



2014–2018 Arizona Healthy Aging Plan

A Framework to Support Healthy Living and Functional Health for Older Arizonan Residents

Arizona Department of Health Services
Bureau of Tobacco & Chronic Disease
Arizona Healthy Program
www.AzHealthyAging.com





Janice K. Brewer, Governor
State of Arizona

Will Humble, Director
Arizona Department of Health Services

MISSION

To promote, protect, and improve the health and wellness of individuals and communities in Arizona.

Prepared by:
Arizona Department of Health Services
Bureau of Tobacco & Chronic Disease
Healthy Aging Program (A-HA)
150 N 18th Ave, Suite 310
Phoenix, AZ 85007
www.azdhs.gov

Electronic Version of Aging in Arizona is available at:
<http://azdhs.gov/phs/healthy-aging/reports.htm>

This publication can be made available in alternative format. Please contact the Bureau of Tobacco and Chronic Disease at (602) 364-0824.

Permission to quote from or reproduce materials from this publication is granted and encouraged when due acknowledgement is made.



Dear Residents of Arizona,

It is with great pleasure that I present to you the **2014–2018 Arizona Healthy Aging Plan!**

With the aging of the “Baby Boomers” (people born between 1946-1964), the fact that more people are living longer due to life style choices and advances in medicine, and the continued migration of older adults who choose to spend their retirement years in Arizona, there is unprecedented growth in the older adult population across all communities in Arizona. Within the next decade, there will be as many people over 65 years of age as under 15 years of age living in Arizona.

While this shift in population offers a wealth of new resources and opportunities to our state, it is also true that while people are living longer, they do not always live healthier. As such, it is even more critical that we deploy disease prevention and management efforts that bear evidence in alleviating the health and cost burdens of aging, while also maximizing the capacity of all Arizonans to “age in community.”

The *Healthy Aging Plan* represents a commitment by the Arizona Department of Health Services to work alongside the Governor’s Office on Aging, Arizona Department of Economic Security, Area Agencies on Aging, Arizona Alzheimer’s Association, local health departments, and a statewide Healthy Aging Advisory Group to create a healthier future for older adults in Arizona.

Based on themes identified during the development of the plan, three major areas of concentration were identified as priority areas in helping Arizonans live both longer AND better:

- Increase awareness of the impact of **Alzheimer’s Disease**;
- Reduce the impact of **falls-related injuries**; and
- Increase the capacity of older adults to manage their **chronic disease** conditions.

By targeting these three critical areas within a strong framework of existing partnerships and new collaborations, I am confident that we can work together to help older Arizonans bring added vitality to themselves, their communities, and Arizona as a whole.

Sincerely,

A handwritten signature in black ink, appearing to read "Will Humble".

Will Humble, Director
Arizona Department of Health Services



Table of Contents

ACKNOWLEDGEMENTS.....4

THE ARIZONA–HEALTHY AGING ADVISORY BOARD.....4-5

EXECUTIVE SUMMARY.....5

ARIZONA’S AGING POPULATION7

THE ARIZONA–HEALTHY AGING INITIATIVE.....9

GOALS AND STRATEGIES13

ALZHEIMER’S DISEASE13

FALLS-RELATED INJURY PREVENTION.....15

CHRONIC DISEASE SELF-MANAGEMENT EDUCATION (CDSME) Programs17

CONCLUSION.....19

REFERENCES.....20

ACKNOWLEDGEMENTS

The 2014 to 2018 Arizona—Healthy Aging (A-HA) Plan is the result of many hours of research, review, and discussion completed by the members of the A-HA Advisory Board, the staff of the Arizona Department of Health Services Chronic Disease Program, and a variety of collaborative partners.

THE ARIZONA—HEALTHY AGING ADVISORY BOARD

The Arizona Department of Health Services established the statewide Arizona Healthy Aging Advisory Board to guide the development of the Arizona Healthy Aging (A-HA) initiative, and create the 2014 to 2018 Arizona Healthy Aging Plan. The Advisory Board is comprised of a diverse range of healthcare providers, educators, community leaders, public health and governmental representatives, older adult stakeholders and subject-matter experts.

ARIZONA—HEALTHY AGING ADVISORY BOARD MEMBERS

Amanda Aguirre, M.A., M.S., R.D. President & CEO Regional Center for Border Health, Inc.	Georgia Hall, Ph.D., MPH Gerontologist & Professor University of Arizona College of Medicine
Jeff L. Alexander, Ph.D., FAACVPR, ACSM-CES Associate Professor & Chair of Aging Studies Project A.T. Still University, School of Health Sciences	Rev. Arnold Jackson, M. Div. Executive Director & Chief Operations Officer Tanner Community Development Corporation (TCDC)
Lee Begay Director of Area Agency on Aging Region-8 Inter-Tribal Council of Arizona	Thomas Kruzel, N.D. Primary Care Physician - Naturopathic Medicine Rockwood Natural Clinic
Jamie Bennett Policy Advisory for Human Services Governor Jan Brewer	Carol Kratz Program Director Virginia G. Piper Charitable Trust
Elton Bordenave, MEd, CHC Director, A.T. Still University Aging Studies Project, Mesa Campus Assistant Professor, Department of Audiology	Carol McMullin, M.D. Board member, Arizona Geriatric Society Optum—Arizona Chief Medical Officer
Ariel Carlos, MSW Director of Healthy Aging Chicanos Por La Causa	Thomas McWilliams, DO, FACOFP Associate Dean, Graduate Medical Education A.T. Still University, School of Medicine in Arizona
Thomas Chenal, J.D. Chief Counsel Arizona Office of Attorney General	Wayne Mitchell, Ed.D. Chief of Social Services (Ret.) USPHS-Phoenix Area Indian Health Service, and US Coast Guard
Elisa Davis Director, WCOG Area Agency on Aging	Jim Murphy President & CEO Area Agency on Aging (PCOA)
Cathy DeLisa, M.Ed. Director, Governor's Office on Aging Executive Director Governor's Advisory Council on Aging	Edward Perrin, M.D. Geriatrician Chair, Board of Directors Arizona Geriatric Society (AzGS)
Bob England, M.D., MPH Director Maricopa County Public Health	Nathan Peterson, MBA, MPH Assistant Director Yavapai County Health Department

<p>Shelby Fletcher Director, Government Relations Pfizer, Inc. Getting Old Initiative</p>	<p>Nelma B.C. Shearer, PhD, RN, FAAN Associate Professor and Director Hartford Center of Gerontological Nursing Excellence Arizona State University College of Nursing and Health Innovation</p>
<p>Moises “Moe” Gallegos Human Services Director (Acting) City of Phoenix Human Services</p>	<p>Jami Snyder Administrator Arizona Health Care Cost Containment System (AHCCCS)</p>
<p>Allen Gjersvig, M.S.Ed. Healthcare Partnership & Development Specialist Arizona Association of Community Health Centers</p>	<p>Melanie Starns, M.A.G. Assistant Director Department of Economic Security (DES), Division of Adult Aging Services (DAAS)</p>
<p>Valli Goss, J.D. Former Assistant Attorney General for Adult Protective Services Arizona Industrial Commission</p>	<p>Ritch Steven former Hospital Chief Executive Officer, & American Association of Retired Persons volunteer</p>
<p>Iman Hakim, M.D., Ph.D., MPH Dean, College of Public Health University of Arizona</p>	<p>Amy St. Peter, MPA Human Services and Special Projects Manager Maricopa Association of Governments</p>

EXECUTIVE SUMMARY

In 2012, the Arizona–Healthy Aging (A-HA) initiative was created by the Arizona Department of Health Services to make healthy aging a priority in Arizona through strategic planning, resource leveraging, and cross-cutting collaborations that address the health needs and disparities for older Arizonans. The initiative places an emphasis on reducing the health and cost burdens of chronic disease. At its core, it incorporates a “systems change” strategy, not simply a program or service delivery, and serves as both a resource on aging issues and a catalyst for the development and implementation of strategies that are carried out by stakeholders across Arizona.



A statewide Advisory Board was formed in 2012 to guide activities, comprised of a diverse range of healthcare providers, educators, community leaders, public health and governmental representatives, older adult stakeholders and subject-matter experts. The Advisory Board was first tasked with determining the priority health issues of Arizona’s aging population, and then establishing a comprehensive plan of achievable, sustainable, and scalable goals and strategies to address these issues. Five core principles guided

the planning process:

- Both primary and secondary prevention efforts are critical.
- Self-management and self-determination are essential.
- It is essential to use evidence-based and outcomes-driven practices.
- Healthy communities require multi-disciplinary approaches and public-private partnerships.
- Sustainable efforts involve systems change and policy development.

To inform the development of the plan, ADHS collaborated with the Arizona Department of Economic Security (Division of Aging and Adult Services) and the Area Agencies on Aging to conduct focus groups with older adult stakeholders across Arizona. Each group was asked to identify opportunities and challenges related to healthy aging, which was broadly defined to include active prevention and access to quality care, with a holistic approach encompassing physical, mental, and emotional health. Participants were also asked to provide insight related to health disparities and inequities, as well as issues unique to various socio-economic and demographic groups. While the focus groups were being conducted, ADHS Chronic Disease Program staff researched local and national data related to healthy aging issues. Based on themes identified during data analysis, Alzheimer's disease, falls-related injury prevention, and Chronic Disease Self-Management Education (CDSME) were identified as priority areas to address. The following goals and strategies were developed to address these issues.

GOAL 1 Increase awareness of the impact of Alzheimer's disease in Arizona.

GOAL 2 Develop a coordinated, long-term and multi-strategic approach to reduce the impact of falls-related injuries among Arizona residents.

GOAL 3 Increase the number of older Arizonans who participate in evidence-based Chronic Disease Self-Management Education (CDSME).

The establishment of a Plan to proactively focus on improving future health outcomes of older Arizonans represents a continued commitment from ADHS to greatly improve the health and wellness of Arizona's aging population by maintaining strong existing partnerships and building new collaborations. By living longer AND better, older adults will bring added vitality to themselves, their communities, and Arizona as a whole.

ARIZONA'S AGING POPULATION

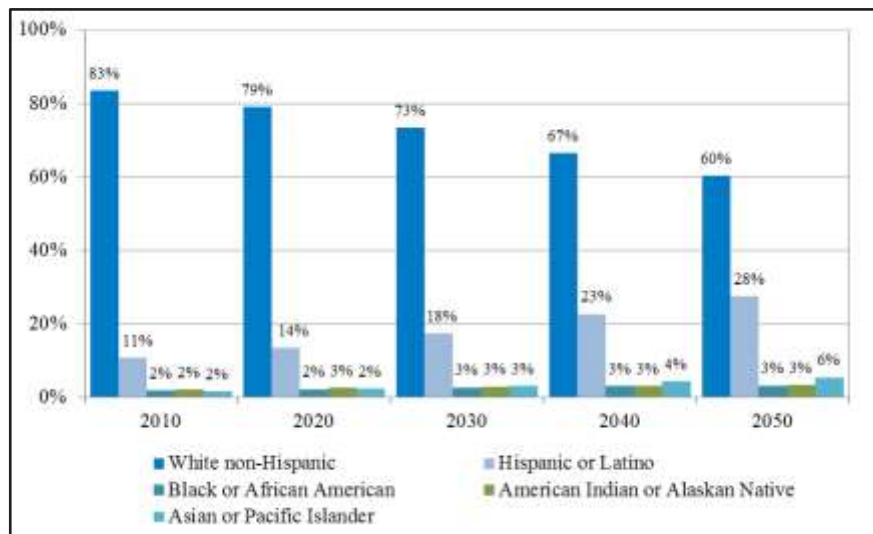
Aging in Arizona: Health Status of Older Arizonans was published by the Bureau of Public Health Statistics, Arizona Department of Health Services, and updated in April 2014. The report provides the following overview of Arizona's aging population¹:

The current state of health and longevity among aging adults is unprecedented, providing realities that are both exciting and troublesome. Due mainly to broad public health initiatives, the major causes of death in developed countries have shifted from infectious to chronic diseases over the past century. As chronic diseases typically manifest among older adults, this transition has increased overall life expectancies, meaning a greater proportion of the population is living longer than ever before (CDC 2013). Coupled with increasing longevity, birth rates in the United States spiked after World War II but decreased sharply by the mid-1970s (CDC 2003). The combination of increased longevity and changing birth rates has caused our population's age-structure to shift, increasing the proportion of older adults experiencing the costs of chronic diseases, while simultaneously decreasing the number of younger working adults who contribute to Social Security and welfare systems through wage deductions. As the baby boom generation is just beginning to reach older adulthood, the impact of these population dynamics is upon us.



In 2010, about 14 percent of Arizonans were 65 years of age or older, with about 83 percent of these residents being White non-Hispanic. Changes in aspects of fertility, mortality, and immigration will affect the age-structure of Arizona's population, placing increasing stress on welfare systems designed to care for older adults. For example, the entire population of Arizona is projected to increase by more than 80 percent from the 6,401,568 residents estimated to have lived in Arizona on July 1, 2010 to a projected 11,562,584 by 2050.

Figure 1: Projections of Arizona's Population of Adults Age 65 and Older by Race/Ethnicity, 2010–2050



The number of Arizonans age 65 and older is expected to increase 174 percent from 883,014 in 2010 to 2,422,186 in 2050. The age structure of our population also will shift, increasing the proportion of adults age 65 and older in the population to an estimated 21 percent of the entire population. Between 2000 and 2020, the number of Arizonans over age 85 will have increased by 102%.¹ By 2025, there will be as many people over 65 as under age 15 living in Arizona.² By 2050 the over 85 group will quadruple its 2010 size.³ These increases will be accompanied by a decrease in the proportion of working-age Arizonans who help support older adults in numerous ways including paying taxes on wages that help fund Social Security and Medicare.

Beyond sheer growth in numbers, Arizona's older population is increasingly becoming ethnically diverse. By the year 2020, the Hispanic population of Arizona will have increased threefold from the year 2000.⁴ Most dramatically, every racial and ethnic group over age 65 years will have at least doubled in size between 2005 and 2025.⁵ Cultural relevance of public health interventions will also be critical to improving the overall population health of aging Arizonans.

BABY BOOMERS

Between 1946 and 1964, more than 76 million babies were born in the U.S. Dubbed "Baby Boomers" or simply "Boomers," by 1964 this group made up approximately 40% of the American population. An ever-increasing number of Boomers are growing older and seeking healthcare and supportive services. While Boomers will be healthier and live longer than previous generations did, a majority will have one or more chronic conditions requiring ongoing self-management and/or care from healthcare providers. Those over age 85, when healthcare costs rise exponentially, will represent the fastest growing segment of the population.

Additionally:

- Boomers, particularly women, will find themselves continuing to provide care for their much older parents even as they themselves age and move to fixed incomes. A growing number of grandparents will be caring for their grandchildren. These caregivers will need new and better services to help them support all of their family members.
- As traditional pensions disappear, more people will rely on savings and Social Security for retirement. While workers over 55 represented 17 percent of the workforce in 2010, they are projected to be 19 percent of the workforce by 2050.
- A greater number of older adults will live on their own due to a higher number of divorced and never-married people. They will need new ways to stay engaged and involved with social networks to enhance their health and well-being.
- Older adults will be more racially and culturally diverse, with corresponding increases in health and cost burdens posed by lifelong health disparities.
- While it is expected that Boomers will favor urban/suburban areas, the aging trend will affect every county. Rural counties with fewer resources will be disproportionately affected by a population that “ages in place”.
- Already the most likely group of Arizonans to vote and donate money to political causes, older adults will have an unprecedented impact on local, regional and statewide elections and policies.

THE ARIZONA-HEALTHY AGING INITIATIVE

The health status of individuals and populations does not result from any one factor, but emerges from a complex cluster of factors that include individual behaviors, social factors, and access to medical care and services. Older individuals who are the same chronological age and the same average Life Expectancy (LE) can have very different Healthy Life Expectancy (HLE), which measures years lived without physical and mental impairments. For example, some older individuals have multiple chronic illnesses, others none. Some are active, while others are sedentary by lifestyle choice, physical limitation, or lack of access to exercise. Some individuals live independently with “normal” cognitive abilities for many years longer than others do. Differences in LE and HLE also vary by demographics—race, ethnicity, gender, education, and income, as disparate populations are most often at higher risk of chronic disease. On average, Arizonans who turned



65 in 2013 can expect an additional 20 years life expectancy, of which just over 13 years will be healthy life expectancy.¹

As Arizona's population ages, individuals' healthy life expectancy and the health of Arizona's overall population are challenged by different disease patterns. The incidence and prevalence of certain health problems increase with age. The dramatic increase of Arizona's older population drives the need for better integration of program designs and policies that stem from new ways of thinking and doing about healthy aging. To be able to embrace demographic and epidemiological change, individual behaviors, social practices/norms, and community structures must be elicited to ensure that "living longer" is synonymous with "living better." Questions for public health planning and interventions on behalf of older adults become: What are the winnable strategies that will reduce threats to healthy aging and increase healthy life expectancy beyond age 65? How do we promote healthy aging?

Figure 2: Factors that Promote or Impede Positive Health



THE ARIZONA–HEALTHY AGING INITIATIVE

The demand for health services will grow as the number of older Arizonans continues to increase. Given the increasing size and diversity of the state's older population, and the need to maintain good health as a core component of a financially sound Arizona, the Arizona Department of Health Services (ADHS) recognized there were significant future implications for integrating planning and service delivery efforts at all levels in the public and private sectors. ADHS also recognized that its public and private health entities would need to address future health services by establishing new health policies, planning for dynamic systems change, and assisting programs to improve their capacity to provide appropriate, acceptable, and adaptable health services to diverse populations.

In 2012, the Arizona–Healthy Aging (A-HA) initiative was created by the Chronic Disease Program to make healthy aging a priority in Arizona through strategic planning, resource leveraging, and cross-cutting collaborations that address the health needs and disparities for older Arizonans. The initiative places an emphasis on reducing the health and cost burdens of chronic disease. At its core, it incorporates a "systems change" strategy, not

simply a program or service delivery revision, and serves both as a resource on aging issues and as a catalyst for development and implementation of strategies that are carried out by stakeholders across Arizona. This Initiative seeks to address areas of public health importance for the aging population, based on three core criteria used to evaluate the effectiveness of public health strategies and activities:

Achievable: All goals and strategies included in the plan will have strong potential to improve the health of aging Arizonans.

Sustainable: Strategies to be acted on can be implemented and sustained with the resources available to the Arizona Department of Health Services and/or its collaborative partners through policy, systems, and environmental change.

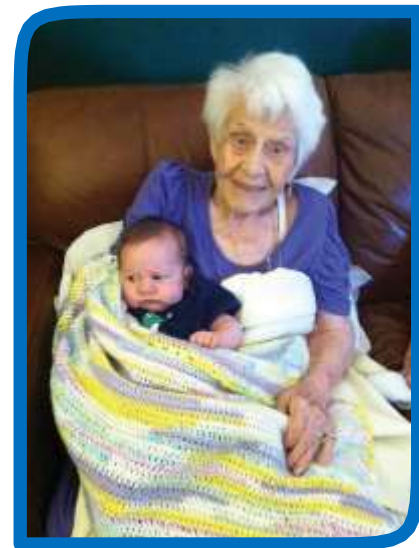
Scalable: Goals and strategies can be appropriately scaled to the needs of each aging population in the state.

To plan and conduct these activities, the Bureau of Tobacco and Chronic Disease established a statewide Advisory Board, comprised of a diverse range of healthcare providers, educators, community leaders, public health and governmental representatives, older adult stakeholders and subject-matter experts, to guide activities. The Advisory Board was first tasked with determining the priority health issues of Arizona's aging population, and then establishing a comprehensive plan of achievable, sustainable, and scalable goals and strategies to address these issues. Five core principles guided the planning process:

- Both primary and secondary prevention efforts are critical.
- Self-management and self-determination is essential.
- The use of evidence-based and outcomes-driven practices is essential.
- Healthy communities require multi-disciplinary approaches and public-private partnerships.
- Sustainable efforts involve systems change and policy development.

Much of the Arizona–Healthy Aging Advisory Board's work has been foundational, and devoted to the process of consensus building, goal setting, and strategy development. Major considerations included:

- There are substantial differences in age, gender, income and ethnicity across Arizona's counties, and health interventions need to be *culturally appropriate and adaptable* within Arizona's richly diverse communities.
- Reaching the “precipice age group”—people ages 55 to 64—to promote *healthy* aging among populations at higher risk of chronic disease will be critical.



- Although the gender difference in life expectancy is narrowing, women continue to outlive men.
- Women over 90 are Arizona's fastest growing age group: by 2025, one in five older Arizonans will be a non-White, Hispanic woman.
- Every racial and ethnic group over age 65 years in Arizona will double in size between 2005 and 2025.¹

DEVELOPING THE 2014-2018 ARIZONA-HEALTHY AGING PLAN

To inform the development of the plan, the Arizona Department of Health Services collaborated with the Arizona Department of Economic Security Division of Aging and Adult Services, and the Area Agencies on Aging to conduct focus groups with older adult stakeholders across Arizona. Each focus group was asked to identify opportunities and challenges related to healthy aging, which was broadly defined to include active prevention and access to quality care, with a holistic approach encompassing physical, mental, and emotional health. Participants were also asked to provide insight related to health disparities and inequities, as well as issues unique to various socio-economic and demographic groups. While the focus groups were being conducted, Arizona Department of Health Services Chronic Disease Program staff researched local and national data related to healthy aging issues. Throughout 2013, the A-HA Advisory Board analyzed information. Based on themes identified during this data analysis, three health issues were prioritized to guide the development of a five-year plan: Alzheimer's disease, falls-related injury prevention, and Chronic Disease Self-Management Education (CDSME).



GOALS AND STRATEGIES OF THE 2014-2018 ARIZONA–HEALTHY AGING PLAN

ALZHEIMER’S DISEASE

GOAL 1	Increase awareness of the impact of Alzheimer’s disease in Arizona.
Strategy 1	Identify funding/sponsorship opportunities to enable the inclusion of Cognitive Decline related questions on the Behavioral Health Risk Factor Surveillance System.
Strategy 2	Collaborate with the public and private community partnerships to increase awareness Alzheimer’s disease statewide.
Strategy 3	Increase collaboration and outreach among Arizona Department of Health Services programs, to promote Alzheimer’s-related partnership opportunities.
Strategy 4	Increase referrals to public and private community partners.
Strategy 5	Provide technical assistance to local health departments regarding policy training, and the development of core competencies for medication adherence.
Strategy 6	Evaluate this inclusion of support for Alzheimer's disease-related activities in proposals for private and federal/block grants, as appropriate.

RATIONALE

Alzheimer’s disease (AD) is the most common form of dementia. Alzheimer’s disease is an irreversible, progressive brain disease that slowly destroys memory and thinking skills, and eventually even the ability to carry out the simplest tasks. In most people, symptoms first appear after age 60. Estimates vary, but experts generally agree that as many as 5.1 million Americans may have Alzheimer’s disease.

Alzheimer’s disease should realistically be viewed as a terminal condition, and should be considered part of the larger group of chronic diseases that pose serious challenges to healthy aging, including arthritis, diabetes, cardiovascular disease and cancer. Recognizing the terminal nature of AD provides a platform for anticipating future problems and an impetus to the provision of adequate palliative care. In 2012, AD in Arizona was



ranked as the fourth leading cause of death for males 65 years and older. In that same year, deaths from AD ranked first among all causes occurring in females over 65 years of age.

As the population of older Arizonans grows, so will the incidence rates of Alzheimer's disease. Because an individual can live with Alzheimer's for a decade or longer, the disease can cause a substantial financial and emotional burden on family members and caregivers. Arizona's older females appear to experience the greatest burden

of memory-related diseases, with both Alzheimer's and dementia being in the top 3 causes of death for females aged 65 and over in 2012.¹ From the perspective of people living with Alzheimer's, and those who care for them, women are at the epicenter of the Alzheimer's epidemic.²

While several groups of partners and community organizations have established strong collaborative relationships to address Alzheimer's issues, there is considerable opportunity for Arizona Department of Health Services to increase disease awareness, implement policy initiatives, assist in identifying programmatic funding, and offer technical assistance opportunities. Since 2011, the Arizona Department of Health Services has worked to increase its coordination around chronic disease prevention and health promotion under the direction of the Centers for Disease Control (CDC). The Arizona Department of Health Services, Bureau of Tobacco and Chronic Disease recently received funding from the National Association of Chronic Disease Directors to implement the *Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013–2014*. This grant provides the Arizona Department of Health Services with resources to:

- Promote the incorporation of cognitive health and impairment into state and local public health burden reports;
- Integrate cognitive health and impairment into state and local government plans; and
- Identify and promote culturally appropriate strategies designed to increase public awareness about dementia (including Alzheimer's disease) that will reduce conflicting messages, decrease stigma, and promote early diagnosis via community clinical linkages and health systems development.

EXISTING PARTNERSHIPS

The Arizona Department of Health Services has partnered with community organizations to utilize funding from the *Healthy Brains Initiative* to address cognitive health issues affecting Arizona's racial and ethnic communities, and provide culturally competent training to clinical and non-clinical health providers. Additionally, Arizona Department of Health Services is

assisting in the development and implementation of the Arizona Alzheimer’s State Plan in conjunction with the Governor’s Office on Aging, Alzheimer’s Association Desert Southwest Chapter and the Arizona Alzheimer’s Consortium. Approximately 30 community organizations participate in the Arizona Alzheimer’s Task Force along with more than 100 community members who participate on the related Work Teams. Membership includes representatives from the Arizona Department of Health Services Healthy Aging Program, Arizona Alzheimer’s Research Consortium, a multi-institutional research hub funded by the National Institutes of Health that includes Banner Alzheimer’s Institute, Banner Sun Health, Barrow Neurological Institute, Mayo Clinic, T-Gen, Arizona State University and the University of Arizona.

FALLS-RELATED INJURY PREVENTION

GOAL 2 Develop a coordinated, long-term and multi-strategic approach to reduce the impact of falls-related injuries among Arizona residents.

Strategy 1 Partner with the Arizona Fall Prevention Coalition to expand their activities statewide.

Strategy 2 Collaborate with entities such as the Arizona Department of Health Services Injury Prevention Advisory Council, the Governor’s Office on Aging, and the Area Agencies on Aging to address fall prevention issues.

Strategy 3 Increase collaboration and outreach among programs, to promote fall prevention-related partnership opportunities.

Strategy 4 Develop a culturally sensitive communication plan, to include dissemination of materials, promotion of program activities and announce data releases.

Strategy 5 Support the establishment of procedures and protocols that promote fall prevention, create healthy environments and foster healthy behaviors.

Strategy 6 Provide technical assistance to local health departments regarding policy training, and the development of core competencies for fall prevention.

Strategy 7 Collaboration with the Arizona Department of Health Services Office of Injury Prevention, and support the Arizona Injury Prevention Plan.

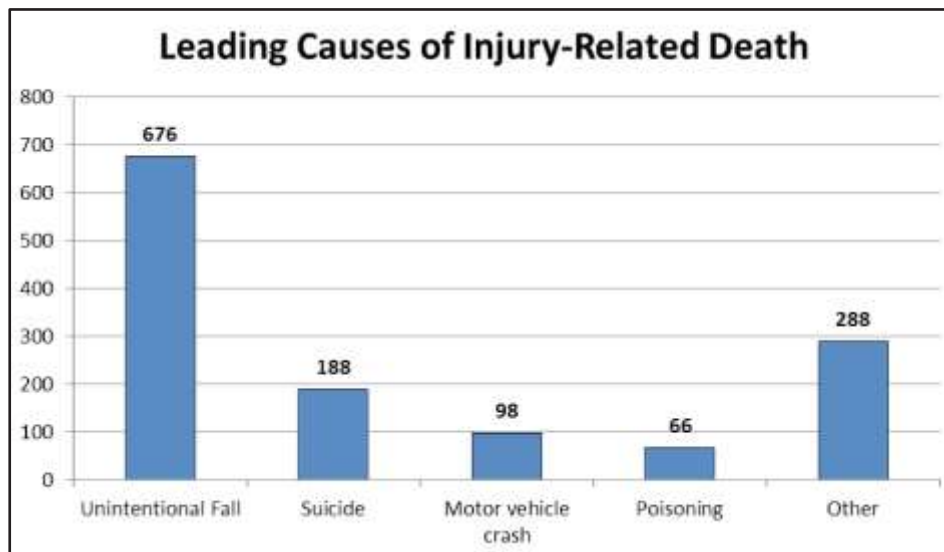
Strategy 8 Evaluate this inclusion of support for fall prevention-related activities in proposals for private and federal/block grants, as appropriate.

Strategy 9

Promote evidence-based “healthy living” practices among older Arizonans that reduce the risk of falls, with a focus on physical activity, strength and balance, safe and effective medication therapy management, and annual vision and hearing assessments.

RATIONALE

As adults reach an older age, their reflexes and physical responses start to slow. This results in lowered balance and a decreased ability to prevent one’s self from tripping over obstacles or slipping on smooth surfaces. Unintentional fall-related injury and death have emerged as a major public health problem. In 2012, unintentional falls were the leading cause of injury-related deaths among Arizona residents age 65 years and older.¹



However, this is a “winnable” public health battle in Arizona through evidence-based prevention and risk reduction programs. Falls, and fear of falling, threaten older Arizonans’ physical, mental, social, and financial wellbeing. In addition to the potential injury or even death from a fall itself, fear of falling can cause older individuals to decrease social and physical activity, reducing mobility and physical strength, and thus increasing the possibility for a fall to occur. To reduce fall-related injuries, Arizona must increase awareness among older adults regarding the neurological conditions, medical conditions, and/or movement disorders that may cause falls. Additionally, older Arizonans need to be provided with more education regarding methods to increase strength, improve balance through evidence-based physical activity, and make changes in their environment.

EXISTING PARTNERSHIPS

Since 2008, the Arizona Fall Prevention Coalition has provided leadership to implement evidence-based prevention programs in Maricopa County and to coordinate efforts of over 165 organizations and individuals to develop falls prevention strategies, including

programs to promote physical activities for older adults, medication management and home modification.¹ In 2014, along with organizations such the Area Agencies on Aging, Governor’s Office on Aging, and a broad range of healthcare providers and educational institutions, through a concerted collaboration, ADHS is helping lead a statewide effort to provide public information and promote evidence-based programs that can reduce falls-related injuries.

CHRONIC DISEASE SELF-MANAGEMENT EDUCATION (CDSME) Programs

GOAL 3 **Increase the number of older Arizonans who participate in evidence-based Chronic Disease Self-Management Education (CDSME).**

Strategy 1 Provide technical assistance and funding to local county health departments for the implementation of CDSME programs in both English and Spanish.

Strategy 2 Contract with public and private partners.

Strategy 3 Collaborate with the CDSME leadership group (led by Arizona Department of Health Services and subcontracted with the Department of Economic Security Division of Aging and Adult Services) to provide support and technical assistance to agencies having received Master and/or Lay Leader training for CDSME, ensuring implementation, reporting and fidelity in Arizona amongst partners.

Strategy 4 Increase collaboration and outreach among Arizona Department of Health Services programs, to promote referrals to CDSME.

Strategy 5 Promote the support for CDSME activities in proposals for private and federal/block grants, as appropriate.

RATIONALE

Chronic diseases are most common among older adults. Over half of Arizonans aged 65 and over will have more than one chronic condition requiring medical treatment.¹ Nearly three quarters of Medicare dollars will be spent on people with multiple chronic conditions, which now cause more than half of all deaths. By 2015, if the current trends continue unabated, annual deaths in the United States due to chronic diseases will reach 36 million. To significantly increase healthy life expectancy and reduce health care costs among older Arizonans, it is imperative to promote early detection and effective management of chronic diseases.

The degree to which an individual engages in healthy behaviors and lifestyles is an important predictor of a person’s likelihood of developing a chronic disease. For example, maintaining a healthy weight, engaging in the recommended minimum daily physical

activity, avoiding use of commercial tobacco, alcohol and other harmful substances, engaging in positive leisure and social connectedness, and adhering to prescribed medical treatment are all associated with lowering the risks for health problems.

EXISTING PARTNERSHIPS

For the past decade, the Arizona Department of Health Services has promoted access to Chronic Disease Self-Management Education (CDSME) programs. Evidence-based programs such as the Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP) can reduce morbidity, disability and mortality associated with chronic diseases. Arizona Department of Health Services contracted with the Arizona Department of Economic Security (Division of Adult & Aging Services), Arizona Area Agencies on Aging, local county health departments, and several community-based programs, to provide CDSMP workshops, which in Arizona are known as the Healthy Living workshops. The Healthy Living Workshops are scheduled for 2.5 hours per week for six weeks. Lay/peer leaders facilitate the sessions, teaching skills that enable participants to learn ways to build self-confidence to assume a major role in maintaining their health and managing their chronic health conditions. The Arizona Living Well Institute has established a robust statewide network of certified master trainers, referral network, and data repository, and 14 of the 15 Arizona counties are funded to provide Healthy Living workshops in English and Spanish.



CONCLUSION

The unprecedented shifts in the age and ethnic structures of Arizona's population will challenge the ability of healthcare providers to deliver a full spectrum of health and social services in general, and specifically to the aging population. It will be of the utmost importance to maximize the engagement of older people in healthy lifestyles and active living, and that they live, work, recreate, and receive care in "age-friendly" environments that help them "age-in-community." Aging individuals will also need access to home-based services and living arrangements that permit mobility, physical activity, social contacts, and access to medical care.



The 2014–2018 Arizona–Healthy Aging Plan is the result of many hours of research, review, and discussion completed by the members of the Arizona–Healthy Aging Advisory Board, the staff of the Arizona Department of Health Services/Office of Chronic Disease, and a diverse array of collaborative partners and community stakeholders. Based on themes identified during the evaluation process, three health issues were prioritized: Alzheimer's disease, falls-related injury prevention, and

Chronic Disease Self-Management Education (CDSME). The establishment of a Plan to proactively focus on improving future health outcomes related to the issues represents a continued commitment from the Arizona Department of Health Services to greatly improve the health and wellness of Arizona's aging population by maintaining strong existing partnerships, and building new collaborations. By *living longer AND better*, older adults will bring added vitality to themselves, their communities, and Arizona as a whole.

"It is not enough for a great nation merely to have added new years to life—our objective must also be to add new life to those years."

President John F. Kennedy, Elderly Citizens of our Nation Address, June 1963.

REFERENCES

- ¹Arizona Department of Health Services. Health Status of Older Arizonans- Aging in Arizona, April 21, 2014.
- ²U.S. Bureau of the Census 2000. Available at URL: www.census.gov.
- ³Source: Census 2000. Arizona Department of Economic Security Population Projections.
- ⁴U.S. Bureau of the Census 2000. Available at URL: www.census.gov.
- ⁵U.S. Census Bureau, Census 2000 Summary File. U.S. Census Bureau Population Projections for States by Selected Age Groups and Sex: 1995 to 2025.
- ⁶Arizona Department of Economic Security—Division of Aging and Adult Services, “*Arizona’s Older Ethnic Minorities 2000: A Demographic Analysis*.”
- ⁷The Center for Disease Control. State-Specific Healthy Life Expectancy at Age 65 Years—United States, 2007–2009, *MMWR*, July 19, 2013 / 62(28); 561-566. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6228a1.htm> Accessed May 14, 2014.
- ⁸Arizona Department of Economic Security – Division of Aging and Adult Services, “*Arizona’s Older Ethnic Minorities 2000: A Demographic Analysis*.”
- ⁹Arizona Department of Health Services. Health Status of Older Arizonans- Aging in Arizona, April 21, 2014; 35-36.
- ¹⁰The Shriver Report: a Woman’s Nation Takes on Alzheimer’s. Available at URL: <http://www.alz.org/shriverreport/index.html>
- ¹¹Arizona Vital Statistics and the Arizona Hospital Discharge Database, Office of Injury Prevention 2013 data.
- ¹²See generally <http://www.ncoa.org/improve-health/center-for-healthy-aging/falls-prevention/state-coalitions-map/arizona.html#sthash.aUrubT8l.dpuf>
- ¹³For a general discussion of the importance of translational research, see Woolf SH. The Meaning of Translational Research and Why It Matters. *JAMA*. 2008; 299(2):211-213.

Association of State and Territorial Health Officials’ 2015 Presidential Challenge. Health Aging: Living Longer Better. Available at URL: <http://astho.org/healthaging/>

Every effort has been made to have our citations be as accurate as possible, but please check our work!

