



State Healthy Aging Workshop Summary Report



Executive Summary

On July 29, the Association of State and Territorial Health Officials (ASTHO) and the National Association of States United for Aging and Disabilities (NASUAD), with support from HHS' Office of Disease Prevention and Health Promotion (ODPHP), hosted a State Healthy Aging Workshop. The one-day workshop was held after ODPHP's *2015 Healthy Aging Summit*, which focused on the state of science and prevention to help Americans sustain optimal health before entry into the healthcare system. Forty-five states and the District of Columbia participated in the State Healthy Aging Workshop, and each state team identified priorities for promoting healthy aging in states, using knowledge gained and lessons learned from the *2015 Healthy Aging Summit*.

More than 100 individuals participated in the State Healthy Aging Workshop, including state team members, invited speakers, HHS Regional Health Administrators, and staff from ASTHO, NASUAD, and ODPHP. Each state team was composed of a state health official (SHO) and a HHS State Aging Official, or their high-level designees. In addition to ODPHP, several federal agencies were represented, including the White House Conference on Aging, the National Institute on Aging, the Administration for Community Living, and the Office of Women's Health. See Appendix A for a full participant list.

SHOs and state aging officials were invited to participate in this workshop because of their expertise and experience in addressing challenges that older Americans face in their states. The joint participation of the state public health agency and the state aging agency was paramount in jumpstarting the collaborative efforts to improve outcomes for seniors. The state workshop began with a pre-meeting webinar for all invited participants, as well as a pre-meeting assignment, which was designed to help states identify and prioritize healthy aging strategies for their state.

At the end of the one-day workshop, state teams developed key priorities for their state's joint healthy aging agenda and action steps for their identified strategies. ASTHO, NASUAD, and ODPHP will follow-up with state teams and identify opportunities to support ongoing collaboration between the state public health and state aging agencies.

Introduction

The Healthy Aging Research Network defines healthy aging as the development and maintenance of optimal physical, mental, and social well-being and function in older adults. Healthy aging is most likely to be achieved when physical environments and communities are safe, attitudes and behaviors known to promote health and well-being are adopted and maintained by individuals, and health services and community programs are effectively used to prevent or minimize the impact of acute and chronic disease on function.¹ SHOs, state aging officials, and their leadership teams are instrumental in engaging stakeholders to build an environment conducive to healthy aging. To enhance the quality of life of older adults, caregivers, and loved ones, engagement at all levels is essential.

Healthy People 2020's Social Determinants of Health model provides a framework to galvanize support for state health and aging officials, their public health teams, state and local experts in aging, and a broad network of partners. This model aids in the implementation of evidence-based strategies for increasing the number of older adults who are living well in their communities.



For more than four decades, Healthy People has provided a list of objectives for achieving the Nation’s health promotion and disease prevention goals. Healthy People is a road map for state and local health departments, non-profits, and businesses to plan health improvement locally with diverse partners. In addition, there are many Federal initiatives, such as the National Prevention Strategy, that can provide examples of strategies for creating a system or infrastructure where adults can live and age well. The objectives are research-based and grounded in data, but are not meant to be prescriptive or comprehensive. The overarching goals of Healthy People 2020 are to:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

These strategies and goals are relevant to healthy aging and are meant to be shared among partners. As the older adult population in the United States continues to increase in size and diversity, it is important to assess the unique needs of this population. This assessment coupled with the construction of successful environments will allow all individuals and communities to thrive.

Pre-meeting Worksheet

The purpose of the State Healthy Aging Workshop was for states to develop an action plan for healthy aging that achieves shared goals of the state public health agency and the state aging agency. Prior to the workshop, ASTHO hosted a pre-meeting webinar for invited participants to provide an overview of the state workshop, review the goals and objectives of the workshop, and share a pre-meeting assignment. The purpose of the pre-meeting assignment (see Appendix B) was for each participant to identify and prioritize healthy aging strategies that they want their agency to focus on in the coming year. For the top three to five priorities, the public health and aging officials were ask to identify key activities in their state related to that priority, partners that were involved, and any other considerations that would be helpful in developing a state action plan (e.g., resources available, Governor’s priority). Participants were asked to either submit these worksheets to ASTHO staff prior to the workshop or to bring a completed copy to the workshop to facilitate discussion.

Top State Priorities Identified on Pre-Meeting Worksheets*

** From states that submitted worksheets to ASTHO prior to the meeting.*

- | | |
|----------------------------------|---|
| • Physical Activity | • Public Health Infrastructure, Health Communication, and Health Information Technology |
| • Mental Health | • Elimination of Health Disparities |
| • Occupational Safety and Health | • Nutrition and Weight Status |
| • Tobacco Use Prevention | • Preparedness and Environmental Health |
| • Injury and Violence Prevention | |
| • Social Determinants of Health | |



Overview of Healthy Aging State Workshop

The agenda for the workshop was structured around three state team and regional breakout sessions and included several plenary presentations as well as two state team panels. The state breakout sessions provided each team with structured time to reflect on knowledge gained at the *2015 Healthy Aging Summit*, as well as time to develop state action plans for their identified healthy aging priorities. Table facilitators from ASTHO, NASUAD, and ODPHP circulated the room to answer questions and provide consultation with the state teams. State teams had the opportunity to converse with other states as well as with their regional health administrators about opportunities and challenges related to healthy aging at the state and regional levels. The state team breakouts were instrumental for establishing relationships between the public health and aging representatives, as some had never met in-person prior to this convening. The breakouts also provided focused time to discuss current or potential challenges and plan strategies for healthy aging in their states.

State Workshop Objectives

- Provide an opportunity for states to hear from national experts on how to successfully promote and address healthy aging at the state level.
- Improve the capacity of states to successfully implement healthy aging initiatives by facilitating state-to-state and regional sharing of promising strategies and common challenges.
- Mobilize action in states through the creation of state-level healthy aging implementation and action plans.

ASTHO and ODPHP selected plenary sessions and state panels to showcase current national healthy aging initiatives, effective programs, and promising strategies that states could consider as part of their state teams' strategic planning process. Following each presentation and panel, participants had the opportunity to ask speakers questions. Topics of the plenaries and state panels included:

- The Role of the State in Healthy Aging.
- Partnering to Promote Living Longer Better.
- Creating Age-Friendly Communities.
- White House Conference on Aging.
- Key Takeaways from Collaboration between State Public Health and Aging Agencies.
- Peer-to-Peer Share and Learn: The Importance of Partnerships and Data.

A full agenda for the State Healthy Aging Workshop is available in Appendix C.

State Team Planning Outcomes

During the afternoon session, state teams used an action planning worksheet to identify their top healthy aging goals and priorities. For each of these priorities, teams also documented strengths/assets, barriers/challenges, necessary stakeholders and resources, desired outcomes, timeline, and applicable evaluation measures. At the conclusion of the workshop, one state from each HHS Region shared an overview of their state's healthy aging priorities and any action items during a brief report-out with all participants. A copy of the action planning worksheet is available in Appendix D and a table of each state's identified top priorities is available in Appendix E.

After reviewing the state action planning worksheets that were submitted to ASTHO at the end of the workshop, the most common top priorities for states included:



- Falls prevention/injury and violence prevention.
- Mental health and cognition (including Alzheimer’s, dementia).
- Tobacco cessation.
- Physical activity, nutrition, and weight status.
- Caregiver support.

While a number of other priorities were identified by states, some of the emerging priorities included:

- Volunteerism.
- Occupational safety.
- Food insecurity.
- Medication assistance.
- Domestic abuse.

Additionally, states identified specific next steps for each of their identified top priorities so that they could begin working on them when they returned to their states following the workshop. Below is a high-level summary of the next steps states specified:

- Focus on collaboration and partnership between agencies and other relevant stakeholders (e.g., Area Agencies on Aging, transportation, regional efforts).
- Utilize and understand available data to identify gaps.
- Review funding and opportunities to reallocate funds or implement more cost effective efforts.
- Identify evidence-based tools and resources.
- Build informal networks and increase awareness and visibility.
- Incorporate healthy aging priorities into the state health improvement plan.

Evaluation

Following the state workshop, participants were asked to complete a brief evaluation of that day’s activities and presentations. Evaluation questions assessed participants’ satisfaction associated with: (1) state team planning sessions, (2) state panels, and (3) logistics/meeting space and accommodations. The evaluation used a 5-point Likert agree/disagree scale. Respondents had the opportunity to share open-ended comments and suggestions about the workshop. The information in the following tables reflects the feedback, impressions, and key findings from the evaluations. The data collected will be used by ODPHP and ASTHO in planning any follow-up with the states.

State Team Planning

	State Team Breakout Sessions					
	Strongly Disagree	Somewhat Agree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A or Don’t Know
There was sufficient time to work with the state team.	6%	22%	17%	33%	22%	--
The action plan worksheet helped with state’s productivity during planning.	6%	11%	11%	33%	33%	6%



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The table facilitator helped with state's productivity during planning.	--	28%	22%	28%	22%	--
The pre-meeting worksheet prepared our state for the planning time.	--	11%	6%	50%	33%	--

Survey Question: What else would have been useful during state planning time?

Selected Comments:

- *Individualized state consultative time with ASTHO and NASUAD prior to and/or at meeting.*
- *The room was very loud. I had a hard time hearing my facilitator at my own table. It would have been nice to break out into different rooms or meeting areas.*
- *The session could have been longer to accommodate some regional planning.*
- *Not enough time for the depth of the expectation.*

State Panel Presentations

	State Panel: Key Takeaways from Collaboration					
	Strongly Disagree	Somewhat Agree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A or Don't Know
The presentations were engaging and interesting.	--	--	--	47%	53%	--
The session provided me with information or ideas I can use.	--	6%	--	53%	41%	--
The length of the session was just right.	--	--	--	53%	47%	--

	State Panel: Peer-to-Peer Share and Learn					
	Strongly Disagree	Somewhat Agree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A or Don't Know
The presentations were engaging and interesting.	--	--	--	44%	56%	--
The session provided me with information or ideas I can use.	--	6%	--	44%	50%	--
The length of the session was just right.	--	--	--	56%	44%	--



Survey Question: How do you intend to apply the information presented at the meeting to your work?

Selected Comments:

- *New topic for me, but certainly will think about ways, within the chronic disease area, on how to more fully incorporate Healthy Aging concepts within ongoing work.*
- *Work with Epidemiology staff on developing more specific profiles of aging population.*
- *Statistics and case studies will be incorporated into general wellness messages.*
- *Hold a second internal meeting to begin work on top two priorities and to decide between tobacco and other issues for third.*
- *In-person meetings with aging counterpart to work on collaborative efforts.*
- *I have invited the aging representative to our chronic disease Monday morning huddles to teach health department staff about programs and to kick off the action plan developed at the workshop.*
- *The DOH will provide aging data from hospital discharge and admissions to help make the case for programs at the state legislature.*
- *We will work with aging and it's Area Agencies on Aging to increase diabetes prevention programs in the state.*
- *Staff in my agency will use information from the workshop to build on existing collaborations with the state aging agency.*
- *Planned meeting with staff to share information and develop new opportunities within our state using the information from this conference.*
- *Set up a regular meeting with our state health group to work together more closely on health issue with seniors.*
- *Prepared a brief for our executive office regarding the conference and opportunities for improvement of our state programs.*
- *In the process of scheduling a statewide meeting with system partners to share information and continue the development of a plan for our state to implement the key objectives from the plan developed at the conference.*
- *Try to have a closer relationship with our state health office and coordinate future activities together.*
- *I made contact with the administrator of our health district. I now know who to reach out to.*
- *We plan to take full advantage of the newfound relationship by attending similar related agency meetings, continuing conversation about healthy aging, and working to build a Health Aging Coalition to better serve our state.*
- *Work with aging agency leader to communicate our plan to staff and plan for implementation.*

Meeting Logistics

	Meeting Logistics and Accommodations					
	Strongly Disagree	Somewhat Agree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A or Don't Know
The event was well organized.	11%	--	--	28%	61%	--
The event strengthened my network of professional colleagues.	6%	11%	6%	11%	67%	--



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I enjoyed the event.	11%	--	--	33%	56%	--
I would attend this event again.	11%	6%	--	28%	56%	--
I would recommend this event to a colleague.	11%	--	--	22%	67%	--
The date chosen for the meeting was convenient for me.	--	11%	6%	44%	39%	--
The meeting was the right length to accomplish the goals without rushing or wasting time.	--	6%	11%	44%	39%	--

Selected Comments: Meeting Logistics and Overall Event

- *Thought icebreakers were needed to help networking since sessions were back-to-back and everyone was checking their phones and/or calling into their offices on the breaks. The day 2 reception and day 3 region workshop sessions were the first real opportunities to talk and they were late in the program.*
- *I appreciated the organizers' work on the summit very much. The summit was very productive for me. We will be replicating the summit in our state.*
- *I enjoyed the workshop and felt it was a good use of my time. The only distraction was how cold the meeting room was – made it difficult to concentrate on tasks. Thanks for sponsoring the meeting and providing the excellent opportunity to learn and share.*
- *I appreciate the effort to bring together the health and aging authorities of states in order to promote healthy aging. The two groups have so much to share and the ability to improve health indicators more quickly when working together. I was especially impressed by having the top researchers in the country presenting their findings and how they see this effecting the daily lives of individuals. This type of discussion is especially important in giving hope to leaders that answers to the overwhelming issues related to dementia may be on the horizon.*
- *It was definitely worth the time as it exposed me to healthcare professionals who are not part of my normal work environment. Good foundation for future conferences.*
- *Great conference. Thought the venue was wonderful with comfortable rooms, good food, and convenient location.*

Conclusion

The state workshop evaluations indicate that participants found the workshop to be valuable. Based on the feedback, the meeting enabled state teams to learn from their peers as well as develop joint strategies between the public health and aging agencies for promoting healthy aging in their states. The evaluation also indicates that the pre-meeting worksheet was beneficial in helping participants prepare for developing action plans at the workshop. Participants also expressed satisfaction with the time allotted for state team planning and appreciated having the opportunity to meet and establish a relationship between their state’s public health and aging agencies, as well as network with public health and aging colleagues from their region and across the country.

Participants offered specific recommendations for improving future state workshops. These recommendations included allotting time for states to consult with ASTHO and NASUAD prior to or at the meeting, providing more time for networking, having breakout rooms for state team planning, and



providing more state team breakout time to complete the action planning document in full and to engage in regional planning.

While it can be difficult to accomplish complex goals and see tangible impact from a single event, the state workshop allowed two state agencies to collaborate together to develop a plan for achieving mutual goals related to healthy aging. State teams developed a joint action plan that will help guide their future activities toward achieving better outcomes, closing gaps, and building system capacity for improving outcomes for older adults. However, states will see implementation challenges related to funding and gaining buy-in from other relevant stakeholders. Therefore, it will be important to continue to follow-up with and provide support to state teams to ensure adequate progress is made related to their unique needs and prioritized strategies.

¹ Meeting the Challenges of an Aging Society: The Experience of State Health Departments 2009. National Association of Chronic Disease Directors. Available at: http://c.ymcdn.com/sites/www.chronicdisease.org/resource/resmgr/Healthy_Aging_Critical_Issues_Brief/Aging_Society_SHD.pdf. Accessed 8-13-15.



Appendix A – Participant List

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Appendix B – Pre-meeting Worksheet

INSTRUCTIONS

Prior to the Healthy Aging State Workshop on July 29, 2015, we ask you to please complete the following table. This information will be used during the planning sessions at the workshop. **This should take no more than 1 hour to complete.**

1. Review the strategies and goals related to healthy aging and the list of examples in the first two columns of the table. These outline a variety of healthy aging strategies for states to focus on.
2. Prioritize the 16 strategies on a scale of 1 to 5 (1 = top priority, 5 = low priority).
3. Once you have prioritized each of the strategies, choose the top 3 to 5 strategies that you want to focus on this year.
4. Complete the remaining three columns of the table for those top 3 to 5 strategies by identifying the key activities in your state related to that priority, partners involved, and any other considerations to keep in mind for the state workshop.
5. Once you have completed the table:
 - a. If you would like ASTHO to print the worksheet for you, **please email it to Mandy Deutsch (adeutsch@astho.org) by July 21, 2015.**
 - b. Otherwise, please bring a copy of your completed table to the workshop.

Please contact Mandy Deutsch (adeutsch@astho.org) or Kristen Wan (kwan@astho.org) with any questions.

Background:

Promoting healthy aging requires collaboration across a range of disciplines and fields. The Social Determinants of Health model through Healthy People 2020 provides the opportunity to galvanize support for state health and aging officials, their public health teams, state and local experts in aging, and a broad network of partners, to implement evidence-based strategies for increasing the number of older adults who are living well in their communities.

For more than four decades, Healthy People 2020 has served as the Nation's health promotion and disease prevention objectives. Healthy People is a road map for state and local health departments, non-profits, and businesses to plan health improvement locally with diverse partners. There are many Federal initiatives, like the National Prevention Strategy (NPS), that can provide examples of strategies, for creating a system/infrastructure where adults can live and age well. The objectives are research-based and grounded in data, but are not meant to be prescriptive or comprehensive. The overarching goals of Healthy People 2020 are to:

- *Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.*
- *Achieve health equity, eliminate disparities, and improve the health of all groups.*
- *Create social and physical environments that promote good health for all.*
- *Promote quality of life, healthy development, and healthy behaviors across all life stages.*



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These strategies and goals are relevant to healthy aging and are meant to be shared among partners. ASTHO's 2014-2015 President's Challenge on Healthy Aging challenges states to partner with at least one new or renewed partner to implement one or more of these prevention strategies. Each of the strategies also aligns with at least one of the four tracks of work that will be highlighted at the 2015 Healthy Aging Summit.

Goals and Strategies Related to Healthy Aging - (Healthy People 2020 Topic Areas/NPS Strategies)	Examples	Rank Level of Priority from 1-5 (1=top priority, 5 = low priority)	Key Activities in 2015 (or next planning year) for Priority Area	Partners	Considerations for the State Workshop (e.g., resources available, Governor's priority)
Healthy Aging Summit Overarching Themes					
<u>Public Health Infrastructure, Health Communication and Health IT/ Using Data to Understand Your Older Adult Population and Drive Action</u>	<ul style="list-style-type: none"> Integrate Healthy People 2020 objectives on "Older Adults" and "Dementias, including Alzheimer's Disease" topic areas into state-based plans Assess age-friendliness at city/town or state level Conduct aging readiness assessment at state, city/town, and/or organizational level Analyze state and national data to determine area of greatest need/opportunity for promoting health of older adults Analyze local data to identify where older adults live to leverage/maximize outreach and service provision 				
Elimination of Health Disparities	<ul style="list-style-type: none"> Identify gaps in existing policies, programs, and/or initiatives and target efforts to ensure all older adults are being served Integrate racial/ethnic; lesbian, gay, and transgender; educational; socioeconomic; and geographic disparities within interventions and outreach to help ensure materials and initiatives are culturally appropriate 				
Geographic Considerations	<ul style="list-style-type: none"> Identify conditions that are unique to your urban, rural, or tribal community and strategies to partner with stakeholder Identify policies or collaborations to leverage in your community Identify issues that are unique to your aging population 				



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Healthy Aging Summit Track of Work: Social and Community Context					
<p><u>Occupational Safety and Health, Older Adults, Disability and Health/ Empowered People</u></p>	<ul style="list-style-type: none"> • Identify caregiver services, including gaps/ needs • Provide education to empower older adults and their caregivers to advocate for the services they need • Ensure seniors have access to continued learning, professional training, and volunteerism opportunities • Leverage policy opportunities to support caregivers • Ensure state agencies offer long term care benefits for employees and their families • Support caregivers through respite care, pension credits, financial subsidies, training, and/or home nursing services 				
Healthy Aging Summit Track of Work: Quality of Life in Aging					
<p><u>Tobacco Use Prevention/ Tobacco Free Living</u></p>	<ul style="list-style-type: none"> • Identify the number of older adults who smoke and where they “live, work, and play” in an effort to target efforts • Ensure Medicaid Quitline matches are implemented and information to access the Quitline is disseminated to the public • Promote smoke-free air policies (e.g. public housing, state agencies, bars/restaurants) • Promote taxes on tobacco products • Educate older adults, caregivers, and/or healthcare providers around cessation materials and payment/reimbursement options 				
<p><u>Substance Abuse Prevention/ Preventing Drug Abuse and Excessive Alcohol Use</u></p>	<ul style="list-style-type: none"> • Identify rates of prescription and/or over-the-counter drug misuse/abuse among older adults to target prevention and treatment efforts • Identify rates of alcohol misuse/abuse among older adults to target prevention and treatment efforts • Educate healthcare providers around the identification, screening, assessment, and treatment of the elderly for alcohol abuse and abuse of prescription drugs or over-the-counter drugs • Support policies to reduce the use of antipsychotic medications and other drugs in long-stay nursing home residents and in the community, and enhance the use of 				



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	<p>non-pharmacologic approaches and person-centered dementia care practices where appropriate</p> <ul style="list-style-type: none"> Promote practices and policies to reduce inappropriate prescribing by health professionals and other health advisors 				
<p><u>Nutrition and Weight Status/Healthy Eating</u></p>	<ul style="list-style-type: none"> Educate older adults, caregivers, and/or healthcare providers on healthy eating for older adults Assess/Identify challenges/barriers for older adults' access to nutritional foods, including Supplemental Nutrition Assistance Program (SNAP), food deserts, etc. Increase access to healthy and affordable food (e.g. policies, programs (Meals on Wheels) Promote policies that support health foods in adult long-term and day care centers 				
<p><u>Physical Activity/Active Living</u></p>	<ul style="list-style-type: none"> Educate older adults, caregivers, and/or healthcare providers around the importance of safely maintaining physical activity and mobility Promote evidence-based physical activity programs that help older people maintain physical activity and mobility Improve access to places for physical activity (e.g. sidewalks, walking trails, and exercise facilities/parks) 				
<p><u>Injury and Violence Prevention/ Injury and Violence Free Living</u></p>	<ul style="list-style-type: none"> Increase public awareness of physical and mental elder abuse and promote multi-sectoral, multidisciplinary approach to confronting and reducing elder abuse Identify falls data (where and why) to target efforts Analyze emergency room data around falls rates and costs Promote policies and/or evidence-based practices to prevent falls in older adults 				
<p>Healthy Aging Summit Track of Work: Health and Health Care</p>					
<p><u>Clinical and Preventive Services (LHI)/ Clinical and Community Preventive Services</u></p>	<ul style="list-style-type: none"> Identify appropriate roles and determine effectiveness of community health workers, promotoras, patient navigators, and paraprofessionals with respect to older adult care Develop strategies to help ensure that healthcare professionals recognize the role of care partners in the care 				



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	<p>coordination of persons with Alzheimer’s disease and related dementias (ADRD) and other conditions</p> <ul style="list-style-type: none"> • Support patient-centered care and delivery of high quality dementia competent care 				
<p>Sexually Transmitted Disease and HIV/Reproductive and Sexual Health</p>	<ul style="list-style-type: none"> • Educate older adults, caregivers, and/or healthcare providers around preventing and treating sexually transmitted disease (STDs) in older adults • Identify STD treatment and prevention services for older adults, including gaps/needs • Promote policies and/or evidence-based practices around the prevention and treatment of HIV/AIDS, hepatitis C, and other STDs in older adults 				
<p>Mental Health, Dementias Including Alzheimer’s Disease/Mental and Emotional Well-Being, including Alzheimer’s Disease and Other Dementias</p>	<ul style="list-style-type: none"> • Identify rates of Alzheimer’s disease and other dementias (ADRD) • Identify treatment and prevention services for ADRD, including gaps/needs • Promote evidence-based practices for the treatment/management and prevention of ADRD • Collaborate in the development, implementation, and maintenance of state Aging including Alzheimer's disease plans • Promote incorporation of aging, cognitive health and impairment into state and local public health burden reports 				
<p>Care for Older Adults: Access to Health Services, Oral Health, Immunizations, and Vision</p>	<ul style="list-style-type: none"> • Identify strategies to increase the free clinical preventive services including immunizations • Ensuring culturally competent care for minority populations, including LBGTQ • Identify gaps in oral health services • Conduct a needs assessment for vision screening and eye health • Support adult nutrition screening programs 				
<p>Healthy Aging Summit Track of Work: Neighborhood and Built Environment</p>					
<p>Preparedness and Environmental Health/Healthy</p>	<ul style="list-style-type: none"> • Increase public awareness of financial exploitation and elder abuse in order to promote multi-sectoral, 				



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<p><i>and Safe Community Environment: Building Safe and Resilient Communities</i></p>	<p>multidisciplinary approach to confronting and reducing financial abuse”</p> <ul style="list-style-type: none"> • Foster and sustain partnerships with the area agencies on aging, NASUAD official, ACL regional representative, and all entities that aid the elderly during an emergency the most effectively • Develop and maintain medical and "special needs" registries (medical equipment, transportation, medicine, etc.) encompassing resources and partnerships needed to successfully utilize medical registries during the state of an emergency 				
<p><u>Injury and Violence Prevention</u> <i>Healthy and Safe Community Environments: Community-Based Living/Livable Communities/ Aging in Place</i></p>	<ul style="list-style-type: none"> • Assess age-friendliness at city/town or state level • Identify gaps in Medicaid coverage and apply for waivers to support using Medicaid for supportive services at home or advocate for policies to support appropriating state funding for supportive services at home • Public education materials for caregivers and older adults promote housing options including home modification and repair • Support smoke free housing • Involve seniors and senior advocacy organizations in community planning initiatives 				
<p><u>Social Determinants of Health/Healthy and Safe Community Environment: Communities that Promote Mobility</u></p>	<ul style="list-style-type: none"> • Assess role of older adults in State Transportation Plan, including pedestrian and bicycle safety, improve roadway and driving environment, identify at risk older adults, improve driving competency, reduce risk of injury and death of older drivers and passengers • Involve seniors and senior advocacy organizations in community planning initiatives • Develop/update a comprehensive city planning guide to address accessibility issues for older adults • Promote urban design and land use policies and practices that support physical activity for older adults. • Improve transportation for older adults including implementing “Compete Streets” policies and/or public transportation schedules and stops that are understandable, well-located, etc. 				



Appendix C – Workshop Agenda

2015 Healthy Aging Summit
State Healthy Aging Workshop Agenda
Wednesday, July 29, 2015
8:00 a.m.-4:00 p.m.
 Omni Shoreham Hotel, Ambassador Ballroom

Meeting Objectives:

1. Provide an opportunity for states to hear from experts across the country on how to successfully promote and address healthy aging at the state level.
2. Improve the capacity of states to successfully implement healthy aging initiatives by facilitating state-to-state and regional sharing of promising strategies and common challenges.
3. Mobilize action in states through the creation of state-level healthy aging implementation and action plans.

Registration opens at 7:30 a.m. The registration table is located outside of the Ambassador Ballroom.

TIME	AGENDA ITEM	SPEAKERS
8:00-9:00AM	Breakfast	
8:30-8:45AM	Welcome and Introductions	<p>Don Wright, MD, MPH Deputy Assistant Secretary for Health Office of Disease Prevention and Health Promotion U.S. Department of Health and Human Services</p> <p>Paul E. Jarris, MD, MBA Executive Director Association of State and Territorial Health Officials</p> <p>Martha Roherty, MPP Executive Director National Association of States United for Aging and Disabilities</p>
8:45-9:00AM	Keynote: The Role of the State in Healthy Aging	<p>Karen B. DeSalvo, MD, MPH, MSc Acting Assistant Secretary for Health U.S. Department of Health and Human Services</p>
9:00-9:10AM	Plenary: Partnering to Promote Living Longer Better	<p>Jewel Mullen, MD, MPH, MPA Commissioner Connecticut Department of Health ASTHO President</p>
9:10-9:20AM	Plenary: Creating Age-Friendly Communities	<p>James Bulot, PhD Director, Division of Aging Services Georgia Department of Human Services</p>



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9:20-9:30AM	White House Conference on Aging	Nora Super Executive Director White House Conference on Aging
9:30-10:00AM	Break/Check-Out of Hotel	
10:00-10:45AM	Reflections and Takeaways <i>State Teams will discuss and reflect on the Healthy Aging Summit and pre-meeting worksheets and begin thinking about their state action plan.</i>	State Teams
10:45-11:45AM	State Panel: Key Takeaways from Collaboration <i>State Health Officials and Aging Officials will highlight work that is being or will be implemented in partnership between the state public health and aging agencies.</i>	<p>Moderator: Sharon Moffatt, RN, BSN, MSN Chief, Health Promotion and Disease Prevention, ASTHO</p> <p>Alaska: Jay Butler MD, CPE, FAA Director, Public Health Alaska Department of Health & Social Services</p> <p>Duane Mayes, MS Director, Senior and Disability Services Alaska Department of Health & Social Services</p> <p>Colorado: Todd Coffey Acting Director, Aging and Adults Services Colorado Department of Human Services</p> <p>Larry Wolk, MD, MSPH Executive Director/Chief Medical Officer Colorado Department of Public Health Environment</p> <p>Idaho: Sam Haws Administrator Idaho Commission on Aging</p> <p>Elke Shaw-Tulloch, MHS Public Health Administrator Idaho Department of Health & Welfare</p>
11:45AM-12:45PM	Working Lunch with Regional Health Administrators <i>State Teams will sit with their RHAs to discuss opportunities and challenges related to healthy aging at the state and regional levels.</i>	State Teams: Breakouts by HHS Region





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<p>12:45-1:45PM</p>	<p>State Panel: Peer-to-Peer Share and Learn <i>State teams will discuss the importance of partnerships and data in their work to improve health outcomes for seniors.</i></p>	<p>Moderator: Lisa Waddell, MD, MPH Chief, Community Health and Prevention, ASTHO</p> <p>Louisiana: Teresa (Tracy) Broussard Accountant Manager Governor's Office of Elderly Affairs</p> <p>John Thomas 'J.T.' Lane Assistant Secretary for Public Health Louisiana Department of Health & Hospitals</p> <p>Robin Wagner Deputy Assistant Secretary Office of Aging & Adult Services</p> <p>New Mexico: Retta Ward, MPH Cabinet Secretary New Mexico Department of Health</p> <p>Tracy Wohl Office of Alzheimer's and Dementia Care New Mexico Aging and Long-Term Services Department</p> <p>Oregon: Donald Erickson, MA Chief Operating Officer, Aging and People with Disabilities and Developmental Disabilities Oregon Department of Human Services</p> <p>Lillian M. Shirley, BSN, MPH, MPA Public Health Director Oregon Health Authority</p>
<p>1:45-2:00PM</p>	<p>Wellness Break/Transition</p>	
<p>2:00-3:00PM</p>	<p>State Team Planning <i>State teams will work together to develop a state healthy aging action plan with next steps for collaboration and implementation.</i></p>	<p>State Teams</p>
<p>3:00-3:45PM</p>	<p>Key Takeaways and Next Steps <i>Each state team will share one takeaway from their state plans.</i></p>	<p>State Teams</p> <p>Moderator: Elizabeth Walker Romero, MS Senior Director, Health Improvement, ASTHO</p>
<p>3:45-4:00PM</p>	<p>Closing Remarks</p>	<p>ODPHP, ASTHO, NASUAD</p>



Appendix D – Action Plan Worksheet

STATE HEALTHY AGING ACTION PLAN

Healthy Aging Goals and Strategies	Strengths/Assets	Barriers/Challenges	Needed Stakeholders and Resources	Desired Outcome(s)	Timeline	Evaluation Measures (if applicable)
Healthy Aging Topic #1						
Healthy Aging Topic #2						
Healthy Aging Topic #3						



Appendix E – State Healthy Aging Top Priorities

State	Healthy Aging Top Priorities
REGION 1	
Connecticut	<ul style="list-style-type: none"> • Caregivers – build and support network • Falls prevention
Massachusetts	<ul style="list-style-type: none"> • Falls prevention (within injury) • Physical activity • Mental health/cognition
REGION 2	
New Jersey	<ul style="list-style-type: none"> • Injury and violence prevention (falls prevention) • Physical activity (evidence-based) • Tobacco use • Chronic disease prevention
New York	<ul style="list-style-type: none"> • Physical activity/active living (improve access, caregiver support, falls prevention, physical activity programs) • Healthy and safe communities (complete street projects) • Alzheimer’s and dementia (integrate with chronic disease, increase surveillance – BRFSS)
REGION 3	
District of Columbia	<ul style="list-style-type: none"> • Data (create hub for data collection) • Inappropriate prescription of medications
Maryland	<ul style="list-style-type: none"> • Medication assistance • Falls prevention • Physical activity/exercise
Virginia	<ul style="list-style-type: none"> • Tobacco cessation • Dementia • Chronic disease management (evidence-based)
West Virginia	<ul style="list-style-type: none"> • Obesity • Tobacco use • Volunteerism
REGION 4	
Kentucky	<ul style="list-style-type: none"> • Falls prevention • Prevention services (oral, immunizations) • Tobacco cessation/reduce smoking
Mississippi	<ul style="list-style-type: none"> • Mental health • Elimination of health disparities • Nutrition and weight status • Tobacco use prevention
Tennessee	<ul style="list-style-type: none"> • Physical activity/active living • Nutrition and weight status
REGION 5	
Illinois	<ul style="list-style-type: none"> • Dementia (identify core training for dementia-friendly communities; possible certification) • Data (community assessment)



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Indiana	<ul style="list-style-type: none"> • Dementia (identify geographic data diagnosis of dementia in hospital admissions and primary care providers) • Diabetes Prevention Program (DPP) • Domestic abuse (part of women's health initiative)
Michigan	<ul style="list-style-type: none"> • Data and infrastructure • Collaboration (Medicaid, regulatory, behavioral health)
Minnesota	<ul style="list-style-type: none"> • Mental health (dementia, including Alzheimer's) • Injury prevention (falls) • Social determinants of health
Ohio	<ul style="list-style-type: none"> • Data (diabetes and chronic disease self-management data) • Caregivers (survey for needs to identify gaps) • Falls prevention plan
Wisconsin	<ul style="list-style-type: none"> • Mental health (dementia and Alzheimer's) • Healthy Brain Initiative • Falls prevention (continue with current action plan, decrease burden on long-term care)
REGION 6	
Arkansas	<ul style="list-style-type: none"> • Nutrition and hunger • Injury and violence prevention • Mental health (depression, Alzheimer's and related dementias)
Louisiana	<ul style="list-style-type: none"> • Nutrition and weight status • Clinical/preventive services • Care for older adults
New Mexico	<ul style="list-style-type: none"> • Healthy eating/nutrition and weight status • Physical activity and active living • Prevent and reduce substance abuse
Oklahoma	<ul style="list-style-type: none"> • Healthy and safe environment (safe and resilient, promote mobility) • Quality of life (tobacco, healthy eating, injury and violence, physical activity) • Mental health and healthcare (empower caregivers)
Texas	<ul style="list-style-type: none"> • Collaboration (between Division of Aging and Disability Services and Division of State Health Services; Executive Order or framework of agencies' authority) • Continue/nurture existing collaborations (exercise, caregiver support, advisory committees) • Tobacco cessation (quitline services) • Alzheimer's and related conditions
REGION 7	
Iowa	<ul style="list-style-type: none"> • Occupational safety health/disability • Caregiving/worksite wellness • Falls prevention
Kansas	<ul style="list-style-type: none"> • Physical activity/injury prevention • Access to health services (oral, vision, immunization) • Substance abuse prevention
Missouri	<ul style="list-style-type: none"> • Food insecurity • Falls prevention • Chronic disease prevention



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Nebraska	<ul style="list-style-type: none"> • Caregiving/worksite wellness • Falls prevention • Chronic conditions/wellness
REGION 8	
Colorado	<ul style="list-style-type: none"> • Suicide • Health disparities • Nutrition/weight status • Mental health/dementia
Montana	<ul style="list-style-type: none"> • Physical activity • Tobacco usage • Healthy eating/nutrition
South Dakota	<ul style="list-style-type: none"> • Caregivers • Suicide/falls prevention • Clinical preventive services • Injury/violence prevention
Utah	<ul style="list-style-type: none"> • Education • Coordination of preventive health services
Wyoming	<ul style="list-style-type: none"> • Suicide • Falls prevention • Tobacco cessation
REGION 9	
Hawaii	<ul style="list-style-type: none"> • Caregiver issues • Physical activity • Mental health • Nutrition/weight status
Nevada	<ul style="list-style-type: none"> • Caregiver issues • Physical activity • Mental health • Nutrition/weight status
REGION 10	
Alaska	<ul style="list-style-type: none"> • Home MAP (Modifications for Aging in Place) • Alzheimer’s Disease Research Centers (home health services) • Health promotion and disease prevention • Tobacco cessation • Immunizations
Idaho	<ul style="list-style-type: none"> • Health disparities (elimination, geographic considerations) • Nutrition and physical activity • Care for older adults • Access to health services (oral, vision, immunizations)
Oregon	<ul style="list-style-type: none"> • Tobacco cessation • Substance abuse and prevention • Data
Washington	<ul style="list-style-type: none"> • Falls prevention • Suicide prevention • Mental health/depression