



HEALTHY AGING

IMPROVING AND EXTENDING QUALITY OF LIFE AMONG OLDER AMERICANS 2009

Unrealized Opportunity

There are few public health interventions for which the benefits are more rigorously documented than immunizations and screening for chronic diseases. However, the rate of delivery of these potentially lifesaving preventive services is remarkably low. A recent analysis shows that in 2004, less than 40% of individuals aged 65 years or older were up-to-date on immunizations for influenza and pneumococcal disease and screenings for breast, cervical, and colorectal cancers. To a large extent, the overwhelming responsibility for delivery has fallen at the door of the already overburdened physician's office. Key strategies for improving and protecting the health of older adults include broadening the use of preventive services and establishing coordinated, convenient, community-based sites for delivery of services.

Taking Action

The Sickness Prevention Achieved through Regional Collaboration (SPARC) program, long active in a 4-county area of New England, has shown documented success in enhancing the delivery rates of influenza and pneumococcal vaccines and screenings for breast, cervical, and colorectal cancers among older adults. SPARC's approach is to catalyze and guide coordination and collaboration among health care providers, local government agencies (e.g., local health departments and area agencies on aging), community groups, and others to tap existing community resources in broadening the delivery of preventive care.

SPARC itself does not deliver clinical preventive services but rather serves as the "glue" in facilitating and monitoring community-wide efforts. SPARC's innovative strategies include bundling preventive services, such as providing appointments for mammography to women attending flu shot clinics, and pioneering *Vote and Vax* campaigns that make immunizations available at polling places on election days.

An Effective Community-Based Approach

In fall 2006, the SPARC program was piloted for the first time in two metropolitan counties in Atlanta, Georgia under the auspices of the Atlanta Regional Commission's Area Agency on Aging. Recognizing the benefits of the SPARC approach, nine metropolitan Atlanta counties have now joined the SPARC initiative. These counties have established coalitions with other county offices on aging and are using local knowledge of their communities and a network of community-based collaborators to develop innovative, community-tailored interventions. The SPARC model's success in broadening the delivery of critical preventive services should be considered by other communities around the country seeking to improve and protect the health of their older residents.





Ensuring State Readiness for an Aging Society: Formulating a Roadmap

Public Health Problem

The nation's public health network can anticipate substantially greater challenges—and opportunities—to promote and preserve the health of older adults. The aging of baby boomers will place unprecedented demands on the nation's public health and aging services networks. One of CDC's top priorities is ensuring that these networks are more closely linked and are ready to take action by sharing and building on their respective expertise, outreach, and data. Establishing a statewide plan for healthy aging, as was done in New Jersey with CDC support, is a critical foundational element for meeting the challenges of an aging society.

Taking Action

In 2007, New Jersey produced a *Blueprint for Healthy Aging in New Jersey* using a CDC Opportunity Grant under the SENIOR grant program. The *Blueprint*, which was critically needed by New Jersey's Department of Health and Senior Services (DHSS), is providing a first-ever compilation of easily referenced, county-level material designed to do the following:

- Educate key decision makers and others on the health status of older New Jersey residents.
- Raise awareness of health benefits through the adoption of healthy behaviors.
- Highlight evidence-based health promotion programs that can be supported and replicated throughout the state.
- Provide the public health and aging services networks with needed data to effectively plan, implement, and evaluate health promotion efforts directed towards older adults.

A broad base of partners worked closely together to develop the report which was in itself a key accomplishment: several internal offices within DHSS; representatives from local health departments, county offices on aging, senior centers, hospital wellness programs, and other local provider agencies; and parish nurses. Internal DHSS linkages were strengthened and working partnerships were formed with traditional and nontraditional partners.

With CDC support, the New Jersey DHSS took action to ensure that the content of the landmark *Blueprint* was complete, accurate, up-to-date, and useful. For example, a survey was conducted to obtain information on existing data, local health promotion programs, and current strategies pursued by local agencies to promote older adult health. To guide and assist individual communities in their efforts to improve older adult health, information on key health behaviors for older adults and examples of model programs and strategies were identified, compiled, and highlighted in the *Blueprint*.

The publication used personal success stories shared by residents from each New Jersey county that recounted how healthy behaviors—even if initiated in older age—had improved their lives. Innovative marketing and dissemination strategies were showcased in the *Blueprint* to help jumpstart community efforts in health promotion for older adults.

Implications and Impact

New Jersey's *Blueprint* has served to focus, coordinate, and catalyze community-based efforts throughout the state in support of healthy aging. To facilitate widespread dissemination of the *Blueprint*, DHSS staff trained community partners in using the tool to raise awareness, develop policy, and expand health promotion programming for older adults. Among those trained were the directors of the county offices on aging and public health officers in each of New Jersey's 21 counties.

The success of the *Blueprint* extended further by enabling New Jersey to successfully compete for a grant from the U.S. Administration on Aging to build a statewide system to support chronic disease self-management. The *Blueprint* has also served as the catalyst for a state-based program funding community-based, minority organizations to implement chronic disease self-management programs. Given its breadth, depth, and scope, the tool continues to catalyze and facilitate the work of community-based agencies and organizations in their efforts to promote and preserve the health of their older residents.