

**White house Conference on Aging Solutions Forum
The Booming Dynamics of Aging: From Awareness to Action**

Remarks on Community

By

**W. June Simmons, LCSW
CEO of Partners in Care**

It is an honor to be included in this important conference to address aging policies. The life span has increased by approximately 2% per year for several decades, leading many of us to enjoy longer and healthier lives. We long to spend these added years in the community, healthy and involved. Disability rates have dropped at almost the same rate, just under 2% per year, allowing these increased years of health and independence. However we know that these dynamics are not spread uniformly – there are great variations, based on income. And the ethnic disparities that have now been demonstrated are dramatic and must be addressed. We have a new life span, but this privilege must be supported by an enriched and re-focused Aging Services Network that supports health and independence. Barring great hope for vastly expanded resources, we must transform what we now provide to have greater impact and appropriately serve more of the diverse and growing older population.

Under the Older Americans Act many services have been established and sustained in communities all across our region, our state and the nation. Senior Centers with a rich array of activities, Meals programs, Transportation and many other resources are made available to our older adult population. But each cohort of older adults is unique and as new cohorts, like the Boomers, “age in” we must adapt programming to meet their changing needs and benefit from growing knowledge.

There is a new vision for community based services emanating from the Administration on Aging, under the leadership of Josefina Carbonel. A new and dynamic alliance between CMS and AoA has emerged, working to convert the valuable resources of the Aging Network to better address the promotion and retention of health. Focusing on the new revolution in services, “evidence-based practice,” there is an effort to more sharply define the use of community services resources to assure greatest impact for the investment made – we want the most bang for the buck that we can get, especially in an era of increasingly constrained resources. And we want to move community aging services to partnerships with health care systems to create new views of aging and health.

We want to see the right care in the right place at the right time. We have discovered that 40% of all deaths in America are due to “modifiable risk factors.” Previously tobacco led the parade, serving as the largest cause of deaths of this type. Now we note new forces rapidly encroaching on the lead position – obesity and physical inactivity. There is an epidemic in America, and the elderly are not immune. In fact less than one-third of older adults engages in a healthy amount of physical activity, despite the fact that many have more time than most of us. Poor nutrition coupled with inadequate physical activity

leads to obesity which results in a host of powerful impacts on the physiology, harming most organ systems and resulting in both suffering and premature death – let alone vastly increased medical expenses.

Physical activity has now been identified by researchers as the single most powerful factor in health status, AT ANY AGE. Even frail elders in their nineties were recently demonstrated to increase their life span by as much as 28% through proper physical activity. It helps at all ages – but re-building muscle in the older years is vital and can occur at all ages. Muscle is one component that can be regained at any age. We know that physical activity has tremendous benefits – it reduces pain, improves flexibility and balance, helps to reduce the risk of injurious falls, increases sense of well-being and can diminish depression.

This insight should be transformational – community based agencies have offered physical activity programs for decades. Now our understanding of the need for evidence-based physical activity that is both safe and tied to improving function has grown. We must move from offering programs we are fond of and know best to identifying Best Practice and evidence-based programs and finding new approaches to encourage their use among older adults.

Programming is not enough. Our outreach and education to help elders understand the crucial need for exercise must be enhanced. And our skills in assisting elders in modifying their lifestyle to promote expanded physical activity, healthy eating and appropriate weight is essential. We have important tests of these concepts underway here in Los Angeles and in many communities in America now. We must identify what really works to engage people in healthy living and provide the most powerful tools for them to use and succeed. In Senior Centers – through faith based organizations – through cable television – through regular health clubs. And we must bring these resources to all levels of health. Even the very frail individual can benefit from these important tools, right at home. Especially if we find new sources of encouragement, support and coaching. Personal peer coaches for frail elders at home – what a concept! But the research tells us it is critical – to set clear goals for oneself that really matter, to share with others and have some accountability and concern with encouragement, to track progress.

Of course community settings can address a host of other issues and challenges, but these are some of the most leveraging areas for leadership. Others include identifying developing chronic conditions early, when their progress and damage can be mitigated through helping seniors learn effective self-care. This includes diabetes, high blood pressure, Parkinson's and other neurological disorders, cognitive decline, depression and a host of other serious conditions. Community settings are ideal for screening and thus identifying conditions at an early stage when more can be done to contain them, especially for those who don't see physicians. And the marriage of AoA and CMS to join hands in this way can allow community settings to evolve in to health promotion and healthy living support resources that ultimately improve quality of life while at the same time driving down the cost of health services.

Another area of great import is medications management – medications errors are the 5th leading cause of death and occur in about 25% of all Medicare enrollees. The results: \$177 billion spent to treat the results of medication errors. Is this our job? Why would we be involved? We have access to seniors in the community before they need to call 911. Screening and support in identification and resolution of medications errors can reduce confusion, depression, blood pressure issues, falls and a host of other problems.

Some of this can be addressed in community agencies. Much of it can be addressed in care management programs. Care managers already collect medications – they look, they list and they chart. But it usually stops there as they are not trained to use that information. New partnerships with consulting pharmacists are essential to use the new cost-effective methods of finding and fighting medication errors like those we are championing in Partners in Care.

Conclusion

The future challenge is to continue to re-design community services and resources to have greater impact on health status through early intervention, consumer education and screening and assistance in managing both serious conditions and important risk factors. New evidence-based approaches are being developed every day. Community settings must be supported, helped with new skills development and technical assistance and encouraged by funders to transform their current good programs into even more powerful and high impact health-promotion centers. Rising to the new wealth of diversity and the multiplicity of aging cohorts, our leadership must be challenged to design services in the community for changing needs and changing times. It is a worthy and inspiring call.