Promoting Older Adults' Health through Policy

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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

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Centers for Disease Control and Prevention

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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

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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

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Chapter I

Population Aging &
The Demographic Imperative
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]

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Projections: 3

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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.  

Population Aging: U.S. Population Pyramids

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

Slide source: CDC workshop, Improving Older Adults’ Health: Opportunities and Resources for CDC Professionals, 2009.
<table>
<thead>
<tr>
<th>Generation Name</th>
<th>Birth Years, Ages in 2009</th>
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<tbody>
<tr>
<td>Younger Boomers</td>
<td>Born 1955-1964, ages 45-54</td>
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<tr>
<td>Older Boomers</td>
<td>Born 1946-1954, ages 55-63</td>
</tr>
<tr>
<td>Silent Generation</td>
<td>Born 1937-1945, ages 64-72</td>
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<tr>
<td>GI Generation</td>
<td>Born pre-1937, ages 73+</td>
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</table>

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

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Where Older Adults Live

Urban/Rural Dwelling: 2007

- Greater Metro, 50%
- Cities, 30%
- Rural, 20%

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

Living Arrangements 65+, Men, 2007
- Alone: 73%
- With Spouse: 19%
- With Non-Relative: 3%
- With Other Relative: 5%

Living Arrangements 65+, Women, 2007
- Alone: 38%
- With Spouse: 17%
- With Non-Relative: 43%
- With Other Relative: 2%

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.


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

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<tr>
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<th>1984</th>
<th>2005</th>
<th>% Change</th>
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<td>Average</td>
<td>$109,900</td>
<td>$196,000</td>
<td>↑79%</td>
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<tr>
<td>Whites</td>
<td>$125,000</td>
<td>$226,900</td>
<td>↑81%</td>
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<tr>
<td>Blacks</td>
<td>$28,200</td>
<td>$37,800</td>
<td>↑34%</td>
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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

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

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Number of Deaths</th>
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<tbody>
<tr>
<td>Heart Disease</td>
<td>500,000</td>
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<tr>
<td>Cancer</td>
<td>400,000</td>
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<tr>
<td>Stroke</td>
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<td>Chronic lower respiratory disease</td>
<td>100,000</td>
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<tr>
<td>Alzheimer’s disease</td>
<td>100,000</td>
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<tr>
<td>Diabetes</td>
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<td>Pneumonia/influenza</td>
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<td>Kidney Disease</td>
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<tr>
<td>Unintentional Injuries</td>
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<tr>
<td>Septicemia</td>
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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.

% Medicare Enrollees 65+

- Facility
- 5-6 ADLs
- 3-4 ADLs
- 1-2 ADLs
- IADLs Only

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

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”
Rowe & Kahn: Successful Aging

The Structure of Successful Aging

- Avoiding disease and injury, promoting health
- Managing Chronic Conditions
- “Optimizing” function
- Engagement with life
- Maintaining high cognitive and physical function


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

Development and maintenance of optimal physical, mental and social wellbeing and function in older adults.

Physical Environment

Health Behaviors

Health Services

Community Programs

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

Percentage of people age 65 and over who reported having selected chronic conditions, by sex, 2005–2006

Note: Data are based on a 2-year average from 2005–2006.
Reference population: These data refer to the civilian noninstitutionalized population.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Slide source: CDC Workshop, Improving Older Adults’ Health: Opportunities and Resources for CDC Professionals, 2009
The “Crisis” of Aging: Watching Our Language

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*

MEDICARE AND SOCIAL SECURITY BANKRUPT
Our Graying Budget Priorities
*The Wall Street Journal Online, March 23, 2005*

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

(Numbers in thousands)

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

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

<table>
<thead>
<tr>
<th>Age</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 to 74</td>
<td>15%</td>
</tr>
<tr>
<td>75 to 84</td>
<td>19%</td>
</tr>
<tr>
<td>85 &amp; Older</td>
<td>27%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>16%</td>
</tr>
<tr>
<td>African American</td>
<td>43%</td>
</tr>
<tr>
<td>Latina</td>
<td>43%</td>
</tr>
</tbody>
</table>

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
Policy frameworks and public health tools

- Evidence-based research
- Social-Ecological Model
- Data for action
- Evaluation
Basic Functions of Public Health

Assessment

Assurance

Policy Development
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

Cost-Benefit Analysis

Cost-Benefit Analysis: costs and the health outcomes are expressed in dollars.

\[ \text{Value of Benefits} = \text{Benefit/cost ratio} \]
\[ \text{Costs (Direct & Indirect)} \]

Useful evaluation tool

Problem-Oriented Framework

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

Politically-Oriented Framework

- Tied to ideology
- Bureaucratic entanglements

Vision-Oriented Framework

- Vision for the future
- Varied and nuanced

Futures Policy Approach

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

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:
Triple Bottom Line?

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

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

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

NOT FOR DISTRIBUTION
Aging Policies as Family Policies?

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

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.

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

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


NOT FOR DISTRIBUTION
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

NOT FOR DISTRIBUTION
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

“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

www.wordle.net
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)
- 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](http://www.youtube.com/watch?v=aVZijG4WSOw)

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

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)
## Medicare

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

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!

Kaiser Family Foundation’s Medicare Policy Project: kff.org/medicare/index.cfm
## Comparing Medicare & Medicaid

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title XVIII of Social Security Act</strong></td>
<td><strong>Title XIX of Social Security Act</strong></td>
</tr>
<tr>
<td>For persons over 65, disabled persons entitled to Social Security benefits, people with end-stage renal disease</td>
<td>Welfare program to help the medically-needy in certain groups</td>
</tr>
<tr>
<td>Not “means-tested”</td>
<td>“Means-tested”</td>
</tr>
<tr>
<td>Four Parts (A,B,C,D) --not comprehensive</td>
<td>Feds require certain basic services—states have discretion on others</td>
</tr>
<tr>
<td></td>
<td>“Dual-Eligibles”</td>
</tr>
</tbody>
</table>

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!


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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!

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!

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](http://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

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

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

NOT FOR DISTRIBUTION
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)

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

NOT FOR DISTRIBUTION
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

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

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
“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)
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

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

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

“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

- Significance to healthy aging and public health
- Burden of the problem
- Relationship to other CDC Initiatives
- Usefulness to Practitioners
- Potential Link to Policy

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

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

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

<table>
<thead>
<tr>
<th>HEALTH CONCERNS</th>
<th>CDC HOME(S)</th>
<th>PARTNERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive and mental health</td>
<td>National Center for Chronic Disease Prevention &amp; Health Promotion</td>
<td>Division of Adult and Community Health, Healthy Aging Program, CDC-HAN Research Centers</td>
</tr>
<tr>
<td>Physical activity, nutrition, and obesity</td>
<td>National Center for Chronic Disease Prevention &amp; Health Promotion</td>
<td>Division of Nutrition, Physical Activity and Obesity, CDC-HAN Research Centers</td>
</tr>
<tr>
<td>Falls prevention</td>
<td>National Center for Injury Prevention and Control</td>
<td>CDC-HAN Research Centers</td>
</tr>
<tr>
<td>Chronic diseases</td>
<td>National Center for Chronic Disease Prevention &amp; Health Promotion,</td>
<td>Division of Diabetes Translation, Heart Disease and Stroke Prevention, Cancer Prevention and Control, Oral Health, Office on Smoking and Health</td>
</tr>
<tr>
<td>Health equity</td>
<td>National Center for Chronic Disease Prevention &amp; Health Promotion</td>
<td>Racial and Ethnic Approaches to Community Health, CDC-HAN Research Centers</td>
</tr>
<tr>
<td>Elder maltreatment</td>
<td>National Center for Injury Prevention and Control</td>
<td>Violence Prevention</td>
</tr>
</tbody>
</table>
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/homeandrecreationalsafety/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

<table>
<thead>
<tr>
<th>BUILT ENVIRONMENT</th>
<th>CDC HOME (S)</th>
<th>PARTNERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility and visitability</td>
<td>National Center for Chronic Disease Prevention &amp; Health Promotion, CDC-HAN Research Centers, National Center for Environmental Health</td>
<td>Division of Adult and Community Health, Healthy Aging Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R.L. Mace Universal Design Institute</td>
</tr>
<tr>
<td>Safe and healthy places to live, work, and recreate</td>
<td>National Center for Chronic Disease Prevention &amp; Health Promotion, CDC-HAN Research Centers</td>
<td>Division of Adult and Community Health, Healthy Communities Program</td>
</tr>
<tr>
<td>Healthy community design</td>
<td>National Center for Chronic Disease Prevention &amp; Health Promotion, CDC-HAN Research Centers</td>
<td>Division of Adult and Community Health, Healthy Communities Program</td>
</tr>
<tr>
<td>Extreme weather conditions</td>
<td>National Center for Environmental Health</td>
<td></td>
</tr>
</tbody>
</table>

Slide source: www.cdc.gov
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

Environmental Gerontology

3 Basic Functions of “Place”

- Maintenance
- Stimulation
- Support

Aging-in-Place Components

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

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

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


NOT FOR DISTRIBUTION
“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)
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.”

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

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

All ages benefit from easy-to-navigate places and streets

Tool: Building Healthy Communities for Active Living: Community Self-Assessment


NOT FOR DISTRIBUTION
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

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


NOT FOR DISTRIBUTION
Accident Waiting to Happen
What does the built environment have to do with CDC’s mission and work?
CDC Healthy Communities Program

ACHIEVE Communities: Action Communities for Health, Innovation, and Environmental Change:

- 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

NOT FOR DISTRIBUTION
## Examples of CDC Areas of Responsibility for Older Adults’ & Emergency Preparedness

<table>
<thead>
<tr>
<th>EMERGENCY PREPAREDNESS</th>
<th>CDC HOME (S)</th>
<th>PARTNERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disaster and emergency mitigation, preparedness, response, and recovery</td>
<td>Office of Public Health Preparedness and Response</td>
<td>The Division of Emergency Operations, The Division of State and Local Readiness, The Division of Strategic National Stockpile</td>
</tr>
<tr>
<td></td>
<td>National Center for Chronic Disease Prevention &amp; Health Promotion</td>
<td>Division of Adult and Community Health, Healthy Aging Program, Public Health Law Program</td>
</tr>
</tbody>
</table>
Older Adults and Disasters

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

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

Key Concepts and Tools

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

Social Vulnerability

- Distinction between Needs & Vulnerabilities
  
  *Vulnerabilities* = underlying conditions
  *Needs* = brought on by a crisis

- Social vulnerability ≠ poverty

- Social vulnerability ≠ lack of resilience

- Fear of government authorities, social discrimination, or harassment

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

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

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

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

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

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


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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

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!
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

- Healthy Aging
- Health in All Policies
- Health For All
- A Society For All Ages
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:
  - Policies
  - Social Determinants of Health
  - Population Health

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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

# A Society For All Ages

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

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

Population Aging

Emerging Policy Paradigms

Promoting Older Adults’ Health through Policy

Policy Frameworks and Public Health Tools

Emerging Issues & Change on the Horizon

Historical Legislation & Policies

NOT FOR DISTRIBUTION
“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”

“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)

“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

<table>
<thead>
<tr>
<th>Topic</th>
<th>(PDF file)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction and Course Overview</td>
<td></td>
</tr>
<tr>
<td>Population Aging and the Demographic Imperative</td>
<td></td>
</tr>
<tr>
<td>Policy Frameworks and Public Health Tools</td>
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<tr>
<td>Older Adults in the U.S. and Significant Legislation and Policy</td>
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<td>Policy, Systems, and Environmental Changes on the Horizon</td>
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<td>Emerging Policy Paradigms</td>
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<tr>
<td>Conclusion: Implications and Future Directions</td>
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