Remarks of

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ADMINISTRATION ON AGING

to the

2004 NATIONAL BLUEPRINT CONFERENCE

HEALTH PROMOTION AND DISEASE PREVENTION: A KEY ELEMENT TO PROMOTING BALANCE IN LONG TERM CARE

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This text is the basis of the oral remarks of the Deputy Assistant Secretary for Policy and Programs. It should be used with the understanding that some material may be added or omitted.

BACKGROUND INFORMATION SHEET

DATE:	January 15, 2004
LOCATION:	Hyatt Regency Washington Hotel Washington, DC
SPONSOR:	Active Aging Partnership National Blueprint: Increasing Physical Activity Among Adults Aged 50 and Older
LENGTH:	20 minutes
AUDIENCE:	Representatives from over 50 national groups and organizations participating in the National Blueprint
ACKNOWLEDGEMENTS:	Active Aging Partnership and other agencies and organizations participating In the National Blueprint
Q & A:	No

TALKING POINTS

Introductory Remarks

- Good afternoon I want to thank the Active Aging Partnership and everyone involved in the National Blueprint for this important opportunity to speak with you today
- The Administration on Aging is pleased to be an active partner in the Blueprint effort to find new ways to combat inactivity and improve the quality of life of older adults in America. I congratulate you all for your leadership in this important endeavor

AoA Strategic Priorities

- I'd like to begin my remarks today by highlighting the strategic priorities of the AoA as they relate to our vision that older people should have the opportunity to fully participate in all aspects of community life, be able to maintain their health and independence, and remain in their own homes and communities for as long as possible
- Longer life expectancy and a growing older population have increased the challenge of promoting healthy lifestyles for our nations elderly. Nearly a sixth of our nations population is age 60 or older and that number is expected to triple by 2030.
- The AoA has begun to address this challenge through strategic priorities that will guide our activities for the next several years. They include:
 - Make it easier for older people to access an integrated array of health and social supports
 - Help older people to stay active and healthy
 - Support families in their efforts to care for their loved ones at home and in the community
- To achieve these priorities we are working closely with our partners, both public and private, at the federal, state and community level
- And we're working in partnership with older Americans and their families through a national infrastructure that serves over 7 million seniors each year

Disease Prevention and Health Promotion

- AoA programs have long focused on health promotion and disease prevention
 - Educational information is disseminated through Senior Centers, congregate meal sites and home-delivered meal programs
 - Health screening and risk assessment activities including hypertension, glaucoma, hearing, nutrition screening, cholesterol, vision, diabetes, bone density and others
 - Physical fitness programs
 - Prevention and reduction of alcohol, substance abuse, and smoking
 - o Medication management
- I'm sure many of you are familiar with Health and Human Services Secretary Tommy Thompson's Steps to a HealthierUS initiative that advances President Bush's goal of helping Americans live longer, better and healthier lives. As a member of the Secretary's Steering Committee on Prevention we have been involved in helping to shape this initiative.
- As a part of this initiative AoA is taking a three-pronged approach through our:
 - You Can! Steps to Healthier Aging Campaign
 - Evaluation of state health promotion and disease prevention activities
 - Evidenced-based Disease Prevention Initiative
- The You Can! Steps to Healthier Aging campaign is designed to mobilize communities to create awareness and make programs available to help older Americans eat better and move more. AoA will seek partners for this nutrition and physical activity education campaign beginning in Summer 2004.
- Title III of the Older Americans Act provides funding to states to implement health promotion and disease prevention activities. This year AoA will be conducting an assessment of the implementation and effectiveness of these state activities. This evaluation will include:

- An assessment of the current state of the science for evidence-based disease prevention and health promotion activities and the needs of states and communities for these services
- Identification of potential barriers to effective program implementation – including funding requirements and mechanisms – and strategies to overcome them
- Identification of reasonable and feasible ongoing performance outcome measures for the program and
- Recommendations for program improvements
- AoA's Evidence Based Prevention Initiative encompasses two major efforts in FY 2003: grants to states and; grants to community aging service providers
 - AoA and the Centers for Disease Control and Prevention, in collaboration with the National Association of State Units on Aging and the Association of Chronic Disease Directors have recently awarded grants to 14 states to implement evidence-based health promotion programs in the areas of clinical preventive services, physical activity programs, and disease self-management.
 - Each state was awarded approximately \$14,000 to demonstrate how small amounts of funding and close collaboration between the health and aging networks can be leveraged to impact the health and well-being of seniors
 - Also in FY 2003 AoA led a public/private partnership to award grants to community aging service providers to implement evidence-based disease prevention programs.
 - Partnering with CDC, NIA and AHRQ this initiative is one demonstration of Secretary Thompson's "one department initiative"
 - The initiative complements the work being done through the National Blueprint Initiative
 - Programs will demonstrate how investments in research can be translated to programs that can be delivered cost-effectively at the community level
 - 13 awards were made to community service organizations to implement evidence-based

- programs in the areas of disease self-management, falls, medication management, and physical activity
- AoA also funded the National Council on Aging to establish an Evidence-Based Prevention Program National Resource Center to provide technical assistance nationwide to assist grantees, and other interested aging network service providers, in implementing evidence-based prevention activities
- AoA is also collaborating with the CDC in Project Reach with a goal to improve the health status of older racial and/or ethnic minority persons by establishing community coalitions and developing community action plans for reducing health care disparities in the areas of heart disease, diabetes, and immunizations.

Promoting Balance in Long-Term Care

- Our activities in the area of disease prevention and health promotion are part of a broader effort to promote greater balance in long-term care and increase the ability of people with disabilities of all ages to remain in their own homes and communities
- We're very excited about the Aging and Disability Resource Center Grant Program, a joint effort with the Center for Medicare & Medicaid Services, designed to assist states in their efforts to create a single, coordinated system of access to long-term support services. Through Resource Center single point of entry systems, people with disabilities of all ages will be able to obtain information about and assistance in accessing all programs and services available to assist them with their long term care needs. Aging and Disability Resource Centers will minimize confusion about available resources, enhance consumer choice and streamline access to home and community based services.
- Another key to ensuring that older Americans can continue to remain at home is the support they receive from family caregivers. AoA's National Family Caregiver Support Program goes a long way towards offering that support across the country. Our national data about caregivers finds that 88% report that Older American's Act services help them provide care longer than they could without

these services. The Caregiver program is creating a new way of doing business in the aging network by focusing on caregivers – in addition to care recipients.

- We are working closely with other HHS agencies including CMS, ASPE, SAMSA and AHRQ to launch additional new partnerships designed to promote greater balance in long-term care:
 - We are partnering with Robert Wood Johnson Foundation to launch the Cash and Counseling Next Steps initiative to support state efforts to replicate the Cash and Counseling model of consumer direction
 - A partnership with the National Conference of State Legislatures will educate state legislative officials about model practices states across the country have used to create more community based care options.
 - Finally, we are partnering with the National Governors
 Association to launch a long-term policy academy to
 promote more balanced systems of long-term care. This
 initiative will be one component of NGA Chairman
 Governor Kempthorne's broader long-term care initiative.
- The availability of accessible transportation is an important component of assisting older adults to remain active in the community. In December, we launched a national initiative with the Federal Transit Administration, other HHS partners, the Department of Labor and the Department of Education called *United We Ride*. This initiative is focused on breaking down the barriers between transportation programs and setting the stage for local partnerships that generate common sense solutions and deliver high quality transportation services.

Closing

- In closing, I want to thank you again for this opportunity to share AoA's commitment to healthy aging and for your leadership in promoting physical activity for older adults.
- I hope that many of you will have the opportunity to join us in Baltimore in April for Secretary Thompson's 2nd National Steps to a HealthierUS Summit. The Summit is expected to draw more than 1,250 participants with diverse backgrounds from public health, healthcare, academic and research institutions, business and

industry, and Federal State and local agencies to focus on disease prevention and health promotion.

• Thank you.