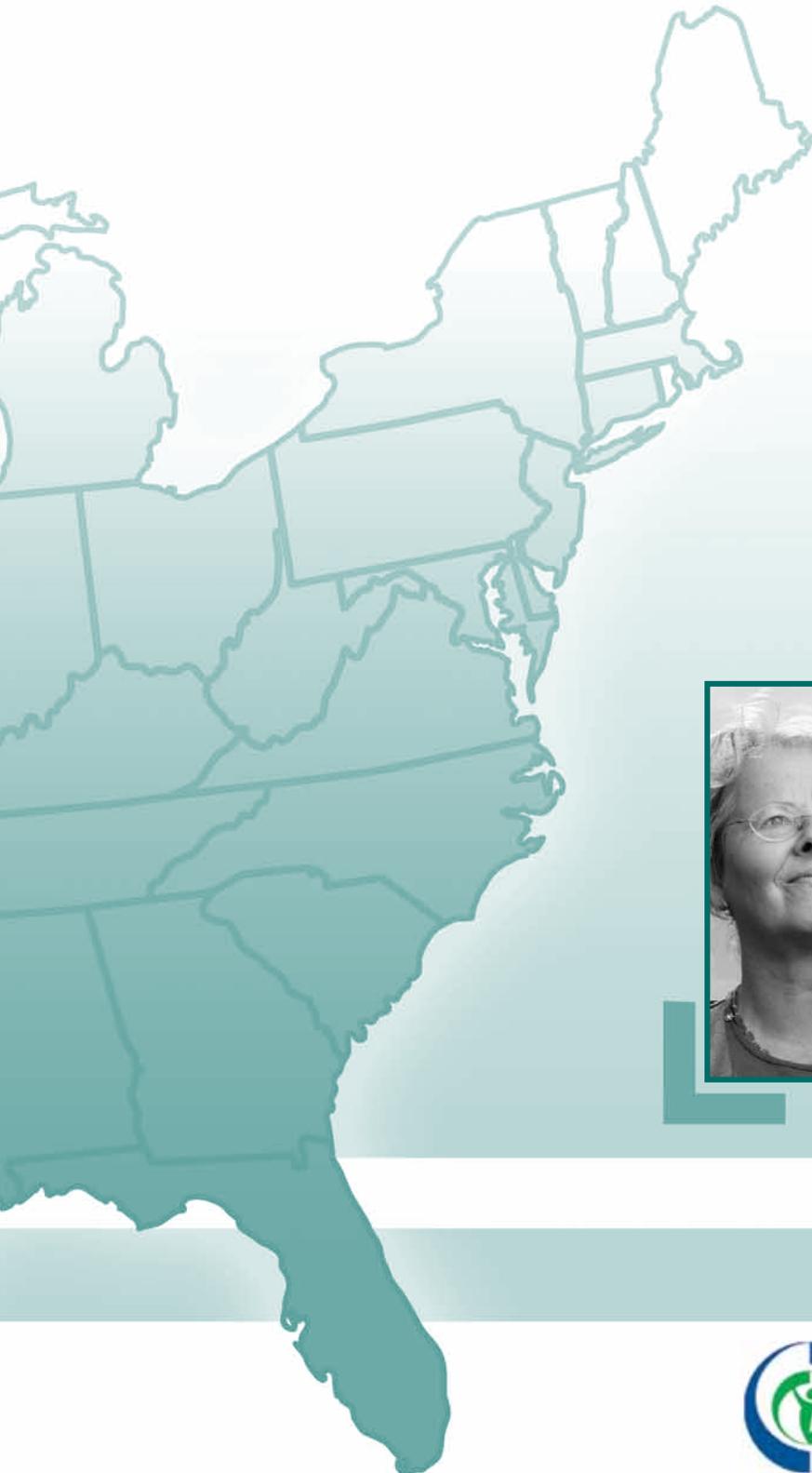


MEETING THE CHALLENGES OF AN AGING SOCIETY

The Experience of State Health Departments



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

MEETING THE CHALLENGES OF AN AGING SOCIETY

The Experience of State Health Departments

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*For more information about this project or NACDD's Healthy Aging activities or for additional copies of this report, please contact:
National Association of Chronic Disease Directors
872 Woodcock Boulevard, Suite 220
Atlanta, GA 30341
(770) 458-7400
www.ChronicDisease.org*

2009



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EXECUTIVE summary



Today, there are 55 million adults in the United States in their 50s and early 60s. By 2030, the number of adults age 65 years and older in the United States will have doubled from what we see today — to 71 million older adults. Many older adults today and their aging baby-boomer counterparts will maintain good health and be able to continue to live independently. At the same time, many Americans will confront increased health challenges as they age, in particular, chronic conditions such as heart disease, cancer, diabetes, and arthritis. The dramatic aging of our population has profound implications for the nation’s public health network, as well for social services, health care, and long-term care.

In the decades ahead, public health professionals across the country will continue to play a pivotal role in helping to ensure that Americans are able to live as long, as well, and with as much functional independence as possible. The degree of success of their efforts to prevent and control disease, injury, and disability among aging Americans will in large measure influence the nation’s ability to sustain adequate and responsive social services, health care services, and long-term care.



At the state level, public health professionals are preparing for the increased demands associated with a rapidly aging society. A key element of this preparation is to establish foundational elements within state health departments that support and facilitate efforts to promote healthy aging. In addition, health departments are seeking and taking advantage of innovative strategies, evidence-based programs, and strategic linkages that help them do their work more effectively and efficiently as they address health issues facing older adults. These efforts are particularly critical given state budget constraints at a time when our demographic imperative already presents immense challenges.

To better respond to the needs of the states in promoting healthy aging, the National Association of Chronic Disease Directors (NACDD), with support from the Healthy Aging Program of the Centers for Disease Control and Prevention (CDC), conducted a member survey of state health departments in late 2008 to better understand their needs, priorities, and activities related to older adult health. State health department representatives from 30 states responded to the survey. In addition, detailed interviews were conducted with representatives of four state health departments and their invited partners to gather more specific information on successful strategies, productive partnerships, challenges, and barriers.

To some extent, the current effort is a follow-up to the “Aging States Project” conducted in 2001. However, this current effort is focusing on state health departments while the “Aging States Project” gathered



information from both state health departments and state units on aging. The 2001 project examined older adult health issues, health promotion activities, and partnerships at the state level. The 2001 recommendations for state health departments and state units on aging included clarifying the roles and responsibilities of respective state agencies addressing older adult health and designating a point person for communication with the counterpart agency on health promotion for older adults. In addition, state health departments and state units on aging were urged to work together in designing, implementing, and evaluating programs for older adults. It also was recommended that they foster the development and expansion of community-level partnerships between local health departments, area agencies on aging, and their respective provider organizations.

The current member survey indicates that state health departments have made progress in all of these areas. Almost all states have begun building foundational elements to support efforts specifically directed toward older adult health. In addition, state health departments have worked to more closely link their disease prevention expertise with the experience and extensive outreach capability of the aging services network.

In addition to the current survey, interviews were conducted with state health department staff and invited partners in

Almost all states have begun building
foundational elements to support
efforts specifically directed toward
older adult health

four selected states: California, Massachusetts, New Jersey, and North Carolina. There was great variability in how these state health departments structure their efforts focused on promoting healthy aging, carry out strategic planning, utilize resources, and collaborate with state units on aging and other partners. However, despite the range of approaches, key foundational elements were identified by states as being critical to their success in promoting health and preventing disease among their older residents.





Key Elements to Promote Healthy Aging

The impact and benefits of efforts to promote the health and well-being of older adults are likely to be greatest when state health departments have key foundational elements in place to promote healthy aging. Based on the findings of the recent member survey and discussions with selected states, the following elements appear to be those most essential for state health departments to pursue in meeting the public health challenges of our rapidly aging society. NACDD and CDC also have critical roles to play in ensuring that state health departments receive the support and assistance they need to meet these challenges.

- Committed leadership and coordination related to healthy aging efforts within and throughout the state health department
- An acknowledged focal point for healthy aging efforts within the state health department, e.g., a dedicated office, or at the least, a designated individual responsible for catalyzing and coordinating efforts directed towards older adults
- Strong and active partnerships with the state unit on aging and other relevant agencies and organizations
- A statewide coalition focused on health promotion and disease prevention for older adults
- A statewide healthy aging plan that draws on the expertise and outreach capabilities of a variety of agencies and organizations
- Access to and use of up-to-date state and local data for action, including data from CDC's state-based Behavioral Risk Factor Surveillance System (BRFSS), geographic information systems (GIS), Mobilizing for Action through Planning and Partnerships (MAPP), and Community Health Improvement Plans (CHIP) (see Glossary)
- Strategic use of funds made available through grant programs, such as Healthy Aging Opportunity Grants funded by CDC and administered by NACDD, and the Evidence-Based Grants from the Administration on Aging
- Access to and use of expertise available through academic institutions, e.g., member universities of the Healthy Aging Research Network supported by CDC's Healthy Aging Program.

BRFSS (*Behavioral Risk Factor Surveillance System*). A random digit dial telephone survey of adults age 18 and older, conducted in all states and several territories as a joint collaboration between CDC and state and territorial health departments. BRFSS collects data on a variety of health-related characteristics, risk factors and behaviors.

GIS (*Geographic Information Systems*). A database of geographically-referenced information that can present health data for a specific geographic location, such as a zip code.

MAPP (*Mobilizing for Action through Planning and Partnerships*). A community-driven strategic planning tool developed by the National Association of County and City Health Officials for improving community health.

CHIP (*Community Health Improvement Plan*). A plan to identify priority public health issues and strategies to address complex and persistent community challenges.

** Definitions from Glossary (Page 23)*

INTRODUCTION & background



Healthy aging is “the development and maintenance of optimal physical, mental, and social well-being and function in older adults,” as defined by the Healthy Aging Research Network, a consortium of academic institutions around the country supported by the Healthy Aging Program at the Centers for Disease Control and Prevention. This definition also indicates that healthy aging is “most likely to be achieved when physical environments and communities are safe, and support the adoption and maintenance by individuals of attitudes and behaviors known to promote health and well-being, and by the effective use of health services and community programs to prevent or minimize the impact of acute and chronic disease on function.”

We know that an estimated 80% of older Americans have at least one chronic condition, and 50% have at least two. The leading causes of death for older adults are heart disease (30% of all deaths), cancer (22%), and stroke (7%). Chronic diseases also often contribute to significant disability and reduced quality of life. However, much of the illness, disability, and death associated with chronic disease is avoidable through proven prevention measures and healthy lifestyles that include physical activity, a healthy diet, and avoidance of tobacco use. Research has shown that evidence-based health promotion programs can have significant and measurable benefits to health and quality of life throughout the lifespan, including older age.

States have been preparing for the increased demands of the aging population on the public health, aging services, health care, and long-term care systems. A key element of this preparation is establishing programs within state health departments that focus on health promotion and disease prevention to help older adults maintain optimal health status and quality of life in their later years.

The National Association of Chronic Disease Directors (NACDD), in collaboration with CDC’s Healthy Aging Program, works to support the efforts of states in promoting the health and well-being of older adults. In order for NACDD and CDC to better respond to the needs of the states, NACDD conducted a member survey of state health departments in late 2008 to help understand their needs, priorities, and activities related to older adult health. In addition, detailed interviews were conducted with representatives of four state health departments to gather more specific information on their successful strategies and productive partnerships, as well as the challenges and barriers they face.

This effort is, in part, a follow-up to the “Aging States Project” initiated in 2001 by NACDD and the National Association of State Units on Aging, with support from CDC and the Administration on Aging. In that project, both state health departments and state units on aging responded to a survey designed to provide a better understanding of their needs, priorities, and activities related to older adult health and the extent to which they collaborated on efforts related to healthy aging. A key recommendation from that effort was that state health departments and state units on aging should work together more closely and better integrate their respective expertise and outreach capabilities.

FINDINGS

survey of state health departments



In the fall of 2008, the National Association of Chronic Disease Directors (NACDD), with funding from the Centers for Disease Control and Prevention (CDC) Healthy Aging Program, invited all state health departments to participate in a member survey designed to gather information on a variety of factors related to state health departments' efforts to promote healthy aging. For states with a designated NACDD healthy aging contact, the survey instrument was directed to that individual for response. For states with no such designated contact, the survey was directed to the state Chronic Disease Director.

State health departments were asked to provide information on their own efforts to promote healthy aging activities, and not the activities for which other agencies, including the state unit on aging, have principal responsibility.

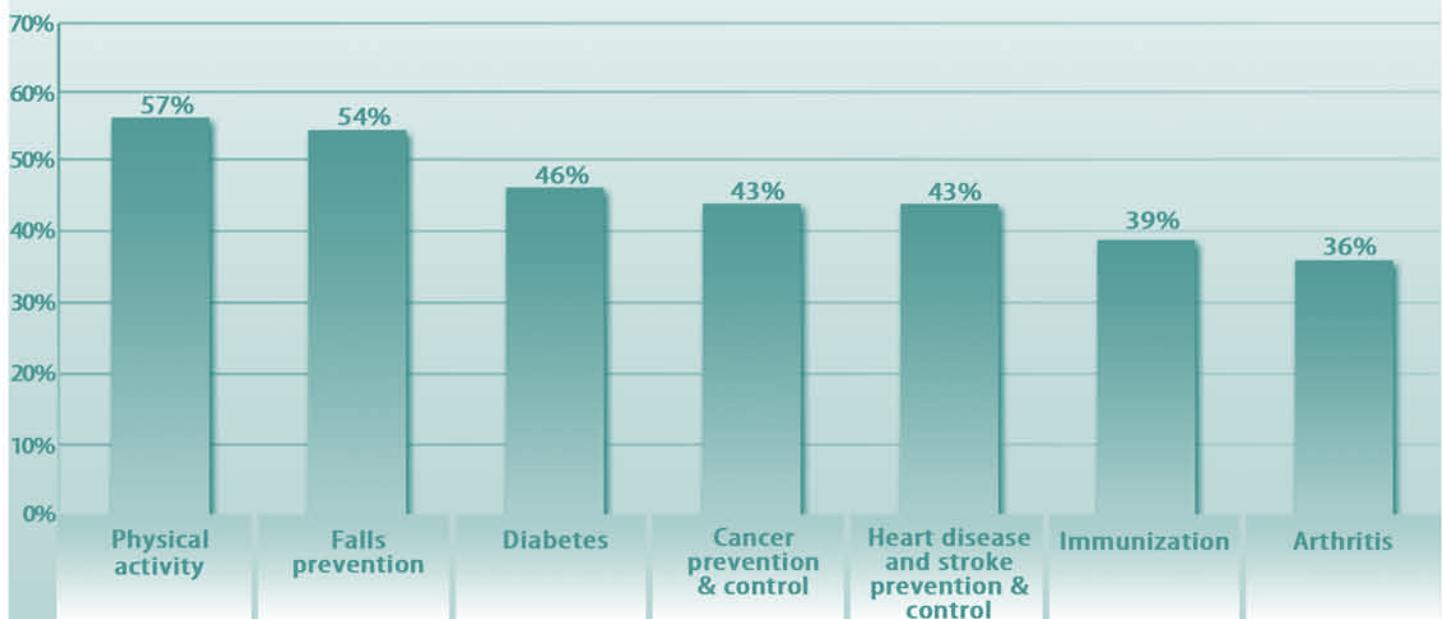
Thirty (30) state health departments completed the survey. The findings from these states have been organized around several key areas and include the following results.

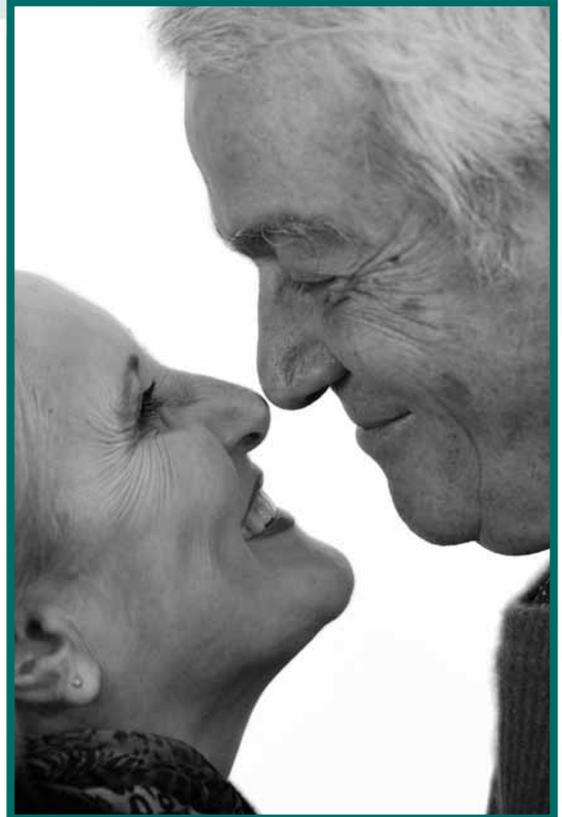


Current State Health Department Priorities, Activities, and Resources

- **Healthy aging priorities:** States indicated that among their top five priorities for health promotion and disease prevention for older adults were physical activity (57% of responding states); falls prevention (54%); diabetes (46%); cancer prevention and control (43%); and heart disease and stroke prevention (43%). Other priority areas cited were immunization, arthritis, and chronic disease self-management (*Figure A*).

Figure A: Healthy aging priorities for state health departments





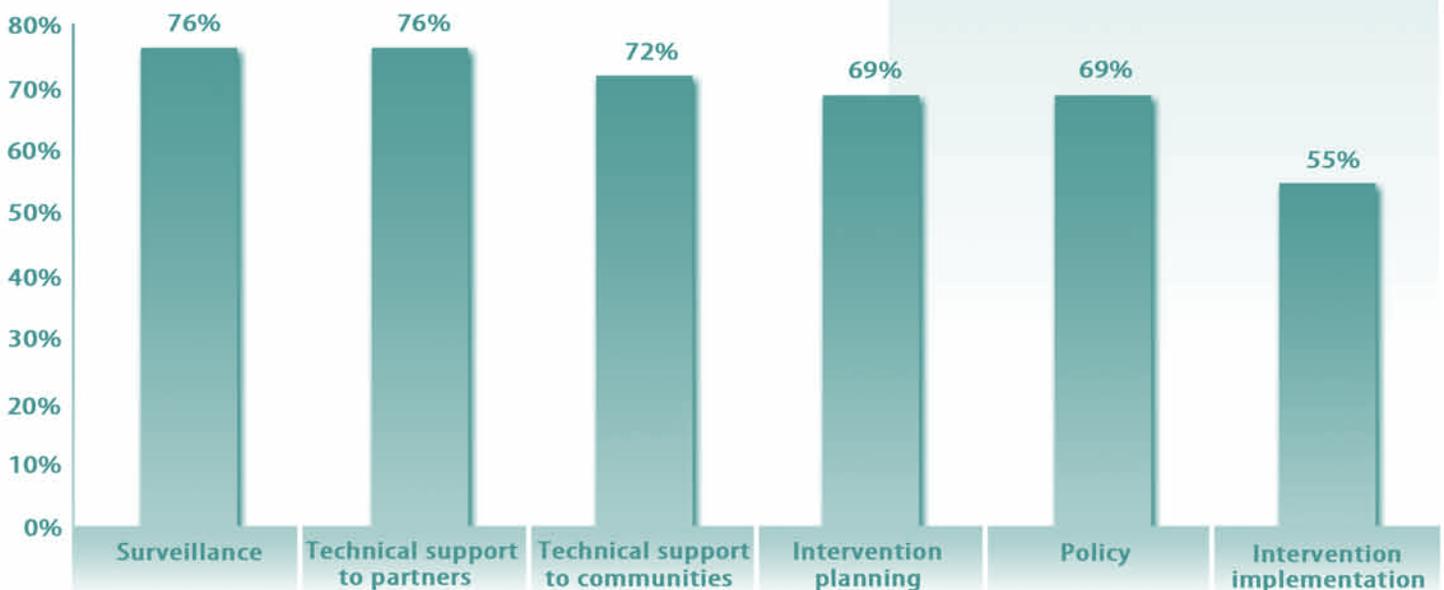
• **Core public health functions:** States reported engaging in a variety of core public health functions to address older adult health. Those most often cited include (*Figure B*):

- Surveillance (76% of responding states)
- Technical support to partners (76%)
- Technical support to communities (72%)
- Intervention planning (69%)
- Policy (69%)
- Intervention implementation (55%)
- Convening of stakeholders (55%)

• **Strategies:** Respondents indicated that they use a variety of strategies to promote health aging, including:

- Direct program implementation or group learning (e.g., chronic disease self-management courses) (81% of responding states)
- Technical assistance to service providers on program planning and delivery (73%)
- Epidemiologic data reporting for planning and monitoring impact (58%)
- Social marketing (38%)
- Policy/environmental change (35%)

Figure B: Key functions of state health departments related to healthy aging





- **Funding sources:** State health departments reported that they receive funding for health promotion and disease prevention activities directed toward older adults from a wide variety of funding sources, including:
 - Opportunity/SENIOR Grants (State-Based Examples of Network Innovation, Opportunity, and Replication) from CDC and NACDD
 - Preventive Health and Health Services Block Grant from CDC
 - Administration on Aging
 - State tobacco settlement funds
 - National Council on Aging
 - Charitable foundations
 - State budgets
- **Barriers (other than funding):** 69% of state health departments indicated that efforts to promote healthy aging were hampered by a lack of available state health department staff time, and 45% indicated challenges due to having no staff lead for healthy aging.

Organizational Structure and Focus

- **Designated individual:** Half of state health departments reported that there was a person with specific responsibility for health promotion and disease prevention efforts for older adults within their department.
- **Dedicated unit:** 13% of respondents reported that there was a specific unit within the state health department focused solely on older adult health promotion activities. Another 50% said they had a unit that focused part of its work on healthy aging.

Foundational Elements

- **Categorical program plans:** Although CDC funds programs in all states to address breast cancer, comprehensive cancer, and emergency preparedness, only one-third of respondents reported that older adults were a specific focus of these categorical program plans. Some respondents indicated that a specific focus on older adults is included in other categorical program areas such as those focusing on Alzheimer's disease, arthritis, cardiovascular health, diabetes, disability, injury prevention, obesity, oral health, osteoporosis, physical activity, and preventive services.
- **State-based public health plan:** 21% of respondents reported that their state public health plan includes measures and goals specifically related to older adult health. The same percentage of responding states reported that their state unit on aging counterpart's mandated state aging plan includes references to the state health department role.
- **Statewide coalition:** 33% of state health departments reported having a statewide coalition focusing on older adult health.



Partnership and Collaboration

With the state unit on aging:

- **Current relationship with the state unit on aging:** Nearly all (97%) state health departments reported having a current relationship with their state unit on aging. Of these states, 50% characterized the relationship as informal (opportunity-driven), 29% as mandated (e.g., by legislation, executive order, or grant requirements), 21% as formal (structured or specified roles).

- **Frequency of collaboration:** 53% reported that they have an ongoing partnership with their state unit on aging; 87% indicated that they collaborate at least once a year (Figure C).

- **Types of activities:** The most common types of activities on which state health departments are currently collaborating with their state unit on aging are:

- Participation on committees and boards (80% of responding states)
- Programs and activities at the state level (77%)
- Programs and activities at the local level (70%)
- Planning/development of programs (57%)
- Grant writing (43%)
- Education for policy makers (20%)

- **Programmatic areas:** The majority of state health departments reported that they collaborate with the state unit on aging on arthritis (79%) and fall-related activities (52%). Almost half of responding states collaborate on physical activity (48%). Other programmatic areas of collaboration reported were chronic disease prevention and control, oral health, and immunization.

- **Barriers to collaboration:** The most commonly cited barriers to collaboration with state units on aging were competing work responsibilities (69% of responding states) and the absence of a lead person within the state health department for older adult health efforts (45%).

With other state-level agencies and organizations:

- 86% of state health departments reported relationships focusing on aging with state-level agencies other than the state unit on aging including the governor’s office, the state corrections agency, the state motor vehicle agency, and the state housing agency. Very few of these relationships were either mandated or formalized through letters of agreement or reporting structures.
- Half (50%) of state health departments have worked with the mental health agency or their state medicaid agency to promote healthy aging; 43% have worked with their state parks and recreation department; 36% have worked with the state Quality Improvement Organization.

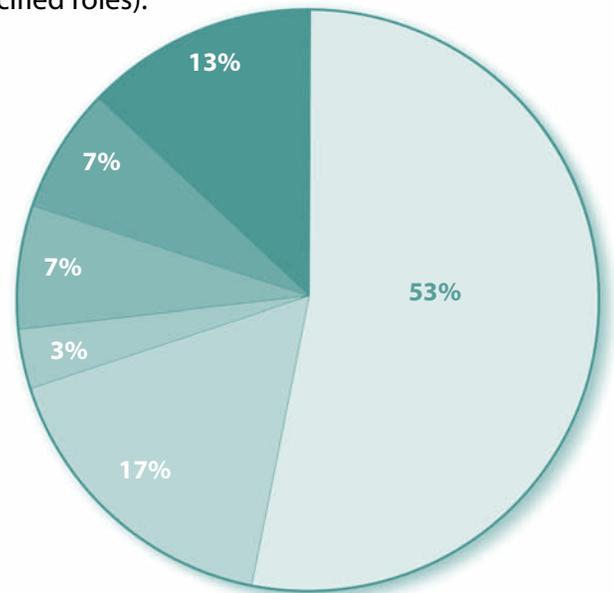


Figure C: Frequency of collaboration between the state health department and state unit on aging



With local-level agencies and organizations:

- 74% of state health departments reported working with area agencies on aging, and 70% reported working with senior centers.
- 63% of state health departments reported working with local health departments, and 52% reported working with local parks and recreation departments on efforts related to healthy aging.
- Respondents also cited working relationships with local entities such as charitable foundations, community colleges, community health centers, cooperative extension services, health care providers, parish nurses, senior housing offices, and others who provide services to older adults.

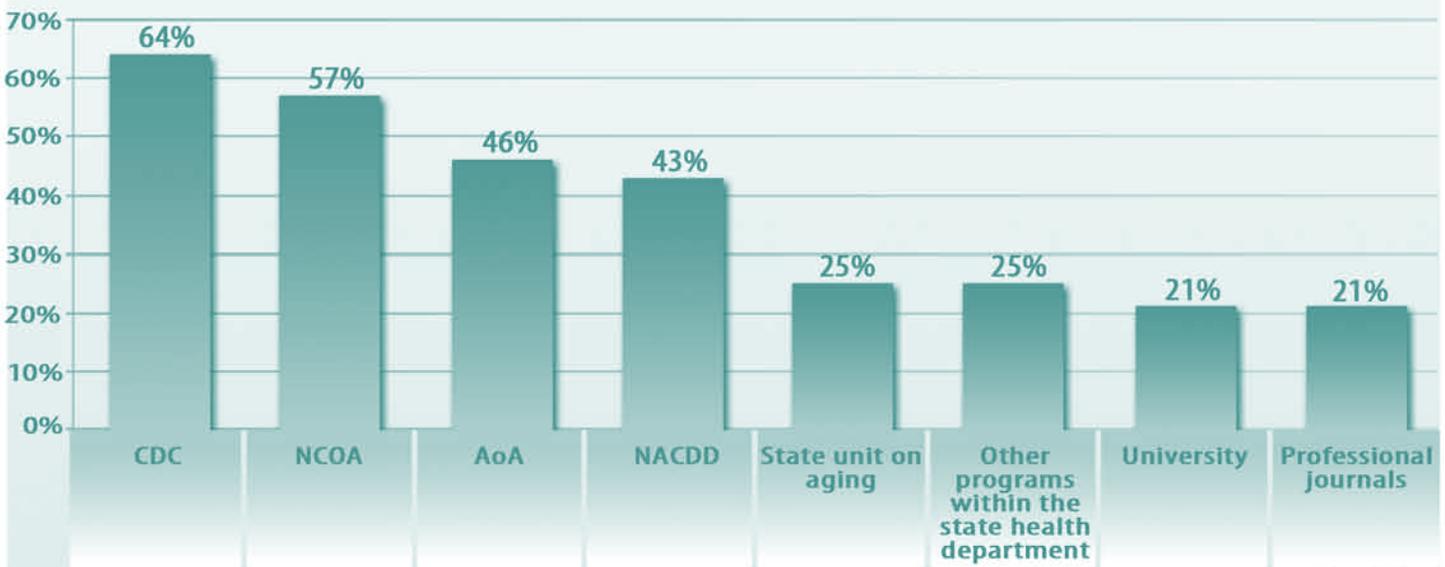


Information, Technical Assistance, and Training

- **Sources of information and technical assistance:** The majority of state health departments (64%) identified CDC as their top source of information and technical assistance related to the promotion of healthy aging. Other sources identified included the National Council on Aging (57%), the Administration on Aging (46%), and the National Association of Chronic Disease Directors (43%) (Figure D).
- **Areas for technical assistance and training:** State health departments reported that they would like to receive technical assistance and training in the following areas to assist them in promoting healthy aging:
 - Sustainability (62% of responding states)
 - Policy/environmental change (58%)
 - Evaluation (31%)
 - Social marketing (27%)
 - Planning (27%)

The majority of state health departments (64%) identified CDC as their top source of information and technical assistance related to the promotion of healthy aging.

Figure D: Sources of information and technical assistance





Data Sources Used by State Health Departments

- Nearly all (93%) state health departments cited CDC's state-based Behavioral Risk Factor Surveillance System (BRFSS) data obtained from their own state as a top resource for identifying, planning, monitoring, and evaluating programs and policies designed to promote the health-related needs of older adults in their state.
- Roughly half (52%) of respondents cited BRFSS data obtained from CDC's publications and resources as a top source of data.
- State health departments referenced additional CDC data sources as being valuable resources, including the Web-Based Injury Statistics Query and Reporting System (WISQARS), the Data Warehouse on Trends in Health and Aging, and the National Violent Death Reporting System.
- State health departments also found data from the following non-CDC data sources useful: the census, hospital discharge records, hospital emergency departments, Medicare, state injury prevention programs, and state systems created to monitor evidence-based programs.



Assistance Requested from the Centers for Disease Control and Prevention

- **Provide coordination and leadership** at the national level to ensure states are receiving consistent messaging and direction from federal agencies; to raise awareness among national level partners of the need for state-level public health partnerships for healthy aging; and to promote integration of healthy aging activities within federally-funded categorical health programs.
- **Build the knowledge base** for effective interventions and best practices, particularly in the areas of environmental and policy approaches, oral health, and return on investment.
- **Provide technical assistance** on decision-maker education; planning, implementing, and sustaining evidence-based interventions; data reporting; and culturally-appropriate approaches.
- **Provide development assistance** (including grant support) to state health departments through state-based federal assignees, e.g., CDC's Public Health Prevention Service fellows.

The 2008 survey results indicate that state health departments continue to make progress in enhancing their focus on older adult health. Almost all states responding to the survey have begun building foundational elements for healthy aging efforts. In addition, they have increased and strengthened their partnerships with key agencies and organizations that serve older adults. CDC and NACDD are committed to supporting states as they move forward in addressing the health needs of an aging population.

Assistance Requested from the National Association of Chronic Disease Directors

- **Promote coordination and partnership** among national entities and between state public health agencies and state units on aging.
- **Identify and disseminate** links to best practices, funding, and technical expertise resources.
- **Facilitate networking** and peer-to-peer learning including program integration methods, policy interventions, decision maker education, return on investment, and data use.
- **Advocate** in support of healthy aging capacity in state health departments.

THE EXPERIENCE OF FOUR STATES

highlights and individual descriptions



Highlights

To supplement information gained from responses to the survey, interviews were conducted with selected states to gain a better understanding of the individual experiences of state health departments in promoting healthy aging. With support from CDC, NACDD conducted phone and in-person interviews with state health department staff and their invited partners in California, Massachusetts, New Jersey, and North Carolina.

While there was considerable variability in how state health departments structure efforts to address healthy aging, carry out strategic planning, allocate resources, and collaborate with state units on aging and other partners, common insights and key foundational elements were identified and are highlighted below. Following these highlights are brief descriptions of the individual experiences of the four states interviewed.

Organizational Placement. The organizational location of efforts focused on healthy aging does not seem to be as important to their success as are state government priorities and the relationship between the public health and aging services departments. Some health departments indicated that they had the full support of and commitment from the highest levels of their department for prevention efforts related to older adults. On the other hand, some departments had to work harder to keep attention focused on healthy aging.

In some states, the focus on efforts related to healthy aging is housed in the state unit on aging, but state unit on aging staff work in close collaboration with the public health department. In other states, there is a public health unit devoted to healthy aging issues that reaches out to work with the state unit on aging.

State Health Department and State Unit on Aging Teamwork. Regardless of organizational placement, the key to success in many of these states appears to be whether key staff from both public health and aging services considered themselves to be a part of the same team. The success of healthy aging efforts often hinges on having a cooperative culture, whether or not the staff is in the same organization. In some of the states interviewed, team members from different departments clearly appeared to enjoy working and strategizing together, and to trust and rely on each other.

Other health departments promoting older adult health can point to a single committed person who is the “glue” of the program. In some cases, there is a staff person who has worked on healthy aging issues for 20 years, bringing essential experience and knowledge to the effort. Regardless of years on the job, however, a “can do” cooperative attitude seems to be the most important element.

Several of our study states have formal memorandums of understanding (MOUs) between the public health department and the state unit on aging to help cement and sustain the relationship. Some MOUs designate specific individuals in each department who are responsible for efforts to promote healthy aging. However, even states without MOUs are able to collaborate effectively if the collective will is there.

Statewide Coalitions and Partnerships. Another key foundational element for success is having partnerships with many diverse groups, whether these are statewide coalitions, partners that come together for an occasional grant, or a true partnership that works together on many healthy aging projects.



The establishment of a statewide coalition on healthy aging, an institute, or other visible point of collaboration is a real asset and instrumental to the success of collaborative efforts to promote healthy aging. One state has a statewide Institute on Aging that conducts research and supports activities of the state's healthy aging coalition. Access to academic centers or geriatric education centers also is perceived as a distinct advantage by states.

Bringing partners together for training reinforces linkages, promotes collaboration, and encourages sustainable partnerships. One state indicated that it uses the RE-AIM framework when working with partners. The use of RE-AIM, a tool for designing, implementing, and evaluating interventions designed to promote health and prevent disease, ensures all team members identify with and apply a common approach.

Data for Action. The ability to analyze and apply data is another core strength for successful efforts to promote healthy aging. State health department programs involved in promoting healthy aging need to know where the data are, how to use data, and how to get data into the hands of others for action, e.g., other public health programs, the aging services network, and policymakers. State health departments with dedicated statisticians and epidemiologists -- or access to individuals with such expertise -- can be especially helpful to state units on aging that may not have substantial data collection and analysis capabilities.

Several of the states interviewed have developed resource material available on the Internet or via 1-800-telephone numbers to provide a means for local health and aging services professionals and older adults to access information on evidence-based health promotion programs that are in place around a state. The availability of such information on a regional or county basis helps meet local needs and assists in identifying the locations of local evidence-based programs.

Strategic Grant Planning. Another key to success is making strategic decisions about grant applications. Some states carefully consider a funding opportunity to make sure it "fits" with their plans. Part of strategic planning also involves not taking on too much. Some states indicate that they do not apply for grants when other grant priorities mean that they do not have the time or resources to take on additional work. As one health department staffer said, "Instead of doing 100 things, get 100 things to help you move in one direction."

Some states need to turn down opportunities for small grants, given the time involved in applying for funding or other constraints. Other states see value in even small amounts of funding, which can be used to support a "stepping stone" to another project or to implement a piece of a larger project.

Prior Funding and Experience. Experience and resources are linchpins to successful programming. States interviewed had long histories of developing programs focused on healthy aging and using strategic planning to layer grants to build and provide momentum for ongoing programs. Some states had such programs going back to the 1970s and 1980s.

A key factor in successful collaboration with state unit on aging counterparts was SENIOR/Opportunity Grants and Mini-Grants awarded by CDC and administered by NACDD beginning in 2003. These grants require state health departments to collaborate closely with state units on aging in carrying out provisions of the grant. The Administration on Aging also provided funding for these grants in the early years, with implementation assistance from the National Association of State Units on Aging.

States indicated that other grant programs also helped them to move in positive directions, including CDC/NACDD's grants focusing on arthritis, AoA's Evidence-Based Health Promotion Grants and Alzheimer's Disease Demonstration Grants, and the National Council on Aging's Sustainable Systems Grants.

CALIFORNIA

Department of Public Health Health and Human Services Agency



"Healthy aging begins very early on with lifestyle choices, and those are affected by the programs here in California, beginning with school age children, young adults, and programs throughout the lifespan."

—Kathony Jerauld, MPH, Chief, Center for Gerontology,
California Department of Public Health

California Population 65+

Population: 3.9 million

Percent of population: 10.8%

Below poverty level: 8.3%

With any disability: 40.9%

With a self-care disability: 11.8%

In fair/poor health: 27.9%

Contact:

Kathony Jerauld, MPH

Chief, Center for Gerontology

California Department of Public Health

916-552-9944

kathony.jerauld@cdph.ca.gov

www.cdph.ca.gov/

Program Highlights

- Healthy aging perceived as a lifelong process, not just for older adults
- Strategic aging plan puts priority on healthy aging
- Focus on chronic disease program integration
- Geographic information systems (GIS) help identify healthy aging needs

Program Organization: The California Department of Public Health (DPH) is located in the California Health and Human Services Agency. DPH has a Center for Gerontology within its Chronic Disease and Injury Control Division. The state unit on aging—the California Department on Aging—is also located in the California Health and Human Services Agency.

Program Description: In 2003, California received a Health and Aging Mini-Grant funded by CDC and the Administration on Aging, and administered by NACDD and the National Association of State Units on Aging, to stimulate collaborative activity between public health and aging services.

DPH currently oversees the California Arthritis Partnership Program (CAPP) established in 1999 and funded by a CDC/NACDD Arthritis Grant. CAPP is creating sustainable partnerships to raise awareness about arthritis, increase access to programs, and collaborate with other chronic disease programs.

California has a long history of working on preventing falls among older adults. DPH is one of four lead partners in a public-private Fall Prevention Center of Excellence funded by the Archstone Foundation to identify best practices in fall prevention and coordinate fall prevention activities across the state, according to Barbara Alberson, MPH, Section Chief of the Injury Control Program. The state unit on aging is on the advisory committee and the local coalitions are led by area agencies on aging.

CALIFORNIA



The state health department also works with the state unit on aging on a three-year Evidence-Based Health Promotion Grant from the Administration on Aging (AoA) and has worked with the state unit on aging on two AoA Alzheimer's Disease Demonstration Grants. It recently received a Sustainable Systems Grant from the National Council on Aging to improve access to the Chronic Disease Self-Management Program (CDSMP), an evidence-based program developed at Stanford University to enhance the health of older adults with chronic disease.

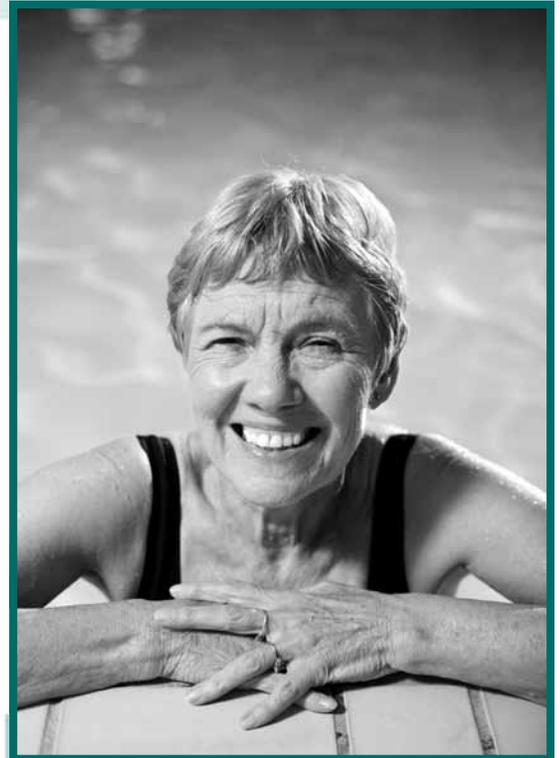
"The AoA grant ties into what we are doing here in DPH to promote the Chronic Disease Self-Management Program as well as the Arthritis Self-Management Program," said Pam Ford-Keach, Chief, California Arthritis Partnership Program. The DPH role as specified in the grant is to provide technical assistance, but Kathony Jerauld, Chief of the DPH Center for Gerontology, called it a "true partnership" with the state unit on aging.

Challenges: Budget cuts in mid-2008 eliminated the Preventive Health Care for Adults program, which once funneled more than \$1 million from the General Fund to 11 counties for health screening services for uninsured individuals age 50 years and older. The elimination of the program ended a visible focal point for healthy aging in local health departments. "Without a point person, it is very hard to integrate programs, and address social and environmental determinants of health," Ford-Keach said. Integration also is complicated by varying funding sources, each with independent goals, objectives, and reporting requirements.

Solutions: "Right now we are taking an integrated approach to chronic disease" under a CDC Integration Grant, Alberson said. "Much of our data are disease-specific, so we began moving toward a more integrated platform for all of that data," Ford-Keach said.

"With CDC's focus on integration, it was just that perfect opportunity when the stars, the sun and the moon all aligned," Jerauld added. Jerauld stressed the importance of not marginalizing aging in the integration process. "I can't emphasize that enough. When we look at the demographics and the prevalence of chronic disease, it is primarily in the older population, so we can't ignore the fact that aging is a component of what we do in chronic disease."

DPH also uses geographic information systems (GIS) to locate all CDSMPs in the state. The goal is to make the data available to local health departments, area agencies on aging, and 1-800-number callers to direct seniors to programs. DPH is looking at expanding the GIS approach to include other chronic disease programs within DPH and the counties.



MASSACHUSETTS

Department of Public Health
Executive Office of Health and Human Services



“Collaboration by public health, the state unit on aging, and community-based organizations provides Massachusetts the foundation for effective implementation of evidence-based health promotion opportunities for older adults.”

—Anita Albright, Director, Office of Healthy Aging and Disability, Massachusetts Department of Public Health

Massachusetts Population 65+

Population: 856,475

Percent of population: 13.3%

Below poverty level: 9.4%

With any disability: 37.1%

With a self-care disability: 9.1%

In fair/poor health: 24.5%

Contact:

Anita Albright, Director
Office of Healthy Aging & Disability
Department of Public Health
617-624-5440
Anita.Albright@state.ma.us
<http://tinyurl.com/3rqrv7>

Program Highlights

- Healthy Aging and Disability Unit within the Division of Health Promotion and Disease Prevention
- Internal collaboration with chronic disease programs
- Long history of public health commitment to healthy aging
- Memorandum of understanding with the state unit on aging to collaborate on the Massachusetts Healthy Aging Initiative
- Integrated Chronic Disease Model
- RE-AIM framework used to measure progress toward agency goals

Program Organization: The Commonwealth of Massachusetts has a long-standing Healthy Aging and Disability Unit (HADU) within the Department of Public Health's (DPH) Division of Health Promotion and Disease Prevention. Both DPH and the state unit on aging, known as the Executive Office of Elder Affairs, function under the Executive Office of Health and Human Services.

Program Description: The Healthy Aging and Disability Unit (HADU) was formed in 1989 to promote the health and well being of older adults and people with disabilities across the lifespan. HADU currently has a staff of 10, including part-time employees. Funding from CDC's Preventive Health and Health Services Block Grant, CDC's Health and Disability Grants, and the Administration on Aging (AoA) supports positions that include the program director, a health communications specialist, an evaluator, an epidemiologist, and coordinators for the Healthy Aging Initiative programs. For 10 years, DPH and the state unit on aging have had a memorandum of understanding to collaborate; therefore, the agencies were well positioned to respond when the CDC/NACDD grants, the AoA Empowering Older Adults Grants, and the NCOA Sustainable Systems Grants were made available. DPH makes strategic use of these grants to promote healthy aging goals. The aging services and public health networks in collaboration with community partners are able to stretch scarce resources to have the greatest impact. In 2003, a Mini-Grant (\$10,000) funded by CDC and AOA, and administered by NACDD and the National Association of State Units on Aging, helped launch the DPH and state unit on aging partnership to build statewide capacity to deliver

MASSACHUSETTS



evidence-based health promotion and disease prevention programs. DPH also received two \$15,000 SENIOR Grants in 2005 and 2006 from CDC/NACDD that helped launch the implementation of the Chronic Disease Self-Management Program and built infrastructure for evidence-based healthy aging programs. These small grants acted as catalysts for the state unit on aging and DPH to make a commitment to work together on the Massachusetts Healthy Aging Initiative and formed the foundation for other grant proposals.

Massachusetts' Health Care Reform initiative and the Healthy Massachusetts Compact provide a platform to promote the Healthy Aging Initiative. The state's Chronic Condition Blue Print is under development and focuses on controlling the cost of chronic conditions and improving the quality of health care systems for better outcomes. HADU is in place to make a strong case for partnerships between community organizations and health care providers to implement *My Life, My Health*, the chronic disease self-management program; *A Matter of Balance*, a falls prevention program; and *Healthy Eating*, a nutrition program.

Challenges: Funding for HADU fluctuates based on time-limited grants, making it difficult to sustain health promotion and disease prevention programs for older adults. Other shrinking resources add pressure on the aging services network to do more with less. In addition, there are multiple areas for service delivery based on the state agency regions, 23 area agencies on aging, and 351 municipal and town boards of health.

Solutions: The Massachusetts Health Care Reform initiative provides opportunities for better coordination among state agencies and the service delivery system. Quality care and cost-containment efforts bring the prevalence of chronic conditions, especially among older adults, to the forefront. The Healthy Aging and Disability Unit works closely with the chronic disease programs at DPH to incorporate health promotion and chronic disease self-management into Massachusetts' Chronic Disease Integration Pilot supported by CDC. Within DPH, the focus on health promotion has shifted to a lifespan approach, thereby making it easier to bring older adult issues to the table.

Work is being done at the local level to educate community-based organizations on the benefits of implementing evidenced-based programs. The socio-ecological approach is key to Massachusetts' strategy to effect change at the individual level while also building organizational and community capacity to deliver evidence-based practices. "Even small amounts of dollars can be used to build capacity. We have to be clear that no one agency can do this alone and that building coalitions and partnerships is essential. It is really about ferreting out all these opportunities and being able to piece together a quilt so eventually we can cover the state," said Anita Albright, Director of the Healthy Aging and Disability Unit.



NEW JERSEY

Department of Health & Senior Services
Division of Aging and Community Services



"Collaboration is really the key to how we've been working successfully here in New Jersey on healthy aging."

—Gerry Mackenzie, MSS, Program Manager, Community Education and Wellness, New Jersey Department of Health and Senior Services

New Jersey Population 65+

Population: 1.1 million

Percent of population: 13.0%

Below poverty level: 8.5%

With any disability: 36.1%

With a self-care disability: 9.9%

In fair/poor health: 30.6%

Contact:

Gerry Mackenzie, MSS

Program Manager

Community Education and Wellness

New Jersey Department of Health and Senior Services

609-943-3499

Geraldine.Mackenzie@doh.state.nj.us

<http://nj.gov/health/senior/index.shtml>

<http://nj.gov/health/lh/index.shtml>

Program Highlights

- Statewide "Blueprint for Healthy Aging"
- Public health division and state unit on aging within the same agency
- State's funding opportunities require partnerships between local health department and aging office
- Use of MAPP planning tool statewide
- Community Health Improvement Plan in every county
- Designated person for healthy aging responsibilities

Program Organization: The New Jersey Department of Health and Senior Services houses both the public health division, the Division of Health Infrastructure Preparedness and Emergency Response, as well as the state unit on aging, the Division of Aging and Community Services. Healthy aging programs are hosted on the state unit on aging side of the department, but there is extensive collaboration with the Division of Health Infrastructure Preparedness and Emergency Response as well as other public health divisions.

Program Description: The public health division and state unit on aging work together to ensure that older adult activities are on the same track between the two divisions. The Office of Community Education and Wellness within the state unit on aging has four people working full time on healthy aging. The unit manager's salary is paid through CDC's Preventive Health and Health Services Block Grant (PHHS) funds. The Public Health Division also has a staff person paid through the PHHS devoted to supporting statewide efforts to identify priority public health issues and to build community partnerships to address them.

Challenges: The location of public health and aging in the same department did not automatically lead to collaboration. There was still a need to develop good relationships between divisions, and ensure support for healthy aging within the department.



In addition, the relationship between public health and aging did not automatically carry down to the local level, where there are 21 county-based area agencies on aging and 112 local health departments, mostly municipal. Other challenges to healthy aging programming include limited funding, and the high cost of some evidence-based program models. A lack of county-specific health data made it challenging for local areas to identify priorities.

Solutions: Prevention of disease is one of the top five priorities in New Jersey's Strategic Plan on Aging. New Jersey is the only state that uses the MAPP (Mobilizing for Action through Planning and Partnerships) planning tool statewide, according to Natalie Pawlenko, Manager, Office of Public Health Infrastructure in the Department of Health and Senior Services. All local health departments participate in MAPP and thus are using the same tool for strategic planning. The MAPP process was used to develop population-based Community Health Improvement Plans (CHIPs) that identify public health priorities in consultation with communities. There is a CHIP in all 21 counties. "The MAPP process leading to the CHIPs has been transformational, especially in engaging the broader community and building stronger partnerships," Pawlenko said. In many cases, the priorities identified in the CHIP parallel the health promotion priorities identified by the aging services provider network, leading to local partnerships to implement evidence-based disease prevention programs.

To address the lack of local data, a statistician from the department's Center for Health Statistics worked with the state unit on aging to develop "A Profile of New Jersey Older Adults Aged 60+ Years," which was later expanded into a "Blueprint for Healthy Aging." The Blueprint provides county-level data on older adults and their health status, strategies for containing health care costs, and examples of cost-effective model wellness programs that can be adopted locally. Local leaders use the Blueprint to identify priorities and develop health promotion programs for older adults.

New Jersey views grants as building blocks for future progress. It received three SENIOR Grants from CDC/NACDD that were used to address arthritis and chronic disease self-management (CDSM), and a CDC/NACDD Opportunity Grant for infrastructure building and strategic planning. The experience with CDSM working with minority populations in South Jersey helped position the department to secure an AoA Empowering Older People Grant.

The Opportunity Grant from CDC/NACDD led to the development of New Jersey's "Blueprint for Healthy Aging." Gerry Mackenzie, Program Manager for Community Education and Wellness at the state unit on aging, said, "The SENIOR Grant enabled us to create the Blueprint, which is a foundational piece for building an infrastructure for healthy aging." In addition, New Jersey won a NCOA Sustainable Systems Grant that builds upon its plan for working with state and local partners to sustain healthy aging programs.

In evaluating available physical activity programs, implementation and sustainability costs were considered. The Department developed and piloted HealthEASE, a program for coordinating access to health promotion and disease prevention services for older adults that includes a physical activity and health education component, Mackenzie said. Under a three-year grant from the Robert Wood Johnson Foundation—New Jersey Health Initiatives, HealthEASE was piloted in two counties and eventually expanded statewide.

NORTH CAROLINA

Division of Public Health
Department of Health & Human Services



“When making decisions where we disagree on the best solution, we can often reach consensus by simply asking ourselves: ‘What is the best thing for North Carolina?’”

— Sharon Rhyne, MHA, MBA, Health Promotion Manager,
North Carolina Division of Public Health

North Carolina Population 65+

Population: 1.1 million

Percent of population: 12.1%

Below poverty level: 11.4%

With any disability: 43.6%

With a self-care disability: 10.7%

In fair/poor health: 33.1%

Contact:

Sharon Rhyne, MHA, MBA
Health Promotion Manager
Division of Public Health
919-707-5205
sharon.rhyne@ncmail.net
www.ncpublichealth.com

Program Highlights

- Statewide Institute on Aging
- Memorandum of understanding linking public health and aging
- Roadmap for Healthy Aging: a how-to manual for local providers
- The Healthy Aging Coalition: a model of successful partnerships among a wide range of interests
- An academic institution that is a member of CDC’s Healthy Aging Research Network
- Information clearinghouse for providers

Program Organization: In North Carolina, the Division of Public Health (DPH) and the Division of Aging and Adult Services (the state unit on aging) are both located in the Department of Health and Human Services.

Program Description: DPH partners with the state unit on aging and the Institute on Aging (a statewide institute created by the state legislature and housed at the University of North Carolina/Chapel Hill) to address chronic disease and injury prevention among older adults. The UNC Institute on Aging became a part of CDC’s Healthy Aging Research Network in 2001, helping to promote healthy aging activities. The institute brings academia, nationwide expertise and perspective, along with vital evaluation skills, to the table, explained DPH Health Promotion Manager Sharon Rhyne.

Mutual cooperation on health promotion issues for older adults was made easier by the existence of a progressive aging network that understood public health concepts and a public health department that sought to become a national leader in addressing chronic disease prevention in an integrated way. The DPH Chronic Disease and Injury Section (CDIS) decided that its branches—including those focusing on asthma, cancer, diabetes, heart disease and stroke, physical activity and nutrition, tobacco, and injury—should integrate initiatives to improve the health of older adults. DPH and CDIS work closely with the state unit on aging, a relationship that has been formalized by a Memorandum of Understanding. The Institute on Aging was added into the agreement in early 2009.

NORTH CAROLINA



As a member of the Healthy Aging Research Network supported by CDC's Healthy Aging Program, the University of North Carolina at Chapel Hill is one of a network of universities located around the country that conduct research and research translation activities focused on enhancing the health and quality of life of older adults. The Institute on Aging's research and partnership-building activities are organized and conducted under this framework.

Challenges: At one point, healthy aging programs were fragmented among divisions and the state lacked an overarching vision for aging. Divisional "silos" and other boundaries hindered communication and impeded the most efficient use of limited resources. DPH also wanted to share more evidence-based health promotion programs with the aging services network. "We saw that evidence-based health promotion was the future and we wanted to be positioned for that," said Mary Altpeter, PhD, Associate Director for Program Development at the Institute on Aging. Another challenge was to help local aging programs develop a common understanding of what comprises evidence-based programming. Eventually the aging network came to understand that evidence-based programs may require more money to start, but provide a greater likelihood of benefits in the long run.

Solutions: There are numerous elements that came together in North Carolina to bolster cooperation between the public health and aging services divisions. The state government tries to minimize bureaucratic silos. DPH and the state unit on aging adopted a cooperative "can do" attitude. "You need more than just money; partnering must be a passion," Rhyne explained. Several grants helped to strengthen linkages between DPH and the state unit on aging, including four CDC/NACDD SENIOR Grants, a special interest project grant from CDC, and an AoA Empowering Older People Grant. Those grants helped pave the way for the state's participation in the Agency for Healthcare Research and Quality's Evidence-Based Health Promotion training co-sponsored by CDC and other federal agencies.

An inter-divisional Healthy Aging Team was created to bring together representatives of DPH, the state unit on aging, and the Institute on Aging. Team members participated in partnership-building exercises and developed a common understanding of each other's mission, delineated common goals and objectives, and addressed misperceptions. These efforts led to closer collaboration on developing grant applications, accessing and sharing data, and implementing evidence-based health promotion programs.

One shining example of the state's partnership success is the Roadmap for Healthy Aging—an interagency project initiated through a CDC/NACDD Opportunity Grant for healthy aging—that describes health conditions and risks among older adults on a regional or county basis. The Roadmap is a user-friendly guide and data resource that identifies priority needs, lists evidence-based health promotion programs, connects community providers, and provides opportunities to share resources and training.



GLOSSARY

of Terms and Acronyms



AAA (*Area Agency on Aging*). Public, governmental agencies or non-profit organizations serving older adults in defined geographic regions within states. Based on local needs and priorities, AAAs contract with local provider organizations for services and/or provide services directly.

AoA (*Administration on Aging*). The federal agency within the U.S. Department of Health and Human Services responsible for overseeing the implementation of the Older Americans Act and for monitoring and responding to the needs of older adults.

BRFSS (*Behavioral Risk Factor Surveillance System*). A random digit dial telephone survey of adults age 18 and older, conducted in all states and several territories as a joint collaboration between the CDC and state and territorial health departments. BRFSS collects data on a variety of health-related characteristics, risk factors and behaviors.

CDC (*Centers for Disease Control and Prevention*). The federal agency within the U.S. Department of Health and Human Services responsible for protecting the health of all Americans through health promotion, prevention of disease, injury and disability, and preparedness for emerging health threats.

CDSM (*Chronic Disease Self-Management*). Tasks that individuals undertake to live well with one or more chronic conditions, including those designed to instill confidence in addressing medical management, role management, and emotional management of their conditions.

CDSMP (*Chronic Disease Self-Management Program*). An evidence-based program developed at Stanford University to enhance the health of older adults with chronic disease (Clark, et al, 1991).

CHIP (*Community Health Improvement Plan*). A plan to identify priority public health issues and strategies to address complex and persistent community challenges.

Chronic Disease Program Integration. A focus on comprehensive prevention efforts directed at multiple chronic diseases and their common risk factors rather than on efforts focusing only on a single disease.

CMS (*Centers for Medicare & Medicaid Services*). The federal agency within the U.S. Department of Health and Human Services responsible for Medicare, Medicaid and other public programs.

EBP (*Evidence-Based Program*). Interventions based on evidence to achieve a specified outcome that is generated by scientific studies published in peer-reviewed journals.

EnhanceFitness. A group exercise program developed by the University of Washington in collaboration with Senior Services of Seattle/King County, a nonprofit social services agency.

GIS (*Geographic Information Systems*). A database of geographically referenced information that can present health data for a specific geographic location, such as a zip code.

Healthy aging. A health promotion/disease prevention approach designed to ensure that older adults maintain optimal health status and quality of life in their later years.



Healthy Aging Research Network Part of CDC's Prevention Research Center's program, a consortium of academic institutions around the country funded by CDC's Healthy Aging Program to assist in the development of a national agenda for research and research translation related to the public health aspects of healthy aging.

Healthy Eating. Healthy Eating for Successful Living in Older Adults, a program to teach seniors about nutrition and lifestyle changes to promote better health developed under the supervision of the Lahey Clinic, Burlington, Vermont.

MAPP (*Mobilizing for Action through Planning and Partnerships*). A community-driven strategic planning tool developed by the National Association of County and City Health Officials for improving community health.

Matter of Balance: Managing Concerns about Falls. A program designed to reduce the fear of falling and the risk of falls among older adults.

Mini-Grants. The first name of the grants to states that later became known as SENIOR Grants. As mini-grants, the grants were funded by CDC and the Administration on Aging and administered by NACDD and the National Association of State Units on Aging (See SENIOR Grants below).

NACDD (*National Association of Chronic Disease Directors*). The national non-profit membership organization of state health departments' chronic disease programs.

NASUA (*National Association of State Units on Aging*). A non-profit association representing the nation's officially designated state and territorial agencies on aging.

NCOA (*National Council on Aging*). A non-profit service and advocacy organization based in Washington, DC that works to improve the lives of older Americans.

OAA (*Older Americans Act*). The Federal law passed by Congress in 1965 and amended and reauthorized most recently in 2006 that mandates and funds a range of state- and community-based services for older adults.

Opportunity Grants for Healthy Aging. CDC-funded grants administered by NACDD that support partnerships between state health departments and state units on aging to establish fundamental elements to promote health aging, including statewide coalitions, statewide healthy aging plans, etc. Earlier names for CDC/NACDD grants for healthy aging efforts include Mini-Grants and SENIOR Grants. (See SENIOR Grants below).

RE-AIM. A systematic framework for researchers, practitioners, and policy makers to evaluate health behavior interventions, to estimate the potential impact of interventions on public health, and to translate evidence-based programs and policies into public health practice.

SENIOR Grants. (*State-Based Examples of Network Innovation, Opportunity, and Replication Grants*). These CDC-funded grants administered by NACDD support partnerships between state health departments and state units on aging to implement health promotion and disease prevention activities for older adults. Other names used over the years include Mini-Grants and Opportunity Grants for Healthy Aging.

SHD (*State health department*). The agency in each state or territory responsible for overseeing public health programs, including those targeting chronic disease, injuries, and immunization, among others.

SUA (*State unit on aging or state agency on aging*). The unit in each state or territory designated by the governor and state legislature to receive Older Americans Act funds and to design and implement a system of home and community-based services and supports for the state's older adults.



MEETING THE CHALLENGES OF AN AGING SOCIETY

The Experience of State Health Departments

references

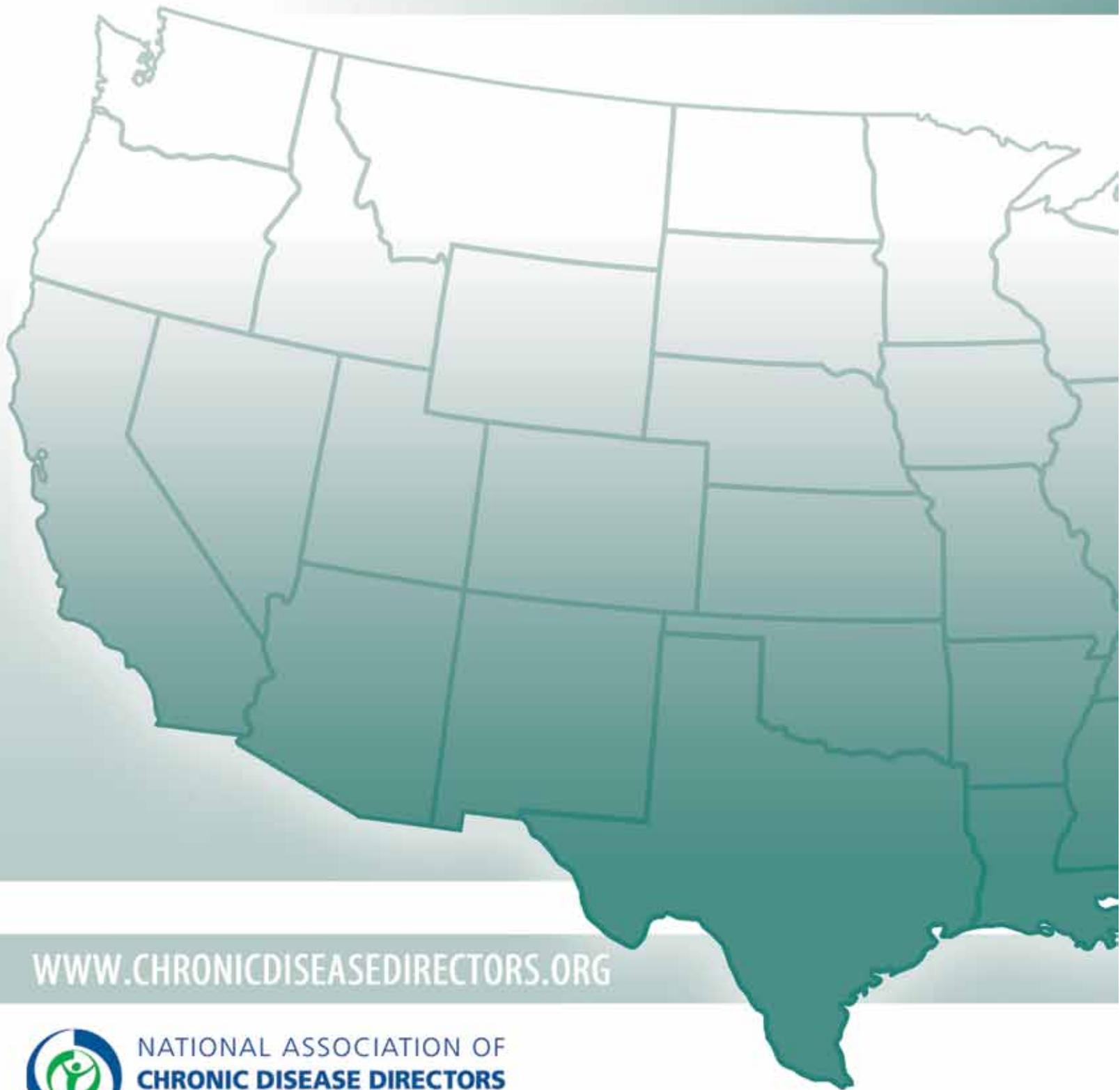
Census Bureau, "Population 65 Years and Over in the United States," *American Community Survey, 2005-2007*. Available at: http://factfinder.census.gov/servlet/STTable?_bm=y&-geo_id=01000US&-qr_name=ACS_2007_3YR_G00_S0103&-ds_name=ACS_2007_3YR_G00_

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2007. Available at: www.cdc.gov/brfss.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. *At A Glance 2009: Healthy Aging: Improving and Extending Quality of Life among Older Americans*, 2009. Available at: www.cdc.gov/nccdphp/publications/aag/aging.htm.

Chronic Disease Directors, National Association of State Units on Aging. *The Aging States Project: Promoting Opportunities for Collaboration between the Public Health and Aging Services Networks*, January 2003. Available at: www.chronicdisease.org/files/public/aging_states_project.pdf.

Clark, N.M., Becker, M.H., Janz, N.K., Lorig, K., Rakowski, W., & Anderson, L. "Self Management of Chronic Disease by Older Adults. A Review and Questions for Older Adults." *Journal of Aging and Health*, February 1991: 3; 3-27.



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