

Governor's Commission on Healthy Aging

HEALTHY AGING RECOMMENDATIONS 2010
REPORT TO THE HONORABLE GOVERNOR
JAMES DOUGLAS

EXECUTIVE SUMMARY



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Vermonters in their 70's, 80's and 90's can enjoy independent, active living and contribute to their communities. Poor health can often be prevented or reversed with good nutrition, exercise and appropriate preventive and primary care services. Poor health, disability and loss of productivity are not inevitable consequences of aging. The evidence is clear; healthy lifestyles have a greater influence than genetic factors on avoiding age-related decline in physical and mental health and on the well being of persons over 65.

However, poor health resulting from controllable lifestyle factors is more prevalent among the elderly than among other age groups. By many measures, Vermont is one of this country's "oldest states". But more importantly, Vermont's aging population will grow significantly over this decade and beyond. Vermont's current middle aged population (45-64) is large. The aging of this population will create a dramatic 42% increase in Vermont's elderly population by the year 2017. The increasing elderly population, in combination with downward health trends,

demands an all out effort to use evidence based prevention and wellness practices across the elderly population.

The federal Administration on Aging (AoA) wants states to create and embed evidence based prevention programs for older adults within the statewide health care system. While there may be local or regional programs that are well liked and received, it is very clear that federal funding agencies (such as the AoA, Centers for Disease Control and Prevention, Centers for Medicaid and Medicare Services, Agency for Healthcare Research and Quality and Agency of Health and Human Services) are on message when it comes to funding evidence based prevention programs.

This report was developed by the Governor's Commission on Healthy Aging and highlights high priority healthy aging issues as well as recommendations for furthering healthy aging goals in Vermont. The following recommendations have been made with particular attention to the promotion of evidence-based programs.

RECOMMENDATION #1:

Replicate and Increase the Use of the Healthier Living Workshop Chronic Disease Self Management Program.

This evidence based prevention program has been implemented in Vermont since 2004 as a part of the Blueprint for Health. The program has been shown to be effective in helping people with chronic conditions change their behaviors, improve their health status and reduce their use of hospital care.

RECOMMENDATION #2:

Increase the Availability and Use of Locally Grown Foods in Home Delivered and Community Meals and;

RECOMMENDATION #3:

Promote Nutrition Screening and Education Programs.

The American Recovery and Reinvestment Act of 2009 provided additional funds to support home delivered and community meals. In Northeastern and Southeastern Vermont some of these funds were used to increase the use of and exposure to locally grown foods. Specific meals were planned, advertised, prepared and ultimately enjoyed by nutrition program participants. These programs can be paired with screening and education activities to build more comprehensive nutrition support services for older Vermonters.

RECOMMENDATION #4:

Replicate and Increase the Use of Healthy Ideas (Identifying Depression, Empowering Activities for Seniors) and PEARLS (Program to Encourage Active, Rewarding Lives for Seniors).

Healthy IDEAS is an evidence based prevention program designed to decrease depression in older adults. This was piloted for one year by the Champlain Valley Agency on Aging. They reported that the people who participated in Healthy IDEAS had a noticeable decline in their depression scores and most received the benefit of counseling or referrals to other services which assisted them in coping with their depression and chronic conditions.

PEARLS is a skills-based behavioral activation program for seniors experiencing minor depression. The Council on Aging Southeastern Vermont has been implementing this evidence based program for 18 months. Depression scores (PHQ-9) [of all completed interventions for 2008-2009] went down indicating a decrease in their symptoms of depression.

RECOMMENDATION #5:

As Part of a Comprehensive Falls Prevention Strategy, Support Community Programs to Provide Education, In-Home Safety and Assessment to Enhance Older Adults' Ability to Continue to Live at Home.

A Matter of Balance is an evidenced based prevention program which addresses the fear of falling, falls prevention and increasing activity levels. This program is being

implemented in various areas of the state by a variety of community partners including the Area Agencies on Aging (AAAs) and senior centers. Participants have seen improvement in falls management, falls control, exercise level, and a decrease in monthly falls, hospital admissions and emergency department visits.

Many older Vermonters would benefit from home safety assessments similar to those conducted by Fletcher Allen Health Care and their Fall Prevention Clinic.

http://www.fletcherallen.org/upload/photos/1065_Falls_brochure_0501.pdf

RECOMMENDATION #6:

Promote Findings of the Older Worker Summit.

In November 2008 the Governor's Commission on Healthy Aging participated in an Older Worker Summit sponsored and hosted by the Windham Foundation. The resulting report outlines several important strategies to engaging, retaining and recruiting older workers. The report can be found at <http://www.windham-foundation.org/programs/grifton-conferences/reports.html>

RECOMMENDATION #7:

Recruit and Train an Adequate Healthcare Workforce to Support Older Vermonters.

Healthcare workforce development is a complex and broad issue, yet crucial to supporting healthy aging. There are a number of stakeholders and strategies which may be employed to further this recommendation including:

- Supporting recommendations set forth in the Legislative Study of the Direct Care Workforce in Vermont <http://dail.vermont.gov/dail-publications/publications-legis-studies/dcw-report-full>
- Support the UVM Center on Aging in their efforts to provide education and support in the development of a primary care workforce capable of serving older Vermonters.
- Support the use of loan repayment programs (such as those funded by the American Recovery and Reinvestment Act, and the UVM Area Health Education Center Program) to target recruitment of health professionals serving older adults.

RECOMMENDATION #8:

Increase the Percentage of Older Adults Counselored by a Primary Care Professional about Health Behaviors and Preventive Care.

Research shows that repeated messages from a health care professional are very important in changing adult behavior. The decision to quit smoking, cut down on alcohol use, get immunized, or increase physical activity is often prompted by direct warnings and advice from physicians.

RECOMMENDATION #9:

Increase Opportunities for Volunteering and Community Engagement.

Communities should encourage community engagement by facilitating various forms of social involvement, such as organizational membership and volunteering, and should

actively solicit the contributions of persons of all ages and abilities in community decision making.

RECOMMENDATION #10:

Promote the Design and Modification of Homes to Meet the Changing Physical Needs of Older Individuals.

Communities should encourage stability by ensuring an adequate supply of diverse and affordable housing environments. Communities should promote community features expressly intended to enhance safety and inclusiveness for persons of all ages and abilities.

RECOMMENDATION #11:

Enhance Systems of Transportation and Mobility for Older Adults.

Communities should facilitate safe driving by individuals by improving the travel environment, supporting driver education, and promoting safe driving throughout the life span.

Communities should take positive steps to enhance mobility options, including public transportation, walking and bicycling, and specialized transportation for individuals with varied functional capabilities and preferences.

RECOMMENDATION #12:

Support the Evaluation of Seniors Aging Safely at Home (SASH) in a Multi-Site, Multi-Year Demonstration Project.

SASH is a population based approach to bringing the evidence based practices incorporated in the 11 recommendations above to seniors in community based settings. SASH is an organizational framework for formalizing long-term care coordination at the community level in collaboration with Home Health Agencies, Area Agencies on Aging, mental health agencies, hospitals, primary care offices, housing providers and other existing resources such as PACE. During the demonstration phase, most SASH participants will be residents of affordable senior housing, while serving some seniors in the surrounding community to test the ability to expand SASH across communities. The ultimate goal is to improve or maintain the health, function, quality of life and independence of individuals while reducing per capita costs as a result of more preventive services and care coordination at home.

