2010 Global Health Forum
Healthy Aging Globally: A Life Cycle Approach

Panel 4: Health Policies to Promote Healthy Aging Globally

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"Translating research to create a healthy nation”

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Thank you, Ambassador Terzi and the forum organizers.
Greetings on behalf of the Administration on Aging and Assistant Secretary for Aging, Kathy Greenlee.
Thank you for acknowledging one of the great pioneers in the field of aging in this country and throughout the world – Dr. Robert Butler.

**Background:**

The Administration on Aging is one of the social services agencies within the Department of Health and Human Services. Rear Admiral Blumenthal spoke about the importance of social supports. That’s what we provide as a complement to the health system in this country. We are the Federal government agency that leads the development of programs and policies, but also we “advocate” and speak on behalf of older persons and their families and caregivers. Currently, we are focused on better integrating the health and social service systems.

We have built a national home and community based network at the state and the local levels. Our goal is to keep older individuals healthy and to enable them to live with dignity and independence in their own homes and communities. We do this by offering a broad array of social and health related services.

For a number of years we have focused on using lessons learned globally and here in the U.S., and to translate evidence-based health and long-term care interventions into community-based programs. The purpose is to improve quality of life, reduce costs, and optimize the use of our health-care system.

This morning you heard from Dr. Richard Hodes of the National Institute on Aging. We take the lessons learned from the research they conduct and translate those interventions for broad application by our network of community based organizations throughout the US. This National Aging Network is comprised of our agency, state, tribal and regional agencies, thousands of local service providers and hundreds of thousands of volunteers throughout the country. Many of the interventions related to health promotion and disease prevention are implemented in partnership with State and local public health departments.
Aging Network Capacity Building

One might ask, how do you implement interventions throughout the entire country? We recognize that our Aging Network organizations across the country are in different stages of development. So we are investing in the process of building their capacity to play a lead role in the development and implementation of modernized systems of long-term care -- including using scientific evidence as the basis for building robust home and community-based programs. Our investments are in the areas of:

- enhancing management practices and methodologies,
- enhancing leadership,
- systems development,
- long-term strategic planning, and
- effectively translating research interventions into practice while maintaining the fidelity of the science.

All of these efforts are designed to broaden the role of our network in the delivery of community-based services and supports that transform our nation’s system of health and long-term care to better address the needs of older adults and their caregivers.

Stanford Program:
A very successful example is the implementation of interventions such as Stanford University’s Chronic Disease Self-Management Program or CDSMP. Research and practical experience in the U.S. and the U.K. show that today’s patients with chronic diseases need not be mere recipients of care. They can become key decision-makers in the treatment process.

- The program is based on more than 20 years of research supported by grants from the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Centers for Disease Control and Prevention
- Workshops are delivered in community-based settings such as senior centers, congregate meal programs, faith-based organizations, libraries, YMCAs, YWCAs, and senior housing programs.
- Goal-setting with a standardized curriculum and interactive process, is designed to help empower participants and maximize behavior change and positive health outcomes.
- Workshop topics are based on needs assessments and focus on building skills that are generic to anyone with a chronic condition, e.g. Exercise and Nutrition; Medication usage, Stress management, talking with health providers, dealing with emotions and depression.
- Statistically significant improvements have been reported in self-efficacy, health behaviors and health outcomes (including reduced health distress, improved self-reported health status, lower levels of fatigue). There is also some evidence of improved health care utilization and reduced health care costs.
Older Americans Act Title III Preventive Health Services

Since 1987 through the OAA, AoA has provided funding to States to support activities that educate older adults about the importance of healthy lifestyles and to promote healthy behaviors that can help prevent or delay chronic disease and disability, thereby reducing the need for more costly medical interventions. Many states use this funding to implement evidence-based disease and disability prevention models.

Since the early 1990’s Congress has required states to use a portion of this funding for activities designed to assist older Americans with Medication Management. A number of educational and medication monitoring activities have taken place across the country including use of evidence-based programs such as the Medication Management Improvement System:

- Which is a pharmacist-centered intervention designed to identify and resolve medication errors and unnecessary duplication. A consultant pharmacist assists care managers to assess and resolve potential medication problems in patients at high risk of complications.

Recovery Act:
The Obama administration made a major investment in prevention through the American Recovery & Reinvestment Act’s Communities Putting Prevention to Work Program. The AoA is leading this Initiative
- Launched March 31, 2010 by AoA in collaboration with CDC
- $27 million awarded to 45 states, District of Columbia and Puerto Rico
- Two year effort ending March 30, 2012 has two key objectives for the grantees:
  - Deliver CDSMPs to 50,000 individuals; and
  - Strengthen the capacity of states to systematically deliver this intervention and other evidence-based prevention programs through effective distribution and delivery systems, including building strong partnerships between state aging, public health, Medicaid and community level partners
- Also partnering with CMS and NCOA on two national studies to document participant outcomes and to track health care utilization and costs.

We also fund a variety of other community-based interventions:

Stepping On
- Multi-faceted, 7-week community-based program effective in reducing falls in at-risk people.
- Focuses on improving self-efficacy and encouraging behavior change, in addition to reducing falls. The class in the original study was facilitated by an occupational therapist, lasted 7 weeks with a follow-up home visit.

Tai Chi: Moving for Better Balance
- Community based falls prevention intervention. 1-hour tai chi class three times per week over 6 months.
EnhanceFitness

- **Community-based exercise program shown to improve health in older adults.** 3 times per week for 6 months. 60 minute exercise program consisting of warm-ups, **strength training**, **aerobic activity**, **flexibility**, and a cool-down. Participants experience statistically significant improvements in seven out of eight health assessment scales and in the depression scale.

A Matter of Balance

- Reduces fear of falling while increasing activity levels among community-dwelling older adults. **Focuses on practical coping strategies to reduce both the fear of falling and the risk of falling by addressing physical, social, and cognitive factors.**

Alzheimer’s Disease

- **ADSSP funding to implement interventions designed to help people with Alzheimer’s disease and their caregivers live successfully in the community.** Interventions include support, counseling and respite services.

- **AoA and NIA are working together to encourage and hasten the process of translating research into practice.** Our aim is to take the basic science and interventions that NIA has funded and translate those into tangible tools and programs that can be implemented in real-world settings.

- [30 grants given out overall using Recovery Act funding, 5 of which were through NIA. The AoA –NIA partnership will build on that work, encouraging collaborations between the Aging Network and NIA research that is ready to be tested for translation, using the infrastructure that was put in place with the CI grants to wraparound and support those collaborations.]

Affordable Care Act

All of these programs and certain provisions of the **Affordable Care Act** have resulted in a number of improvements in the lives of older adults in the US. These include:

- Older persons learn techniques to improve their own health and quality of life by learning to set and achieve goals through the CDSMP, exercise programs, falls management and prevention programs, depression management, and related programs.

- The Affordable Care Act includes many new prevention benefits for Medicare beneficiaries including: a free, annual wellness visit and personalized prevention plan and elimination of cost-sharing for preventive services. Our Aging Network is working to make sure that older people know about and have access to these benefits.

Implications for Global Health:
• The Stanford Chronic Disease Self Management Program is available in at least 15 countries and across the US. The program is also available in English, Spanish and at least 20 other languages.

• AoA is actively sharing information about our health prevention programs with other countries.
  o Information available through our website – www.aoa.gov
  o International conferences
  o Reports to the United Nations
  o UNECE Work Group on Aging, of which the Italian Ministry of Labor and Health is a member. Provided information for Policy Brief on Health Promotion and Disease Prevention

Thank you again for the opportunity to participate in this important forum. We look forward to a continued collaboration with you to share best practices with the goal of improving the health, independence and dignity of our older citizens.