

## ***Creating an Age-Friendly Health System: Public Health's Role***

**Meeting Summary  
October 27, 2017**

### **Executive Summary**

Trust for America's Health (TFAH), in partnership with The John A. Hartford Foundation, held a convening called *A Public Health Framework to Support the Improvement of the Health and Wellbeing of Older Adults*, in Tampa, Florida on October 27, 2017. National, state, and local public health officials; aging experts, advocates, and service providers; and healthcare officials came together to discuss how public health could contribute to an age-friendly society and improve the health and wellbeing of older Americans. The goal of the convening was to develop a public health framework to support the improvement of the health and wellbeing of older adults, focusing on areas where public health can support, complement, or enhance aging services. Secondary goals included learning from the innovative aging work in Florida, and building rapport between the public health and aging sectors.

Participants strongly endorsed a greater role for public health in supporting the improved health and wellbeing of older adults. The convening process began with presentations and discussion designed to build a shared understanding of the strengths and challenges of both the aging services and public health sectors. Through an examination of case studies of older adults, participants identified gaps in services, supports, and policies needed to improve the health and wellbeing of older adults, and considered the potential roles public health could play in filling these identified gaps. The convening resulted in a preliminary *Framework for an Age-Friendly Public Health System*, described below, that outlines the functions that public health could fulfill, in collaboration with aging services, to address the challenges and opportunities of an aging society. The main takeaway from the convening was the need for an age-friendly public health system that recognizes aging as a core public health issue.

For the purposes of the convening and this summary report, supporting healthy aging is defined as comprising three key components: 1) promoting health, preventing injury, and managing chronic conditions; 2) optimizing physical, cognitive, and mental health; and 3) facilitating social engagement.<sup>1</sup> This definition intentionally does not equate healthy aging with the absence of disease and disability. Instead, it portrays healthy aging as both an adaptive process in response to the challenges that can occur as we age and a proactive process to reduce the likelihood, intensity, or impact of future challenges. Healthy aging involves maximizing physical, mental, emotional, and social wellbeing, while recognizing that aging often is accompanied by chronic illnesses and functional limitations, including lifelong conditions. And it emphasizes the importance of meaningful involvement of older adults with others, such as friends, family members, neighbors, organizations, and the wider community. While the public health sector has experience and skill in addressing these components of health for some populations, it has not traditionally focused such attention on older adults.

The *Framework for an Age-Friendly Public Health System* developed at the convening includes five key potential roles for public health.

- 1. Connecting and convening multiple sectors and professions that provide the supports, services, and infrastructure to promote healthy aging**
- 2. Coordinating existing supports and services to avoid duplication of efforts, identify gaps, and increase access to services and supports**
- 3. Collecting data to assess community health status (including inequities) and aging population needs to inform the development of interventions**
- 4. Conducting, communicating, and disseminating research findings and best practices to support healthy aging**
- 5. Complementing and supplementing existing supports and services, particularly in terms of integrating clinical and population health approaches**

This Framework should not be interpreted as a prescriptive guide to action or a declaration of the public health sector's oversight of such activities. Not every community will need public health to assume each of these roles. In numerous instances other organizations may already be actively engaged in such work and the public health sector's contributions may be unnecessary, limited, or primarily in support of the efforts of others. The participants emphasized the importance of the many organizations and sectors outside of public health with long and dedicated histories of providing services to older adults and supporting healthy aging. Therefore, the advancement of the public health sector's work in this arena needs to be guided by, and in partnership with, such organizations. Furthermore, public health organizations likely will lack the sufficient resources to devote to all such activities and will need to carefully and thoughtfully determine how and where to focus its energies. Nonetheless the convening participants believed that the Framework offered a useful articulation of the potential contributions that the sector should consider as it embraces a larger role in optimizing the health of older adults.

## **Aging and Public Health**

There is a growing momentum for public health to contribute to programs, policies, and innovative interventions to promote health and wellbeing for people as they age. While public health efforts are partly responsible for the dramatic increases in longevity over the twentieth century,<sup>2</sup> historically there have been limited collaborations across the public health and aging fields. Older adults were not central to the public health agenda when public health emerged in cities in the 19th century.<sup>3</sup> Similarly, in the mid-twentieth century many federal and state policies to assist older adults to remain independent in the community, including Medicare, Medicaid, and the Older Americans Act, did not explicitly call for a role for public health organizations. Over the past 50 years there have been some steps towards a more collaborative approach, such as the formation of the Aging and Public Health section of the American Public Health Association in 1978, or the mandated role for the Centers for Disease Control and Prevention (CDC) in providing disease prevention and health promotion services offered through the

Older Americans Act in 1987.<sup>4</sup> However, it is rare when local, state or federal public health agencies have dedicated funding or developed initiatives targeting adults ages 65 and over.

In recent decades, the aging network, comprised of 56 State Units on Aging (SUAs), 655 Area Agencies on Aging (AAAs), 243 Indian Tribal and Native Hawaiian Organizations, and thousands of service providers and volunteers, has increasingly focused on prevention and wellness. The 2010 passage of the Affordable Care Act (ACA) is shifting the healthcare system to one with a broadened focus on prevention, wellness and health, rather than only disease. As mandated by the ACA, in 2011 the National Prevention Council released the National Prevention Strategy with an overarching goal of increasing the number of Americans who are healthy at every stage of life. In 2016, the Council produced *Healthy Aging in Action*, which highlights current programs that are advancing the National Prevention Strategy specifically for older adults. Central to this report is the need for multi-sector collaborations to achieve a goal of healthy aging.

Public health needs to be a critical partner in these efforts. Over the twentieth century, public health played a crucial role in adding years to life. In the twenty-first century, public health can play a crucial role in adding life to years.

## **Demographic Changes and an Aging Society**

Demographic changes make it critical for all sectors and professions, including those that have not traditionally focused on older adults, to consider the needs of our aging society. In 1900, about 3 million Americans, representing 4 percent of the total population, were ages 65 and over. By 2014, that number had risen to 46 million, around 15 percent of the U.S. population. The oldest members of the baby boomer generation turned 65 in 2011, commencing a rapid increase in the number of older adults that will continue until at least 2030. By that time, about one in five Americans will be 65 or older for the foreseeable future.<sup>5</sup>

This rise in the number and proportion of older adults only presents part of the picture, as there are substantial variations within the older adult population. An increasing diversity along health and sociodemographic dimensions means that policies and programs designed to meet the needs of older adults must consider the needs and preferences of different subpopulations.

First, while the term “older adults” often refers to anyone over the age of 65 (or 60 for some programs), there are differences in health and service needs between younger older adults and the “oldest old”, comprised of those ages 85 and older. For example, while about one in eight people ages 65 and older has been diagnosed with Alzheimer’s disease, almost half of the oldest-old has this disease.<sup>6</sup> The 85 and older population is projected to grow from 6 million in 2014 to 20 million by 2060.<sup>7</sup>

Second, the demographic composition of the older adult population is rapidly changing. For example, the older adult population, much like the rest of the U.S. population, is becoming more racially and ethnically diverse. In 2014, 78 percent of older adults were non-Hispanic White, 9 percent were African American, 8 percent were Hispanic of any race, and 4 percent were Asian. By 2060, the percentage of non-Hispanic Whites is expected to drop to 55 percent, while the proportion of other racial groups will increase, with 22 percent of the population Hispanic, 12 percent African American, and 9 percent Asian.

<sup>8</sup> These changes are important because of racial and ethnic inequities in health and access to resources, as well as cultural differences in expectations of informal and formal care.

Third, there are substantial variations in social and economic wellbeing among the older adult population. Older adults are less likely to live below the poverty line than other age groups, with 10 percent of those ages 65 and over in poverty in 2014,<sup>9</sup> but this may not be an accurate indicator of economic vulnerability in later life. Poverty increases with age, suggesting that the growth of the oldest-old may also lead to an increase in the number of older adults living in poverty. Additionally, because the federal poverty line fails to take into account all of older adults' basic living costs, including those for healthcare and transportation, this measure underestimates the extent of financial need among this segment of the population. Indeed, research using a more age-specific measure of financial resources found that in California more than half of older adults living alone and more than one-quarter of older couples lack adequate income to cover basic expenses.<sup>10</sup>

## **Challenges and Opportunities of an Aging Society**

Existing systems and structures in the United States face major challenges in promoting the health and wellbeing of this growing and increasingly diverse older adult population.

First, the United States lacks an overall system of long-term care, offering instead an uncoordinated and often confusing patchwork of community-based programs with varying eligibility criteria, costs, and availability. Long-term care is expensive for older adults, their families, and society. In the most recent estimates available, spending on long-term services and supports (LTSS) totaled nearly \$220 billion in 2012,<sup>11</sup> a figure that may quadruple by 2050.<sup>12</sup> Even with these high costs, LTSS are unable to fully meet older adults' needs. For example, 58 percent of those dually eligible for Medicare and Medicaid, a population that often experiences health problems and disability, indicate they have unmet needs for care for activities of daily living.<sup>13</sup>

Second, family members and other informal caregivers are the largest sources of support for older adults in this country, but changes in family structure and social roles limit the ability of family members to provide that support. Decreased fertility rates, greater numbers of women in the workforce, and the geographic dispersion of families have reduced the availability of younger family members to help older adults with their daily activities.<sup>14</sup> While in 2013 there were more than 14 adults of prime caregiving age (i.e., ages 45-64) for every person over the age of 85, by 2050 this ratio will drop to less than four to one.<sup>15</sup> If these trends continue, older adults may have fewer sources of instrumental assistance, emotional support, and social interaction in the future.

Third, the physical and social infrastructure of many cities and towns in the United States create barriers to healthy aging. For example, few older adults live in mixed-use neighborhoods where they can safely walk to a grocery store, pharmacy, or other services and gathering places, and about one-third of older adults do not have any public transportation where they live.<sup>16</sup> In addition, many places lack social features that could help older adults remain connected to their community, such as adult learning programs, volunteer activities that utilize their skills and experience, and other enjoyable and meaningful activities.

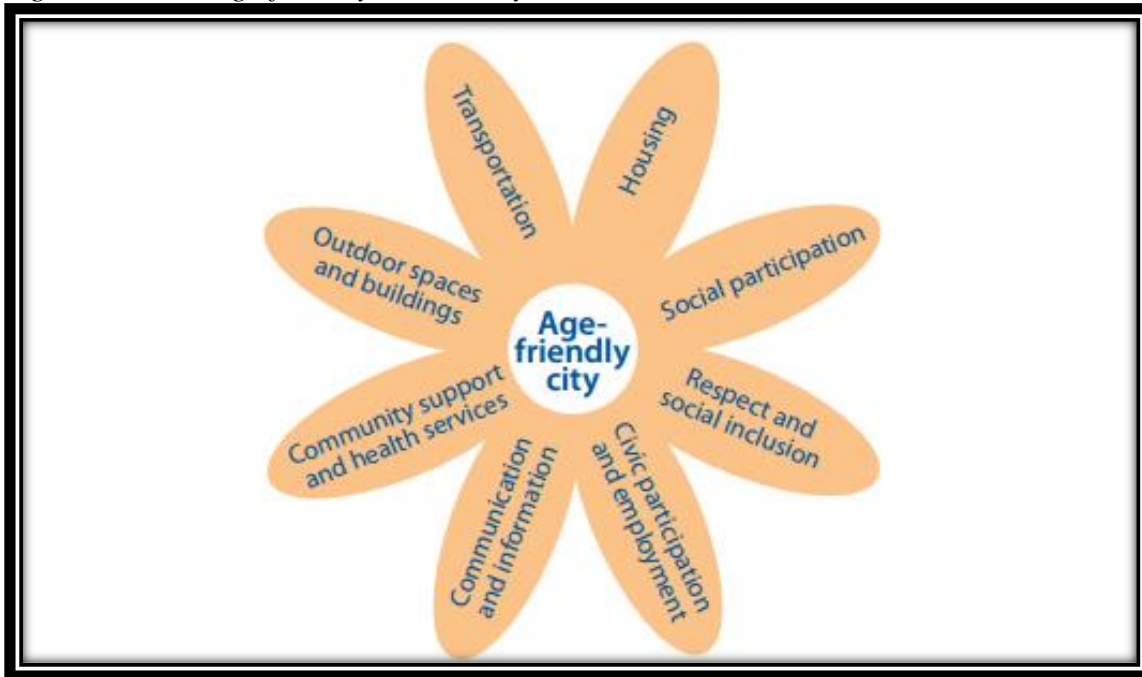
While these challenges need to be addressed, the aging of the U.S. population is also creating opportunities for individuals, families, and communities. Too often the changing demographics of the United States are equated to a crisis, such as the use of the term “silver tsunami,” rather than as a success story of improved health, wellbeing, and longevity. Today’s older adults on average have higher educational attainment, better overall health, and lower disability rates than previous generations. Older adults serve their communities formally by engaging in volunteer activities, such as tutoring in an elementary school, maintaining a community garden, registering residents to vote, and working at a food bank, among others. Older adults also make valuable contributions through informal roles. For example, 19 percent of all of those who provide care to an adult with health or functional limitations are age 65 or older<sup>17</sup> and 2.7 million older adults are the primary caretakers of their grandchildren.<sup>18</sup>

## **An Age-Friendly Paradigm Shift**

In response to the challenges and opportunities of our aging society, in recent decades there has been a growing emphasis on making existing systems and structures more “age-friendly.” These emerging approaches acknowledge the importance of assessing the fit between individual needs and preferences with their surrounding environment.

One prominent example is the movement to create more age-friendly communities, defined as those that encourage “active aging by optimizing opportunities for health, participation and security in order to enhance quality of life as people age.”<sup>19</sup> Age-friendly community initiatives typically focus on enhancing the physical and social infrastructure to support older adults’ health, wellbeing, and ability to age in place. Age-friendly community features typically include two types of programs, policies and infrastructure: 1) those that focus specifically on the needs of older adults, and 2) those that not only benefit older adults but also community residents at other stages of the life course.<sup>20</sup> For example, the World Health Organization’s Global Age-Friendly Cities and Communities program<sup>21</sup> began in 2006 in 33 cities in 22 countries and now has more than 287 members (including U.S. affiliates through the AARP Network of Age-Friendly Communities). Based on information gathered from the scholarly literature and more than 150 focus groups with older adults, caregivers, and service providers around the world, WHO identified eight core community features for an age-friendly community (see Figure 1). These features include those under the purview of public and private sectors, as well as multiple disciplines and professions.

Figure 1: WHO Age-friendly Community Features



Source: WHO global network of age-friendly cities and communities. (2014). Retrieved from: [http://www.who.int/ageing/age\\_friendly\\_cities\\_network/en](http://www.who.int/ageing/age_friendly_cities_network/en)

There has also been movement towards the development of age-friendly health systems, spurred not only by the projected increase in demand for healthcare as the proportion of older adults rises, but also by innovations in healthcare delivery expanded by the ACA, such as person-centered care, bundled payments, and addressing the social determinants of health.<sup>22</sup> Age-friendly health systems aim to provide evidence-based care via a trained geriatric workforce, coordinate with a full range of community-based services, and meaningfully engage older adults and their families. The John A. Hartford Foundation, for example, has made the expansion and evaluation of an age-friendly health system approach a major priority, with the ultimate goal of developing effective strategies to improve health outcomes and reduce costs.

An age-friendly public health system aligns with and complements these existing age-friendly initiatives. It identifies the key capacities that public health potentially can bring to support ongoing efforts by the aging and healthcare fields. It also highlights the ways public health expertise can inform the development and implementation of new policy and programmatic interventions.

## **A Framework for an Age-Friendly Public Health System**

The *Framework for an Age-Friendly Public Health System* identifies five key potential roles for public health, with particular attention to the ways public health can support, complement, or enhance aging services.

- 1. Connecting and convening multiple sectors and professions that provide the supports, services, and infrastructure to promote healthy aging**

Addressing the full range of individual and community needs to support healthy aging requires the active contribution of a variety of stakeholders. And indeed many different organizations and professionals are working to support healthy aging, yet they often operate in siloes with limited opportunities to communicate with each other. The first potential role of public health is to connect and convene the multiple sectors and professions that provide the supports, services, and infrastructure to promote healthy aging.

One example that highlights this role is in promoting and supporting physical activity. Regular physical activity reduces the risk of chronic conditions such as diabetes and cardiovascular disease, prevents cognitive and functional decline, and decreases the likelihood of falls and subsequent injury,<sup>23</sup> however only a minority of older adults meet guidelines such as the 2008 Physical Activity Guidelines for Americans.<sup>24</sup> There are numerous barriers to regular physical activity in later life, including restricted access to indoor and outdoor recreational facilities, concerns about neighborhood safety, limited individual knowledge about the benefits of exercise,<sup>25</sup> and the absence of walkable neighborhood features (e.g., well maintained sidewalks, raised crosswalks, speed bumps, and a variety of food and shopping destinations).<sup>26</sup> Public health could bring together the multiple actors that could alleviate these barriers, including law enforcement, public works, parks and recreation, city planning, local businesses, physicians, senior centers and other community groups. As a connector and convener, public health can promote communication across sectors and facilitate the sharing of knowledge and resources.

Another example is the need to address social isolation in later life. Social isolation can reflect an objective separation from a social network, such as living alone, or more subjective feelings of loneliness<sup>27</sup>. Approximately 12 million adults over the ages of 65 live alone,<sup>28</sup> and studies report that 15-45 percent of older adults experience loneliness<sup>29, 30, 31</sup>. Social isolation can negatively affect quality of life, and contributes to an increased risk of morbidity and mortality<sup>32, 33</sup>. Public health can work with community-based organizations, such as senior centers, community centers, and YMCAs, to address loneliness and social isolation by providing opportunities for social interaction and the development of new friendships. Public health professionals can also partner with Villages, grassroots consumer-driven community-based organizations that aim to promote aging in place by combining services, participant engagement, and peer support. First emerging in the early 2000s, currently there are more than 200 Villages in the United States in operation or development<sup>34</sup>. Studies suggest that Villages are a promising approach to increasing members' social engagement,<sup>35</sup> and connecting with a variety of formal and informal community supports (including those offered by public health departments) plays a critical role in their ability to do so.

When convening sectors, professions and organizations, public health typically leverages its seat at the table to ensure a focus on prevention and on policy, systems and environmental change to support the goals of healthy aging efforts. A greater focus on prevention can help forestall declines in health and wellbeing, such as falls prevention and initiative to promote physical activity or brain health.

## **2. Coordinating existing supports and services to avoid duplication of efforts, identify gaps, and increase access to services and supports**

Navigating the wide variety of supports and services for older adults can be confusing and overwhelming for older adults, their families, and other professionals. Supports and services are offered by a range of providers in different locations and settings, with different funding sources and variations

in eligibility requirements. A second critical role for public health is therefore to coordinate existing supports and services to avoid duplication of efforts, identify gaps, and increase access to services and supports. If there are available resources, health departments can create an aging specialist role to facilitate this coordination and ensure that older adults are not overlooked in any other public health programming or research.

It should be noted that aging professionals and organizations, including AAAs, are working to avoid duplication of efforts, reduce unmet need for supports, and maximize the efficient use of existing resources. Public health can be a particularly effective coordinator to address the barriers falling within its areas of expertise. For example, many older adults do not receive preventive health services, such as those recommended by the U.S. Preventive Services Task Force, including screenings, behavioral health monitoring and counseling, and immunizations.<sup>36</sup> With 90 percent of flu-related deaths occurring among those ages 65 and over,<sup>37</sup> there is a critical need to improve the availability and acceptability of such preventive services as immunizations. Public health has been a key partner in the work of Vote & Vax, a national initiative that has received support from CDC and the Robert Wood Johnson Foundation to provide flu vaccines in polling places. Bringing together multiple sectors, including public health, pharmacy, and nursing, Vote & Vax has demonstrated success in improving vaccination rates among those with access barriers to more traditional vaccination sites, such as physician offices or pharmacies.<sup>38</sup> This program thus fills a critical gap in service delivery and highlights a creative approach to improving population health.

### **3. Collecting data to assess community health status (including inequities) and aging population needs to inform the development of interventions**

All sectors are becoming increasingly data driven to ensure that they have all the information they need to address their target populations and target problems. A third role for public health is to call attention to the needs and assets of a community's aging population to inform the development of interventions through community-wide assessment, a critical step to set goals and define measures for health improvement.

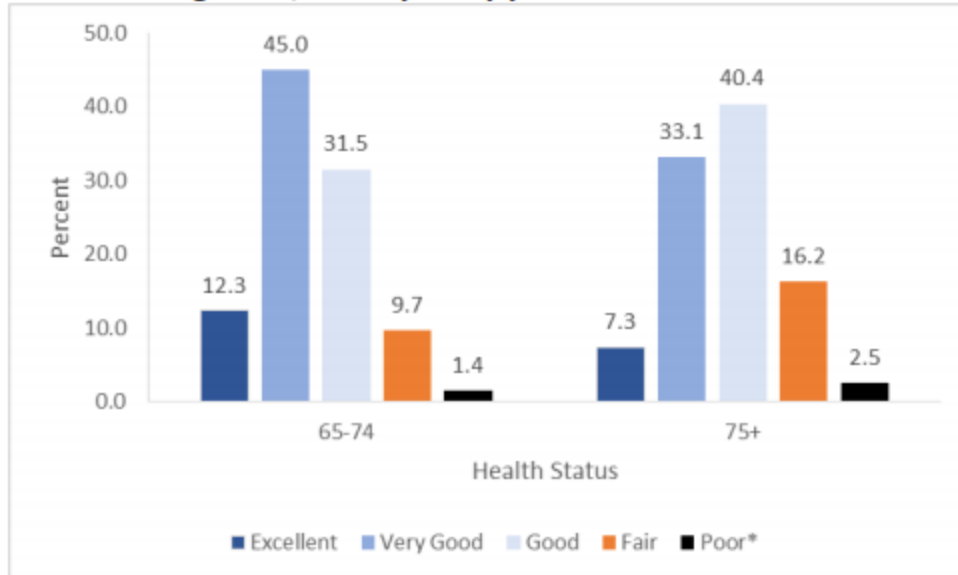
Public health can help document population and community health status by collecting and analyzing data, including data from multiple sectors and sources. While public health has often not focused on older adults in these activities, there are multiple opportunities. One example is the Behavioral Risk Factor Surveillance System (BRFSS) administered by CDC, which includes two modules that states can use to assess and track two issues critical to the health and wellbeing of older adults: the cognitive decline module and the caregiver module. These two modules are currently voluntary and are in use in 35 states (21 caregiver and 21 cognitive decline, with seven states doing both modules). Public health departments can advocate for wider implementation of these modules in states that have not adopted them, and can analyze and disseminate the data in states that have adopted these modules.

Another example is the Survey of the Health of All the Population and Environment (SHAPE), conducted in 2014 in six Minnesota metro counties. This study's results have helped inform local priorities for a number of populations, including older adults. For example, results on health and functioning were included in a 2017 publication from Saint Paul – Ramsey County Public Health Department, *Healthy Aging: A Public Health Framework*.



**Figure 8: General Health Status of Population 65 and older, Metro Counties, 2014**

**Question: "In general, would you say your health is...?"**



Source: Countryman M, Ding M, Downs S, Erdman J, Godwin T, Jansen J, Johnson D, Kinney A, Kleinfehn-Wald N, Landreman U, Nagy A, Stenso-Velo S; Metro SHAPE Workgroup (2014). Metro SHAPE 2014. Metro Counties included in the survey: Carver, Dakota, Hennepin, Ramsey, Scott and Washington.

\*Estimate for 75+ age group, poor, is potentially unreliable and should be used with caution (Relative Standard Error is >30% and ≤50%).

As another example, public health can provide important information about older adults using hotspot analysis, a technique to examine the geographic distribution of populations, features, or events. Such data can be essential in mapping neighborhoods in which older adults are at a higher risk for a fall or have less access to a grocery store. This essential data can then be analyzed and disseminated to target audiences in easy to use fact sheets.

Older adults often experience higher rates of injury and death and lower rates of economic recovery following major natural disasters such as earthquakes, floods, and tornadoes.<sup>39</sup> Therefore existing datasets and hotspot analysis showing areas with high concentrations of older adults, particularly those living alone and/or with a health challenge, could inform emergency preparedness. The Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) developed the emPOWER Initiative through a partnership with the Centers for Medicare and Medicaid Services. The emPOWER Initiative provides federal data and mapping tools to local and state public health departments to help them identify vulnerable populations who rely upon electricity-dependent medical and assistive devices or certain healthcare services, such dialysis machines, oxygen tanks and home health services. The emPOWER Map is a public and interactive map that provides monthly de-identified Medicare data—down to the zip code level—and an expanded set of near real-time hazard tracking services. Together, this information provides enhanced situational awareness and actionable information for assisting areas and at-risk populations that may be impacted by severe weather, wild fires, earthquakes and other disasters. Public health and emergency management officials, AAAs, and community planners can use emPOWER to better understand the types of resources that may be needed in an emergency. For instance, these data can inform power restoration prioritization efforts, identify optimal locations and needs for shelters, determine transportation needs, and anticipate potential

emergency medical assistance requests. The data are also used to conduct outreach prior to, during, or after an incident, public health emergency, or disaster that may adversely impact at-risk populations.

The public health sector may also bring an asset-based approach to community assessment, documenting the collective resources of older adults, their families, and their communities. This aligns with the work of aging services and other providers to move away from an emphasis on deficits and towards a recognition of strengths, skills, and capacities.

Public health can provide healthcare systems with critical info about older adults in their surrounding communities as part of Community Health Needs Assessments, which are now mandated for all tax-exempt hospitals through the ACA. Non-profit hospitals are now required at least once every three years to assess and prioritize the health needs of their geographic community, and then develop and implement action steps to address those needs.<sup>40</sup> At least one local, state, or regional public health department must be involved in this process. Public health can thus call attention to the needs of older adults and ensure programs and resources are dedicated to this population.

#### **4. Conducting, communicating, and disseminating research findings and best practices to support healthy aging**

Rigorous translational research can empower individuals to engage in healthy behaviors, support the provision of effective clinical services, and create safe and healthy community environments. Public health researchers, policymakers, and practitioners can play a key role in supporting healthy aging by conducting, communication, and dissemination research findings and best practices, particularly in terms of prevention and population health.

For example, public health is already serving this function in the area of cognitive health. Approximately 10 percent, or 3.6 million, of all Medicare beneficiaries over the age of 65 living in the community had some form of dementia in 2011.<sup>41</sup> CDC's Healthy Brain Initiative promotes a role for public health in maintaining or improving cognitive functioning in later life. As part of this initiative, CDC worked with the Alzheimer's Association to develop a guide (first in 2007, then updated in 2013<sup>42</sup>) outlining action items for public health officials to promote cognitive health, address cognitive impairment, and support dementia caregivers. A key component of this initiative is supporting applied research and translating evidence into practice for providers and policymakers. Public health can also assist with neurocognitive disorder public awareness campaigns around modifiable risk factors, signs of disease progression, strategies for addressing changes in behavior, and community supports. Public health can also support the development and implementation of evidence-based programs and evidence-informed policies.

In addition, there is a large body of research concerning healthy aging, yet limited clearinghouses for interested parties to find best practices or resources. Public health organizations may provide central locations for information on healthy aging, including best practices, toolkits, and research. The ready availability of such a site can assist other sectors and professions in their efforts to address the needs of older adults.

#### **5. Complementing and supplementing existing supports and services, particularly in terms of integrating clinical and population health approaches**

The fifth proposed role for public health is complementing and supplementing existing supports and services, particularly in terms of integrating clinical and population health approaches. Existing public health programs address a wide range of health issues, from infectious disease to chronic disease; from education campaigns that reach the general public to targeted and focused home-visits by educators; from the enforcement of environmental regulations addressing long-term health risks like clear air and water to the response to rare and catastrophic events. Furthermore, public health is focused on the entire life course, providing programs and policies such as maternal and child health, workplace safety, and tobacco-free initiatives, that ultimately support healthy aging later in life. Each of these current activities could be assessed to determine if they are adequately meeting the needs of older adults and, when not, modified to better do so.

For example, aging services are beginning to recognize the value of Community Health Workers (CHWs), a public health approach that has long been working with populations with limited access to formal health and social services. CHWs are trusted members of a community and engage in outreach, provide education, and serve as a liaison to formal systems of support. Preliminary research indicates the promise of CHWs for reducing healthcare costs, supporting transitions back home from the hospital, and connecting low-income senior housing residents to community services.<sup>43</sup> This may be a particularly effective strategy to address health inequities.

Public health can also complement existing programs for informal caregivers providing assistance to older adults with a disability. Community-based support for caregivers are often fragmented from each other and disconnected from the health and long-term care systems.<sup>44</sup> The National Family Caregiver Support Program, created by the federal Older Americans Act Amendments of 2000, provides a range of services, including counseling, case management, respite, and training, particularly in terms of adapting to the caregiver role and developing strategies for self-care. Public health can provide critical education and training on performing the tasks needed to support older care recipients, such as safely bathing or transferring from a bed to a chair, or addressing the behavioral changes associated with dementia.

### **Barriers to Creating an Age-Friendly Public Health System**

While there was a clear consensus at the convening about the value of an age-friendly public health system, there was also a recognition that this expanded focus will be accompanied by both challenges and opportunities.

The first barrier is the need to break down professional and disciplinary siloes. Promoting a public health strategy to healthy aging requires a collective impact approach.<sup>45</sup> Such an approach recognizes the solutions to complex social problems do not emerge from the activities of a single individual, social service agency, or sector, but rather from the activities of multiple entities, including businesses, non-profits, governments, and the general public. However, forming and maintaining collaborations of diverse partners require time, energy, dedication, and funding. Helping stakeholders who have not traditionally focused on older adults recognize the role that they can play to promote healthy aging across the life course will be an additional challenge. As noted above, those in the public health sector are often accustomed to convening and facilitating diverse collaborations and may be well-suited to bring together the wide range of stakeholders needed to promote healthy aging.

The second barrier relates to the persistence of ageist norms. In the United States, older adults are often seen primarily as needy or helpless patients rather than as full human beings with strengths as well as limitations, who can give as well as receive. Such limited perceptions foster the view of the aging of the U.S. population as a problem. At the same time, with a few notable exceptions, ageism also prevents the needs of older adults from becoming a priority at the local, state, and federal levels. In an effort to combat the deleterious effects of ageism, eight leading aging organizations (AARP, the American Federation for Aging Research, the American Geriatrics Society, the American Society on Aging, the Gerontological Society of America, Grantmakers in Aging, the National Council on Aging, and the National Hispanic Council on Aging) have partnered for the Reframing Aging Project. By incorporating the needs and assets of the aging population into its own priorities, public health can serve as a model for other sectors and professions to embrace an aging-in-all-policies-and-practices approach. Through assessment and research activities that complement the work of others, public health can highlight the ways older adults are an asset to their families and communities, and promote the message that the aging of the population is a success story and not a crisis.

Finally, there is clearly a need for more funding from both the public and private sectors to support healthy aging. Indeed, as the number of older adults continues to grow in this country, the amount of public health and social service funding from the federal, state, and local levels is shrinking. Furthermore, funding is rarely available for the larger-scale, collective impact activities required to fully support healthy aging. Grants are often given to one specific agency to support one specific intervention for one specific health or social problem. Promoting healthy aging across diverse populations will likely require a substantial investment of financial and human resources. However, stakeholders can develop strategies to maximize existing resources and identify new sources of support. These include focusing on relatively low-cost policies and programs, enlisting the participation of multiple stakeholders, and considering how existing policies and programs can meet the needs of older adults.

## **Next Steps**

Despite these barriers, this is the time for public health to contribute to programs, policies, and innovative interventions to promote health and wellbeing for people as they age. Given the changing demographics and the complex health-related needs of older adults, the public health sector should fully and comprehensively make such work a priority. The *Framework for an Age-Friendly Public Health System* highlights five key potential roles for public health. While this summary offers some examples of each, a key next step is a more systematic approach to develop and disseminate case studies, best practices, and toolkits.

Public health has a lot to offer: it has long utilized prevention and health promotion strategies that can be usefully deployed. The Florida convening demonstrated that many aging service organizations are eager to have partners from public health and other fields. Healthy aging depends on both upstream and downstream efforts. Both efforts require the involvement of diverse sectors, disciplines, and professions and the consideration of the ways in which their policies, programs, and infrastructure affect older adults. To ensure such policies are evidence-informed, aging and public health need to communicate, collaborate, and leverage each other's strengths and areas of expertise.

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## Endnotes

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