



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

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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

- Elizabeth Pendo, Joseph J. Simeone Professor of Law, Saint Louis University School of Law



### IV. Beacon Hill Village Presentation

- Laura Connors, MSW, LCSW, Executive Director, Beacon Hill Village



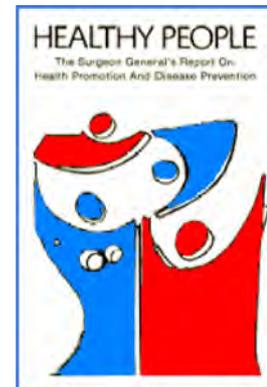
### V. Question and Answer Session with All Presenters

- 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**



# Why Focus on Law and Policy?

**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



## 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:

[www.healthypeople.gov/2020/law-and-health-policy](http://www.healthypeople.gov/2020/law-and-health-policy)

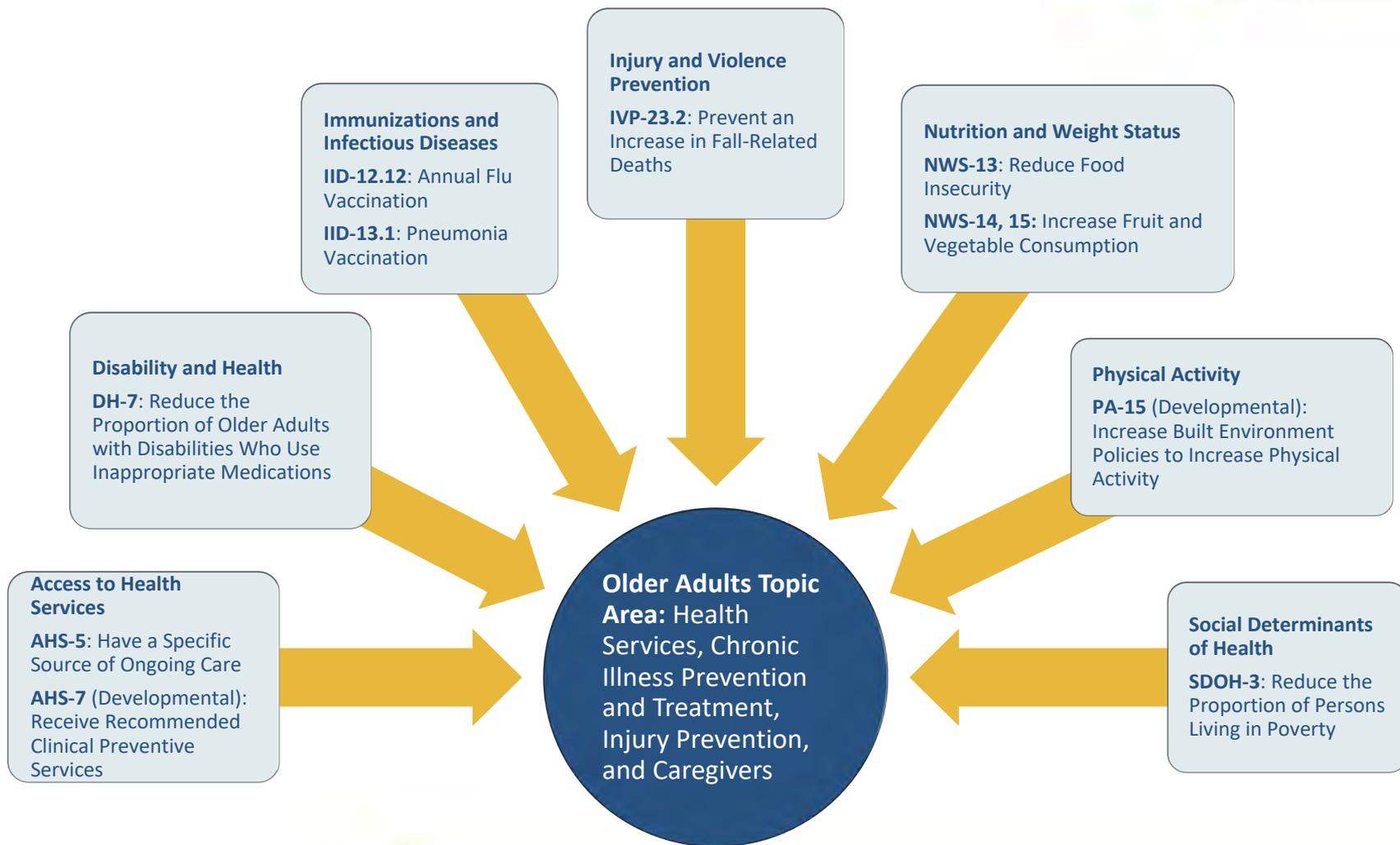


Robert Wood Johnson Foundation



# Role of Law and Policy as Potential Levers to Promote and Support Healthy Aging





## 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.



- For more on the Healthy People Initiative, including the development of Healthy People 2030:
  - [www.healthypeople.gov](http://www.healthypeople.gov)
- For the Law and Health Policy project:
  - <https://www.healthypeople.gov/2020/law-and-health-policy/topic/nutrition-and-weight-status>
- For any other questions, please contact:
  - Angie McGowan, Project Director (CDC Assignee), ODPHP: [Angela.McGowan@hhs.gov](mailto: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.

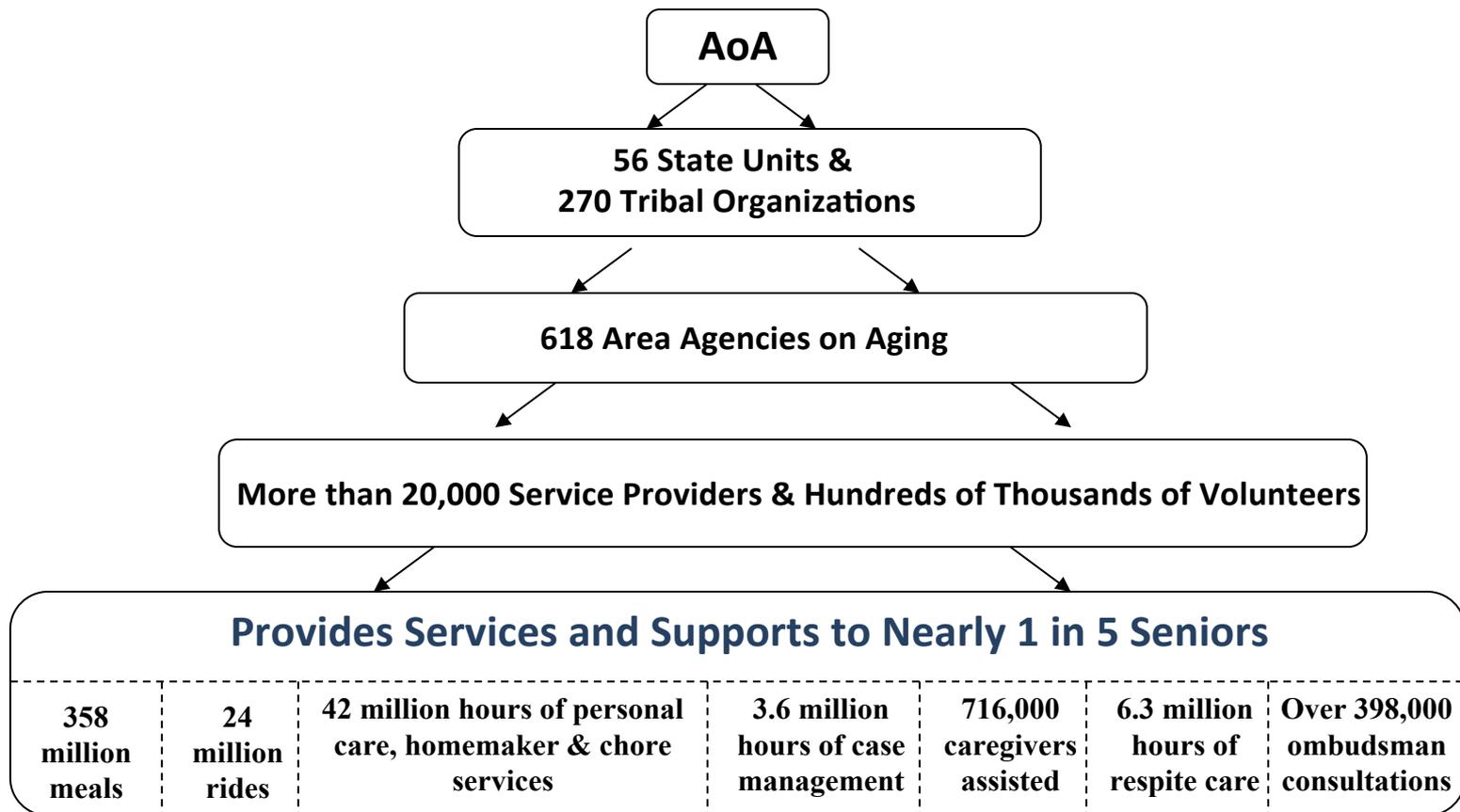
## Mission

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)*



# 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/>

# Goals Achieved Through Partnerships & Innovations

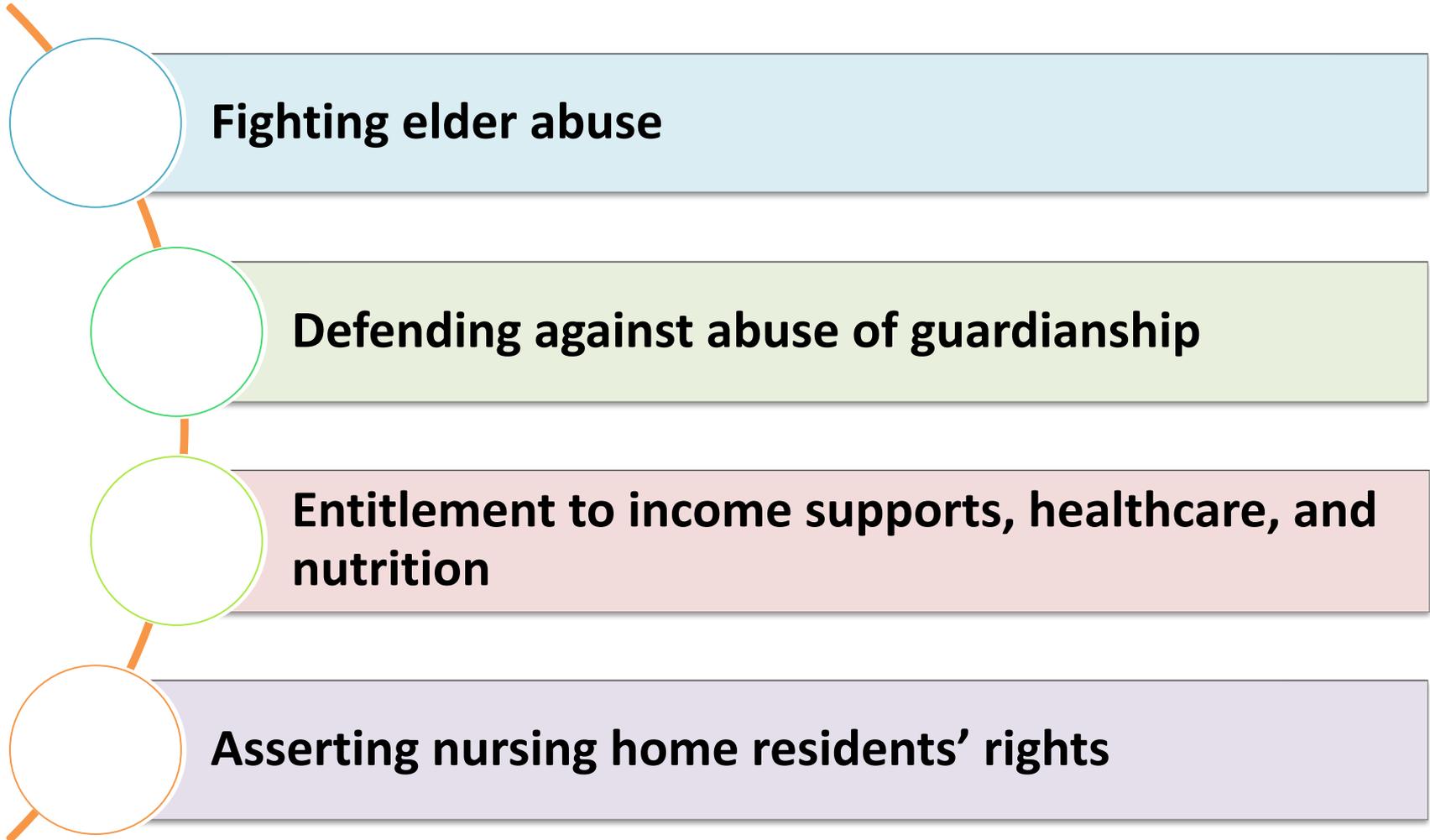
- **National, State, and Local Organizations**
  - Aging, Public Health, Mental Health
    - Private and Public
  - Office of the Assistant Secretary for Health
    - Healthy People
    - Healthy Aging Summit
- **Innovative Service Delivery Models**
  - *Veteran Directed Care*
    - NWD/Person-Centered 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:





**Thank you + Please get in touch!**  
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# **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**  
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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

Krause, Lewis, 2017 Disability Statistics Annual Report (2018)  
(based on American Community Survey)

# 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



# DOJ GUIDANCE ON ACCESS

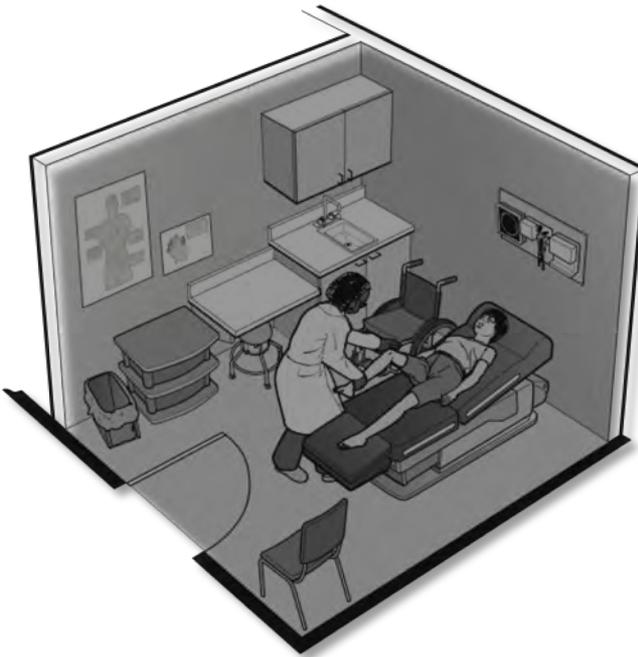
 U.S. Department of Justice  
Civil Rights Division  
Disability Rights Section

U.S. Department of Health and Human Services  
Office for Civil Rights 

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Americans with Disabilities Act

**Access To Medical Care For  
Individuals With Mobility Disabilities**



# STANDARDS FOR ACCESSIBLE MDE

2810

Federal Register / Vol. 82, No. 5 / Monday, January 9, 2017 / F

## 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

- DREDF, Improving Access to Health Care for People with Disabilities (self-directed training modules), available from <https://dredf.org/2014/11/28/improving-access-health-care-people-disabilities/>

## Community Living and Activities

- Olmstead v. L.C. ex rel. Zimring, 527 U.S. 581 (1999)
- 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/>



BEACON HILL  
VILLAGE

*Thriving*

*A Model for Aging in Community*

*an Age-Friendly*

# *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.



BEACON HILL  
**VILLAGE**

Est. 2002

# *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 Living*

- ❑ 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*



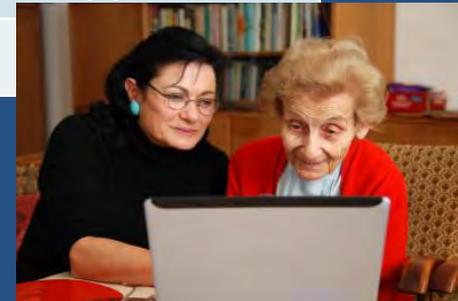
# Resources and Support

Access to expert advice, information, and referrals to 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*)



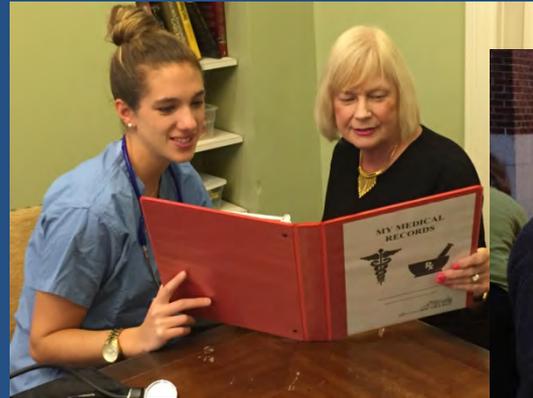
SERVICES PROVIDED OR ARRANGED	
<ul style="list-style-type: none"><li>• Informal Care Coordination and Check-in Calls</li></ul>	<ul style="list-style-type: none"><li>• Home Health and Transition-to-Home Support</li></ul>
<ul style="list-style-type: none"><li>• Transportation</li></ul>	<ul style="list-style-type: none"><li>• Grocery Shopping (Trips and Delivery)</li></ul>
<ul style="list-style-type: none"><li>• In-Home Support</li></ul>	<ul style="list-style-type: none"><li>• Technology Training and Support</li></ul>
<ul style="list-style-type: none"><li>• State and Local Resources</li></ul>	



# 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:

- |                          |                               |
|--------------------------|-------------------------------|
| • Village Leadership     | • Committee Work              |
| • Program/Event Planning | • Office Support and Mailings |
| • Peer Support           | • Driving                     |
| • Errands                | • Escorts                     |
| • Friendly Visits        | • Tech Help                   |
| • Community Support      |                               |

# Beacon Hill Village Today

## □ 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

AGE (51 to 99 years)				
	<u>All</u>	<u>M+</u>	<u>Men</u>	<u>Women</u>
Average:	78.3	77.8	78.3	78.3
Median:	78	77	79	78

# *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*

## **Community**

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

## **Active, Independent, and Healthy Lives**

## **Improved Access to Information and Services**

- *Support for household  
and personal care needs*
- *Reliable, vetted providers*
- *Reduced cost for services*

## **Empowerment**

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

# *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





BEACON HILL  
**VILLAGE**

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# Question and Answer



# Extra Slides



## Healthy Aging Topics Identified as Priorities in Action Plans

Topic Area	Mentions
Chronic conditions and preventive health care	14
Transportation	11
Surveillance and education	11
Health literacy and cultural sensitivity	9
Mental health	9
Injury and falls prevention	7
Emergency preparedness	7

Topic Area	Mentions
Workforce and caregiving challenges	6
Age-friendly communities	6
Brain health	5
Caregiving	5
Alcohol and drug use, misuse, and treatment	3
Physical disabilities, physical activity, and mobility	3
Healthy food priority areas	2

