?
- Which federal agencies work in disaster and emergency preparedness, response and recovery?
- Which federal agencies have specific plans and capacity to address the needs of older adults, especially vulnerable older adults in a disaster or emergency?
- How has your division, center or program considered opportunities to positively impact older adults' mobility?

To Learn More

Please see MPH Capstone Project Talking Points and To Learn More document for this reference/resource list.

Chapter V

Emerging Policy Paradigms



Learning Objectives

By the end of this chapter you will be able to:

- Name and discuss the differences between three emerging policy paradigms
- Consider how these new paradigms connect with the Healthy Aging Model

Preview

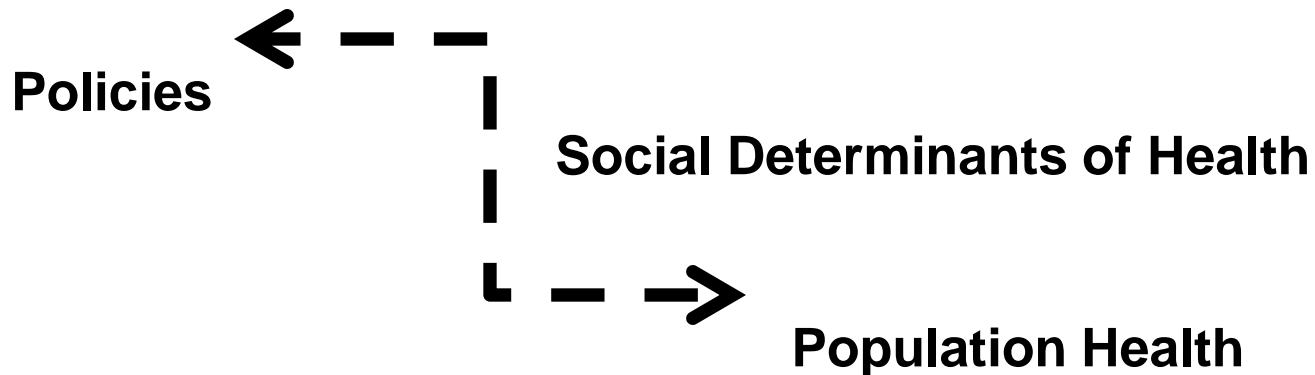
- Health in All Policies
- Health For All
- A Society For All Ages

Health in All Policies

- Comprehensive
- Integrated approach
- Focus on population health
- Health considerations factored into all policies

Health for All—Evidence-Based Research— what's good for society is good for older adults?

- Adopted by the World Health Organization in 1977
- Causal Chain:



A Society for All Ages

- Theme of 1999 United Nations General Assembly's celebration of the International Year of Older Persons
- Every individual has rights AND responsibilities
- Emphasizes the life course perspective
- Multigenerational: reciprocity and equity

Slide source: Inayatullah, Sohail. 2003. Ageing: Alternative Futures and Policy Choices. *Foresight : the Journal of Futures Studies, Strategic Thinking and Policy* 5 & 6:8-17. <http://www.emeraldinsight.com/1463-6689.htm>

A Society For All Ages

Capitals	Human	Social-Cultural	Economic	Environmental
“Primary Investors”	Individuals, families, schools, etc.	Families, local communities, communities of interest	Individuals, families, communities, private sector, government	Local government planners, developers (urban and rural)
Principles	Independence, resilience	Independence, reciprocity	Growth, sustenance	Enablement, connectivity
Assets	Health knowledge, skills, understanding, capabilities, will	Networks, trust, communication, support	Formal/Informal work skills, assets, security systems	Barrier-free, all age compatible
Capital Outcomes	Long-lived individuals who are: skilled, resilient, reflective, adapted, & flourishing	Societies that are caring, supportive, tolerant, pluralistic, integrated, capable of blending, integration, and tradition in appropriate balance	An economy that is secure, open, equitable, responsive, competitive, adapting to an aging society	An environment that is livable, flexible, accessible, adaptable, age-integrated

Slide source: Inayatullah, Sohail. 2003. Ageing: Alternative Futures and Policy Choices. *Foresight : the Journal of Futures Studies, Strategic Thinking and Policy* 5 & 6:8-17. <http://www.emeraldinsight.com/1463-6689.htm>

Conclusion: Implications and Future Directions

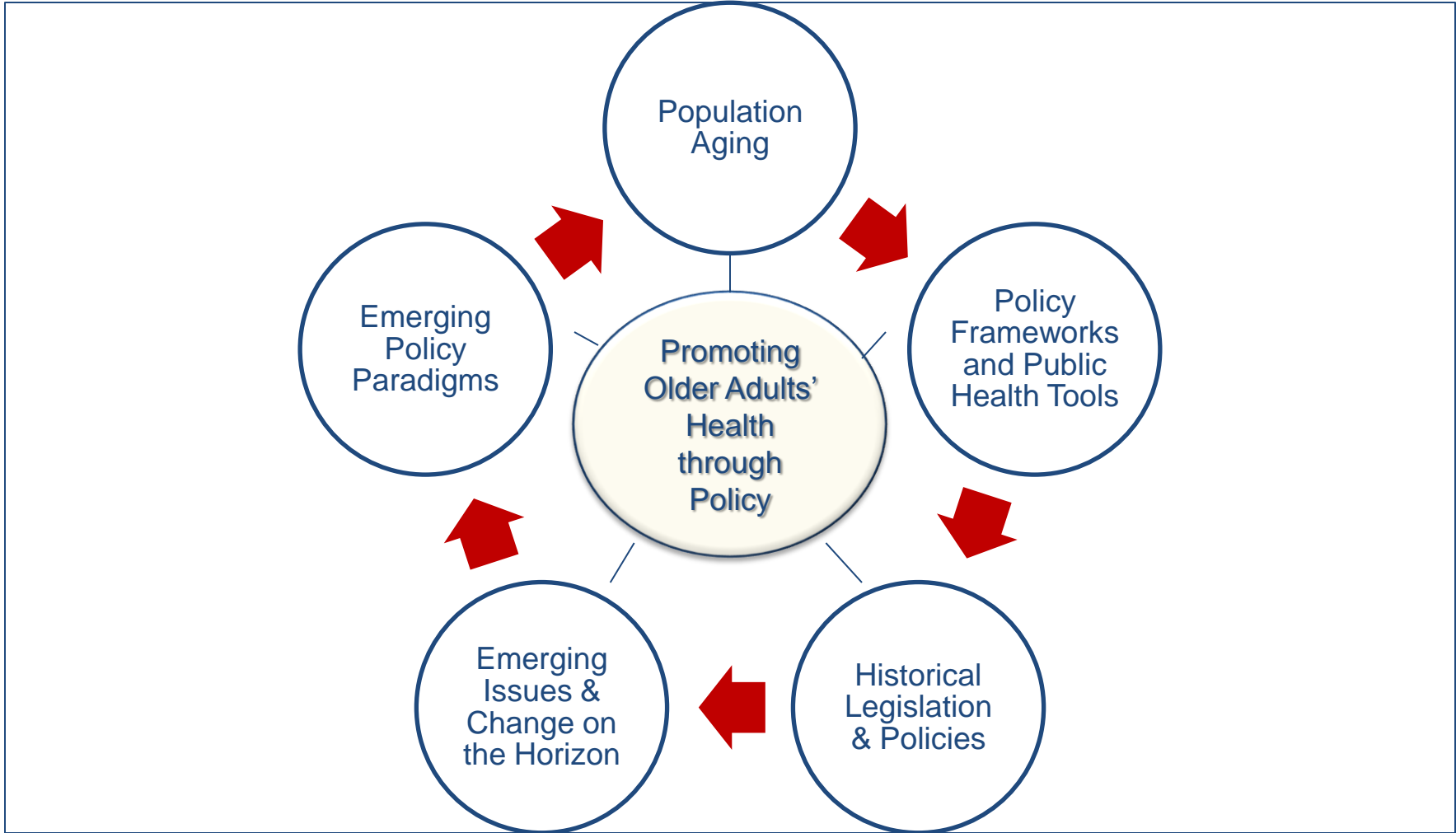
More of the following:

- Surveillance --Data for Action
- Cross-cutting work
- Partnerships
- Innovation at state & local level

Future Directions

- Educate the public health workforce on the intersection of aging and policy
- Conduct research on policy development, implementation, and evaluation
- Reframe policies as family-friendly
- Formulate long-term strategies and achieve short-term successes

Coming Full Circle: Course Outline



“The policies of our aging society will ultimately be shaped by whether the prevailing ideology supports a politics of collectively insuring against social and economic risks in old age”

Source: Binstock, Robert H. 2008. Looking Beyond Averages, Aggregates, and Stereotypes. In *National Health Policy Forum*.

“Reframing our understanding of the social contract in broader terms is a major challenge for our aging society”

(Binstock, 2008)

“Most of us, of all ages, have a stake in old-age policies” (Binstock, 2008)

Source: Binstock, Robert H. 2008. Looking Beyond Averages, Aggregates, and Stereotypes. In *National Health Policy Forum*.

“Check Your Knowledge”

- The healthy aging model is best exemplified in age-friendly policies. (True or False)
- CDC embrace the “health in all policies” model in its work. (True or False)

“Apply Your Knowledge”

- Discuss the relationship, if any, between the healthy aging model and a “society for all ages.”
- Consider how your center, division, or program might adopt one or more of these emerging paradigms in your work.
- Discuss health care reform’s impact on these emerging policy paradigms. How will this impact your work as a public health professional?

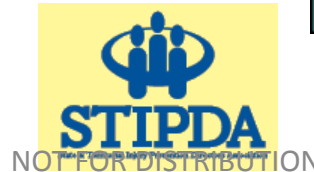
To Learn More

Please see MPH Capstone Project Talking Points and To Learn More document for this reference/resource list.

Wrapping Up

- CEUs & Certificate
- Evaluation
- Follow up
- Thank you

CDC Partners



Promoting Older Adults' Health through Policy

Course Chapters in Print-friendly Format

- Introduction and Course Overview (PDF file)
- Population Aging and the Demographic Imperative (PDF file)
- Policy Frameworks and Public Health Tools (PDF file)
- Older Adults in the U.S. and Significant Legislation and Policy (PDF file)
- Policy, Systems, and Environmental Changes on the Horizon (PDF file)
- Emerging Policy Paradigms (PDF file)
- Conclusion: Implications and Future Directions (PDF file)