

How the 10 Essential Public Health Services Align with the AFPHS 6Cs Framework for Supporting Healthy Aging

Megan Wolfe, J.D., Trust for America's Health, and Maia Barile, BSPH

Introduction

Older adults are the fastest growing demographic of the U.S. population representing a true public health success story. By 2030, one in five Americans will be 65 or older. The need for health services, programs, and resources for older adults is expected to rise accordingly. Our public health and health systems are currently unprepared to meet these needs.

Public health's focus on prevention is particularly important for all people to achieve a high quality of life. However, the increasing complexity of the health and social needs that arise over the course of one's life points to the need for supportive services and systems that range far beyond access to clinical prevention measures. In response, the field of public health can apply its competencies to promote healthy aging throughout the life course and across all sectors and disciplines. The promotion of healthy aging fundamentally seeks to increase people's access to a broad range of resources needed to thrive by encouraging the development of strong communities and healthy environments. These include social and health systems that address health disparities and lead to greater opportunities for physical, mental, social, and environmental health and well-being.

Healthy Aging: The Roles of Public Health

Historically, the public health sector's focus on prevention has had a profound impact on longevity in the U.S., and the public health sector is beginning to prioritize the health and well-being of older adults. However, the scale and speed at which the population of adults aged 65 and older continues to grow calls for the urgent development of robust, resilient, and equitable systems that promote healthy aging including collaboration across sectors.

Trust for America's Health (TFAH)

Trust for America's Health (TFAH) is a non-profit, nonpartisan public health policy, research, and advocacy organization. TFAH's mission is to promote optimal health for every person and community and make the prevention of illness and injury a national priority. Among its many issue areas, TFAH leads the national age-friendly public health systems (AFPHS) movement with support from The John A. Hartford Foundation to promote the health and well-being of the nation's older adults as a public health priority. This paper is part of a series of briefs on the intersection between public health, aging, and the age-friendly ecosystem.

In an article published in the *Health Affairs* series for age-friendly health, Terry Fulmer, President of The John A. Hartford Foundation, and other experts assert that strengthening the role of public health is one of six vital directions to improve care and quality of life for all older Americans.¹ This direction suggests that the promotion of healthy aging is fundamentally a core service of public health. Thus, the sector has a responsibility to leverage its skills and capacities and build enduring systems that both safeguard and promote the health and well-being of older adults. Public health practitioners are well-equipped with evidence-based practices that can identify and shine a light on the unique needs of older adults and the assets that already exist within the age-friendly ecosystem.

Furthermore, public health leaders that promote healthy aging can encourage policy and systems change within the social determinants of health, coordinate the sharing of resources that support holistic wellness for older adults, and bridge gaps across sectors.

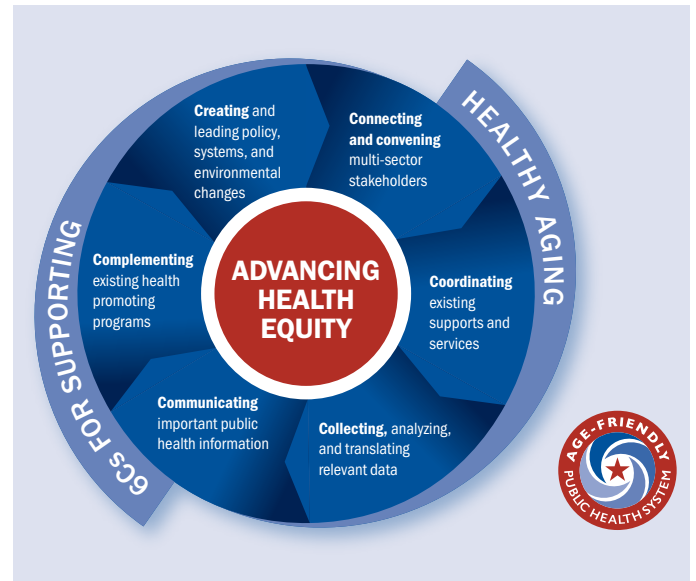
TFAH’s Vision for Healthy Aging

TFAH envisions a nation in which every state, local, tribal and territorial health department adopts healthy aging as a core function. To support and spread this vision, TFAH developed the Framework for Creating Age Friendly Public Health Systems (AFPHS) in partnership with The John A. Hartford

Foundation. It is based on 6 “Cs” that describe six areas of age-friendly public health activities that, when implemented by health departments, systematically support the attainability of healthy aging through policy and multi-sector action.

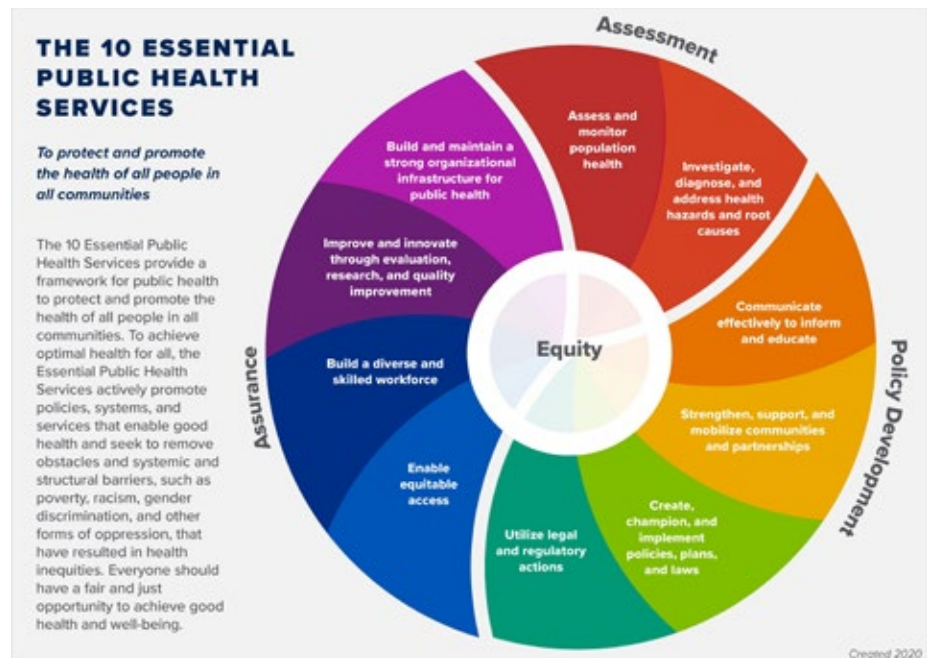
The 6Cs for Supporting Healthy Aging

In 2017, Trust for America’s Health, in partnership with The John A. Hartford Foundation, led a convening to explore opportunities for the public health sector to contribute to an age-friendly society and improve the health and well-being of older adults. Through an examination of case studies of older adults, participants identified gaps in services, supports, and policies needed to improve the health and well-being of older adults, and considered the potential roles public health could play in filling these identified gaps. The result was the predecessor of the current 6Cs Framework for Creating Age-Friendly Public Health Systems (AFPHS). Today, the framework offers a profile of the functions that public health could fulfill, in collaboration with aging services, to address the challenges and opportunities of an aging society.



The 10 Essential Public Health Services

The 10 Essential Public Health Services (EPHS) are a set of fundamental public health activities that are divided into three categories in which equity is both a guiding principle and a goal: assessment, policy development, and assurance. The EPHS are designed to inform all levels of public health planning in a structured and evidenced way that best protects and promotes the health of all people. Originally developed in 1994, the EPHS Framework was updated in 2020 as part of a collaborative effort by the Public Health National Center for Innovation and the de Beaumont Foundation. In the goal of achieving equity, the revised EPHS emphasizes that public health



practitioners, leaders, and experts engage in public health through promoting policies and systems that create the conditions for optimal health.

Much like the 6Cs Framework was designed to be applicable to public health departments of varying sizes and types, the 10 EPHS were designed to be pertinent and useful for all the subspecialties and focuses within the field of public health. It can be employed to guide strategic planning and critical goal formation for public health organizations as well as be applied as a model for more targeted initiatives.

For example, since the 10 EPHS were first originally published, they have served as the basis for many discipline-specific public health frameworks. This includes environmental public health, as development of the 10 Essential Environmental Public Health Services was closely modeled after the original 10 EPHS. Upon publication of the revised EPHS in 2020, the CDC National Center for Environmental Health and the Center for State, Tribal, Local, and Territorial Support collaborated to develop a website that offers insights on how the new EPHS framework can inform and guide practices of environmental public health.^{2,3}

The 6Cs Framework and 10 Essential Public Health Services Complement Each Other

The AFPHS 6Cs Framework was created to be broadly applicable across U.S. health departments and other public health organizations. The framework's six tenets (labeled "Cs") are grounded in fundamental principles of public health action that are recognizable across diverse categories of public health practitioners. It provides a flexible approach to adoption and implementation of age-friendly public health policies and programs. The AFPHS 6Cs Framework is a model that is not yet well-known across the public health sector but is steadily being adopted by state and local health departments committed to improving the health and well-being of the older adults in their jurisdictions.

In contrast, the 10 Essential Public Health Services model has served as the recognized framework for carrying out the mission of public health for the last 25 years.⁴ It provides the core principles for accreditation by the Public Health Accreditation Board, and actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities.

This brief is intended to demonstrate the alignments between the age-friendly public health approach and the 10 core public health principles. The alignments are depicted through visual tools and explained through narrative descriptions. It is organized according to the 6Cs, noting how each "C" is aligned with the Essential Public Health Service(s) that best convey key principles of the associated age-friendly action step in established public health terms and actions (sections titled The Cs and the EPHS). The coupling of each "C" with one or two quintessential public



health services is intended to offer a context for the AFPHS 6Cs for public health practitioners and others who are familiar with the EPHS. These alignments are intended to demonstrate the framework's value in guiding healthy aging activities within the context of historic public health roles, as well as advise and inspire health departments across the nation in their own age-friendly public health system efforts.

Why Align the AFPHS 6Cs Framework With the 10 Essential Public Health Services?

The 10 EPHS are fundamental to the operations of many public health agencies and organizations. However, public health's core function and responsibility to support healthy aging is not yet fully recognized or applied by the majority of those in the field, leaving gaps in policies and programs intended to address the full life course. The AFPHS 6Cs Framework is intended to guide the expansion of public health practice to embrace the sector's roles in healthy aging and ensure a focus on the full course of health over a lifetime. To support the expansion of public health practice more fully with healthy aging policies and programs, this brief will demonstrate how the two frameworks can be viewed in context with each other may help public health practitioners envision and embrace new roles to support the older adults in their jurisdictions.

Both frameworks empower public health practitioners by providing a way to advance services and programs for older adults. Raising public health awareness about their roles in healthy aging often results in new partnerships, programs, and services that benefit not just older adults, but their families and caregivers as well. Partnerships with health systems, the aging services sector, and other actors in the age-friendly ecosystem can improve access to services, enhance social determinants, and even mitigate the effects of ageism, all of which will lead to healthier communities.

Framework Commonalities

Focus on Equity

A critical characteristic that is shared between the 6Cs and the 10 EPHS is a focus on equity. At the center of both frameworks, equity acts as a necessary component as well as an overarching goal. In this way, both frameworks recognize that health equity can only be promoted if each action step towards the advancement of health and well-being is executed with an equity lens. Its role as a fundamental consideration sets a standard for each action step to be carried out with great attention to promoting inclusion across populations, mitigating unfair barriers to health, and reducing health disparities.

Co-developer of the revised 10 EPHS, the Public Health National Center for Innovations utilized the following definition of equity in the context of the 10 EPHS (2020) as follows:

“Equity is defined as a fair and just opportunity for all to achieve good health and well-being. This requires removing obstacles to health such as poverty and discrimination

and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. It also requires attention to health inequities, which are differences in population health status and mortality rates that are systemic, patterned, unjust, and actionable, as opposed to random or caused by those who become ill.”⁵

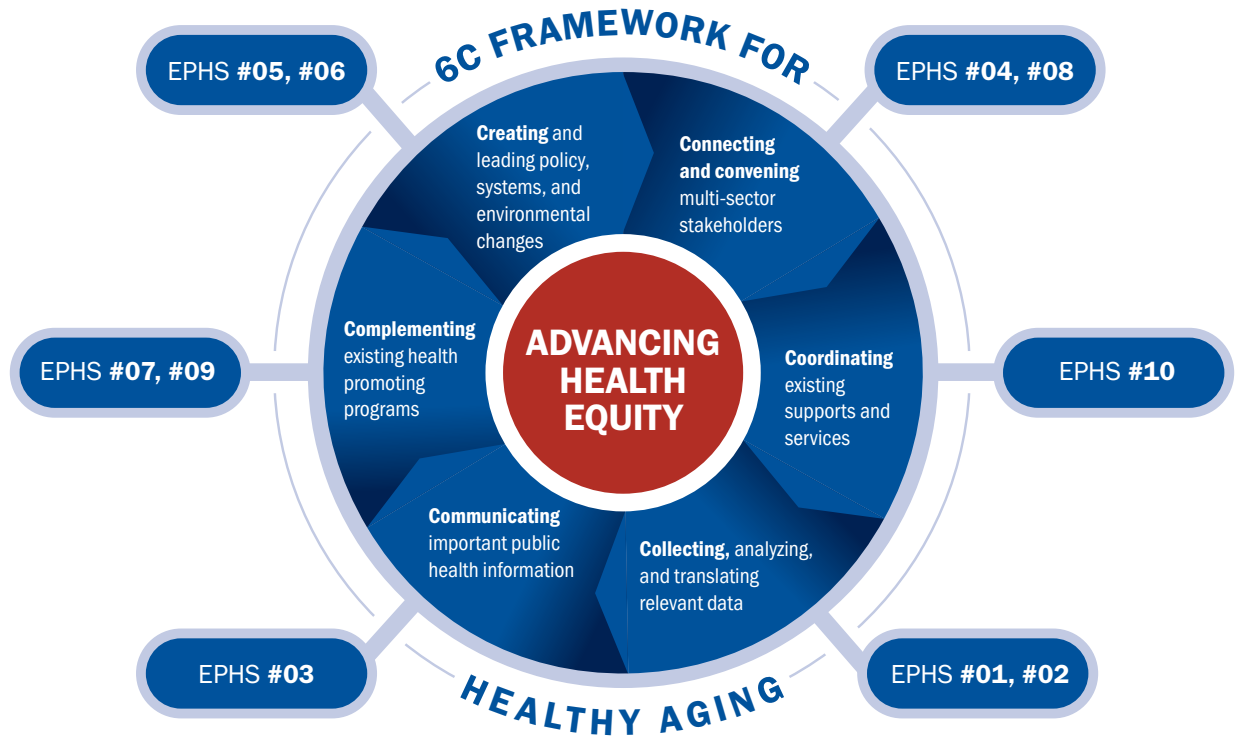
Population Focus

The stated mission of the 10 EPHS is to “provide a framework for public health to protect and promote the health of all people in all communities.”⁶ The AFPHS 6Cs Framework is also intended to provide an outline of how the public health sector can expand its population health approach by specifically embracing roles that support healthy aging. Improving and maintaining the health of older adults may be challenging because of multiple chronic conditions, social isolation, lack of experienced caregivers, access to quality care in rural settings, and a myriad other individual and environmental conditions. The AFPHS 6Cs Framework's specific focus on older adult health illustrates how it can act as a valuable, supplementary tool to the 10 EPHS to better identify, elevate, and address the specific needs of older adults.

Shared Language

Both frameworks employ action words to introduce and describe the key activities that support the foundational principle of advancing health equity. Though the AFPHS 6Cs Framework specifically promotes attention to the health of older adults, the age-friendly activities described by the action steps—the six “Cs”—could seemingly be applicable to any population (e.g., adults aged 18-25) if the “healthy aging” title were removed from the framework. This is because the activities described in each “C” and the language used to do so reflect both the conventional functions and common vernacular of the public health field, again affirming how age-friendly actions can and should be a function of public health. But public health departments that seek to promote older adult health should not have to reinvent the wheel to do so. That is why the application of the six “Cs” is made simple by their similarities to the 10 EPHS. In this way, the AFPHS 6Cs Framework can prepare health departments to launch healthy aging activities in a way that is familiar, feasible, and evidence based.

Aligning the Frameworks



The 10 EPHS framework provides guidance for public health policies, programs, services, and resource allocation. The AFPHS 6Cs framework does the same thing, with a specific focus on older adults. Applying an AFPHS lens over the 10 EPHS can enhance the development of public health policies, programs, and services that include older adults, their families, and caregivers, ensuring the consideration of public health policies across the life course. This lens could potentially be applied to other underserved populations as well.

Each of the tenets of the AFPHS 6Cs framework could, ostensibly, be aligned with any of the 10 EPHS. However, this brief will focus on a few age-friendly public health actions that align most directly with a few of the public health services. Vignettes are offered to demonstrate how health departments across the country are already implementing the 6Cs and how this work can be seen in the essential public health services context.

AFPHS 6Cs Framework	Corresponding Essential Public Health Services
Creating & Leading	#5: Create, champion, and implement policies, plans, and laws that impact health
	#6: Utilize legal and regulatory actions designed to improve and protect the public's health
Connecting & Convening	#4: Strengthen, support, and mobilize communities and partnerships to improve health
	#8: Build and support a diverse and skilled public health workforce
Coordinating	#10: Build and maintain a strong organizational infrastructure for public health
Collecting	#1: Assess and monitor population health status, factors that influence health, and community needs and assets
	#2: Investigate, diagnose, and address health problems and hazards affecting the population
Communicating	#3: Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
Complementing	#7: Assure an effective system that enables equitable access to the individual services and care needed to be healthy
	#9: Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

I. Leadership and Policy Change

The first of the AFPHS 6Cs tenets, “Creating and Leading” was not part of the original AFPHS framework but was added in 2021 based on the experience of state and local health departments that embraced healthy aging and made commitments to the age-friendly journey. TFAH observed during the original pilot of the framework with county health departments in Florida (2018-2020) that the most successful and sustainable changes were made in jurisdictions with strong leadership and buy-in to expanding public health roles in aging.⁷ Similarly, the most effective policy and programmatic changes in public health occur where there are champions and leaders committed to population health.

State and local health departments can apply a healthy aging lens to activities that fall within EPHS #5, “Create and Champion Policies” and #6, “Utilize Legal and Regulatory Action.” The two most closely aligned of the essential services within EPHS #5 are:

- Developing and championing policies, plans, and laws that guide the practice of public health.
- Ensuring that policies, plans, and laws provide a fair and just opportunity for all to achieve optimal health.

The second EPHS that aligns with policy change is #6, utilizing legal and regulatory actions within the policy development components of the framework. The most relevant service is:

- Ensuring that applicable laws are equitably applied to protect the public’s health.

Strategy 1: The New York State Department of Health (NYSDH) has adopted a Healthy Aging in All Policies strategy to include older adults and caregivers in all activities of the state and local governments. Healthy aging became part of the state’s prevention agenda, state health improvement plan, and state officials’ commitment to helping communities adopt age-friendly practices across the state.

Strategy 2: The state and community health improvement processes provide a meaningful lever for leading policy and systems changes to enhance the lives and health of older

#5 and #6 of the 10 EPHS



people. Inclusion of priorities that focus on older adult health needs will ensure that resources and attention are paid to these issues. For example, the Florida State Department of Health includes Alzheimer’s Disease in its State Health Improvement Plan, with subsequent adoption of policies and implementation of partnerships to enhance support for those living with Alzheimer’s Disease and related dementias and ensure a competent Alzheimer’s Disease workforce.⁸

Strategy 3: The Michigan Department of Health and Human Services launched the Michigan Older Adult Wellbeing Initiative in 2019, bringing together a variety of state and local partners from behavioral health (BH), aging and adult services, higher education, primary care, and other sectors. Initiative members used data to analyze the incidence, prevalence, and burden associated with substance misuse and related problems among older adults in the state. After identifying multiple risk factors leading to older adult substance misuse, Initiative members employed data and cross-sectoral collaboration to prioritize areas for intervention.⁹

II. Connecting and Convening Partners

One of the public health sector's traditional and well-known roles is in connecting and convening partners and leaders from various sectors and bringing a focus of prevention and communitywide improvement to a myriad of state and local government policies and practices. Applying a healthy aging lens to this role can help to break down the silos and promote effective multi-sector action to address the often-complex health and social needs of older adults. This tenet is distinguished from the "Creating and Leading" tenet in that it can represent the next step in turning collaboration into collective impact with intentional activities based on common goals for healthy aging.

State and local health departments can apply the healthy aging lens to activities that fall with EPHS #4, "Strengthen and Mobilize Partnerships." All the activities listed in EPHS #4 align with "Connecting and Convening":

- Convening and facilitating multisector partnerships and coalitions that include sectors that influence health (e.g., planning, transportation, housing, education, etc.).
- Fostering and building genuine, strengths-based relationships with a diverse group of partners that reflect the community and population.
- Authentically engaging with community members and organizations to develop public health solutions.
- Learning from and supporting existing community partnerships and contributing public health expertise.

All the activities within EPHS #8, "Build a Diverse Workforce" also align with "Connecting and Convening":

- Providing education and training that encompasses a spectrum of public health competencies, including technical, strategic, and leadership skills.
- Building a culturally competent public health workforce and leadership that reflects the community and practices cultural humility.
- Promoting a culture of lifelong learning in public health, and
- Fostering leadership skills at all levels.

#4 and #8 of the 10 EPHS



Although building a skilled workforce may not intuitively seem to align with "Connecting and Convening", the opportunity to enhance the knowledge and capacity for public health practitioners to address healthy aging issues is crucial to the life course approach that underlies public health practice. Indeed, sharing the mission of building an AFPHS by connecting with a diverse range of disciplines and sectors is key. These connections do not just encourage continual learning and leadership development within the sector itself, they also can be leveraged to expand healthy aging practices with a focus on equity. For example, input of community members can help determine whether a certain age-friendly approach equitably meets their needs, is culturally appropriate, or is even appropriate for a community. Furthermore, partnering with various disciplines helps to advance public health's understanding of older adults, fostering more comprehensive solutions that are better attuned to their needs.

Strategy 1: Connecting and convening a variety of mental health service providers and supporters (e.g., pharmacists, senior center staff, caregivers, faith leaders, mental health clinical staff) is crucial for developing strategies that address the mental health needs of older adults holistically by targeting the social determinants that impact them. The Department of Health in Charlotte County, Florida successfully leveraged numerous trusted partners to ensure that the mental health needs of the county’s older adults were considered during the response to Hurricane Ian in 2022. It engaged mental health facilities, assisted living facilities, adult day care, mobile clinics, hospitals, and home health agencies to ensure that they had accounted for all older adults and were able to connect them with mental health support where needed in the months that followed the hurricane.

Strategy 2: Connecting state aging service organizations with local aging organizations in rural communities is crucial to providing tailored support, more effective communication, and to ensure older adults in rural or underrepresented regions receive equitable resources as compared to those in urban communities. Some geographic settings present

unique challenges to healthy aging. In the frontier lands of Colorado, the Rocky Mountain Rural Health agency helps to connect older adults with mobile clinical services, provider navigation, advance care planning, food services, and more. It partners with the Colorado Community Health Alliance to increase uptake in Medicaid services, including the use of non-emergent medical transportation benefits.¹⁰

Strategy 3: The Department of Health in Miami-Dade County, Florida (DOH-Miami-Dade) has been a part of the Coalition for Healthier Miami-Dade since its inception in 2008. The Coalition comprises seven committees that were created to promote health by adopting activities guided by Healthy People 2020. DOH-Miami-Dade has led the Elder Issues Committee (EIC), working to connect local businesses, non-profit organizations, and other government agencies using a collective impact approach to improve older adult health and well-being. In a further effort to bring attention to and address the needs of older adults in the county, Miami-Dade Mayor Carlos Gimenez announced his Initiative on Aging in 2015 and asked the EIC to lead the initiative, fostering stronger collaboration across projects and promoting resource and information sharing.

III. Coordinating Supports and Services

The public health sector can play a crucial role in helping older adults, families, and caregivers understand and navigate the often-complex system of services and programs that support their health and well-being. The country’s aging services network has for years provided crucial services and supports for older adults across the country, in all settings, including meals, transportation, home repair, legal services, and others. But this system of support is complex and can fall short in meeting all needs for all who need help. And the need for these services keeps growing. The Bipartisan Policy Center notes that approximately 13.5 percent of older adults (60+) faced food insecurity in 2021, which is an increase of almost 60% compared to pre-COVID rates.¹¹

Another factor that necessitates public health’s engagement in coordinating services are the effects of poverty and racism on health. Studies have found that lower socioeconomic status and structural and systemic racism are associated with poorer health outcomes and reduced lifespan.¹² The public health sector’s commitment to addressing these systemic

#10 of the 10 EPHS



factors of health can improve health over the life course and potentially reduce the cumulative impact on health as we age. The public health sector can and should help to coordinate programs and services for older adults, while recognizing and acknowledging the important roles that the aging services sector plays in meeting older adult needs.

The EPHS that best aligns with “Coordinating Supports and Services” is #10, “Build and Maintain a Strong Organizational Infrastructure for Public Health.” The most closely aligned services within EPHS #10 are:

- Developing an understanding of the broader organizational infrastructures and roles that support the entire public health system in a jurisdiction (e.g., government agencies, elected officials, and non-governmental organizations),
- Ensuring that appropriate, needed resources are allocated equitably for the public’s health, and
- Employing communications and strategic planning capacities and skills.

TFAH is working in partnership with many other health and aging-focused organizations to better understand and create a model for aligning systems that support older adult health and well-being. One example of this effort is the publication of the “Three Keys to Cross-Sector Age-Friendly Care” in partnership with the Institute for Healthcare Improvement (IHI).¹³ This resource is designed to improve how public health and healthcare organizations can bridge gaps in care by adopting and implementing strategies that can be tailored based on the needs of a community and capacity of the public health and healthcare systems. This resource is a meaningful example of coordination across sectors. Such coordination can improve access to, and quality of community services and supports including access to healthcare services, affordable and accessible housing, age-friendly transportation options, opportunities for social engagement, volunteering, and civic engagement. To further scale such age-friendly collaboration, public health departments can leverage their skills in multi-sector collaboration and partner to create a better coordinated system of care for all.

Strategy 1: The Department of Health in Volusia County Florida (DOH-Volusia) engaged existing partnerships to expand and diversify supports for county residents experiencing homelessness. By coordinating with local crisis shelters, day services centers, and food distribution programs that already served this population, DOH-Volusia leveraged its partners’ outreach channels and strategies to ensure that older adults experiencing homelessness received needed health services. During the COVID-19 pandemic, the department coordinated the distribution of COVID-19 vaccines, flu vaccines, hygiene kits, rain jackets, food gift cards, and other educational resources. It then replicated this project to provide similar supports and services for military veterans in the county.

Strategy 2: Public health departments can work within their infrastructure to build or augment online platforms that provide a hub of information on programs and services for older adults and caregivers. Caregiver support programs are greatly needed but hard to find in most jurisdictions. The Tennessee Department of Health has created a Healthy Aging website that offers a broad array of information and links to services for older adults, including on physical activity, fall prevention, preventive services, and nutrition.¹⁴

Strategy 3: Supporting older adults in rural settings can benefit from public health coordination, particularly given workforce challenges. Public health departments can work with partners to develop options for joint delivery of services through novel partnerships, agreements, and coordination. Rural healthcare providers can offer space to facilitate social service coordinators. Organizations and agencies can share their expertise and expand their geographic service area and work together to identify families in need. The Washington Rural Palliative Care Initiative is a public-private partnership, led by the Washington State Office of Rural health and State Department of Health that engages non-traditional partners to ensure rural residents with serious illnesses can access palliative care. Palliative care teams include public health practitioners, clinicians, and non-profit health workers who share their expertise to ensure palliative care is provided to those who need it.

IV. Collecting and Sharing Data

Collecting, analyzing, translating, and disseminating data is a key role for the public health sector, although comprehensive data on older adult health is not commonly collected across all states. Because of the multi-faceted nature of aging and the variability of older adults' needs, data is an essential component to provide public health practitioners with information that can inform the development of priorities for action and targeting of resources. Furthermore, data that points to inequities in access to healthcare or disparities in health outcomes can both warrant and inform the development of programs designed to improve local, tribal, state, or national health and well-being among vulnerable populations, including older adults. Robust and consistent collection, analysis, and translation of data can guide health departments in meeting older adult health and social needs, while providing greater equity, success, and cost-effectiveness than approaches not informed by data.

It has become crucial to consider expanding data collection to include indicators related to older adult health and well-being since population health data serves as a catalyst for public health interventions. New resources have been recently published to enhance public health's expansion of data collection on older adults, including *Indicators of Healthy Aging: A Guide to Explore Healthy Aging Data through Community Health Improvement*, developed in partnership between TFAH and the National Association of County and City Health Officials.¹⁵

The two EPHS that best align with “Collecting Data” are #1, “Assess and Monitor Population Health”, and #2, “Investigate, Diagnose, and Address Health Hazards and Root Causes.” The services that best align with EPHS #1 include:

- Maintaining an ongoing understanding of health in the jurisdiction by collecting, monitoring, and analyzing data on health and factors that influence health to identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations,
- Using data and information to determine the root causes of health disparities and inequities,
- Working with the community to understand health status, needs, assets, key influences, and narrative,

#1 and #2 of the 10 EPHS



- Collaborating and facilitating data sharing with partners, including multisector partners,
- Analyzing and using disaggregated data (e.g., by race and ethnicity) to track issues and inform equitable action, and,
- Engaging community members as experts and key partners.

The services in EPHS #2 that best align with “Collecting Data” include:

- Monitoring real time health status and identifying patterns to develop strategies to address chronic diseases and injuries,
- Using real-time data to identify and respond to acute outbreaks, emergencies, and other health hazards,
- Analyzing and utilizing inputs from multiple sectors and sources to consider social, economic, and environmental root causes of health status, and
- Identifying, analyzing, and distributing information from new, big, and real-time data sources.

Strategy 1: As part of the adoption of AFPHS policies and practices in Florida, its State Department of Health created an “Aging in Florida” dashboard that is the most comprehensive data set on older adults in the country.¹⁶ The data is used by health departments, academia, the aging services sector, and many others to identify, track, and prioritize the health and social needs of older Floridians. Most, if not all, county health departments now use this data in its community health assessments. The Department of Health in Collier County used the data to assess common themes and health issues faced by the county’s older adult population and resulted in the inclusion of “Health of Older Adults” as a priority in their Community Health Improvement Plan. The data also led to improvements in the livability of Collier’s communities, as part of its effort to become an Age-Friendly Community under AARP’s Livable Communities network.

Strategy 2: In alignment with the EPHS above, “identifying patterns to develop strategies to address chronic disease and injuries,” the Florida Department of Health in Orange

County used the Aging in Florida profiles to identify fall prevalence among the 65 and older population in the county. It then used that data to target physical activity and balance programs toward the 50-64 age population to improve balance and strength and mitigate the risk of falling in later years.

Strategy 3: The Tennessee Department of Health developed county profiles to guide local efforts in addressing risk factors associated with Alzheimer’s disease and related dementias, along with other comorbidities.¹⁷ The measures rely on Medicare fee-for-service data and highlight Alzheimer’s prevalence in each county and the prevalence of related co-morbidities including chronic obstructive pulmonary disease, diabetes, hypertension, and substance use disorder. Along with each chronic disease, each county profile page includes population statistics highlighting social determinants of health. This allows public health practitioners to identify and target prevention programs and services and prioritize communities whose residents are at highest risk for these conditions.

V. Communicating Important Information

The public health role in communication is paramount and was brought front and center during the COVID-19 pandemic. Despite the sometimes-controversial discourse about those communications, there is no doubt that most people were acutely attuned to public health leaders to learn about COVID-19, what they should be doing, and the public health response. This role is historic and foundational to public health. Now, the public health sector must expand these communications to include healthy aging, not only for those most affected—older adults themselves—but also to raise awareness of the public health roles in healthy aging, build partnerships, and advocate for a stronger and more sustainable public health infrastructure that supports healthy aging.

As with other underserved populations and communities, communications to and about older adult health and social needs must consider cultural attributes and if possible, use communicators who are trusted members of the community or population. The EPHS that most closely aligns with

#3 of the 10 EPHS



“Communicating” is #3, “Communicate Effectively to Inform and Educate People about Health, Factors that Influence it, and How to Improve it.” All the services within this EPHS category apply to healthy aging:

- Developing and disseminating accessible health information and resources, including through collaboration with multi-sector partners,
- Communicating with accuracy and speed,
- Using appropriate communications channels to effectively reach the intended populations,
- Developing and deploying culturally and linguistically appropriate and relevant communications and educational resources, which includes working with partners and influencers in the community to create effective and culturally resonant materials,
- Employing the principles of risk communication, health literacy, and health education to inform the public, when appropriate,
- Actively engaging in two-way communication to build trust with populations served and ensure accuracy and effectiveness of prevention and health promotion strategies,
- Ensuring public health communications and education efforts are asset-based when appropriate and do not reinforce narratives that are damaging to disproportionately affected populations.

Strategy 1: To raise awareness of the needs of older adults in Seminole County, Florida, the county health department created a video series as part of the Healthy Seminole Collaboration that is broadcast throughout the county. The video focused on older adults’ needs and provided information about meal service delivery through Meals on Wheels, physical activity and balance programs at local senior centers, and information about health fairs and other opportunities to learn about the county health department programs and services.



Strategy 2: In Summit County, Ohio, the local health department provides fall prevention outreach and education at 12 Health Fairs and through older adult community events and has secured a grant to implement the Gatekeeper Senior Reach program that identifies at-risk, isolated older adults in need of support services so that they can age-in-place safely.

Strategy 3: TFAH engages with many local health departments through its AFPHS Recognition Program that provides guidance for adopting age-friendly policies and practices in a flexible and adaptable way. New York’s Orange County Department of Health (OCDOH) has achieved recognition through the AFPHS program and is working to adopt new programs to improve older adult health, including a plan to offer education programs for older adults to encourage healthy behaviors. To increase awareness about these programs, the OCDOH has identified community partners as trusted messengers, including local non-profit organizations, public libraries, senior centers, and others. Recognizing the importance of such trusted messengers, OCDOH is working to formalize these partnerships to galvanize engagement and leverage the advocacy and communication strengths of their partners.

VI. Complementing Existing Programs

As mentioned above, the aging services network provides a comprehensive approach to serving older adults in many communities across the United States. Unfortunately, funding for these services, which comes from a combination of federal, state and local programs, as well as the U.S. Indian Health Service, remain constrained and are not enough to fully meet the needs of all eligible beneficiaries. According to the National Association of Counties, “counties face increasing demand and challenges in providing comprehensive systems of care to their older residents. Federal funding for Older Americans Act programs has not kept pace with these demographic changes. Without additional resources, counties will face new challenges in providing the rapidly aging population with access to critical services.”¹⁸ According to Meals on Wheels America, simply maintaining funding at current levels for older adult programs actually represents a funding cut given the increase in the number of people who need meals at home.

The public health sector is also faced with funding and capacity challenges, but with the public health sector’s commitment to health across the life course, it makes sense to engage in healthy aging when feasible. State and local health departments across the country have shown that they can work to improve older adult health and well-being without additional staffing or funding. For example, nutrition education programs can be adapted for an older adult audience, public health practitioners can work with the aging services sector to ensure vaccines are administered as needed, and public health department websites can serve as hubs for information on a wide array of older adult services.

The two EPHS most closely aligned with “Complementing” are #7, “Enable equitable access”, and #9, “Improve and innovate. Within EPHS #7, the services most applicable include:

- Connecting the population to needed health and social services that support the whole person, including preventive services.
- Ensuring access to high-quality and cost-effective healthcare and social services, including behavioral and mental health services that are culturally and linguistically appropriate.

#7 and #9 of the 10 EPHS



- Engaging health delivery systems to assess and address gaps and barriers in accessing needed health services, including behavioral and mental health.
- Addressing and removing barriers to care.
- Building relationships with payers and healthcare providers, including the sharing of data across partners to foster health and well-being.
- Contributing to the development of a competent healthcare workforce.

The services in EPHS #9 most relevant to this tenet are:

- Monitoring real-time health status and identifying patterns to develop strategies to address chronic diseases and injuries.
- Analyzing and utilizing inputs from multiple sectors and sources to consider social, economic, and environmental root causes of health status.
- Identifying, analyzing, and distributing information from new, big, and real-time data sources.

Strategy 1: One of the key roles of the aging services network is to provide supports for people in their homes, including home health care and caregiver supports. When the COVID-19 vaccines became available in 2021, local health departments across the country needed to find older adults who required vaccine administration in their homes. The county health department in Seminole County, Florida, which has been an Age-Friendly Public Health System since 2019, was able to leverage their strong partnership with the area agency on aging in Seminole to identify all older adults and those living with disabilities who needed vaccines at home, and then deliver and vaccinate those individuals, as well as caregivers in some cases.

Strategy 2: The Benton-Franklin Health District in Kennewick, Washington, created a healthy aging webpage that houses information on brain health and memory care, caregiver resources, access to care (including for immigrant populations), and emergency preparedness.¹⁹ It worked with the local area agency on aging to create and deliver emergency toolkits for older adults and provide a link to a resource for emergency planning for individuals living

with dementia. This kind of compilation of resources can improve awareness of services and who to contact for more information and helps older adults and their families make better-informed decisions about their care.

Strategy 3: The COVID-19 pandemic underscored not just the need for a highly skilled and prepared public health workforce, but also one that is knowledgeable on health needs across the life course. As the population grows older, this need is becoming acutely apparent and there are crucial steps we can take now to begin to develop the expertise needed to support all people. Recognizing this need and with the desire to develop greater understanding and expertise in healthy aging, the Mississippi State Department of Health (MSDH) started their age-friendly journey as one of TFAH's two AFPHS expansion states in 2020. As part of this effort, the MSDH engaged with the National Center to Reframe Aging to educate their AFPHS teams on ageism and strategies to recognize and combat it. Other state departments of health are now embarking on this journey as one crucial first step in improving their understanding of ageism as an equity issue.

Conclusion

Healthy aging requires that all sectors join together through an alignment in vision and scope to collectively support the health and well-being of all individuals across the life course. The public health sector can play crucial roles to ensure that policies and systems are in place to maximize physical, mental, and social well-being, and that equity is embedded across these systems. Collective and aligned improvements to the healthcare journey across multiple sectors will not only improve the lives of older adults, their families, and their caregivers, but will also be cost-effective and could potentially reduce the burden to the healthcare system. These goals are in alignment with those of the 10 Essential Public Health Services, the framework for public health to protect and promote the health of all people in all communities. As demonstrated through the examples enumerated in this brief, both the AFPHS 6Cs Framework and the EPHS promote policies, systems, and overall community conditions that enable optimal health for all and provide strategic approaches promoting and sustaining equitable healthy aging at all levels and across the life course.

About Trust for America's Health (TFAH): TFAH is a nonprofit, non-partisan organization that promotes optimal health for every person and community and makes the prevention of illness and injury a national priority. Our goal is a modernized public health system that advances health equity for all and is prepared to respond to a wide-variety of health threats with policies and programs that are inclusive, community appropriate, and evidence-based. Learn more at www.tfah.org.

About The John A. Hartford Foundation: TFAH's Age-Friendly Public Health Systems initiative is proudly supported by The John A. Hartford Foundation, a private, nonpartisan, national philanthropy dedicated to improving the care of older adults. The leader in aging and health, the Foundation has three priority areas: creating age-friendly health systems, supporting family caregivers, and improving serious illness and end-of-life care. Learn more at www.JohnAHartford.org.

Endnotes

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1730 M Street, NW, Suite 900
Washington, DC 20036
(t) 202-223-9870
(f) 202-223-9871