

# VERSION 2.0 WORK IN PROGRESS: Healthy Aging Commissioned Paper and Think Tank Summary January 2021



**The Public Health Accreditation Board is a 501(c)3 nonprofit organization dedicated to improving and protecting the health of the public by advancing and transforming the quality and performance of governmental public health agencies in the U.S. and abroad.**



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The Public Health Accreditation Board (PHAB) is the nation's accrediting body for governmental health departments. PHAB's mission is to advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation. As of November 2020, 36 state, 264 local, 4 Tribal, 1 statewide integrated local public health department system (Florida), and 2 Army Installation Departments of Public Health have achieved five-year initial accreditation or reaccreditation through the Public Health Accreditation Board, bringing the benefits of PHAB accreditation to 82 percent of the U.S. population. PHAB is currently working on an updated version of the standards and measures used for reviewing health departments for accreditation and reaccreditation (Version 2022). One of the key areas identified to inform the 2022 version is healthy aging and aging supports, including current definitions and terminology.

PHAB developed a partnership with the Trust for America's Health (TFAH) and National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) at the Centers for Disease Control and Prevention (CDC) to build on the successful work each of those organizations has led by including the concepts of healthy aging in future health department accreditation and reaccreditation. Leadership from all three organizations, as well as from state, local and Tribal health departments, the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the Alzheimer's Association came together virtually on November 17 and 24, 2020 in a think tank format to discuss current best and promising practices related to healthy aging and governmental public health department accreditation; review the current health department accreditation standards and measures where healthy aging is a natural fit; discuss any pertinent changes in public health practice related to healthy aging programs, interventions, and strategies and/or support for health departments work in this area; and recommend potential revisions in the accreditation standards and measures as PHAB prepares updates for its accreditation standards and measures for Version 2022.

There are many resources that describe the current environment related to the growth of the aging population and successful strategies for keeping all of us healthy while increasing equity in lifespan. Although there is an overall growth in the aging population, longevity and quality of life vary across populations. So, it is imperative that an equity lens be applied to conversations about the health of the aging population.

This paper is not a duplication of all the substantial work that is already available to the public health community (and included by reference in the Resources section of this paper). The contribution that this paper serves is to document the process for reviewing and assimilating key concepts from the previous work; to provide a general summary of the discussions and a check for feasibility related to health department performance; and to describe recommendations for PHAB to consider as they develop Version 2022 of the accreditation and reaccreditation standards and measures. The Appendix contains a list of the people who informed and advised this process.

### **Selected Key Concepts Associated with Best Practices Related to Health Aging**

As the population in the US continues to reflect that people are living longer and valuing being productive and independent for as long as possible, health departments are beginning to include plans for supporting healthy aging in their strategic initiatives. There are more than 46 million older adults age 65 and older living in the US in 2020. Between 2020 and 2030 alone, the timeframe for the last of the baby boom cohorts to reach age 65, the number of older adults is projected to increase by almost 18 million. By 2050, the number is expected to grow to almost 90 million. Gains in life expectancy have not occurred evenly across various racial, ethnic, and demographic groups. Research also indicates that some populations are not only living longer, but also with better health; these groups with a longer health span have benefited from more education, less poverty, more public health, and better health care than others.<sup>1</sup>

It is prudent for public health departments to act now to incorporate healthy aging practices into their overall initiatives aimed at protecting and promoting the health of the public, with specific attention to the well-being of older adults and their caregivers. Key concepts that emerged from the Think Tank discussions included the following:

- The public health role in creating an Age-Friendly Public Health System (AFPHS) (see further description later in this section) and in supporting age-friendly health care systems.
- The adoption of a life-course perspective to guide public health department work in the healthy aging space, while also giving specific attention to the well-being of older adults and their caregivers.
- The connection of healthy aging to the health department's work on health equity as highlighted in the current (2020) ten Essential Public Health Services framework.

These concepts serve as the primary bases for the recommendations that are described in detail later in the paper.

#### **1. Public Health Role in Creating an Age-Friendly Public Health System**

Leading out with a description of potential roles that public health departments could consider as part of their chief strategist responsibilities is Trust for America's Health (TFAH) which, with

funding from The John A. Hartford Foundation, published a Framework for Creating an Age-Friendly Public Health System (AFPHS) in 2018. The AFPHS Framework states that “Public health needs to be a critical partner in these [healthy aging] efforts. Over the 20th century, public health played a crucial role in adding years to life. In the 21st century, public health can play a crucial role in adding life to years.”

The framework describes five distinct areas of opportunities for state and local public health agencies to expand their roles and engage strategically with community partners and other agencies already focused on aging:<sup>2</sup>

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

The Colorado Department of Health developed a version of the TFAH framework that includes the same principles expressed slightly differently.<sup>3</sup>

- Connecting and convening multiple sectors and professions that provide the supports, services, and infrastructure to promote healthy aging.
- Collecting data to assess community health status (including inequities) and aging population needs to inform the development of interventions.
- Conducting research and communicating findings and best practices for healthy aging.
- Coordination - Identifying duplication, consolidating, or encouraging coordination of services, highlighting gaps, and modeling new systems of service and supports.
- Cultivate and champion integrated, whole person health approaches focused on prevention and disease management.

It should be noted that Think Tank participants discussed that the AFPHS Framework would benefit from a sixth “C” - Creating and championing changes in policies, systems, and environments. To achieve equity, the EPHS 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. The five “Cs” noted above provide a starting point but do not necessarily make obvious the level of change needed to advance health equity in a way that achieves measurable outcomes.

## 2. Life Course Perspective

The CDC and the Alzheimer’s Association published the 2018-2023 Road Map in support of The Healthy Brain Initiative (HBI) to provide guidance for state and local public health agencies and their partners to act quickly and strategically to prepare their communities by stimulating needed changes in policies, systems, and environments.

The HBI Road Map includes 25 actions for public health leaders to promote brain health, improve care for people with cognitive impairment and increase attention to caregivers. These action items have been aligned with the Essential Public Health Services so that they can be easily and efficiently incorporated into existing public health initiatives. Many of these initiatives are also relevant to other public health strategies. By also including them, along with examples, in the 2022 version of the PHAB accreditation standards and measures, it is anticipated that they will be considered as germane to public health capacities overall.<sup>4</sup>

The Alzheimer's Association has also conducted an environmental scan of existing federal, state, local, and non-profit plans, and programs to identify a variety of current performance measures that relate to actions in the HBI roadmap. Those performance measures have been compiled into a matrix tool in order to help organizations with developing plans and measuring progress toward goals and objectives in those plans.

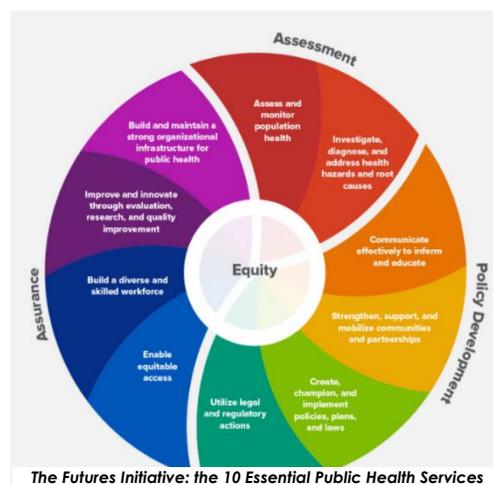
The HBI Road Map leads into a conversation about the importance of adopting a life-course perspective to all that public health does. A life-course perspective on cognition requires attention to 1) a full array of modifiable risk and protective factors for cognitive decline and possibly dementia across the full life span and 2) physiological changes that occur in the brain that can range from pre-symptomatic to severe dementia. These concepts can be applied to healthy aging.

A life course perspective describes healthy aging as requiring attention to physiological changes that occur in the brain that are pre-symptomatic but eventually can result in mild cognitive impairment when changes in memory or thinking become noticeable to others. There is growing scientific evidence that healthy behaviors, which have been shown to prevent cancer, diabetes, and cardiovascular disease, also may reduce risk for cognitive decline and possibly dementia. The life course perspective does not limit strategies to the end of life; rather, it incorporates proactive work throughout various stages of life. For purposes of this paper, Think Tank participants' discussions reflected both a life-course perspective and support for end-of-life challenges and the role of caregivers during this stage of life.

Designed for American Indian/Alaska Native communities, the Road Map for Indian Country (2019) is a guide for AI/AM leaders to learn about Alzheimer's and begin planning their response to dementia.<sup>5</sup>

### 3. Healthy Aging, Health Equity, and the Ten Essential Public Health Services

When the refreshed version of the ten Essential Public Health Services (EPHS) was released, a significant component of that framework lies in the center of the graphic. The new framework provides a foundation for public health to protect and promote the health of all people in all communities. To achieve equity, the EPHS 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. Such barriers



include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being. This is also applicable to the aging population who may experience discrimination related to aging or continue to experience other types of discrimination associated with race or ethnicity, gender, gender identification, or disability. Health departments can include attention to the aging population in their work to promote health equity and address all forms of discrimination.

The most recent HBI product, *Promoting Caregiving Across the Full Community: The Role for Public Health Strategists*, demonstrates how to apply a health equity lens and EPHS in the development of a systemic approach to support effective, sustained caregiving. It recognizes the need to identify and eliminate health inequities for caregivers and people living with dementia by concentrating resources on priority populations who experience a disproportionate burden of disease and/or disparities in health outcomes.<sup>6</sup>

### **Recommendations Related to Health Aging and Health Department Accreditation**

This section of the paper includes overarching recommendations to PHAB related to the inclusion of healthy aging in the health department accreditation standards and measures; definitions that serve to interpret PHAB's purpose and intentions related to healthy aging; and general principles that serve to provide context for the domain-specific recommendations and domain-specific recommendations.

### **Definitions and Guiding Frameworks**

There are several definitions or descriptions of healthy aging that can inform all of PHAB's documents related to this topic. Think tank participants recommended the following definitions/descriptions inform PHAB's guidance to health departments.

#### 1. Healthy Aging

The Centers for Disease Control and Prevention's Healthy Aging Research Network defines healthy aging as "the development and maintenance of optimal physical, mental (cognitive and emotional), spiritual, and social well-being and function in older adults."<sup>7</sup>

The World Health Organization defines healthy aging as "the process of developing and maintaining the functional ability that enables well-being in older age". Functional ability is about having the capabilities that enable all people to be and do what they have reason to value.<sup>8</sup>

Think Tank participants describe healthy aging as the process of maintaining and promoting physical, mental (cognitive and emotional), spiritual, and social (including meaningful social engagement) well-being and function as people age.

#### 2. Age-Friendly Public Health System (AFPHS)

An AFPHS is one that recognizes aging as a core public health issue and leverages its skills and capacities to improve the health and well-being of older adults.<sup>9</sup>

As previously stated, TFAH describes a healthy aging framework that delineates the role of public health departments as promoting health, preventing injury, and managing chronic conditions; optimizing physical, cognitive and mental health; and facilitating social engagement. The AFPHS framework intentionally does not equate healthy aging with the absence of disease and disability. Instead, it portrays healthy aging as both an adaptive process in response to the challenges that can occur as we age and a proactive process to reduce the likelihood, intensity, or impact of future challenges. It calls for maximizing physical, mental, emotional, and social well-being, while recognizing that aging often is accompanied by chronic illnesses and functional limitations, including lifelong conditions.<sup>10</sup>

Similar, and also previously described, the Colorado Department of Health developed a version of the TFAH framework that includes the same principles expressed slightly differently.

### 3. Life Course Perspective

One other key definition related to healthy aging is life course perspective. Life course perspective has become widely used in healthy aging planning, but also in family health initiatives as well. Regardless of cognitive abilities, life course perspective could help reduce chronic conditions and increase well-being.<sup>11</sup>

The Healthy People 2020 Leading Health Indicators (LHI) were selected and organized using a Health Determinants and Health Outcomes by Life Stages conceptual framework. Using this intentional approach drew attention to both “individual and societal determinants that affect the public’s health and contribute to health disparities from infancy through old age, thereby highlighting strategic opportunities to promote health and improve quality of life for all Americans.”<sup>12</sup>

The Healthy People 2030 Leading Health Indicators, as a set, cover the entire human life span. They have been presented according to the life span in a different format than the HP 2020 LHI’s were, but the framework and concepts of life course perspective still frame the basis for their application across all ages.<sup>13</sup>

A life course perspective for public health considers epidemiological, clinical, and experimental evidence demonstrating the importance of early life development in influencing an individual’s susceptibility to later life disease risk.<sup>14</sup>

### 4. Healthy Brain Initiative

CDC and the Alzheimer’s Association developed a Healthy Brain Initiative (HBI) which describes state and local public health partnerships to address dementia. In that body of work, the life course perspective describes healthy aging as requiring attention to physiological changes that occur in the brain that are pre-symptomatic but eventually can result in mild cognitive impairment, when changes in memory or thinking become noticeable to others. There is growing scientific evidence that healthy behaviors, which have been shown to prevent cancer, diabetes, and cardiovascular disease, also may reduce risk for cognitive and functional decline and possibly dementia. Life course perspective does not limit strategies to the end of life; rather, incorporates proactive work throughout various stages of life.<sup>15</sup>

### **General Principles Related to Healthy Aging and Accreditation**

- Center healthy aging in the work that health equity occupies in health department work, with attention to preventing and mitigating ageism and other stigmas associated with aging.
- The goal is that people of all ages are reached and served as relates to adopting a life course perspective to health department work, while also directing attention and effort to the well-being of older adults.
- Support the valuing of the diversity of older adults' experiences, knowledge, perspectives, and priorities.
- Use the accreditation process to foster age-friendly public health systems. In doing so, encourage health departments to adopt an agency-wide approach to age-friendly public health.
- Describe a variety of healthy aging examples throughout the PHAB standards and measures as one method of educating why healthy aging is fundamental to health department practice.
- Create opportunities for accredited health departments to highlight/profile good examples of age-friendly public health work (accreditation and reaccreditation), especially examples that demonstrate the potential to advance health equity.
- Include the health and well-being of the caregivers for the aging population in healthy aging strategies.
- Foster and promote healthy behaviors at all life stages that will facilitate healthy aging.

### **Refer to Public Health/Health Care Expert Panel**

As with most of PHAB's Think Tanks, some questions were identified that were referred to the upcoming (early 2021) Public Health/Health Care Expert Panel. Those items were:

- What should be the health department's role in fostering the development of systems of palliative care; access to hospice systems of care; and promotion/education about advanced directives and powers of attorney?
- How should PHAB address the increasing percent of the US aging population with disabilities?
- What should be the health department's role in addressing gaps in the delivery of clinical preventive services?

### **Essential Public Health Services/Domain-Specific Recommendations**

The following recommendations are made in the context of the current (2020) Essential Public Health Services framework, which are intended to advise PHAB on potential placement of these recommendations in the accreditation standards and measures. PHAB will determine the final placement in Version 2022. However, this framing provides a context for PHAB to consider in making those decisions.

#### **EPHS/DOMAIN 1: Assess and monitor population health status, factors that influence health, and community needs and assets**

This essential service/domain is primarily focused on “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; collaborating and facilitating data sharing with partners, including multi-sector partners; using innovative technologies, data collection methods, and data sets; utilizing various methods and technology to interpret and communicate data to diverse audiences; analyzing and using disaggregated data (e.g., by race) to track issues and inform equitable action; and, engaging community members as experts and key partners.”<sup>16</sup>

- Conduct and disseminate the community health assessment and use the data to inform other activities. These processes present opportunities to advance healthy aging including aging data in the state/community health assessment and how it is done – e.g., what data are collected, how and where it is collected, who is involved in the process, what messages are coming out from the findings in terms of where actions are focused, how the findings are communicated, who delivers and receives the findings – all of these are opportunities to advance healthy aging. Collaborate with local, state, and/or regional aging networks and agencies for access to and inclusion of their data.
- Encourage a shift in focus in from “what causes chronic diseases and how they are treated” to “what are the conditions needed to be healthy across the life span”. Leverage data to 1) change the narrative of what creates and sustains health, 2) inform and inspire policy change, and 3) support partnerships and engagement.
- In conducting the assessment, include internal programs with aging data; external aging agencies; external agencies who are mandated to conduct aging assessments regionally or statewide; and community members who represent the aging population. The aging stakeholder population may vary according to the demography of the jurisdiction served, so flexibility in reviewing aging data is necessary. Assessments done as part of the community health assessment (either by the health department or by partner organizations) could include adequate housing for older people, walkability, and other determinants of health.
- Select focus areas and project-specific and department-wide indicators, data, and priority measures to hold agencies accountable for advancing healthy aging.
- Highlight data and stories on community resiliency and community-led efforts to achieve healthy aging. Also highlight what is unique about the jurisdictions and community assets related to healthy aging.
- For reaccreditation, PHAB could require a sub-component of the community health assessment that reflects the age-friendly public health system assessment. Some examples of health assessment data for the aging population could include data for falls, suicides, mental health, substance abuse, heat-related events, cognitive decline, dementia, social connectivity, and caregiver data. Additional examples of data from other sectors could include use of public transit, requests to 211 and Aging and Disability Resource Centers (ADRCs), Meals on Wheels client demographics, etc.

## **EPHS/DOMAIN 2: Investigate, diagnose, and address health problems and hazards affecting the population**

This essential service/domain area primarily addresses “anticipating, preventing, and mitigating emerging health threats through epidemiologic identification; 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; using public health laboratory capabilities and modern technology to conduct rapid screening and high-volume testing; 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."

The recommendations associated with this essential service/domain include:

- Increase health department awareness of healthy aging determinants of health in addition to their attention to monitoring chronic diseases.
- Ensure that laboratory screenings and testing are available, as appropriate, to all ages, across the life span, including aging populations in rural and under-served areas as well as those who are largely place-bound.
- Work across sectors to identify and address root causes of health inequities among older adults and their caregivers.
- Ensure that surveillance and data sources from other state agencies and divisions providing emergency response include populations across the life span.
- Use age-related data to inform the development of programs, services, and innovations aimed at creating an age-friendly public health system.
- Ensure that any efforts to identify, monitor and mitigate communicable disease outbreaks and environmental health hazards (including the built environment) pay special attention to the aging population and their caregivers.
- Apply findings from the state COVID-19 response to apply toward improving the public health and emergency response systems for older residents.
- Foster inclusion of healthy aging population health outcomes in population outcomes for tracking and monitoring health status.

### **EPHS/DOMAIN 3: Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it**

EPHS/Domain 3 focuses on "developing and disseminating accessible health information and resources, including through collaboration with multi-sector partners; communicating with accuracy and necessary speed; using appropriate communications channels (e.g., social media, peer-to-peer networks, mass media, and other channels) to effectively reach the intended populations; developing and deploying culturally and linguistically appropriate and relevant communications and educational resources, which includes working with stakeholders 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; and, ensuring public health communications and education efforts are asset-based when appropriate and do not reinforce narratives that are damaging to disproportionately affected populations."

Recommendations in this area related to healthy aging include:

- The health department's communication plan/strategies should take into consideration any validated standards or tips for communicating with populations of older adults and their caregivers. This builds on the use of CLAS standards to guide services that are

culturally and linguistically appropriate and respectful, and that respond to patients' cultural health beliefs, preferences, and communication needs.

- Foster awareness of the social determinants of health and healthy aging with different audiences, including health department staff, healthcare institutions, government agencies, elected officials, and community stakeholders.
- As with health equity, advance a narrative that says: 1) health is more than health care; 2) to improve health, health departments must focus on community conditions that lead to health across the life span; and 3) communication about aging should be positive to help reduce any negativity about aging and age-related prejudice.
- Include information about structural ageism, oppression, and intersectionality as part of education and promotion about the social determinants of health and healthy aging.
- Leverage appropriate communications modes for the aging population in the specific health department jurisdiction. Ascertain whether social media, agency-wide communications, newsletters, earned media, and public events are effective in reaching aging communities and their caregivers.
- Visual representations used in messaging should consider the older, diverse sectors of the health department's jurisdiction.

#### **EPHS/DOMAIN 4: Strengthen, support, and mobilize communities and partnerships to improve health**

This essential service/domain focuses on “convening and facilitating multi-sector partnerships and coalitions that include sectors that influence health; fostering and building genuine, strengths-based relationships with a diverse group of partners that reflect the community and the population; authentically engaging with community members and organizations to develop public health solutions; and, learning from, and supporting, existing community partnerships and contributing public health expertise.”

Recommendations for including healthy aging in this area include:

- Community engagement and partnerships are key components of advancing healthy aging and developing an age-friendly public health system. Health departments should be encouraged to connect with and/or convene multiple sectors and professions that provide the supports, services, and infrastructure to promote healthy aging. This function can be viewed by health departments of part of their role as health strategist for their jurisdiction.
- Driven by the commitment to health equity, intentionally include people experiencing age-related inequities in all stages of program and policy development and create meaningful opportunities for community engagement and evaluation. Consider the need to balance stakeholder organizations that represent the aging populations with community members who are part of the aging population and their caregivers. These partnerships should extend across the full public health enterprise.
- Build cross-sector collaboration to hold provider networks and other public health system partners accountable for advancing healthy aging, and foster coordination of existing supports and services to avoid duplication of efforts, identify gaps, and increase access to services and supports.
- Identify, support, and work collaboratively with the leadership of grassroots and civic organizations whose activities and campaigns advance healthy aging.

- Provide support to communities working on age-friendly community designation or other similar designations.
- Partner and coordinate older adult health needs and services with Age-Friendly Health Systems.
- Collaborate with local, regional, state, and national partners from public health and aging communities and organizations to advance healthy aging, and to help solidify a movement for optimal national healthy aging practice. Each aging network will look slightly differently based on the population of the jurisdiction so PHAB should consider maximum flexibility in this area.

### **EPHS/DOMAIN 5: Create, champion, and implement policies, plans, and laws that impact health**

EPHS/Domain 5 involves “developing and championing policies, plans, and laws that guide the practice of public health; examining and improving existing policies, plans, and laws to correct historical injustices; ensuring that policies, plans, and laws provide a fair and just opportunity for all to achieve optimal health; providing input into policies, plans, and laws to ensure that health impact is considered; continuously monitoring and developing policies, plans, and laws that improve public health and preparedness and strengthen community resilience; collaborating with all partners, including multi-sector partners, to develop and support policies, plans, and laws; and, working across partners and with the community to systematically and continuously develop and implement health improvement strategies and plans, and evaluate and improve those plans.”

Healthy aging recommendations in this area include:

- Assess gaps and include goals and objectives related to becoming an age-friendly public health system in health department strategic plans and community/state health improvement plans, in the context of the overall public health jurisdictional environment.
- Incorporate goals, language, and data about healthy aging and the social and economic conditions necessary for health into city/county/state’s plans, budgets, assessments, and other strategic documents.
- Develop, adopt, and implement policies, plans, practices, and tools that explicitly address and champion healthy aging and age-friendly public health actions at the root causes of inequities and disparities and use appropriate life course language in documents created.
- Develop a clear policy, systems, and environmental change agenda that both internally at the health department and externally with stakeholders and the community addresses social determinants of health and aging.
- Identify, support, and work collaboratively with grassroots and civic organizations whose activities and campaigns may advance healthy aging.
- Ensure that emergency preparedness planning considers special conditions associated with vulnerable older adults and home/place bound older adults and their caregivers.

### **EPHS/DOMAIN 6: Utilize legal and regulatory actions designed to improve and protect the public’s health**

This essential service/domain focuses on “ensuring that applicable laws are equitably applied to protect the public’s health; conducting enforcement activities that may include, but are not

limited to sanitary codes, especially in the food industry; full protection of drinking water supplies; and timely follow-up on hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings; licensing and monitoring the quality of healthcare services (e.g., laboratory, nursing homes, and home healthcare); reviewing new drug, biologic, and medical device applications; licensing and credentialing the healthcare workforce; and, including health considerations in laws from other sectors (e.g., zoning).”

Recommendations for including healthy aging in this area include:

- Incorporate goals, language, and data about healthy aging and the social and economic conditions necessary for health into city/county/state's plans, budgets, assessments, and other strategic documents.
- Develop a transparent process for responding to internal/external requests for health department statements, testimonies, letters, etc. on policy related to healthy aging.
- Develop relationships and multi-sectoral collaborations with city/county/state agencies of labor, transportation, education, corrections, economic development, housing, and public safety to influence their decision making in ways that promote healthy aging.
- Encourage the application of a healthy aging lens to related agencies' policy discussions and decision making.

**EPHS/DOMAIN 7: Assure an effective system that enables equitable access to the individual services and care needed to be healthy.**

This essential service/domain includes “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; 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; and, contributing to the development of a competent healthcare workforce.”

Recommendations related to this service/domain include the following:

- Encourage health departments to complement and supplement existing supports and services, particularly in terms of integrating clinical and population health approaches aimed at promoting healthy aging.
- Work with health care providers to educate their workforce about healthy aging best practices and evidence aimed at eliminating practices that overtly or implicitly discriminate based on social class, language, gender identity, race and ethnicity, disability, etc.
- Incorporate the AFPHS framework into all aspects of work with the health care system and other sectors such as accountable health care organizations.
- Work with Medicaid and other purchasers of aging-related services to incorporate healthy aging incentives into their programs.
- Promote care coordination and the use of care coordination services, including for caregiver well-being.

- Promote the development of caregiver systems for relief/respite; aging in place systems; and systems that safely postpone nursing home placement.
- Increase health department collaboration on increasing immunization rates for flu and pneumococcal and oral health service delivery among older residents, falls prevention, addressing social isolation, medication affordability, and preventing elder abuse.

### **EPHS/DOMAIN 8: Build and support a diverse and skilled public health workforce**

This essential service/domain addresses “providing education and training that encompasses a spectrum of public health competencies, including technical, strategic, and leadership skills; ensuring that the public health workforce is the appropriate size to meet the public’s needs; building a culturally competent public health workforce and leadership that reflects the community and practices cultural humility; incorporating public health principles in non-public health curricula; cultivating and building active partnerships with academia and other professional training programs and schools to assure community-relevant learning experiences for all learners; promoting a culture of lifelong learning in public health; building a pipeline of future public health practitioners; and fostering leadership skills at all levels.”

Recommendations in this area include the following:

- Dedicate funding to healthy aging staff positions or shared positions with other agencies who are responsible for embedding age-friendly public health practices throughout the entire organization and transforming organizational practice.
- Include healthy aging education in health department workforce development plans. The continuum of healthy aging education includes a focus on learning about the various healthy aging initiatives and approaches, including specific needs of older adults and their caregivers as well as a life course perspective.
- Include healthy aging language within the health department’s health and racial equity approach to organizational processes and procedures.
- Build core competencies and capacities of staff to promote the health department’s work toward an age-friendly public health system.
- Include promotion of the public health workforce healthy aging practices in the health department’s support of their staff. This includes employer policies and practices that support staff who have caregiving responsibilities.
- Foster partnerships with schools of public health (or national organizations representing them) to include healthy aging education in curricula and support healthy aging research and fellowship programs.

### **EPHS/DOMAIN 9: Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement**

This essential service/domain relates to Version 1.5 of the PHAB Accreditation Standards and Measures Domains 9 and 10 and includes “building and fostering a culture of quality in public health organizations and activities; linking public health research with public health practice; using research, evidence, practice-based insights, and other forms of information to inform decision-making; contributing to the evidence base of effective public health practice; evaluating services, policies, plans, and laws continuously to ensure they are contributing to health and not creating undue harm; establishing and using engagement and decision-making

structures to work with the community in all stages of research; and valuing and using qualitative, quantitative, and lived experience as data and information to inform decision-making.”

Recommendations in this area include the following:

- As departments develop a culture of QI and performance measurement, encourage health departments to consider healthy aging as one of the main goals and to include healthy aging performance measures into public facing dashboards.
- Educate health departments to build capacity for monitoring resource allocation to ensure available resources to advance healthy aging.
- Incorporate healthy aging into the health department's SDOH framework and health equity strategies to assess state and local policies that support age friendly communities.
- Encourage health departments to conduct, communicate, disseminate, and apply research findings, evidence-based practices, and practice-based evidence to support healthy aging. Dr. Linda Fried describes this concept as “The diseases of aging are not inevitable.” Health departments can be instrumental in helping their partner agencies and communities to think of aging in a more positive light.<sup>17</sup>

### **Advice to Health Departments**

This paper will be augmented by a short, concise [tip sheet](#) for health departments to use as they consider aligning their work on accreditation and reaccreditation with the principles and recommendations describe in this paper.

### **Selected Available Key Resources**

- [Alzheimer's Association Public Health Resources](#)
- [Association of State and Territory Health Officials \(ASTHO\) HBI Road Map Module on ASTHO's e-Learning Center](#)
- [Centers for Disease Control and Prevention, Alzheimer's Disease and Healthy Aging Program and Healthy Aging Data Portal](#)
- [Healthy Brain Initiative Roadmap](#)
- [HBI Road Map Executive Summary](#)
- [HBI Road Map for Indian Country](#)
- [Healthy Aging in Action](#)
- [The SCAN Foundation](#)
- [The Hope Initiative](#)
- [Trust for America's Health \(TFAH\) Age-Friendly Public Health](#)

## Appendix A

Public Health Accreditation Board  
 Healthy Aging Think Tank Participant List  
 November 17 and 24, 2020

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