



AGING & THE NATIONAL PREVENTION STRATEGY

PCA
PHILADELPHIA CORPORATION FOR AGING
Enriching lives, preserving dignity.™
2014

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EXECUTIVE SUMMARY

Aging and public health organizations share many related goals, but have not traditionally worked closely together. In the context of today's growing aging population and shrinking public resources, it is more important than ever to identify ways to leverage and align efforts across these two disciplines. The 2011 National Prevention Strategy (NPS), the nation's roadmap to better health and wellness, which was created through the 2010 Patient Protection and Affordable Care Act (ACA), presents an excellent vehicle with which to do this. The purpose of this report is to utilize the NPS framework as a springboard to both build aging issues into the broader public health agenda and to inspire organizations that support older adults to align with this public health strategy. This document examines the intersection of the NPS and the work of aging network organizations by utilizing a case study of Philadelphia Corporation for Aging (PCA), the fourth largest Area Agency on Aging (AAA) in the country. Opportunities are presented for potential future collaborations between the two fields that will reinforce each other's critical role in moving the nation in a healthier direction.

AGING & PUBLIC HEALTH

Over the past century, life expectancy in the United States has risen dramatically. In 1900, the average lifespan was 47 years; today, the average is close to 79 years, and it continues to rise. Currently, people age 65 and older comprise 13% of the population, and by 2030 they will represent roughly 20%. As people live longer and with multiple chronic conditions, there will be a larger demand for medical and social service resources, which presents both opportunities and challenges for public health and community-based organizations that serve older adults, commonly called the aging network.

Public health and aging organizations have not traditionally worked closely together. Historically, as a 2012 editorial in the *American Journal of Public Health* entitled "Aging in the United States: Opportunities and Challenges for Public Health" points out, the aging population has "been at the periphery of the public health agenda since public health's origin in the industrialized cities of the 19th century." Likewise, significant federal policies to assist older adults to age independently in the community did not originally institutionalize collaborations between the aging network and public health organizations. This includes the 1965 Older Americans Act (OAA), and its subsequent amendment in 1973 that established Area Agencies on Aging (AAAs), organizations at the heart of the aging network.

The first attempt by the federal government to combine the work of these disciplines was the inclusion of Title IID funds for Disease Prevention and Health Promotion Services in the 1987 reauthorization of the OAA. Since 2001, the Centers for Disease Control and Prevention's Healthy Aging Research Network (CDC-HAN) has worked to develop and disseminate best practices for healthy, active aging. Most recently, the CDC's Healthy Aging Program has created innovative partnerships with the Administration on Community Living, AARP, and the National Association of Chronic Disease Directors to connect health departments to their aging network counterparts.



AREA AGENCIES ON AGING (AAAs)

The OAA provides the financial and philosophical foundation for AAAs to enable older Americans to age well in their communities through their role of coordinating and planning programs and advocating to improve the quality of life of older adults. Today, there is a robust nationwide network of 618 Area Agencies on Aging and 246 organizations serving older Native Americans. AAAs are funded by State Units on Aging through the United States Administration on Community Living and the OAA. Each AAA is unique in size, structure, and funding. At the heart of every AAA's work is promoting wellness and active aging while preventing unnecessary institutionalization and avoidable chronic conditions.

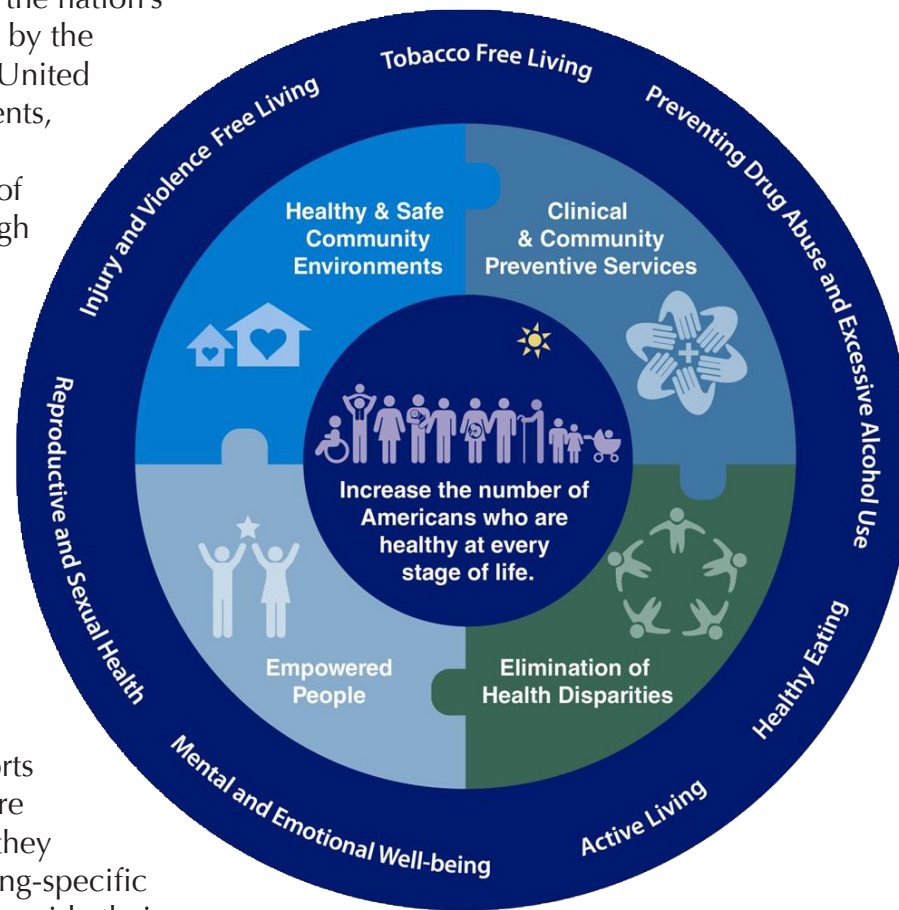
With shrinking public resources and a growing and diverse population of senior citizens, it is necessary to expand the public's understanding of what AAAs do beyond traditional services and place their role within the context of the broader public health agenda. For some AAAs this could mean aligning with new public health policies and plans; rebranding programming; and/or initiating new prevention and wellness efforts. These steps will both increase awareness of the critical role AAAs play in the field of population health and open up new opportunities for innovative partnerships and funding streams.

THE NATIONAL PREVENTION STRATEGY

The National Prevention Strategy (NPS), which is a product of the 2010 Patient Protection and Affordable Care Act (ACA), is intended to serve as the nation's roadmap to better health and wellness. It was created by the National Prevention Council, which is chaired by the United States Surgeon General and composed of 22 departments, agencies and offices across the federal government. The NPS's overarching goal is to increase the number of Americans who are healthy at every stage of life through a multidisciplinary approach. Highlighted within the NPS are clearly defined recommendations for key stakeholders, such as the federal government; state, tribal, local and territorial governments; businesses and employers; health care systems, insurers, and clinicians; early learning centers, schools, colleges, and universities; community, nonprofit, and faith-based organizations; and individuals and families. In addition, more than 30 organizations outside the federal government, from health care systems to community development corporations, are using the NPS to guide their work.

Most of the NPS's recommendations dovetail with efforts to improve the well-being of older adults, and many are being carried out by AAAs and the organizations that they fund, such as senior centers. To date, however, no aging-specific organizations are using this public health document to guide their work. The NPS, therefore, serves as an excellent opportunity for the aging network to align with the public health community. There are additional incentives for organizations to use the NPS. The National Prevention Council agencies are working to incorporate the NPS into certain funding announcements; organizations that are implementing the NPS have been featured in the Council's Annual Status Report to the President and Congress; and success stories using the NPS can be submitted through an online tool on the Surgeon General's website.

The purpose of this report is to utilize the NPS as a springboard to both build aging issues into the broader public health agenda and to inspire organizations that support older adults to align with this public health strategy. To do this, the report examines the intersection of the NPS and the work of aging network organizations by utilizing a case study of Philadelphia Corporation for Aging (PCA), the fourth largest AAA in the country.





"Over the past several years, PCA has expanded its vision beyond traditional aging services, to consider the many environmental, behavioral and systemic factors that impact our city's elders. The National Prevention Strategy's innovative and farsighted approach offers a welcome framework for us to build on, and will encourage other stakeholders to unite in fostering a healthier population."

A handwritten signature in black ink that reads "Holly Lange". The signature is fluid and cursive, with a long horizontal line extending from the end.

Holly Lange
President and CEO,
Philadelphia Corporation for Aging

PHILADELPHIA CORPORATION FOR AGING (PCA):

Starting in 2013, PCA began to study the ways in which the agency's work aligns with the NPS and subsequently outlined plans to use the strategy moving forward to guide its wellness and prevention work.

PCA is a private nonprofit founded in 1973, and its target area is the city/county of Philadelphia. There are high rates of poverty and chronic conditions among Philadelphia's 282,000 older adults, and the city has the second highest proportion of older adults out of the 10 largest cities in the country according to the 2010 U.S. Census. The agency provides a wide range of services to support these seniors and funds more than 180 organizations in the aging network, including senior centers and adult day care programs; transportation; legal assistance; housing repair and home modifications; in-home care; and home-delivered and congregate meals.

Unfortunately, not all needs can be addressed with these services. Living in a neighborhood where broken sidewalks and crime make it unsafe to leave the house or where there is a lack of grocery stores with healthy foods makes it hard for an older person to lead a healthy lifestyle. Over the past decade, PCA has built strong relationships and joint programming with agencies and organizations outside of the aging services network to expand its ability to influence policies, plans, and programs that affect the social and environmental determinants of health. City government, planners, hospitals, universities, community development corporations, and advocacy groups now regularly collaborate with the agency to enhance the quality of life for seniors in the city.

Together, all of this work directly aligns with the NPS's four Strategic Directions, which serve as the foundation for refocusing the country towards a focus on prevention and wellness:

- Healthy and Safe Community Environments
- Clinical and Community Preventive Services
- Elimination of Health Disparities
- Empowered People

The NPS also designates seven Priority Areas to achieve the Strategic Direction goals, all of which are critical components of PCA programming and policy efforts:

- Tobacco-free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Injury and Violence-free Living
- Reproductive and Sexual Health
- Mental and Emotional Well-being

This report is organized into sections that correspond with the 11 above areas, each featuring short examples of PCA initiatives that align with the NPS Strategic Directions and Priorities. Highlighted are concrete ways in which the aging network's work can and has aligned with this major public health agenda. The examples also present the opportunity for public health professionals to see how their work can be expanded to address the needs and concerns of older adults.



**FACT:**

Approximately 70% of Americans live in single family homes and the overwhelming majority of this housing has barriers (steps, narrow doorways) that make it difficult or impossible for someone with a physical disability or in a wheelchair to enter or exit the home.⁵

— **AARP PUBLIC POLICY INSTITUTE**

*Health and wellness are influenced by the places in which people live, learn, work, and play. Communities, including homes, schools, public spaces, and worksites, can be transformed to support well-being and make healthy choices easy and affordable. Healthy and safe community environments include those with clean air and water, affordable and secure housing, sustainable and economically vital neighborhoods (e.g., efficient transportation, good schools), and supportive structures (e.g., violence-free places to be active, access to affordable healthy foods, streetscapes designed to prevent injury). – **The National Prevention Strategy***

Sample recommended actions cited in the strategy that are being conducted by AAAs across the country include:

- *Convening diverse partners and promoting strong cross-sector participation in planning, implementing, and evaluating community health efforts.*
- *Implementing processes to ensure that people are actively engaged in decisions that affect health.*
- *Ensuring that homes and workplaces are healthy, including eliminating safety hazards (e.g., trip hazards, unsafe stairs).*

EXAMPLE: AGE-FRIENDLY PHILADELPHIA

A community's built environment, such as sidewalks, housing, benches, parks, and bus shelters, can help support aging seniors by facilitating social connectivity and increasing mobility. The deterioration of much of this neighborhood infrastructure and the lack of accessible housing for seniors, however, can cause unnecessary accidents or effectively trap someone in their own home. Professionals from a wide variety of disciplines must collaboratively work together to address these issues to make lifelong communities a reality.

Age-friendly Philadelphia is an award-winning agenda initiated by Philadelphia Corporation for Aging (PCA) in 2009 that aims to catalyze policies, programs, and partnerships to make the city a better place to grow older. Key to the effort is that many of these neighborhood improvements will benefit Philadelphians of all ages. PCA utilized the United States Environmental Protection Agency's Aging Initiative model to guide its work. Examples of impact include: integrating aging into the City's new zoning code; creating the Age-friendly Parks Checklist, which is now being used in park design; and facilitating community gardens at senior centers and senior housing sites. For more information: www.PCAagefriendly.org



EXAMPLE: EMERGING LEADERS AS AGING AMBASSADORS

Many professions outside of aging services are unaware of the needs and interests of older adults, despite the fact that their policies and activities have a profound impact on seniors. GenPhilly, a nationally recognized, award-winning network of more than 400 emerging leaders in their 20s and 30s, is trying to change this. GenPhilly is a peer-led network of young professionals who are taking a personal and professional interest in aging issues by serving as aging ambassadors in their workplaces. Members come from a wide range of disciplines, including urban planning, public health, the arts, social work, technology, public policy, philanthropy, and more. They are also challenging themselves to think about the type of city in which they themselves would like to age. The group was formed in 2009 and is a program of Philadelphia Corporation for Aging. For more information: www.GenPhilly.org

“The United States Environmental Protection Agency’s Aging Initiative recognizes efforts, such as Age-friendly Philadelphia, for promoting livable communities for all ages. Walkability is a key ingredient for any such city, and promoting it must be done collaboratively across sectors and disciplines.”

**— KATHY SYKES, SENIOR ADVISOR,
AGING INITIATIVE OFFICE OF PUBLIC
ENGAGEMENT, U.S. EPA**

**FACT:**

Nearly one in five Medicare patients discharged from a hospital — approximately 2.6 million seniors — is readmitted within 30 days, at a cost of over \$26 billion every year.⁶

— **CENTERS FOR MEDICAID AND MEDICARE SERVICES**

*Evidence-based preventive services are effective in reducing death and disability, and are cost-effective or even cost-saving. Preventive services consist of screening tests, counseling, immunizations or medications used to prevent disease, detecting health problems early, or providing people with the information they need to make good decisions about their health. While preventive services are traditionally delivered in clinical settings, some can be delivered within communities, worksites, schools, residential treatment centers, or homes. Clinical preventive services can be supported and reinforced by community-based prevention, policies, and programs. Community programs can also play a role in promoting the use of clinical preventive services and assisting patients in overcoming barriers (e.g., transportation, child care, patient navigation issues). – **The National Prevention Strategy***

Sample recommended actions cited in the strategy that are being conducted by AAAs across the country include:

- *Supporting use of community centers for the provision of evidence-based preventive services.*
- *Expanding public-private partnerships to implement community preventive services.*
- *Facilitating coordination among diverse care providers.*

EXAMPLE: PREVENTING HOSPITAL READMISSIONS

PCA, along with many other AAAs, conducts home- and community-based long-term care assessments and coordinates services that:

- enable older adults to remain in a community setting;
- maintain optimum control over their own well-being; and
- benefit from the existing support systems of family, friends, and neighbors.

PCA is also piloting alternative models in long-term care and proactively seeking opportunities to participate in multi-system collaborations. The agency is now one of 102 community-based organizations involved in the Community-based Care Transitions Program (CCTP) supported by the Centers for Medicare and Medicaid Services (CMS). The pilot program, entitled the North Philadelphia Safety-Net Partnership, is a collaboration with two local, safety-net hospitals. CCTP's program's goal is to reduce the number of hospital readmissions within 30 days of discharge by 20% for Medicare fee-for-service patients. The partnership has achieved a 39% decline in readmissions of program participants to date. PCA's two-year agreement has recently been extended until the end of 2014.



EXAMPLE: TRANSPORTATION

Many of PCA's funded programs link seniors to clinical preventive services. For example, PCA has a contract with the Southeastern Pennsylvania Transportation Authority (SEPTA) for the CCT Connect Shared Ride Program. This program provides door-to-door transportation services to registered consumers age 65-plus to destinations such as medical appointments, adult day care, and senior centers. The cost of a ride is shared between the Pennsylvania Lottery, which pays 85% of the fare, and the individual, who pays 15%. PCA covers the 15% cost for many participants in PCA-funded programs.

"I can take CCT to the grocery store, the doctor, anywhere I need to go. I come to the senior center five days a week. It keeps me healthy and keeps me looking forward to getting up in the morning." — ROSE WILSON

**FACT:**

In 2009, African-Americans under 85 years of age had the largest death rates from heart disease and stroke compared with other racial and ethnic populations.¹¹

— **CENTERS FOR DISEASE CONTROL AND PREVENTION**

*America benefits when everyone has the opportunity to live a long, healthy, and productive life, yet health disparities persist. A health disparity is a difference in health outcomes across sub-groups of the population. Health disparities are often linked to social, economic, or environmental disadvantages (e.g., less access to good jobs, unsafe neighborhoods, lack of affordable transportation options). Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health on the basis of their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. Many health concerns, such as heart disease, asthma, obesity, diabetes, HIV/AIDS, viral hepatitis B and C, infant mortality, and violence, disproportionately affect certain populations. Reducing disparities in health will give everyone a chance to live a healthy life and improve the quality of life for all Americans. – **The National Prevention Strategy***

Sample recommended actions cited in the strategy that are being conducted by AAAs across the country include:

- *Helping ensure that prevention strategies are culturally, linguistically, and age appropriate, and that they match people's health literacy skills.*
- *Improving coordination, collaboration, and opportunities for engaging community leaders and members in prevention.*

EXAMPLE: AFRICAN-AMERICAN WOMEN AND BREAST CANCER

Almost half of all new cases and nearly two-thirds of deaths from breast cancer occur in women 65 years of age and older.⁹ Statistics also show that African-American women have the highest breast cancer mortality of any group.¹⁰ To help raise awareness about the disease and promote access to mammograms for hundreds of low-income African-American women, PCA recently adapted the North Carolina Breast Cancer Screening Program, an evidence-based program, for use in Philadelphia senior centers and housing sites. The free 90-minute program funded by the Philadelphia Affiliate of Susan G. Komen for the Cure®, featured a discussion focused on breast cancer prevention, risk factors, signs and symptoms, and treatment options.



EXAMPLE: OUTREACH TO DIVERSE COMMUNITIES

Philadelphia's aging population is significantly diverse with respect to race, ethnicity, education level, health status, national origin, and income. Eighteen percent speak a language other than English at home and 51% are minority.⁷ By 2020, the number of African-American, Asian, and Latino elders age 85-plus is expected to double.⁸ Therefore, ensuring that information is both culturally and linguistically appropriate and available at the neighborhood level through trusted gatekeepers is critical.

PCA conducts outreach throughout the city by participating in more than 365 health-related community events annually. The agency has targeted efforts and staff to reach Latino, Asian and faith-based communities, and many PCA staff are bilingual. Its website and outreach materials are translated into different languages and translators are available for the phone lines. Trainings are also held for professionals on related topics, such as better serving African, Caribbean, Asian, and Latino seniors.

"The need for aging services can mark one of the first times foreign-born seniors have to venture beyond the security of their own community for help. This can be difficult because traditionally, elders in their native land would be cared for by family members."

**— SUNG YOUNG YUN, ASIAN OUTREACH
COORDINATOR, PCA**

**FACT:**

About 80% of older adults have one chronic condition, and 50% have at least two.¹² — CENTERS FOR DISEASE CONTROL AND PREVENTION

Although policies and programs can make healthy options available, people still have the responsibility to make healthy choices. People are empowered when they have the knowledge, ability, resources, and motivation to identify and make healthy choices. When people are empowered, they are able to take an active role in improving their health, support their families and friends in making healthy choices, and lead community change.

– The National Prevention Strategy

Sample recommended actions cited in the strategy that are being conducted by AAAs across the country include:

- *Empowering individuals and their families to participate in health prevention and health promotion programs.*
- *Identifying and helping connect people to key resources (e.g., for health care, education, and safe playgrounds).*

EXAMPLE: PRIMETIME HEALTH PROMOTION PROGRAMS FOR SENIORS

As people age, it becomes increasingly important for them to adopt and maintain healthy lifestyles in order to continue to live as independently as possible and manage chronic medical conditions. Senior community centers and senior housing sites play an important role in empowering older adults to feel more connected and make healthy choices about their lives. PCA supports 23 senior community centers and 11 satellite meal sites, and there are a number of Section 202 senior housing sites in the city. Through the PrimeTime Health Promotion Program, funded by the Administration on Community Living and the Pennsylvania Department of Aging, PCA delivers evidence-based classes to many of these sites that focus on medication management; chronic disabling conditions; fall prevention; diabetes management; alcoholism; medication management; mental health; fire safety; arthritis education; and liver, colon and oral health. The programs provide information, skill building and screenings to help seniors reduce their risk of disability and illness and help them manage chronic illnesses. Two program examples include:

The Chronic Disease Self-Management Program:

People who are living with a chronic condition, such as arthritis, asthma, diabetes, high blood pressure or heart disease, experience many emotional and physical effects on top of the direct results of the illness. The Chronic Disease Self-Management Program (CDSMP) curriculum was developed by the Stanford Patient Education Research Center and is being



implemented across the country. The program's six-week workshops help participants better understand and manage their symptoms; decrease their stress, fatigue, frustration and pain; and increase self-esteem, fitness and healthy eating.

Healthy Steps for Older Adults Program:

Falls are the leading cause of serious injury-related hospital stays for older adults. Pennsylvania's Healthy Steps for Older Adults Program helps seniors maintain vitality and independence by preventing falls and related injuries. Led by certified instructors, the program teaches the important basics of nutrition, exercise, footwear, and home safety. Participants also learn how to manage medications, talk to their doctors, and stay active.

"I am diabetic. Since I've been in this class, I'm no longer in denial. I've learned to eat every 3 hours, as my doctor recommended. As a result I now have normal blood sugar."¹³ — ANONYMOUS

**FACT:**

While smoking rates among adults have been decreasing over the past few decades, the rate of decline has been slowest in older adults over age 65.¹⁵

—**TOBACCO CONTROL 1997**

“Smoking cessation classes in senior centers are well-attended by both smokers and their loved ones. It is one of our most popular workshops because centers are safe environments and because so many people really want to quit.” — **SHARON CONGLETON, RN, BSN, HEALTH PROMOTION NURSE, PHILADELPHIA CORPORATION FOR AGING**

*Tobacco use is the leading cause of premature and preventable death in the United States. Living tobacco free reduces a person’s risk of developing heart disease, various cancers, chronic obstructive pulmonary disease, periodontal disease, asthma and other diseases, and of dying prematurely. Tobacco-free living means avoiding use of all types of tobacco products — such as cigarettes, cigars, smokeless tobacco, pipes and hookahs — and also living free from secondhand smoke exposure. — **The National Prevention Strategy***

Sample recommended actions cited in the strategy that are being conducted by AAAs across the country include:

- *Promoting tobacco-free environments.*
- *Providing employees and their dependants with access to free or reduced-cost cessation supports.*

EXAMPLE: SMOKING CESSATION PROGRAMS FOR SENIORS AND EMPLOYEES

Although older adults who smoke are less inclined to try to quit smoking, they are more likely to be successful in their efforts when they do so.¹⁴ For this reason, it is vital to promote smoking cessation at all ages. PCA designs and offers smoking cessation classes in a variety of senior centers and housing sites throughout the city. *Milestones*, the agency’s newspaper that is read by more than 170,000 people each month, has featured stories on related topics, such as Medicare’s new free smoking and tobacco cessation counseling. Additionally, PCA’s employee wellness program, called WOW (Working on Wellness), has a strong focus on smoking cessation. A variety of classes, led by certified instructors, offer health information about the consequences of smoking, strategies for quitting, and mutual support.



FACT:

While substance abuse in older adults often goes unrecognized and therefore untreated, research indicates that currently available addiction treatment programs can be as effective for older adults as for younger adults.¹⁷

— NATIONAL INSTITUTE ON DRUG ABUSE

“Many seniors, and even clinicians, don’t identify alcohol or drug use as a ‘problem.’ Older adults turn to alcohol or drugs to alleviate physical pain, cope with the loss of loved ones, or combat loneliness. Talking openly with seniors and using comprehensive screening tools will be imperative as baby boomers age.” — NANCY A. MORROW, M.S.W., CONSULTANT AND TRAINER IN AGING, ADJUNCT FACULTY, UNIVERSITY OF PENNSYLVANIA, SCHOOL OF SOCIAL POLICY AND PRACTICE

Preventing drug abuse and excessive alcohol use increases people’s chances of living long, healthy, and productive lives. Excessive alcohol use includes binge drinking and alcohol-impaired driving. Drug abuse includes any inappropriate use of pharmaceuticals (both prescription and over-the-counter drugs) and any use of illicit drugs. Alcohol and other drug use can impede judgment and lead to harmful risk-taking behavior. Preventing drug abuse and excessive alcohol use improves quality of life; reduces crime and criminal justice expenses; reduces motor vehicle crashes and fatalities; and lowers health care costs for acute and chronic conditions. – **The National Prevention Strategy**

Sample recommended actions cited in the strategy that are being conducted by AAAs across the country include:

- Educating adults about the risk of drug abuse (including prescription misuse) and excessive drinking.
- Increasing awareness on the proper storage and disposal of prescription medications.

EXAMPLE: TRAINING PROGRAMS FOR AGING NETWORK PROFESSIONALS

The most prevalent substance abuse problem among older adults is alcohol misuse, which includes mixing alcohol with over-the-counter and prescription drugs.¹⁶ Aging increases sensitivity to both alcohol and drugs, reduces tolerance, and ultimately places older adults at a greater risk of cognitive impairment, exacerbated medical conditions, and related accidents and injuries, such as falls. Social changes, such as the loss of a loved one, retirement, and greater social isolation can trigger these addictions. As the older adult population grows, so will the demands seniors place on the substance abuse treatment system. For this reason, the workforce that serves older adults must be equipped with the knowledge to recognize these symptoms. PCA holds an annual conference for aging network professionals and sessions on this topic are well attended. In 2013, the agency conducted an in-service training for direct service staff to recognize substance abuse and behavioral health symptoms.



"My husband passed away years ago and then I was at home alone, getting depressed. I come here, I talk to people and I see people, and it's my home. We have hot meals, we're sitting at the table and it's wonderful for me to have a hot meal, because I don't feel like cooking now – I don't have the strength."

— MANYA PEREL

FACT:

The number of seniors experiencing the threat of hunger increased by 88% from 2001 to 2011.¹⁸ — NATIONAL FOUNDATION TO END SENIOR HUNGER

*Eating healthy can help reduce people's risk for heart disease, high blood pressure, diabetes, osteoporosis, and several types of cancer, as well as help them maintain a healthy body weight. As described in the Dietary Guidelines for Americans, eating healthy means consuming a variety of nutritious foods and beverages, especially vegetables, fruits, low- and fat-free dairy products, and whole grains; limiting intake of saturated fats, added sugars, and sodium; keeping trans fat intake as low as possible; and balancing caloric intake with calories burned to manage body weight. Safe eating means ensuring that food is free from harmful contaminants, such as bacteria and viruses. – **The National Prevention Strategy***

Sample recommended actions cited in the strategy that are being conducted by AAAs across the country include:

- *Leading or convening city, county, and regional food policy councils to assess local community needs and expand programs (e.g., community gardens, farmers markets) that bring healthy foods to communities.*
- *Providing nutrition education.*

EXAMPLE: HOME-DELIVERED AND CONGREGATE MEALS

PCA is the second largest provider of nutritious prepared meals in the city, after the Philadelphia public school system. Through the agency's Meal Distribution Center, last year more than 5,000 homebound older adults, with no other resources to obtain a meal, received deliveries. Each meal meets one-third of the Recommended Daily Allowance for older adults and the Dietary Guidelines for Americans. In addition, roughly 496,000 congregate meals were served last year at 23 senior centers and 11 satellite meal sites. For the past 17 years, PCA has also held a Philly Meals-on-Wheels fundraising campaign to help support the efforts of local voluntary meal programs.

EXAMPLE: OUTREACH AROUND SENIOR HUNGER

PCA recently held two significant events focusing on senior hunger. In 2013, GenPhilly convened aging network professionals and hunger advocates for the event What's Cooking? Exploring Issues and Innovation Around Senior Hunger Relief, which inspired new dialogue and partnerships around this issue. In 2014, more than 250 people attended the agency's Clergy-Interfaith Aging Coalition program, Linking Congregations to Combat Hunger. Each year, PCA dedicates an issue of *Milestones* Newspaper (readership of 170,000) to "Healthy Eating," to coincide with the Pennsylvania Department of Agriculture Senior Farmer's Market Nutrition Program produce voucher summer distribution to seniors. More than 35,000 \$20 vouchers are distributed annually through this program. Throughout the year, senior centers provide nutrition classes and many offer the opportunity to take part in community vegetable gardening activities.



*"It's just another major step for us in our life. To have our garden, you know. Maybe next year we are going to compete against the other people's garden. So we could get the blue ribbon. Now that would be fun."*²³ — ANONYMOUS

FACT:

*Regular, moderate physical activity for older adults can extend the lifespan and prevent or slow the development of chronic diseases, such as heart disease and diabetes, as well as decrease the likelihood of falls, arthritis, pain, and depression.*²⁴

— NEW ENGLAND JOURNAL OF MEDICINE

Engaging in regular physical activity is one of the most important things that people of all ages can do to improve their health. Physical activity strengthens bones and muscles, reduces stress and depression, and makes it easier to maintain a healthy body weight or to reduce weight if overweight or obese. Even people who do not lose weight get substantial benefits from regular physical activity, including lower rates of high blood pressure, diabetes, and cancer. Healthy physical activity includes aerobic activity, muscle strengthening activities, and activities to increase balance and flexibility. As described by the Physical Activity Guidelines for Americans, adults should engage in at least 150 minutes of moderate-intensity activity each week.

– The National Prevention Strategy

Sample recommended actions cited in the strategy that are being conducted by AAAs across the country include:

- *Offering opportunities for physical activity across the lifespan (e.g., aerobic and muscle-strengthening exercise classes for seniors).*
- *Developing and instituting policies and joint use agreements that encourage shared use of physical activity facilities (e.g., school gymnasiums, community recreation centers).*

EXAMPLE: GARDENING ACTIVITIES

Gardening can promote physical activity, socialization, relaxation, and better eating habits.¹⁹ PCA encourages community vegetable gardens at senior centers and senior housing complexes via an effort called the Seniors and Garden Exchange (SAGE), which brings together professionals who work with seniors with others who work in urban agriculture, environmental advocacy, and parks. An initial event resulted in a group listserv to provide relevant resources; an online toolkit; and a research project evaluating the effect of senior gardening on older adults living in Section 202 low-income senior housing.

EXAMPLE: SENIOR WALKING GROUPS

Walking can enhance one's physical and mental health while also increasing access to fresh food, medical services, social connections, and public transportation.²⁰ It is the most common and affordable form of exercise for seniors.²¹ Eighty-seven percent of Philadelphians age 60-plus report they can walk without help and 12% can walk with some help, such as another person or a walker.²² An inventory by PCA of senior centers and senior housing sites revealed more than 20 senior walking groups. To support these groups, the agency created the Senior Strut: A Health Event in the Park, which attracted more than 400 seniors to participate in a one-mile walk along Boat House Row, led by a group of costumed Philadelphia Mummers (musicians).



FACT:

*Every year, an estimated 4 million older Americans are victims of physical, psychological or other forms of abuse and neglect. Those statistics may not tell the whole story. For every case of elder abuse and neglect reported to authorities, experts estimate as many as 23 cases go undetected.*²⁶

— AMERICAN PSYCHOLOGICAL ASSOCIATION

*"To those seniors and especially elderly veterans like myself, I want to tell you this: You are not alone and you have nothing to be ashamed of. If elder abuse happened to me, it can happen to anyone. I want you to know that you deserve better."*²⁵

— MICKEY ROONEY, SPEAKING OF HIS EXPERIENCE AS A VICTIM OF ELDER ABUSE

*Reducing injury and violence improves physical and emotional health. The leading causes of death from unintentional injury include motor vehicle-related injuries, unintended poisoning (addressed in the "preventing drug abuse and excessive alcohol use" chapter), and falls. Witnessing or being a victim of violence (e.g., child maltreatment, youth violence, intimate partner and sexual violence, bullying, elder abuse) are linked to lifelong negative physical, emotional, and social consequences. – **The National Prevention Strategy***

Sample recommended actions cited in the strategy that are being conducted by AAAs across the country include:

- *Promoting safer and more connected communities that prevent violence.*
- *Building public awareness about preventing falls, promoting fall prevention programs in home and community settings, and educating older adults on how to prevent falls.*

EXAMPLE: OLDER ADULT PROTECTIVE SERVICES

Abuse of older adults is one of the most under-recognized and under-reported social problems in the United States. According to the National Center on Elder Abuse, adult children are the most frequent abusers of the elderly. Spouses are the second most likely perpetrators. These family members can often be the senior's only source of support, making the victim unwilling or unable to seek help. In 1988, following the enactment of the Pennsylvania Older Adult Protective Services (OAPS) Act of 1987, PCA took on the responsibility of investigating the abuse of Philadelphians age 60 and older. Investigators are available 24 hours a day, 7 days a week to provide intake, investigation, assessment, care planning, and crisis resolution. Anyone may call the PCA Helpline to make a report about an older adult being abused, abandoned, neglected, or financially exploited. The program is funded by the OAA.

In 2003, the agency collaborated with Wachovia Bank to train bankers to recognize the signs of fraud and introduce them to adult protective services. Begun as a pilot program, it was the basis for a national model adopted by the Financial Services Roundtable called the BITS Fraud Prevention Toolkit, which provides banks with a ready-made fraud prevention training program. In 2010, PCA, with support from the mayor, initiated a partnership with the district attorney and police commissioner, to form a city-wide taskforce to address financial exploitation of the elderly. PCA continues to build general awareness around the issue and to advocate for funding the 2010 Elder Justice Act.



FACT:

By 2015, half the people living with HIV infection in the United States will be 50 years of age or older.²⁷

— NATIONAL INSTITUTES OF HEALTH
OFFICE OF AIDS RESEARCH

“People with HIV/AIDS are living longer, healthier, and more productive lives. For this reason, it is critical to increase awareness and decrease stigma within older populations throughout Philadelphia.”

— BRETT J. PALMER, MEd, REGIONAL RESOURCE
COORDINATOR HIV/AIDS, HHS REGION III

*Healthy reproductive and sexual practices can play a critical role in enabling people to remain healthy and actively contribute to their community... Access to quality health services and support for safe practices can improve physical and emotional well-being and reduce... HIV/AIDS, viral hepatitis, and other sexually transmitted infections (STIs). – **The National Prevention Strategy***

Sample recommended actions cited in the strategy that are being conducted by AAAs across the country include:

- *Promoting and offering HIV and other STI testing and enhancing linkages with reproductive and sexual health services (e.g., counseling, contraception, HIV/STI testing and treatment).*
- *Providing information and educational tools to both men and women to promote respectful, nonviolent relationships.*

EXAMPLE: THE AGING AND HIV/AIDS INITIATIVE

PCA's research program is collaborating with St. Joseph's University and the Regional Resource Network Program in the Office of the Assistant Secretary for Health, Region III at the U.S. Department of Health and Human Services to begin raising awareness around HIV and aging issues with older adult populations and their health care providers. This partnership is developing a multipronged approach to simultaneously provide HIV risk assessment, prevention, testing, and care to older adults through the city's senior centers and provide HIV educational resources to their health care providers. PCA's contribution will be to help develop a resource card for both older adults and health care providers to stimulate conversation around HIV/AIDS.

EXAMPLE: LGBT SENIORS & SEXUAL HEALTH

In 2014, PCA provided financial support for the LGBT Elder Initiative's (LGBTEI) Conversations series. Program topics included HIV & Aging, The LGBT Legal Clinic, The Aging Mind 101, and LGBT Older Woman's Health. All LGBTEI Conversations aim to introduce seniors to new resources; bring in new partners, such as the Alzheimer's Association of South Eastern Pennsylvania; and are free and open to the public.



“I’m a praying man. I feel good taking care of her and will continue as long as I can make her comfortable.

*My care manager gives me a lot of support,” says **LEWIS REDDICK**, 84, who receives help from the Family Caregiver Support Program in caring for his wife, Annie.*

*“I don’t want to go into a nursing home. I’m thankful to have my family to help me,” says **ANNIE REDDICK**, 82, who suffers from fibromyalgia, osteoporosis and arthritis.*

FACT:

In 2009, about 42.1 million family caregivers in the United States provided care to an adult with limitations in daily activities, and about 61.6 million provided care at some time during the year.

The estimated economic value of their unpaid contributions was approximately \$450 billion.²⁸

— **AARP PUBLIC POLICY INSTITUTE**

*Mental and emotional well-being is essential to overall health. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Early childhood experiences have lasting, measurable consequences later in life; therefore, fostering emotional well-being from the earliest stages of life helps build a foundation for overall health and well-being. Anxiety, mood (e.g., depression) and impulse control disorders are associated with a higher probability of risk behaviors (e.g., tobacco, alcohol and other drug use, risky sexual behavior), intimate partner and family violence, many other chronic and acute conditions (e.g., obesity, diabetes, cardiovascular disease, HIV/STIs), and premature death. – **The National Prevention Strategy***

Sample recommended actions cited in the strategy that are being conducted by AAAs across the country include:

- *Providing space and organized activities that encourage social participation and inclusion for all people, including older people and persons with disabilities*
- *Training key community members (e.g., adults who work with the elderly) to identify the signs of depression and suicide and refer people to resources.*
- *Expanding access to mental health services and enhancing linkages between mental health, substance abuse, disability, and other social services.*

EXAMPLE: THERAPY, PROFESSIONAL TRAINING, AND COMPANIONSHIP PROGRAMS

As people age, they become increasingly vulnerable to dementia, depression, social isolation, and underlying psychiatric disorders. Getting the right diagnosis and appropriate treatment is essential, but can be challenging. More State and Federal resources are therefore needed to link aging and behavioral health organizations. PCA funds senior center-based mental health services that provide both individual therapy sessions and group seminars. The agency also offers the Mental Health & Aging Certificate Program for professionals in the aging network and in mental health, that more than 550 individuals have completed.

PCA supports several initiatives that help to combat isolation. The Senior Companion Program, funded by the federal Corporation for National and Community Service, connects low-income volunteers, age 55 or older, with homebound older adults. PCA also supports older adults who consider their pet(s) as part of their family, sometimes their only family, through the Philly Pets and Seniors agenda and website.

Lastly, caregiving support is a priority, given the high-stress nature of being a caregiver. The Family Caregiver Support Program helps primary unpaid caregivers for a physically and/or cognitively impaired person who is 60 or older or those under age 60 with a physician’s diagnosis of chronic dementia. PCA also has services available for seniors raising grandchildren.

MOVING FORWARD

To read the full NPS document, please visit the Office of the Surgeon General's website at www.surgeongeneral.gov/nationalpreventionstrategy or contact the office at prevention.council@hhs.gov.

For more information about the work of Philadelphia Corporation for Aging or the Atlantic Philanthropies Health and Aging Policy Fellowship, contact Kate Clark, PCA Planner for Policy and Program Development, at kclark@pcaphl.org

PCA has committed to using the NPS in the following ways, which may be useful to AAAs in other communities. PCA plans to use the strategy to:

- 1. Link the agency to broader public health agendas.** These include both local efforts, such as hospitals' community health needs assessment implementation plans; and regional efforts, such as the United States Health and Human Service Region III's efforts to address risk factors for heart disease and stroke through the Million Hearts Campaign. Additionally, PCA will work with schools of public and population health to support aging-related curricula, research, and community-based efforts.
- 2. Build multidisciplinary collaborations around environment and aging.** The NPS provides an excellent framework for PCA's Age-friendly Philadelphia agenda, in connecting professionals in the fields of aging, health care, and health policy with those in community development, transportation, and urban planning around issues related to older adults.
- 3. Assist aging network organizations to better promote prevention activities and collaborate with other health providers.** Using this document and the NPS, PCA can work with aging network agencies, such as senior centers, to help maximize the impact and reach of existing wellness and prevention programs, and develop innovative collaborations.
- 4. Guide development of its mandated 2016-2020 Area Plan.** Every four years, AAAs must submit strategic plans to their State Units on Aging. PCA will use the NPS Strategic Directions and Priorities to guide the community needs assessment process for the plan, which includes focus groups with seniors and professionals; surveys; and demographic analyses.
- 5. Design programming in select areas.** The NPS and its evidence-based recommendations will serve as a catalyst to promote the design and implementation of new programming at senior centers, senior housing sites, and with other organizations that serve older adults, such as houses of worship.
- 6. Include as a framework in future research and grant applications.** PCA applies to foundations and government funders for additional resources multiple times a year in order to expand its capacity and create new programming. The NPS will provide a sound foundation and rationale for the development of these initiatives.

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Philadelphia Corporation for Aging is a nonprofit organization established in 1973 to serve as the Area Agency on Aging for Philadelphia. Its mission is to improve the quality of life for Philadelphians who are older or who have disabilities and to assist them in achieving optimum levels of health, independence and productivity. PCA receives its funds, in part, from the Older Americans Act, and the Pennsylvania Lottery, through the Pennsylvania Department of Aging; and from Medical Assistance, through the Department of Public Welfare.



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