Our Aging Population: A Growing Public Health Challenge

“The aging of the U.S. population is one of the major public health challenges of the 21st century. With more than 70 million baby boomers in the United States poised to join the ranks of those aged 65 or older, preventing disease and injury is one of the few tools available to reduce the expected growth of health care and long-term care costs.”

— Julie Louise Gerberding, MD, MPH, Director, Centers for Disease Control and Prevention

By 2030, the proportion of the U.S. population aged 65 or older will double to approximately 70 million older adults. Among the far-reaching implications of this demographic trend are the unprecedented demands that will be placed on public health, aging services, and the nation’s health care system.

According to the Centers for Disease Control and Prevention (CDC), chronic diseases disproportionately affect older adults and are associated with disability, diminished quality of life, and increased costs for health care and long-term care. Chronic diseases are generally not prevented by vaccines or cured by medication, nor do they just disappear. To a large degree, the major chronic disease killers—heart disease, cancer, stroke, and diabetes—are an extension of what people do, or do not do, as they go about their daily lives. Eighty-eight percent of those over 65 have at least one chronic health condition. Health damaging behaviors—particularly tobacco use, lack of physical activity, and poor eating habits—are major contributors to the nation’s leading chronic diseases. Clearly, promoting healthy behavior choices, through education and through community policies and practices, is essential to reducing the burden of chronic diseases.

Public health efforts and community health initiatives can help Americans avoid preventable illness and disability as they age. Research has shown that poor health is not an inevitable consequence of aging. There are many effective public health strategies being conducted to help older adults remain independent longer, improve their quality of life, and potentially delay the need for long-term care.

What can public and community health professionals in New York State do to address this growing challenge?

This edition of Focus on Community Health is intended to help answer this question by offering a glimpse of the many local, regional, state, and federal initiatives responding to the challenges of a rapidly aging population, sharing snapshots of community programs, and providing an extensive listing of resources for readers so you can learn more about the challenges and opportunities related to aging and chronic disease.
NYS Office for the Aging Programs Aim to Prevent and Reduce Chronic Disease

In 2007, the New York State Office for the Aging (NYSOFA) introduced the Senior Health Check-Up Program, designed to promote better health and prevent or reduce chronic disease among older persons. This initiative assists New York State communities in making an impact on the quality of health for thousands of older New Yorkers and in reducing unnecessary health care costs through prevention. It uses a combination of specific disease screening; approaches include the “Welcome to Medicare” exam, local and state outreach, and other initiatives.

This initiative was prompted by Centers for Medicare and Medicaid Services (CMS) data that showed that New York State is below the national average in the utilization of Medicare-covered preventive benefits including flu and pneumonia vaccinations, mammography, prostate cancer, diabetes, and the “Welcome to Medicare” exam.

The goals of introducing the Senior Health Check-Up Program are to increase awareness of benefits available, encourage and increase the use of preventive health screening and testing benefits, expand and increase the use of evidence-based chronic disease management and prevention and health promotion programs, and eventually decrease morbidity and mortality associated with preventable chronic disease. NYSOFA expects to increase the use of preventive tests by five to ten percent per year during the coming years and to exceed the national average for use of these benefits.

Among the initiatives being conducted by NYSOFA is a three-year demonstration grant (2007 to 2009) from the U.S. Administration on Aging entitled “Empowering Older Adults to Take More Control of Their Personal Health Through Evidence-Based Programs.” NYSOFA, the lead agency, is partnering with the NYS Department of Health on this initiative designed for individuals over 60 with chronic diseases, in particular diabetes, cardiovascular, and arthritis. The University of Albany’s Center for Excellence in Aging Services is providing technical assistance and evaluation.

The goal is to build the capacity of local service delivery systems to incorporate and sustain implementation of the Chronic Disease Self Management Program (CDSMP)—see related article on page 2) and Active Choices Program, an evidence-based program developed by the Stanford Prevention Research Center that has been proven to be effective in helping older adults meet their physical activity needs. The objectives of this initiative are to implement CDSMP and Active Choices programs in three regions and reach 1,800 persons over age 60 throughout a three-year period for CDSMP and 3,300 persons for Active Choices; ensure fidelity to program protocols; and encourage ongoing quality improvement to guide systems change at the state and local level.

Three pilot sites are currently implementing CDSMP and Active Choices—the Capital District, Broome County, and New York City.

In May 2008, NYSOFA’s Senior Health Check-Up Program expanded its scope and began a diabetes initiative. The first step was providing Area Agency on Aging Directors with information about Diabetes Risk Test screening materials that are available through the American Diabetes Association. Contact information for the 15 regional Community Coalitions for Diabetes Prevention, which partner with local health departments, hospital-based diabetes programs, the Cooperative Extension, and community-based organizations, was also distributed by NYSOFA.

For further information about NYSOFA’s initiatives, contact Gary Malys, GARY.MALYS@OFA.STATE.NY.US or Cyndy Marshall, CYNDY.MARSHALL@OFA.STATE.NY.US.
Key Federal Agencies Playing a Role in Promoting Healthy Aging

There are a number of federal agencies and national organizations involved in examining the implications of an aging population and developing programs and initiatives to promote healthy aging.

Centers for Disease Control and Prevention (CDC)

The Healthy Aging Program, within CDC’s National Center for Chronic Disease Prevention and Health Promotion, serves as the focal point for older adult health at CDC. The Healthy Aging Program is engaged in many activities designed to provide a comprehensive approach to helping older adults live longer, high-quality, productive, and independent lives. This approach is implemented in collaboration with CDC’s internal partners (e.g., those focusing on injury prevention, disability prevention, and adult immunizations) and key external groups. Through a variety of initiatives, the CDC’s Healthy Aging Program is:

- enhancing the ability of states and communities to identify and implement effective strategies, policies, and programs to promote and protect the health of older adults. This includes supporting the Healthy Aging Research Network (HAN), a group of nine CDC-supported Prevention Research Centers focused on improving the health of older Americans by conducting prevention research, sharing their findings, and translating research into health practices.
- expanding efforts to integrate public health and aging services and enhance outreach for health promotion and disease prevention for older adults.
- promoting health and preserving health-related quality of life for older adults within the health care and other systems, including support for a model program called SPARC (Sickness Prevention Achieved through Regional Collaboration) that has shown documented success in broadening the use of clinical preventive services among older adults.

Visit www.cdc.gov/aging for more information.

U.S. Administration on Aging (AOA)

AoA is the federal focal point and advocate agency for older persons and their concerns. In this role, AoA works to heighten awareness among other federal agencies, organizations, groups, and the public about the valuable contributions that older Americans make to the nation and alerts them to the needs of vulnerable older people. AoA does this by serving as the federal agency responsible for advancing the concerns and interests of older people and their caregivers, and by working with and through the Aging Services Network to promote the development of a comprehensive and coordinated system of home and community-based long-term care that is responsive to the needs and preferences of older people and their family caregivers.

Take a look at the wealth of information available at the AoA Web site, www.aoa.gov/about/org/org.aspx

Environmental Protection Agency (EPA)

A major goal of the EPA’s Aging Initiative is the development of a National Agenda for the Environment and the Aging. The National Agenda is expected to prioritize environmental health hazards that affect older persons, examine the environmental impact of an aging population in a smart growth context, and encourage civic involvement among older persons in their communities to reduce hazards. The National Agenda for the Environment and the Aging, being developed through a public participatory process, will help guide the Agency’s work to protect the health of older persons now and in the future.

The EPA’s Aging Initiative has a number of fact sheets available on topics such as Age Healthier, Breathe Easier, Diabetes and Environmental Hazards, Effective Control of Household Pests, Environmental Hazards, Weigh Heavy on the Heart, “It’s Too Darn Hot”—Planning for Excessive Heat Events, Water Works, and Women and Environmental Health.


Agency for Healthcare Research and Quality (AHRQ)

Research sponsored by AHRQ led to the development of the Chronic Disease Self-Management Program (CDSMP), a patient self-management program that can help prevent or delay disability even in patients with arthritis, heart disease, or hypertension. These patients are taught how to better manage their symptoms, adhere to medication regimens, and maintain functional ability. Additional research funded by AHRQ has also shown that education and lifestyle changes can reduce disability, control costs, and have a positive influence on the quality of life of America’s elderly.

AHRQ-funded research at the Stanford University Patient Education Research Center led to the development of the CDSMP. The CDSMP is a 17-hour course taught by trained lay people. Offered in community settings such as senior centers, churches, libraries, and hospitals, CDSMP classes are held once a week for seven weeks. This program has been so successful, it has been implemented both nationally and internationally.

To learn more about CDSMP, visit www.ahrq.gov/research/elderdis.htm
In June, during its Annual Membership Conference, the Healthcare Association of New York State (HANYS) presented its 2008 Community Health Improvement Award to Jamaica Hospital Medical Center (JHMC) for its program, *Transitions: A Community Palliative Care Collaborative*. Through this program, the Medical Center established a hospital-wide, interdisciplinary, patient-centered, culturally competent Palliative Care Program designed to improve the quality of life for predominantly poor, elderly and minority patients and their families facing the problems associated with life-defining, life-threatening, or life-limiting illnesses.

The goals of this program include:

- educating community and hospital physicians about improving communication skills in prognostication, establishing goals of care, and obtaining advance directives as well as the available management options in reference to palliative and end-of-life care;
- providing comprehensive, compassionate, and culturally-sensitive palliative care to patients;
- developing community linkages for education and sharing resources for training and clinical care; and
- improving operational efficiency through more appropriate allocation and utilization of scarce health care resources.

Palliative Care began at JHMC in 2001, and by the spring of 2005 efforts were begun to develop a dedicated Palliative Care Medical Consult Service, funded by a large private foundation grant. A Palliative Medicine fellowship program was implemented, which was committed to the education and training of physician specialists dedicated to providing this level of care for seriously ill patients and their families. The fellowship also enabled JHMC to expand the clinical Palliative Care Program to include services provided to their patients in their homes, in long-term care and ambulatory settings, and throughout the community.

The Medical Center has established and sustained strong linkages with a large number of community-based organizations in underserved communities that provide opportunities for collaboration, education, and outreach. Among the partners involved in this initiative are Hospice of New York (HONY), Care to Knit, Jamaica Service Program for Older Adults (JSPOA), Rockaway Boulevard Senior Center, The Cathedral of the Allen African Methodist Episcopal Church, and York College.

JHMC has succeeded in increasing awareness in the community, educating providers and patients, and achieving cost savings for the institution with more appropriate utilization of resources. The Medical Center participates in more than 30 community-based events annually and provides informational materials and education on the importance of advance directives to over 1,000 individuals annually. Thousands are reached through the program’s Web site and the hospital blog where palliative care is often a focus. The Medical Center’s quarterly Grand Rounds program has reached approximately 250 community physicians annually and over 475 hospital attending physicians, residents, and medical students. The program also hosted an End of Life Nursing Education Course (ELNEC) for 100 nurses.

In 2006, 15 percent of patients had some form of advance directives upon admission to the hospital and 50 percent of patients, with the Medical Center’s involvement, were discharged with advance directives. The following year, 33 percent of patients presented with advanced directives and 75 percent were discharged with them.

The Medical Center’s Consult Service treats an average of 400 patients per year allowing it to improve the utilization of hospital resources in the form of length of stay and Intensive Care Unit (ICU) days. In the first year, JHMC experienced a total cost savings of $916,028. More than 50 letters of gratitude from patients and loved ones have been received since program inception.

Two other hospital programs received honorable mentions for the HANYS’ 2008 Community Health Improvement Award—North Shore Long Island Jewish for its Mobile Health Program and the New York City Health and Hospitals’ Corporation’s Woodhull Medical Center for its Uninsured Artist Program.
Chronic Pain in Older Persons

The Cornell Institute for Translation Research on Aging (CITRA) is a collaboration of faculty members from the College of Human Ecology, Weill Cornell Medical College, and the Psychiatric Division of the Cornell Institute for Geriatric Psychiatry in Westchester.

Over the past several years, CITRA has developed a major area of interest—the problem of chronic pain (CP) in older persons. CP is a highly prevalent, morbid, and costly disorder associated with a substantial burden of suffering in this age group. Evidence-based treatments for CP in the form of self-management programs have been developed for use in the community and have demonstrated efficacy, but have been underutilized by older pain sufferers.

Numerous barriers likely exist at the individual, program, and cultural level that have a negative impact on program utilization and are in need of characterization. Partnering with key stakeholders in New York City, CITRA researchers are using a community-based participatory research (CBPR) approach to identify these barriers, develop and pilot test methods to successfully address the barriers, and disseminate products generated from these activities using a broad range of community and academic venues.

A grant entitled “Taking Community Action Against Pain” was recently funded by the National Institute for Nursing Research in response to an RFA entitled Community Participation in Research. Partnering with three senior centers in New York City (each serving a distinct race/ethnicity group), the interdisciplin ary investigative team will use CBPR methods to answer the following key scientific questions:

- What are the major barriers to adoption of and adherence to an evidence-based pain-reduction protocol by seniors with chronic pain?
- How can the pain protocol be adapted using CBPR to better meet the needs of seniors from three distinct race/ethnicity groups including African American, Hispanic American, and non-Hispanic White Americans?
- What is the effect of using a CBPR-based program versus a conventional chronic pain program on the effectiveness of the pain protocol?

A number of other activities relating to translational research on chronic pain also are underway in CITRA.

For more information, go to www.citra.org
Contact Karl Pillemer Kap6@cornell.edu,
or Elaine Wethington, Co-Director, EW20@cornell.edu
CITRA, Beebe Hall, Cornell University.

Women Take PRIDE
Senior Services of Albany

Senior Services of Albany designed the Women take PRIDE program to assist women over 60 to manage heart disease. This program, conducted through an AoA-funded grant, includes Senior Services of Albany, Northeast Health, SUNY at Albany School of Public Health, Albany County Department for Aging, and Blue Shield of NENY.

This program uses an education and behavior modification intervention based on social cognitive theory developed and evaluated by Noreen Clark and colleagues at the University of Michigan. The PRIDE process includes: Problem identification, Researching one’s routine, Identifying a management goal, Developing a plan to reach it, and Expressing one’s reactions/establishing rewards for making progress.

Women take PRIDE classes are taught by a nurse educator and peer leaders. There are four weekly meetings, each lasting 2.5 hours, which are attended by a maximum of eight participants and are held in various local community locations.

After four months, preliminary outcomes included: significant decreases in the frequency of heart-related symptoms, significant decreases in bothersome symptoms, and a significant increase in self-rated heart health. Preliminary satisfaction survey results show that 94 percent of participants find the problem-solving approach to be moderately or very useful; 95 percent would attend if they had to do it all over again; and 98 percent would recommend Women take PRIDE to someone else.

For further information, contact tpetting-er@seniorschealthalbany.com,
(518) 465-3322.
What’s a NORC?

NORCs—“naturally occurring retirement communities”—are communities and neighborhoods that have unusually high concentrations of older individuals. These aren’t exclusive communities designed for seniors—rather NORCs are “mixed” communities with housing available to individuals of all ages which, for many reasons, have a significant number of older residents.

What is a NORCs Service Project?
The NORCs projects funded by NYSOFA (the New York City Department for the Aging also provides funding for NORCs projects in 35 housing complexes and neighborhoods with high concentrations of seniors) foster connections within the community to create a supportive environment for seniors. The projects typically call on local businesses, community organizations, health care providers, and seniors to create and coordinate an array of health, human service, and housing services that make it possible for older adults to stay well and stay in their own homes.

How can we determine if NORC projects work?
How effective are their efforts to tailor needed services to specific communities and help seniors manage an array of chronic illnesses, such as diabetes?
The Health Indicators Study, being conducted by the United Hospital Fund (UHF), is designed to answer these and other questions. The study began with pilot testing in 12 NORCs projects with more than 2,000 seniors and the results reveal NORCs have been innovative and creative in meeting local needs. Equally important, in these 12 pilot communities, the study identified areas in which additional preventive work will be beneficial. In particular, the study drew attention to the fact that more than one in four seniors living in NORCs communities experienced a fall in the past year. This finding has led the 12 programs to respond with the development of falls prevention initiatives and, as Fredda Vladeck, Director of the UHF’s Aging in Place Initiative states, “not just respond to individuals’ needs one hip fracture at a time.”

Adapted from NYSOFA News, February 2008

Ten Strategies for Ensuring Commitment to Active Aging

Developed by the Building Healthy Community for Active Aging Steering Committee

Active aging takes place when older adults regularly participate in a variety of structured and unstructured physical activities. According to the Building Healthy Community for Active Aging Steering Committee, communities can promote active aging by implementing a diverse array of accessible physical-activity programs, and helping to make more accessible self-directed physical activity opportunities for those 50-plus.

Strategy 1. Have a written community goal statement for increasing levels of physical activity among older adults.

Strategy 2. Establish a community coalition or community advisory group with representation from a variety of community, aging, and health sectors to promote active aging programs and opportunities for older adults.

Strategy 3. Conduct a community assessment of rates of older adult participation in community-based physical activity programs or opportunities.

Strategy 4. Assess the availability and accessibility of physical activity programs and opportunities for older adults in your community.

Strategy 5. Develop a community plan to address barriers to, and enhancement for, increasing older adults’ participation in physical activity programs or opportunities.

Strategy 6. Create a community resource listing of physical activity programs and opportunities for older adults in your community.

Strategy 7. Initiate a community campaign to educate older adults about the different ways they can achieve recommended levels of physical activity.

Strategy 8. Increase the variety of accessible and appropriate group-based physical activity programs as well as self-directed opportunities within the community for those 50+.

Strategy 9. Establish physical activity programs and opportunities in multiple locations and populations throughout the community with attention to ensuring cultural appropriateness and inclusion.

Strategy 10. Institute community-wide planning and policies to sustain community-based physical activity programming and opportunities for older adults over time.

For more information, contact Donna DiCarlo at NYSOFA, (518) 474-0441 or donna.dicarlo@ofo.state.ny.us.

For more details and resources for implementing these strategies, go to www.epa.gov/aging/bhc/pdf/2007-0512-ten-active-aging-strategies.pdf
Established in 1997, the New York State Community Health Partnership (NYSCHP) is a unique private-public partnership with representatives from many different sectors including business, community organizations, education, government, health, and philanthropic organizations that share a common vision of health improvement and have agreed to serve as catalysts and facilitators for health improvement activities throughout New York State.

**NYSCHP Steering Committee Members:**

- American Cancer Society
- Cornell Cooperative Extension and Cornell University
- Healthcare Association of New York State
- Medical Society of the State of New York
- New York Health Plan Association
- New York State Association of County Health Officials
- New York State Dietetic Association
- New York State Department of Health
- New York State Nurses Association
- New York State Public Health Association
- Schuyler Center for Analysis and Advocacy
- Healthcare Trustees of New York State

Preparation of Nursing and the Health Care Workforce for the Aging of America

Submitted by Eileen S. Avery, MS, RN, NYS Nurses Association

As if the nursing shortage, a faculty shortage, and a poor economy weren’t enough to discourage even the strongest of health care practitioners, the impending baby boomer retirement peak adds another dimension to the need for nurses and other health care professionals.

The need for health care professionals and paraprofessionals will continue to grow—but the mix of skills and professionals may be different from what we see today. Historically, geriatric practice areas have high turnover, a larger number of unlicensed caregivers, and a lower population of Registered Nurses (RNs). The Institute of Medicine (IOM) committee report, *Improving the Quality of Long-term Care* (2001), revealed that while staffing requirements for long-term care facilities varied from state to state, less than 21 percent had licensed staffing (RNs or LPNs). Literature and research in long-term care primarily focus on nursing home settings; however, the committee also examined other long-term settings such as personal care facilities, residential care, and home health and home care agencies. According to the IOM report, of these jobs, 1.18 million, or 37 percent, were paraprofessionals (including nursing assistants, personal care aides, and home health care aides), nine percent were RNs, and eight percent were LPNs. This clearly has implications for the training and composition of tomorrow’s health care workforce.

Another trend that will impact nursing and other health care professionals is the fact that the majority of the aging population has also expressed an interest in retaining their independence and remaining in their homes for as long as possible. This will increase the demands for more public health and visiting nurses and could have major implications for both the financial and personnel requirements for long-term care/visiting and public health entities as well as adult day care programs.

How can nursing and other health care professions prepare for the future?

The IOM’s 2008 Fact Sheet, *Retooling for an Aging America*, recommends enhancing the competence of all individuals in the delivery of geriatric care; increasing the recruitment and retention for geriatric specialists and caregivers; and redesigning models of care and broadening provider and patient roles to achieve greater flexibility.

Today’s nurses are at the forefront for assisting the aging population and they are already conducting initiatives and collaborating with other practitioners to accomplish the IOM recommendations and goals. Among the initiatives taking place are:

- Offering ongoing support of and participation in research, focused on gaining a better understanding of the limitations and competency of the individuals presently engaged in caring for the geriatric population in settings other than nursing homes;
- Enhancing the education, training, and competency of caregivers in the complexity of the geriatric population;
- Increasing the education of retirees regarding accessing health care, following provider’s instructions, and communicating their needs to their families and caregivers.
- Ensuring that every population has the fundamentals of care—affordable and reasonable access to medications and treatments, timely interventions, and a voice in their own care.
Web Site Links and Resources

AgingStats.gov
Federal Interagency Forum on Aging Related Statistics
agingstats.gov/agingstatsdotnet/main_site/default.aspx

American Society on Aging
www.asaging.org/index.cfm

AARP.org
www.aarp.org/health

CDC Healthy Aging for Older Adults
www.cdc.gov/aging

CDC Chronic Disease Prevention
www.cdc.gov/nccdphp/publications/aag/aging.htm

EPA Aging Initiative
www.epa.gov/aging/index.htm

National Council on Aging
www.ncoa.org

The National Blueprint:
Increasing Physical Activity Among Adults Age 50 and Older
www.agingblueprint.org

New York State Office for the Aging
www.aging.ny.gov

Chronic Pain Resources

American Academy of Pain Management
www.aapainmanage.org

American Chronic Pain Association
www.thecpaa.org

American Pain Foundation
www.painfoundation.org

International Association for the Study of Pain
www.iasp-pain.org

Check out these reports!

The State of Aging and Health in America
2007 Report
www.cdc.gov/aging/saha.htm

Older Americans 2008:
Key Indicators of Well-Being
agingstats.gov/agingstatsdotnet/main_site/default.aspx

Community-based Physical Activity Programs
For Older Adults: A Brief Guide
www.cdc.gov/Aging/pdf/Community-based_Physical_Activity_Programs_For_Older_Adults.pdf

A National Public Health Road Map to
Maintaining Cognitive Health
www.cdc.gov/aging/healthybrain.htm

Aging into the 21st Century (1996 Publication)

Retooling for an aging America:
Building the health care workforce,
Institute of Medicine Fact Sheet April 2008
www.iom.edu/Object.File/Master/53/509/
HealthcareWorkforce_FS.pdf