Using Law and Policy as Tools to Support Healthy Aging in Healthy Communities

Don Wright, MD, MPH
Deputy Assistant Secretary for Health
Director, Office of Disease Prevention and Health Promotion (ODPHP)
U.S. Department of Health and Human Services (HHS)

December 11, 2018
I. Introduction to Healthy People, the Importance of Healthy Aging, and the Role of Law and Policy Approaches in Sustaining Long and Healthy Lives
   - Don Wright, MD, MPH; Deputy Assistant Secretary for Health; Director, ODPHP, HHS

II. ACL Presentation
   - Edwin Walker, JD, Deputy Assistant Secretary for Aging, Administration on Aging (AoA), Administration for Community Living (ACL), HHS
III. Role of Disability Laws and Protections to Promote Age-Friendly Communities and Aging in Place
   o Elizabeth Pendo, Joseph J. Simeone Professor of Law, Saint Louis University School of Law

IV. Beacon Hill Village Presentation
   o Laura Connors, MSW, LCSW, Executive Director, Beacon Hill Village

V. Question and Answer Session with All Presenters
   o Moderator: Carter Blakey, Deputy Director, ODPHP
What Is Healthy People?

- Provides a strategic framework for a **national prevention agenda** that communicates a vision for improving health and achieving health equity

- Identifies science-based, **measurable objectives with targets** to be achieved by the end of the decade

- Requires tracking of **data-driven outcomes** to monitor progress and to motivate, guide, and focus action

- Offers a model for international, state, and local **program planning**
Effective application and implementation of law is essential to protecting and promoting health.

- Taxing and spending on specific programs to promote or influence behaviors
- Direct regulation of persons, professions, and businesses
- The power to alter the informational, physical/built, and natural environment
- The power to alter the socio-economic environment
- Deregulation when laws or policies act as a barrier to health
- Indirect regulation through the court system
Law and Health Policy Project

Reports and Related Products
• Reports and community “Bright Spots”

Webinar Series
• Focused on specific HP2020 topics
• Shares community examples of innovative uses of law and policy to improve health outcomes

Supporting the Development of Healthy People 2030
• Healthy People 2030 Listening Session: 2018 Public Health Law Conference

For more information:
Role of Law and Policy as Potential Levers to Promote and Support Healthy Aging
2018 Healthy Aging Summit and Workshop

Healthy Aging Summit

• Focused on healthy aging and maximizing the health of older adults through prevention strategies
• Goals: (1) Explore the science on healthy aging; (2) Identify knowledge gaps; (3) Promote prevention, (4) Support people aging in place / community
• Hosted by: ACPM and HHS’s ODPHP and OWH

Healthy Aging Workshop

• Hosted in partnership with: ASTHO, NACCHO, and NASUAD
• Support from: HHS (ODPHP, OWH, ACL, CDC), National Council on Aging, Trust for America’s Health, and Alzheimer’s Association
• Key priority areas identified in participant action plans:
  • Chronic conditions and preventive health care, transportation, surveillance and education, health literacy, injury and falls prevention, workforce and caregiving, age-friendly communities, physical disabilities, physical activity and mobility, and healthy foods.
Contact Information

• For more on the Healthy People Initiative, including the development of Healthy People 2030:
  o www.healthypeople.gov

• For the Law and Health Policy project:

• For any other questions, please contact:
  o Angie McGowan, Project Director (CDC Assignee), ODPHP: Angela.McGowan@hhs.gov
Using Law and Policy to Support Healthy Aging: Perspectives from AoA/ACL

Edwin L. Walker, JD
Deputy Assistant Secretary for Aging
Administration on Aging/Administration for Community Living
December 11, 2018
Administration for Community Living (ACL)

ACL was initially established in April 2012 by bringing together the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities. ACL is responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan.

Mission

Maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers.

Vision

All people, regardless of age and disability, live with dignity, make their own choices, and participate fully in society.
The Older Americans Act, Administered by the Administration on Aging (AoA), Helps Nearly 11 Million Seniors (1 in 5) Remain at Home through Low-Cost, Community-Based Services ($3 to $1 Return on Federal Investment)

AoA

56 State Units & 270 Tribal Organizations

618 Area Agencies on Aging

More than 20,000 Service Providers & Hundreds of Thousands of Volunteers

Provides Services and Supports to Nearly 1 in 5 Seniors

- 358 million meals
- 24 million rides
- 42 million hours of personal care, homemaker & chore services
- 3.6 million hours of case management
- 716,000 caregivers assisted
- 6.3 million hours of respite care
- Over 398,000 ombudsman consultations
Who We Serve:

- **Poor and Near Poor** *(below 150% Poverty)*

- **Frail and Vulnerable**
  - Lives Alone; Diabetes; Heart Condition; Minority; Rural

- **At Risk for ER visits & Hospitalization:**
  - Over 92% of OAA Clients have Multiple Chronic Conditions
    - Compared to 73% of general older adult population *(age = 65+)*
  - 69% of Case Management Clients take 5 or more medications daily

- **At Risk for Nursing Home Admission:**
  - 40% of Home-Delivered Nutrition Clients have 3+ Activities of Daily Living (ADL) Impairments
  - 72% of Home-Delivered Nutrition Clients have 3+ Instrumental Activities of Daily Living (IADL) Impairments
Evidence-Based Prevention and Disease Management Programs

- **Falls Prevention Programs**
  - Reducing fear; increasing activity levels & improving gait
  - (e.g.: “A Matter of Balance”, “Stepping On”)

- **Chronic Disease Self-Management & Diabetes Self-Management Education Programs**

- **Behavioral Health Management**
  - Program to Encourage Active, Rewarding Lives (PEARLS);
  - Healthy Ideas; IMPACT; HomeMeds

- **Center for Healthy Aging**
  - [https://www.ncoa.org/center-for-healthy-aging/](https://www.ncoa.org/center-for-healthy-aging/)
Goals Achieved Through Partnerships & Innovations

• **National, State, and Local Organizations**
  – Aging, Public Health, Mental Health
    • Private and Public
  – Office of the Assistant Secretary for Health
    • Healthy People
    • Healthy Aging Summit

• **Innovative Service Delivery Models**
  – *Veteran Directed Care*
    • NWD/Person-Centered Care
  – *Age-Friendly Communities*
    • Various models, populations, and needs
  – *Transformation to Value-Based Healthcare*
    • Greater incorporation of the Social Determinants of Health
Driving Question of the Day:

How can laws and legal rights promote functional independence and community living for older Americans?
OAA Elder Rights Priority Cases:

- Fighting elder abuse
- Defending against abuse of guardianship
- Entitlement to income supports, healthcare, and nutrition
- Asserting nursing home residents’ rights
Thank you + Please get in touch!
edwin.walker@acl.hhs.gov
DISABILITY LAWS AND PROTECTIONS THAT PROMOTE ACCESS TO HEALTH CARE AND AGE-FRIENDLY COMMUNITIES

DECEMBER 11, 2018

Elizabeth Pendo
Joseph J. Simeone Professor of Law
elizabeth.pendo@slu.edu
The views and opinions expressed in this presentation are mine and do not necessarily reflect the official policy or position of the Healthy People 2020 Law and Policy Project, its funders, or any agency.
MANY OLDER AMERICANS EXPERIENCE DISABILITY

- 35% of people 65 or older report at least one disability
- Mobility disabilities are most common; reported by nearly 1/4 of respondents 65 or older

HP2020 AND DISABILITY

The overall goal is to "maximize health, prevent chronic disease, improve social and environmental living conditions, and promote full community participation, choice, health equity, and quality of life among individuals with disabilities of all ages."
HP2020 DISABILITY HEALTH OBJECTIVES

- **DH-1** → Increase number of population-based data systems used to monitor objectives that include a standardized set of questions that identify people with disabilities

- **DH-4** → Reduce delays in receiving primary and periodic preventive care due to specific barriers

- **DH-8** → Reduce physical or program barriers to local health and wellness programs

- **DH-13** → (Developmental) Increase participation in social, spiritual, recreational, community and civic activities
HP2020 OLDER ADULT HEALTH OBJECTIVES

- **OA-2** → Increase the proportion of older adults who are up to date on a core set of clinical preventive services.

- **OA-6** → Increase the proportion of older adults with reduced physical or cognitive function who engage in leisure-time physical activities.

- **OA-8** → Reduce the proportion of noninstitutionalized older adults with disabilities who have an unmet need for long-term services and supports.

- **OA-11** → Reduce the rate of ER visits due to falls among older adults.
ACCESS TO HEALTH CARE IS A KEY CONCERN

- The next slides highlight disparities in health and health care and barriers to health care for individuals with disabilities.
- Similar findings for older adults are highlighted in *blue*.
HEALTH AND HEALTH CARE DISPARITIES

- Higher rates of *chronic conditions*
- More likely to *go without needed care*
- Lower rates of *preventative care*, including high-value *cancer screenings*
- Lower rates of care related to sexuality and reproduction
- Lower quality pre-natal care
BARRIERS TO HEALTH CARE

- Health insurance
- Transportation
- Communication barriers and lack of accommodations
- Physical barriers in offices and facilities
- Inaccessible medical equipment
- Stereotypes about disability
AMERICANS WITH DISABILITIES ACT (ADA)

- Title I → Employment
- Title II → Public Entities
- Title III → Public Accommodations
- Title IV → Telecommunications
- Title V → Miscellaneous
OLDER ADULTS WITH DISABILITY ARE PROTECTED BY THE ADA

(A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;

(B) a record of such an impairment; or

(C) being regarded as having such an impairment regardless of whether the individual actually has the impairment.

ADA, 42 U.S.C. § 12102 (2)
REQUIREMENTS OF THE ADA

- Physical access to health care services and facilities, including accessible spaces and the removal of barriers
- Effective communication, including auxiliary aids and services such as providing information in large print or an audio recording of printed information
- Reasonable modification of policies, practices, and procedures when necessary to accommodate individual needs
ACCESS TO COMMUNITY LIVING AND ACTIVITIES

- In Olmstead v. L.C. ex rel. Zimring (1999), the Supreme Court held that ADA Title II prohibits unjustified segregation of people with disabilities.

- This means that Medicaid and other state programs must provide services, programs, and activities in a community-based setting -- rather than a segregated or institutional setting -- when appropriate.
HEALTH CARE LAW:
AFFORDABLE CARE ACT (ACA)

- Insurance Reforms
- Expansion of access to insurance
- Anti-Discrimination Provisions (Section 1557)
- Standards for Accessible Medical Diagnostic Equipment (MDE)
- Collection of Standardized Data
INACCESSIBLE MDE
ARCHITECTURAL AND TRANSPORTATION BARRIERS COMPLIANCE BOARD

36 CFR Part 1195
RIN 3014-AA40

Standards for Accessible Medical Diagnostic Equipment

AGENCY: Architectural and Transportation Barriers Compliance Board.

ACTION: Final rule.

SUMMARY: The Architectural and Transportation Barriers Compliance Board (Access Board or Board) is issuing for developing accessibility guidelines and standards under various laws to ensure that individuals with disabilities have access to and use of buildings and facilities, transportation vehicles, and information and communication technology. Pursuant to these laws, other federal agencies have adopted the Access Board’s guidelines and standards as mandatory requirements for entities subject to their jurisdiction.

On March 23, 2010, Section 4203 of the Patient Protection and Affordable Care Act (ACA) amended Title V of the Rehabilitation Act, which established the rights and protections for individuals with disabilities, by adding Section 510, Public Law 111-148-124
SHARED OPPORTUNITIES
(FROM DISABILITY AND HEALTH REPORT)

- Strengthen and enforce existing laws
- Encourage and nurture state and local initiatives
- Educate health care providers, institutions and systems
- Collect standardized disability data
- Encourage research
RESOURCES

ADA

• DOJ, ADA.gov webpage (information and links to laws, regulations, and technical assistance for the ADA), https://www.ada.gov/

Access to Health Care


Community Living and Activities

• National Council on Independent Living website: http://www.ncil.org/about/aboutil/

US Access Board (providing accessibility guidelines and standards for the built environment, transportation, communication, medical diagnostic equipment, and information technology), https://www.access-board.gov/
A Model for Aging in Community
an Age-Friendly

Laura Connors, MSW, LCSW
Executive Director

December 11, 2018
In the beginning ....

“Many of us have glimpsed the future and wish to make changes” BHV Founder

1999: A group friends and neighbors wanted to:

- Avoid the challenges their parents/friends faced
- Keep control of their lives and design their own futures
- Make informed choices/decisions about where and how they live
- Create their own solutions
- Enjoy new ways to thrive in the new phase of their lives
The Solution

A community led by older adults who share their skills, support and expertise with each other to navigate the challenges AND opportunities of aging.

A community of individuals who believe a better experience of aging is possible when we can grow with and rely on each other ... when we come together – as members, staff, volunteers and supporters – to connect people to resources, programming and each other, and to create new possibilities for what’s next as we age.
Village Principles

- Membership organization, created by older adults ... for older adults
  Grass-roots, member-driven, self-supporting

- Consumer-driven, person-centered and focused on the whole person
  – mind, body, and soul

- Consolidating and coordinating programs, activities, resources and support

- Partnering with and leveraging existing community resources and services

- Creating opportunities for living life with purpose
Pillars for Active, Independent, Healthy Aging

- Programs, activities and events that focus on the whole person: **mind, body and soul**
- Access to services, support and resources: **wide variety of household and homecare services**
- Community engagement: **volunteer opportunities to support the Village and each other**
Programs, Activities & Events

Focus on the whole person: *mind, body and soul*

- **Cultural and educational**
  - “Conversations with...” (topical presentations with discussion)
  - Outings to museums, historic sites, performing arts
  - Group travel (local, regional, and beyond)

- **Social**
  - Gatherings (often around food)
  - Affinity groups around shared interests (politics, the arts, etc.)

- **Wellness programs**
  - Exercise classes and walking groups
  - Healthy aging programs and wellness clinics
  - Planning for the future
Resources and Support

Access to expert advice, information, and referrals to a wide variety of household and homecare services

- Consolidate and coordinate *(one-stop shopping)*
- Leverage existing community providers/services
- Make referrals to fully *vetted* providers *(many provide discounts to members)*

### SERVICES PROVIDED OR ARRANGED

<table>
<thead>
<tr>
<th>• Informal Care Coordination and Check-in Calls</th>
<th>• Home Health and Transition-to-Home Support</th>
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<tbody>
<tr>
<td>• Transportation</td>
<td>• Grocery Shopping (Trips and Delivery)</td>
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<tr>
<td>• In-Home Support</td>
<td>• Technology Training and Support</td>
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<td>• State and Local Resources</td>
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Volunteering and Community Engagement

Member/non-member volunteers “give and receive” through a range of volunteer opportunities

- For the Village
- In the Office
- Member to Member
- Neighbor to Neighbor

Our >120 Volunteers Provide:

<table>
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<tr>
<td>• Village Leadership</td>
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<tr>
<td>• Program/Event Planning</td>
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<td>• Peer Support</td>
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<td>• Errands</td>
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<td>• Friendly Visits</td>
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</table>
375 members (290+ memberships)
- 55% individual ($675/year)
- 45% in households ($975/year)
- 32% men; 68% women

20% are Membership Plus (low-mod income)
- $110 or $160/year
- 84% are women of whom 98% live alone

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<thead>
<tr>
<th>AGE (51 to 99 years)</th>
<th>All</th>
<th>M+</th>
<th>Men</th>
<th>Women</th>
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<tbody>
<tr>
<td>Average:</td>
<td>78.3</td>
<td>77.8</td>
<td>78.3</td>
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<tr>
<td>Median:</td>
<td>78</td>
<td>77</td>
<td>79</td>
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Village Movement

- 350 open and developing villages in 45 states and 5 countries representing 40,000+ members
- Villages reflect the needs of their communities and leverage available resources
- Core services address gaps and preferences
- Generally funded through membership fees and fundraising from private sources
- Most Villages offer options for both individual or household membership, and subsidized memberships
- Village to Village Network support
Variety of Business Models

- Grassroots, non profit
  - Started by neighbors thinking about their own future
  - Small staffs with armies of volunteers or all-volunteer
  - Appeal to the middle income older adults seeking alternative solutions

- Parent Sponsored
  - Affiliated with existing social/elder service agencies

- Hub & Spoke
  - Villages that collectively share back office, administration costs (hub) while maintaining the culture & diversity of their various neighborhoods (spokes)

- Village with Timebank
  - Utilize a balanced approach of volunteering and reciprocal member relationships
Benefits to Members

Active, Independent, and Healthy Lives

Community
- Social engagement
- Cultural activities
- Lifelong learning
- Peer Support

Empowerment
- Engaged in Village governance and operations
- Sense of purpose

Improved Access to Information and Services
- Support for household and personal care needs
- Reliable, vetted providers
- Reduced cost for services
Beacon Hill Village Exists to ...

Create opportunities for adults to **choose** how they live as they age, and **change** how aging is valued by our culture.
Beacon Hill Village Members ...

Proudly take responsibility for their own aging and embrace a wide range of opportunities to connect with one another, care about one another, and make choices in how they live, give back, and spend their time.

These choices and connections enable members to live rich lives in the communities they love as they grow older together.
Heart of a Village is its Members

- Individually defining positive aging
- Providing leadership
- Functioning as a trusted source for referrals
- Creating community, social networks and expanding circle of support
74 Joy Street
Boston, MA 02114

www.beaconhillvillage.org

617-723-9713

laura.connors@beaconhillvillage.org
Question and Answer
Extra Slides
## What We Learned: Jurisdictional Priorities for Healthy Aging

### Healthy Aging Topics Identified as Priorities in Action Plans

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<th>Topic Area</th>
<th>Mentions</th>
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<td>Surveillance and education</td>
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<td>Mental health</td>
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<td>Injury and falls prevention</td>
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<td>Emergency preparedness</td>
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<td>Workforce and caregiving challenges</td>
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<td>Caregiving</td>
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<td>Alcohol and drug use, misuse, and treatment</td>
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<td>Physical disabilities, physical activity, and mobility</td>
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<td>Healthy food priority areas</td>
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