

Healthy Aging Workshop: Public Health and Aging Services Collaboration

Workshop Summary Report | 2023



Table of Contents

Overview	2
Pre-Workshop Activity	2
Pre-Workshop Activity Findings	2
2023 Healthy Aging Workshop.....	5
Breakout Discussions.....	7
Shared Priorities Across Regions	20
Workshop Takeaways.....	21
Appendices	ii
Regional Map	ii
Pre-workshop Activity	iii
Healthy Aging Workshop Agenda.....	vi
Healthy Aging Workshop Attendees	vii
Region 1.....	vii
Region 2.....	vii
Region 3.....	vii
Region 4.....	viii
Region 5.....	viii
Region 6.....	viii
Region 7.....	ix
Region 8.....	ix
Region 9.....	ix
Region 10.....	x
Resources	xi
Mural Board	xiii



Overview

The U.S. Department of Health and Human Services (HHS) Office of Disease Prevention and Health Promotion (ODPHP), in partnership with Trust for America's Health (TFAH) and The John A. Hartford Foundation (JAHF), hosted the 2023 Healthy Aging Workshop on February 14, 2023. The workshop convened over 100 public health and aging services leaders (this number includes all attendees, federal, TFAH, and JAHF) from jurisdictions* across the United States, including states, territories, and tribes, to foster cross-sector collaboration to improve and support the health and well-being of older adults in their jurisdictions. These participants shared expertise, expanded professional networks, and identified strategies to advance healthy aging in every jurisdiction.

**Jurisdiction refers to the geographic region encompassed by a state or territory*

Pre-Workshop Activity

To lay the foundation for collaboration, participants shared healthy aging priorities based on State Health Improvement Plans (SHIPs) and State Plans on Aging (SPAs). Leaders from both the public health and aging services sectors within the 10 HHS regions identified key priorities for and challenges to addressing older adult health and social needs and noted successes they have experienced.

Leaders from jurisdictions were encouraged to complete the pre-workshop activity with their public health or aging services counterpart if possible. One-on-one consultation opportunities were offered, as well as four office-hour sessions to provide guidance for leaders completing the pre-workshop activity. Administration for Community Living (ACL) Regional Administrators (RAs), HHS Regional Health Administrators (RHAs) and Senior Public Health Advisors also attended office hours to help support leaders in their regions.

The pre-event activity was divided into three sections: collaboration goals and priorities, collaboration challenges, and factors that contribute to successful collaboration/partnership. Jurisdictions shared their top three healthy aging priorities for collaboration in 2023 to 2024 selected from a list of topics, shared applicable challenges, and identified contributing factors that have historically led to successful partnerships and collaboration in their jurisdictions. Leaders were also given space to share examples of successful partnerships and the factors that contribute to them.

Pre-Workshop Activity Findings

Leaders from states, territories, and participating tribes submitted 35 completed pre-event activity forms and many shared publicly available SHIPs and SPAs.

In the first section of the activity, leaders considered collaborative priorities and goals to improve older adult health in their jurisdiction. Among the 35 submitted activities, leaders selected three priorities more frequently than others: family caregivers (n=18), improving health equity (n=16), and Alzheimer's disease and dementia (n=15). Figure 1 shows the response frequencies for all priority areas.

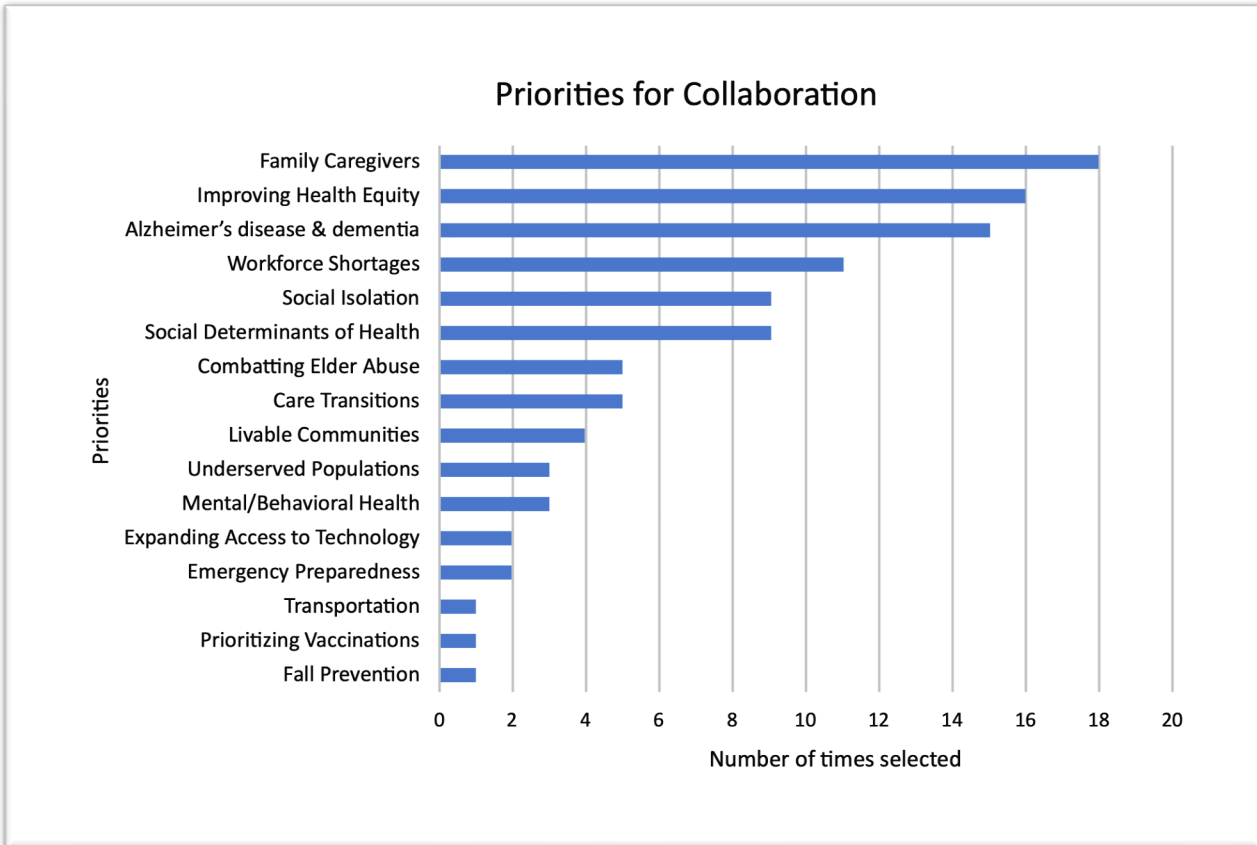


Figure 1: Priorities for aging services and public health collaboration

In the second section, leaders considered challenges to partnering and collaborating across sectors in their jurisdictions. The most common challenge was lack of personnel/workforce shortages (n=21), followed by lack of funds (n=20), and lack of time to commit to these issues (n=13). Many leaders opted to select “other” and write in their own words what challenges they had experienced. Additional challenges included:

- Differing funder priorities
- Sector staff turnover resulting in a pause in collaboration
- No previous relationship across sectors
- A specific struggle to find and retain qualified employees
- Separate funding streams
- “One-size-fits-all” policies do not fit all communities or service areas

The report appendix contains all of these “write-in” challenges.



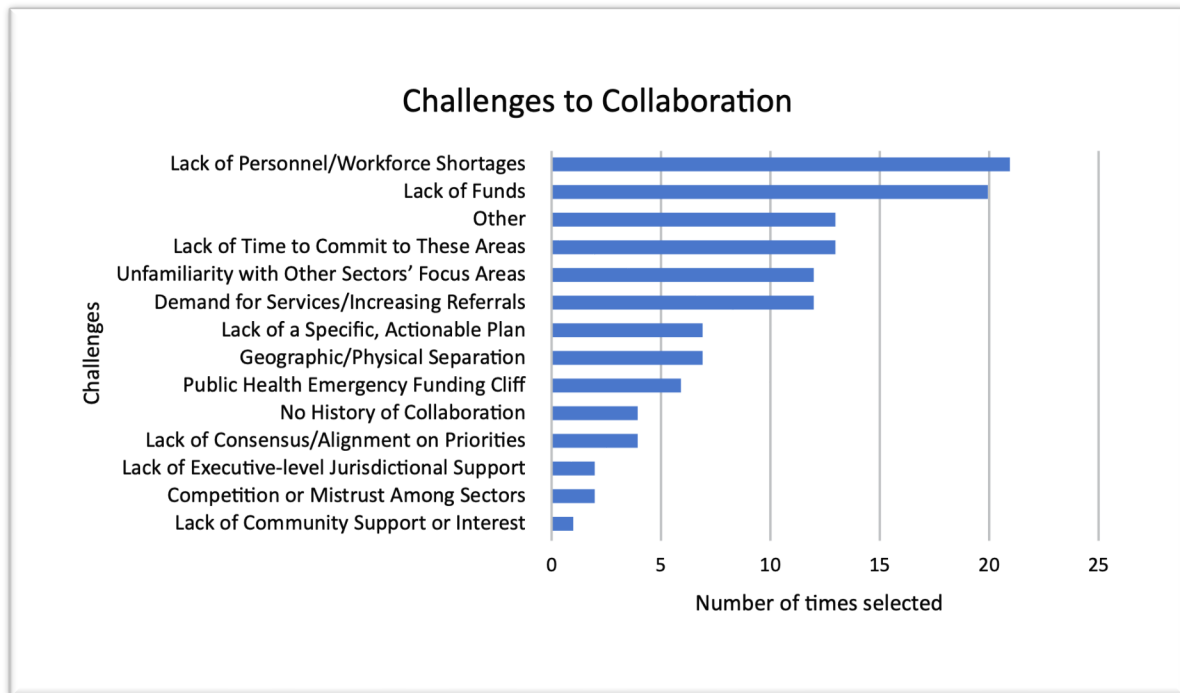


Figure 2: Challenges to collaboration between public health and aging services

In the third section leaders shared contributing factors that led to an advancement in healthy aging based on previous successful cross-sector collaborations. Again, leaders could select as many options as applicable, had the option to select “other,” and could provide the specific contributing factor that fostered successful collaboration.

The most commonly cited success factor was identifying a shared priority (n=25), followed by sharing data and/or annual reports (n=19) and time dedicated to collaboration (n=16). Leaders also recognized having a champion in senior leadership (n=16) as helpful to successful collaborations.

Additional factors included:

- All of the listed options have been key to successful collaborations
- Standing monthly meetings
- Long-standing relationships
- Access to decision makers that have aided relationships and initiatives across sectors





Figure 3: Successes experienced in previous public health and aging services collaborations.

2023 Healthy Aging Workshop

The 2023 Healthy Aging Workshop provided the opportunity for leaders from each region to discuss their priorities and brainstorm one short-term (four to eight weeks) and one medium-term (eight to twelve weeks) action item on which to collaborate. RHAs and ACL RAs facilitated these conversations.

Before participants split into breakout rooms by region, they responded to a poll gauging the current level of collaboration between public health and aging services sectors. Figure 4 shows the results from that poll.



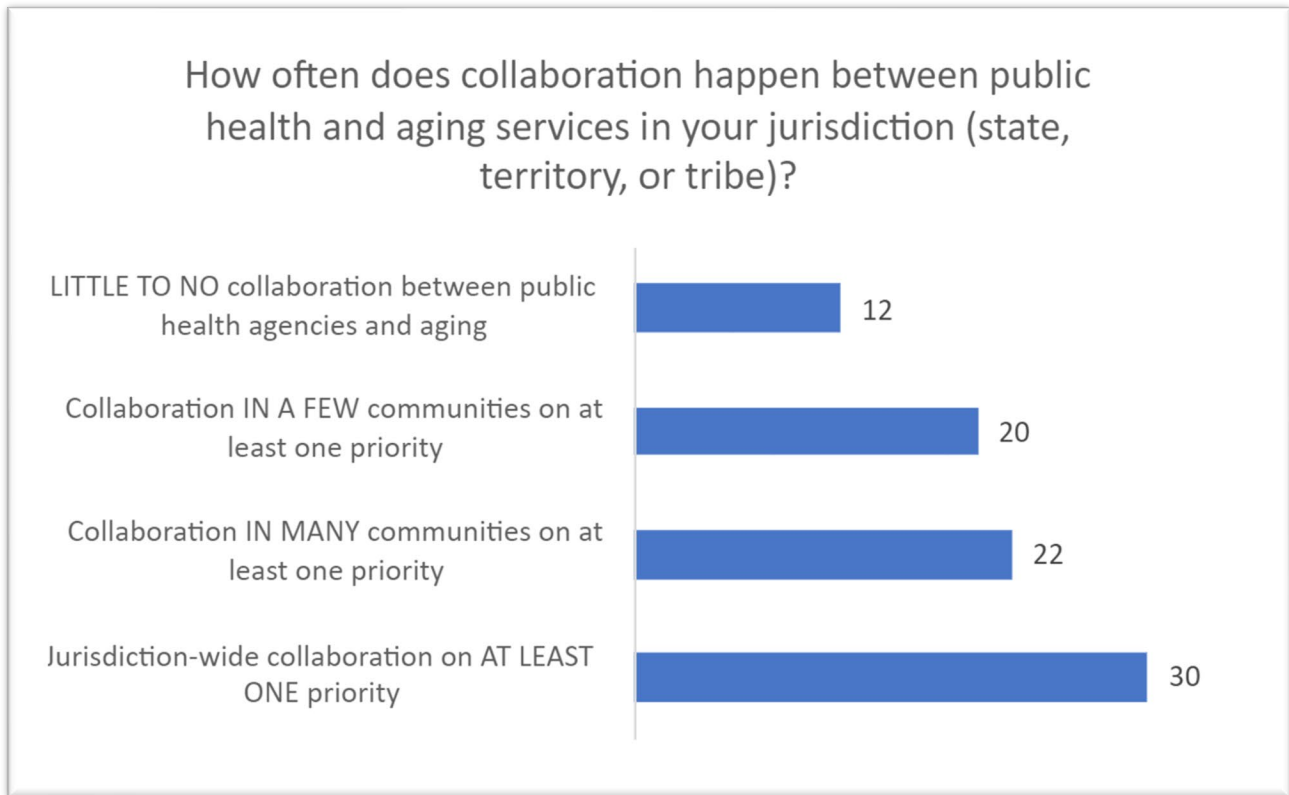


Figure 4: Results of a Zoom poll to gauge previous levels of collaboration between public health and aging services sectors.

The most selected response (n=30) indicated that jurisdiction-wide collaboration was happening on at least one identified shared priority. The least selected response (n=12) was on the other end of the collaboration spectrum, indicating little to no collaboration happening between public health and aging sectors. In total, 84 attendees responded to the poll.

To frame expectations for discussion throughout the workshop, Elizabeth Head, Deputy Director of the Georgia Department of Public Health, and Talyah Sands, the Director of Health Improvement at the Association of State and Territorial Health Officials (ASTHO), briefly discussed successful collaboration across public health and aging services sectors in Georgia. In partnership with ASTHO and TFAH, and with support from The John A. Hartford Foundation, the Georgia Department of Health and Department of Aging Services worked together to crosswalk the State Health Improvement Plan with the Georgia State Plan on Aging to identify synergies in addressing older adult health. This collaboration was detailed in the *Journal of Public Health Management and Practice* in a research report titled, "[Improving Older Adult Health by Operationalizing State Plans on Aging and Health Improvement](#)," and has been featured on ASTHO's public health podcast during the [Older Adults and Healthy Aging episode](#).



Breakout Discussions

To facilitate regional discussions on identified healthy aging priorities and further identify strategies for future collaboration, breakout discussions were planned for each HHS region. Each breakout room is identified below by HHS region and the states, territories, and select tribes included in each region. The breakout room discussions were facilitated primarily by RHAs and ACL RAs and, in some cases, assisted by ODPHP and TFAH.

Within the breakout groups, leaders not only discussed their jurisdictions' top priorities, but also selected at least one shared priority and explored objectives for advancing those priorities, including additional partners, and overcoming potential barriers.

Rich, robust discussions led to opportunities to continue conversations in future regional workgroups as not all regions completed all steps during the allotted time.

REGION 1: CONNECTICUT, MAINE, MASSACHUSETTS, NEW HAMPSHIRE, RHODE ISLAND, VERMONT
FACILITATED BY: JENNIFER THROWE; NATALIA GUEVARA

Region 1 Mural Board

Health equity, social determinants of health (SDOH), and Alzheimer's disease and dementia were the most often identified shared priorities in Region 1.

Leaders chose to prioritize **social determinants of health** and **health equity** for collaboration.

Top Priority	Objectives
Health Equity	<ul style="list-style-type: none"> • Define the terminology around health equity specific to older adults • Decide on what metric to use for measurements • Improve awareness and education regarding health equity and sexual violence across the life span for older adults • Address ageism <ul style="list-style-type: none"> ○ Policies and protocols to address and reduce ageism
Social Determinants of Health	<ul style="list-style-type: none"> ○ Create a clear definition ○ Create a metric for measurement ○ Develop distinct ways to report measurable SDOH and how it applies for each region

To build towards collaborative action, Region 1 chose to focus on **social determinants of health**.

Potential Steps	<ul style="list-style-type: none"> • Review existing definitions • Choose 1-2 to adopt to specific population • Once the info is collated, convene a meeting • Rely on SDOH-CDC/NIH documents • Collect data by SDOH categories as opposed to disease • Stratify information using different standardized parameters
Who can be part of the solution?	<ul style="list-style-type: none"> • Federal and/or state assistance with the review on current definitions • Academic and university partners to help determine a metric for measurement



REGION 2 – NEW JERSEY, NEW YORK, PUERTO RICO, U.S. VIRGIN ISLANDS, SAINT REGIS MOHAWK TRIBE

FACILITATED BY: APRIL SMITH-HIRAK; RHONDA SCHWARTZ

Region 2 Mural Board

The common priorities shared in the region were workforce (including family caregivers), health equity, and livable communities (which included communities that were livable for people with Alzheimer’s disease and dementia).

Leaders focused on **workforce (including family caregivers)** and **health equity** as their top two priorities, and their robust discussion focused primarily on workforce.

Top Priority	Objectives
Workforce (including family caregivers)	<ul style="list-style-type: none"> • Identify novel allocation of resources based on risk • Tax credits for community healthcare workers • Incentives for family and paid caregivers to enter process
Potential Steps	<ul style="list-style-type: none"> • Define shared mission statement for project • Establish distinct work groups based on geographical location and shared goals • Establish SDOH within jurisdictions by drafting needs assessments to compare data
Who can be part of the solution?	<ul style="list-style-type: none"> • Public health and aging services sector individuals across states, territories, and tribes in the region • Appointed health officials and particular elected officials

Region 2’s collaborative actions included contacting other public health and aging services partners to form workgroups within four to eight weeks, and identifying barriers to accomplishing goals so that jurisdictions can better understand one another’s needs to overcoming barriers together in the long term.



REGION 3 – DELAWARE, DISTRICT OF COLUMBIA, MARYLAND, PENNSYLVANIA, VIRGINIA, WEST VIRGINIA

FACILITATED BY: LAURA HOUSE; DALTON PAXMAN

Region 3 Mural

In Region 3, leaders chose to prioritize **health equity** and **improving collaboration**.

Top Priority	Objectives
Health Equity	<ul style="list-style-type: none"> ● Increase awareness of services ● Address key drivers of health (unemployment, housing, transportation, food environment, medical access, outdoor environment, community safety) ● Collaborate and prioritize goals ● Translation services, including communicating services, in different languages ● Identify priority populations (e.g., disabled people, LGBT+ people) ● Identify and secure funding ● Conduct a needs assessment to aid in planning
Improving Collaboration	<ul style="list-style-type: none"> ○ Leverage funding ○ Collaborate with non-profits or private entities

To build towards collaboration, the group chose to focus on **health equity** and how to increase public awareness of available services to ensure people can navigate resources.

What are potential solutions?	<ul style="list-style-type: none"> ● Compiling an extensive list of all resources available in the region ● Understanding the diversity of older adults and adapting resources to their needs ● Promoting resources in different ways ● Ensuring provided information is current ● Improving inter-/intra- agency awareness
Who needs to be part of the solution?	<ul style="list-style-type: none"> ● Service providers, healthcare providers (help with compiling list of available resources and provide up-to-date information) ● Target audience (older adults) ● Hospital representatives who assist with discharge, ensuring smooth transition ● Area agencies on aging (in Pennsylvania) ● Representative from agencies to be point person for providing information
Additional notes:	<ul style="list-style-type: none"> ● Test whether information is available to seniors ● Target Black Americans and Hispanic older adults in specific areas or those with the greatest socioeconomic need



REGION 4 – ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, TENNESSEE, NORTH CAROLINA, SOUTH CAROLINA

FACILITATED BY: COSTAS MISKIS; JOHN GILFORD

Region 4 Mural Board

In Region 4, leaders chose to prioritize **social isolation** and **family caregivers**.

Top Priority	Objectives
Social Isolation	<ul style="list-style-type: none"> • Define <i>social isolation</i> and <i>socially isolated person</i> <ul style="list-style-type: none"> ○ What are they isolated from? Environmental or community resources for urban vs rural areas (people, food, etc.) • Identify the intended audience, i.e., individuals who are socially isolated <ul style="list-style-type: none"> ○ Determine if there is capacity to quantifiably assist where they are • Map out location of socially isolated senior individuals and strategically plan support initiatives • Identify the resources that are available in communities to map and connect socially isolated individuals with community services, churches, and others who provide resources and services to aging and isolation • Verify if individuals are self-reporting as socially isolated • Determine how to identify people who are socially isolated
Family Caregivers	<ul style="list-style-type: none"> • Define who is a family caregiver and raise awareness of family caregiving <ul style="list-style-type: none"> ○ Grandchildren taking care of grandparents ○ Middle-aged adults taking care of older adults ○ Help individuals identify themselves as caregivers • Increase knowledge of and access to resources and services <ul style="list-style-type: none"> ○ Virtual support groups can also help reduce caregiver stress • Identify and facilitate caregiver support and linking people with appropriate support groups and resources <ul style="list-style-type: none"> ○ Some churches and community groups have these resources ○ Mississippi Family Caregiver Coalition ○ Survivorship caregiver support groups ○ Expand public and private partnerships in human resources, business community, or Chambers of Commerce to support caregivers in workplace • Caregiver health promotion and prevention <ul style="list-style-type: none"> ○ Some form of respite to empower caregivers take care of themselves ○ Self-management programs or other programs for the overall health of caregivers



To begin building towards collaborative, Region 4 leaders chose to focus on identifying the intended audience and resources in communities for **social isolation**.

<p>What are potential solutions?</p>	<ul style="list-style-type: none"> • Review what has already been done and what data sources are currently available • Schedule annual well care visits • Provide long-term care facilities with data to identify target populations • Educate faith leaders or community leaders and engage with faith-based communities
<p>Who needs to be part of the solution?</p>	<ul style="list-style-type: none"> • Aging agencies and senior centers • Wraparound navigation services • Faith-based communities • Regional emergency response teams – aging sector, public health sector, emergency operation centers, and state units on aging • Choose representative from agencies to be point person for providing information

As the discussion continued, Region 4 focused on increasing the knowledge of services and access to available services for **family caregivers**.

<p>What are potential solutions?</p>	<ul style="list-style-type: none"> • Form caregiver support groups • “No Wrong Door” approach to serving family caregivers • Engage family caregiver coalition • Engaging chronic disease coalition
<p>Who needs to be part of the solution?</p>	<ul style="list-style-type: none"> • Family caregiver coalition • State Plans, chronic disease coalitions, and collaborative groups • Faith-based communities • Caregiver support groups • Disability groups • AAAs • Senior centers • State aging office, nonprofits, cross-sector collaborations, faith-based organizations • Elder helpline • ARPA, and other hubs like transportation, housing, legal support



REGION 5 – ILLINOIS, INDIANA, MINNESOTA, OHIO, MICHIGAN, WISCONSIN, LAC COURTE OREILLES TRIBE

FACILITATED BY: LACEY BOVEN; MICHELLE HOERSCH

Region 5 Mural Board

Alzheimer’s disease and dementia, and workforce were two priorities for three or more jurisdictions in Region 5. Family caregivers and social isolation, health equity, and prioritizing vaccinations were each identified as priorities by two jurisdictions.

Leaders chose to focus on **Alzheimer’s disease and dementia** and **workforce** as the top two priorities. To address workforce issues, leaders suggested partnering with school districts across states and introducing working with older populations earlier in the education experience (i.e., early high school).

Top Priority	Objectives
Alzheimer’s disease and dementia	<ul style="list-style-type: none"> ● Legislatively mandated trainings for healthcare providers ● Utilize “rest” model to provide Alzheimer’s disease and dementia specific respite care to support the family caregiving workforce ● Continued relationship building and partnering across federal and local health, labor & education agencies ● Strategic partnering between internal and external agencies
Workforce	<ul style="list-style-type: none"> ○ Diversify focused intersectionality ○ Introducing education at high school level to create interest early on ○ Collaboration and partnerships between Department of Labor and Department of Education ○ Increase mentorship programs to reduce turnover



To begin building towards collaboration, Region 5 leaders chose to narrow their focus on potential solutions and partners to address **workforce** issues.

<p>What are potential solutions?</p>	<ul style="list-style-type: none"> • Partner with Board of Education & school districts within state • Identify local and national educators on aging, create teacher endorsement for aging • Offer high school programs to encourage workforce programs and licenses for post-high school graduates • Address workforce deserts <ul style="list-style-type: none"> • Creating educational healthcare pathways at local community colleges • Overcome federal issues with the Department of Labor Standard Occupational Code <ul style="list-style-type: none"> • Grassroot level curriculum that incorporates aging and gerontology certificate training in this specialty
<p>Who needs to be part of the solution?</p>	<ul style="list-style-type: none"> • Department of Labor • Department of Commerce & Economic Opportunity • Current healthcare providers • State school board • Community colleges and higher education • School social workers and guidance counselors • Expose young people to wisdom of elders • Witnesses to experiencing seniors rotate in and out of rehab

Region 5’s short-term action items included using workforce stabilization sub-committees to set up pilot programs, identifying supporting agencies within jurisdictions, and learning more about existing partnerships and their effectiveness. In the long term, these committees would be streamlined and made more efficient to combat cumbersome hiring statewide.

REGION 6 – ARKANSAS, LOUISIANA, NEW MEXICO, OKLAHOMA, TEXAS, MESCALERO APACHE TRIBE, PUEBLO OF TESUQUE, OHKAY OWINGEH, SAC AND FOX NATION
FACILITATED BY: CAPTAIN MEHRAN S. MASSOUDI; DEREK LEE

[Region 6 Mural Board](#)

Leaders in Region 6 frequently listed **family caregivers** across jurisdictions and selected that as a main priority to further discuss, as well as **livable communities** as a second main priority.

Top Priority	Objectives
<p>Family Caregivers</p>	<ul style="list-style-type: none"> • Increase awareness of available resources • Provide tax credits • Provide better pay in the workforce • Interdisciplinary training
<p>Livable Communities</p>	<ul style="list-style-type: none"> ○ Age friendly communities, environments, and policies ○ Readily available resources <ul style="list-style-type: none"> ○ Remote interventions and access to food ○ Transportation ○ Multi-sector approaches



To support **family caregivers**, leaders agreed that improving awareness of resources and creating additional resources would be a first step.

<p>What are potential solutions?</p>	<ul style="list-style-type: none"> • Develop targeted marketing campaigns • Assess current inventory of resources • Connect networks • Support the workforce • State-wide templates and forums engaging the community
<p>Who needs to be part of the solution?</p>	<ul style="list-style-type: none"> • State-wide organizations • Community and analysis teams, extension offices, and service providers • Community health workers • Public health nurses • Health educators • Health councils • Universities • Geriatricians • Social Workers

Livable communities would include age-friendly built environments and policies, readily available resources, and transportation options through multi-sector approaches. To achieve this vision, region leaders agreed connecting networks and centering accessibility would be important aspects to remember.

<p>What are potential solutions?</p>	<ul style="list-style-type: none"> • Evaluate accessibility • Connect networks • Determine what is currently missing and where to focus efforts
<p>Who needs to be part of the solution?</p>	<ul style="list-style-type: none"> • Agencies and providers • Developmental Disabilities council

Leaders' next steps will be to review the Healthy Aging Workshop report and schedule a planning meeting.



REGION 7 – IOWA, KANSAS, NEBRASKA, MISSOURI

FACILITATED BY: KATIE COSTELLO; CATHERINE SATTERWHITE; KARON PHILLIPS

Region 7 Mural Board

Top Priority	Objectives
Social Determinants of Health	<ul style="list-style-type: none"> • Transportation costs <ul style="list-style-type: none"> ○ Missouri and Nebraska reported numerous housing and transportation issues • Home modifications to make it safer for elders <ul style="list-style-type: none"> ○ Missouri reports that many AAAs are using a waiver from ACL to perform home modifications; this will help alleviate some of the workload for family members and paid staff ○ Maximize ACL flexibility related to home modifications • To improve housing, use universal design and increase access to affordable, safe housing • Utilize occupational therapists to perform assessments to prevent falls • Nutrition services <ul style="list-style-type: none"> ○ Increase participation and delivery methods to reduce food inequity issues in rural areas

While health equity and combatting elder abuse were mentioned across jurisdictions, leaders selected **workforce** issues and **social determinants of health** as their top two priorities.

Top Priority	Objectives
Workforce	<ul style="list-style-type: none"> • Market volunteer opportunities to increase public awareness • Bridge programs <ul style="list-style-type: none"> • In Iowa, one of the AAAs has a pilot project that was created in response to direct care workforce shortages in rural areas; the project offers an emergency hired short-term homemaker personal care option and has them on staff at the AAA • This pilot could be replicated in other states • Connect retirees to increase number of volunteers • Make Community Health Workers (CHW) programs more sustainable • Use Community Health Workers and peer support workers to increase employment • Employ more in-home support workers and direct care workers • Support family caregivers



To begin building towards collaboration, Region 7 leaders chose to focus on **workforce initiatives**, specifically to increase the number of available volunteers.

<p>What are potential solutions?</p>	<ul style="list-style-type: none"> • Advertising, getting the word out, incentives <ul style="list-style-type: none"> ○ Target young people (high schoolers, college students), individuals with cars, and people who can drive, pre-retirees • Promoting opportunities (can be virtual) • Benefits of volunteering in hopes that the base increases <ul style="list-style-type: none"> ○ The participant from Kansas shared that the state created a class about the benefits of volunteering; anyone can take the class so they can learn more about their program and become a volunteer • Creating common messaging <ul style="list-style-type: none"> ○ The Aging Advisory Committee in Nebraska has been meeting with senior center directors to discuss shared messaging
<p>Who needs to be part of the solution?</p>	<ul style="list-style-type: none"> • Get Set Up program: By and for adults who are 50 and older, the program brings pre-retired individuals into the volunteer realm • Have advertisements developed in a way that is easily accessible and attractive to the target population • Graphics/pictures/social media toolkits like Meals on Wheels of America • Questions to consider: <ul style="list-style-type: none"> ○ Is there an agency that needs to be involved in putting together advertisements? ○ How should we target the younger generation? ○ Is there a way to get CEU's for people who are volunteering? ○ How to get CEUs for SHIP (or CHIP) counselors/Medicare counselors?

Leaders' next steps will be to watch the Get Set Up video used in Kansas to see if the model can be applied in other states, schedule a meeting to continue the conversation, and reach out to counterparts that could not attend the workshop.



REGION 8 - COLORADO, MONTANA, NORTH DAKOTA, SOUTH DAKOTA, UTAH, WYOMING, ROCKY MOUNTAIN TRIBAL LEADERS COUNCIL, PUEBLO OF ACOMA, OGLALA SIOUX TRIBE, NORTHERN ARAPAHO TRIBE

FACILITATED BY: SALLY ABBOT; PERCY DEVINE

Region 8 Mural Board

Region 8 leaders primarily discussed **family caregivers** and **workforce challenges**.

Top Priority	Objectives
Workforce	<ul style="list-style-type: none"> • Rectify staffing issues with public health nurses • Make telehealth a part of the conversation • Bridge the pay gap <ul style="list-style-type: none"> ○ People with public health background tend to leave rural areas for better pay • Increase access to mental health services

Top Priority	Objectives
Family Caregivers	<ul style="list-style-type: none"> • Market volunteer opportunities to increase public awareness • Bridge programs <ul style="list-style-type: none"> • In Iowa, one of the AAAs has a pilot project that was created in response to direct care workforce shortages in rural areas. The project offers an emergency short-term homemaker personal care option and hires a direct care person to be put on staff at the AAA. This pilot could be replicated in other states • Connect retirees to increase number of volunteers • Make Community Health Workers (CHW) programs more sustainable • Use Community Health Workers and peer support workers to increase employment • Employ more in-home support workers and direct care workers • Support family caregivers



To address **workforce issues**, leaders identified two primary objectives: pay disparities in rural areas compared to traveling nurses and access to mental health supports and services.

What are potential solutions?	<ul style="list-style-type: none"> • Create more efficient ways to share data <ul style="list-style-type: none"> ○ Standardize data collected for the aging population • Improve relationships with internal stakeholders <ul style="list-style-type: none"> ○ More transparency in executive hierarchy
Who needs to be part of the solution?	<ul style="list-style-type: none"> • Department of Health • Licensure offices

On the topic of **family caregivers**, leaders recognized that this is largely a rural issue and focused on ways they could support caregivers of older adults in rural communities.

What are potential solutions?	<ul style="list-style-type: none"> • Ensure robust participation among both aging services and public health • Partner with advocacy organizations
Who needs to be part of the solution?	<ul style="list-style-type: none"> • Caregivers • Home health partners • Public health system

REGION 9 - ARIZONA, CALIFORNIA, HAWAII, NEVADA, AMERICAN SAMOA, COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS, FEDERATED STATES OF MICRONESIA, GUAM, REPUBLIC OF THE MARSHALL ISLANDS, REPUBLIC OF PALAU

FACILITATED BY: COMMANDER MATTHEW JOHNS; MEGAN WOLFE

[Region 9 Mural Board](#)

Family caregivers and **Alzheimer’s disease and dementia** were the shared priorities across jurisdictions and were selected as the two priorities to focus on by leaders.

Top Priority	Objectives
Alzheimer’s disease and dementia	<ul style="list-style-type: none"> • Create local partnerships • Public awareness campaigns through media
Family Caregivers	<ul style="list-style-type: none"> • Provide support to caregivers • Improve access to resources on caregiving programs • Improve respite care • Improve state level partnerships

Leaders in Region 9’s rich discussion focused on a diverse set of issues among the states and territories. The group focused on family caregivers, how to begin collecting data on available respite care programs for caregivers, and how to expand those services.



REGION 10 – ALASKA, IDAHO, OREGON, WASHINGTON

FACILITATED BY: LOUISE RYAN; RENÉE BOUVION

Region 10 Mural Board

Alzheimer’s disease and dementia was identified as a top priority across three jurisdictions in Region 10, and leaders focused only on this issue for objective setting and action planning.

Top Priority	Objectives
Alzheimer’s disease and dementia	<ul style="list-style-type: none"> • Create a qualified workforce • Support family caregivers <ul style="list-style-type: none"> ○ Set individuals/families up for success before it becomes a public health issue ○ Public education campaigns • Close the gap for racial and ethnic minorities • Educate primary care physicians for early diagnosis for all

Looking ahead, Region 10 plans to collect examples of work (e.g., fact sheets, survey results, toolkits, etc.) from across the Region and share those resources widely. Additionally, leaders in Region 10 will share policy and legislative examples that support building a qualified workforce. They will continue planning in quarterly meetings.

What are potential solutions?	<ul style="list-style-type: none"> • Bring in departments that can address SDOH • Ensure public education is culturally appropriate • Review state plans
Who needs to be part of the solution?	<ul style="list-style-type: none"> • Departments that can address SDOH



Shared Priorities Across Regions

At the conclusion of the breakout groups, one volunteer from each breakout group gave a report out on their region’s discussion. This gave everyone an opportunity to see the common priorities across all regions: family caregivers (n=4), workforce (n=4), health equity (n=3), Alzheimer’s disease and dementia (n=3), and social determinants of health (n=2).

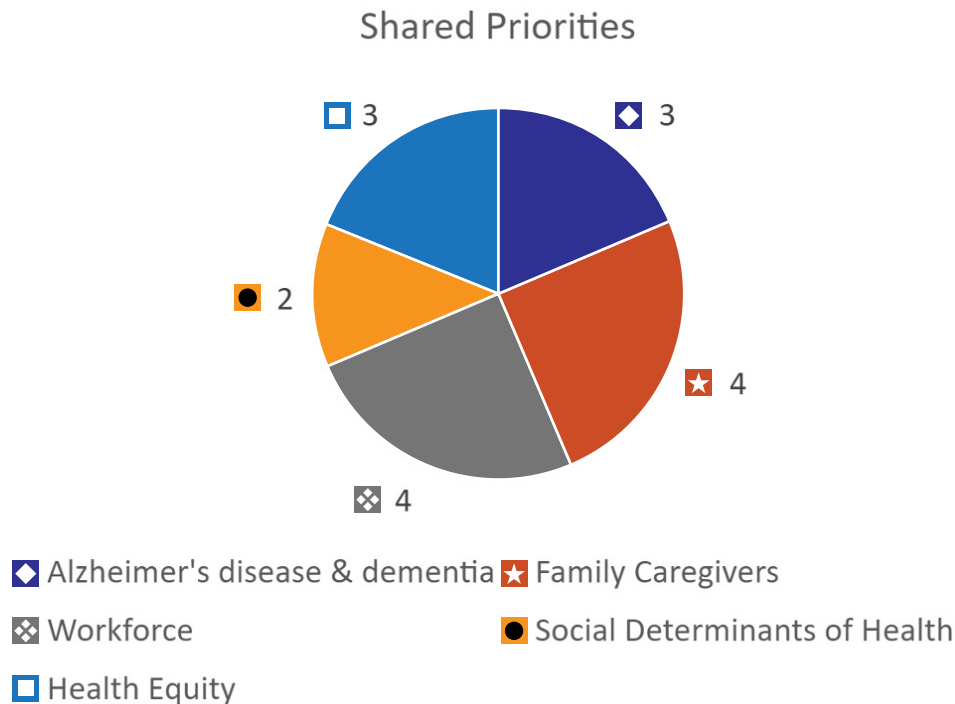


Figure 5: Common themes identified across regions.

The interconnectedness of several priorities created an opportunity for robust discussion among group members. For example, some participants thought family caregivers should be considered part of the healthy aging and public health workforce. As another example, participants described livable communities as including access to technology and being friendly toward people with Alzheimer’s disease and dementia. The connections among the priorities prompted important discussions around shared definitions and possibilities for how these priorities could expand.

Regions that identified short- and medium-term action items defined future work at the jurisdictional level with possible opportunities to grow into regional partnerships in the future. It is also noted that there are unique state-level considerations that may not be applicable across states, territories, and participating tribes within a region.



Workshop Takeaways

The workshop concluded with an activity to gauge participants' outlook on the future of healthy aging collaboration in their region.

Based on a word cloud activity, participants expressed that they were feeling "hopeful," "inspired," and "optimistic" and noted this work is "promising," "educational," "innovative," and "necessary."



Figure 6: A word cloud generated by participants when asked for one word to describe their outlook on the future of collaboration across sectors.

The biggest success of the workshop is the sense of inspiration experienced by the attendees. Jurisdictional leaders and entire regions left looking forward to continuing their conversations on healthy aging in future regional calls, convenings, and workshops. New partnerships started to emerge while familiar collaborators looked to continue their efforts toward advancing healthy aging goals in their communities.

Leaders expressed a desire to reconvene to share updates and success stories on the priorities they chose. Partnerships are the primary infrastructure for this work, and this workshop provided an opportunity to develop and strengthen a foundation on which to build this important work.



Appendix

Appendices

Regional Map



[Region 1 - Boston](#)

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

[Region 2 - New York](#)

New Jersey, New York, Puerto Rico, and the Virgin Islands

[Region 3 - Philadelphia](#)

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

[Region 4 - Atlanta](#)

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

[Region 5 - Chicago](#)

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

[Region 6 - Dallas](#)

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

[Region 7 - Kansas City](#)

Iowa, Kansas, Missouri, and Nebraska

[Region 8 - Denver](#)

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

[Region 9 - San Francisco](#)

Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau

[Region 10 - Seattle](#)

Alaska, Idaho, Oregon, and Washington



Pre-Workshop Activity

Laying the Foundation for Collaboration

Introduction

During the February 2023 Healthy Aging Workshop, sponsored by the Office of Disease Prevention and Health Promotion and Trust for America's Health, teams composed of colleagues across public health and aging services sectors in each jurisdiction* will develop tangible actions for collaborating and coordinating within their region to improve older adult health.

**Jurisdiction refers to the geographic region encompassed by a state or territory.*

How to Prepare for the Workshop

To ensure and enhance the workshop's effectiveness, we encourage you to proactively reach out to your jurisdictional counterpart in public health and/or aging services and work as a team to complete and submit this form before the workshop. Ideally, there will be one form with input from both sectors. If you cannot complete the form together, then submit one form for public health and one for aging services. This form will take 15-30 minutes to complete.

1. Complete the form below either together or on your own.

As a Team: Reach out to your jurisdictional counterpart across the public health and aging services sectors. Together, you will discuss the priorities and experiences in each of your sectors. This will launch your cross-sector collaboration on shared priorities that will continue during the workshop. For help identifying or contacting this individual, please reach out to Conferences@RippleEffect.com.

OR

On Your Own: Complete the form below based on your own experience and understanding of the landscape. You will have a chance to start collaborating during the workshop.

2. Email the completed form to: Conferences@RippleEffect.com by **February 1, 2023** using the **Subject Line: Healthy Aging Workshop Collaboration**.

Help is Available!

RHAs and ACL RAs, along with the workshop planning team will be available for support.

Office Hours: Office hours are available for you and/or your team to drop-in as needed for assistance. You will receive calendar invitations for the following dates, please accept them all to ensure that they are on your calendar. **Attending is optional.**

- **Thursday, January 19:** 7-8PM ET / 6-7PM CT / 5-6PM MT / 4-5PM PT
- **Tuesday, January 24:** 2-3PM ET / 1-2PM CT / 12-1PM MT / 11AM-12PM PT

1:1 Consultations: If you would like a 1:1 meeting to answer questions about preparing for the workshop, please email Conferences@RippleEffect.com using the **Subject Line: Healthy Aging Workshop Consultation**.



Pre-workshop Activity

Jurisdictional Partners

Please share the [registration link](#) with any partners or team members who may be interested in participating in the Healthy Aging Workshop. They will receive their own unique link to join the workshop.

Aging Network (e.g., State Unit on Aging, Adult Services) Point of Contact

Name:

Title:

Organization:

State or Territory:

Will this person attend the Healthy Aging Workshop?

- Yes
 No - Please provide the name(s) of who will attend

Public Health Point of Contact

Name:

Title:

Organization:

State or Territory:

Will this person attend the Healthy Aging Workshop?

- Yes
 No - Please provide the name(s) of who will attend

Additional Team Members

Name:

Title:

Organization:

State or Territory:

Will this person attend the Healthy Aging Workshop?

- Yes
 No - Please provide the name(s) of who will attend

Plan Documents

If your jurisdiction has a publicly available **Health Improvement Plan** and/or a **State Plan on Aging**, please provide the URL below. Otherwise, please attach one or both to the email with your completed form. This will help ODPHP and TFAH understand your jurisdiction's priorities and focus.

Health Improvement Plan URL:

State Plan on Aging Plan URL:



Pre-workshop Activity

Priorities and Goals

To prepare for the workshop, consider **collaborative priorities and goals** to improve older adult health in your jurisdiction. Ideally, priorities will reflect synergies—areas of shared interest—across the priorities of your public health and aging services sectors. After discussing the landscape, select your **TOP THREE shared priorities** from the list below, or add your own.

- | | |
|--|--|
| <input type="checkbox"/> Expanding Access to Technology | <input type="checkbox"/> Livable Communities |
| <input type="checkbox"/> Prioritizing Vaccinations | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Workforce Shortages / Expansion / Support | <input type="checkbox"/> Care Transitions |
| <input type="checkbox"/> Social Isolation | <input type="checkbox"/> Alzheimer's and Dementia |
| <input type="checkbox"/> Combatting Elder Abuse | <input type="checkbox"/> Mental/Behavioral Health |
| <input type="checkbox"/> Family Caregivers | <input type="checkbox"/> COVID-19 |
| <input type="checkbox"/> Improving Health Equity / Eliminating Health Disparities / Diversity, Equity, and Inclusion | <input type="checkbox"/> Emergency Preparedness |
| <input type="checkbox"/> Underserved Populations | <input type="checkbox"/> Other (please describe below) |

Challenges

An important part of achieving your goals is anticipating potential challenges and roadblocks. What gets in the way of cross-sector collaboration to improve older adult health in your jurisdiction?

(select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> No History of Collaboration | <input type="checkbox"/> Lack of a Specific, Actionable Plan |
| <input type="checkbox"/> Lack of Executive-level Jurisdictional Support | <input type="checkbox"/> Lack of Personnel / Workforce Shortages |
| <input type="checkbox"/> Lack of Consensus/Alignment on Priorities | <input type="checkbox"/> Lack of Time to Commit to These Areas |
| <input type="checkbox"/> Competition or Mistrust Among Sectors | <input type="checkbox"/> Geographical / Physical Separation |
| <input type="checkbox"/> Public Health Emergency Funding Cliff | <input type="checkbox"/> Lack of Community Support or Interest |
| <input type="checkbox"/> Demand for Services / Increasing Referrals | <input type="checkbox"/> Lack of Funds |
| <input type="checkbox"/> Unfamiliarity with Other Sectors' Focus Areas | <input type="checkbox"/> Other (please describe below) |

Building on Successes

If your jurisdiction already collaborates successfully across the public health and aging services sectors, what has contributed to that success? (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Identifying a Shared Priority | <input type="checkbox"/> Needs of an Emergency (e.g., Pandemic, Natural Disaster, Power Outage) |
| <input type="checkbox"/> Having a Champion in Senior Leadership | <input type="checkbox"/> Participating in a Health Needs Assessment |
| <input type="checkbox"/> Joint Funding of the Collaboration | <input type="checkbox"/> Sharing Data and/or Annual Reports |
| <input type="checkbox"/> Time Dedicated to the Collaboration | <input type="checkbox"/> N/A - Have Not Yet Collaborated |
| <input type="checkbox"/> Forming a Specific, Actionable Plan | <input type="checkbox"/> Other (please describe below) |

If possible, please provide an example or elaborate on the success experienced (e.g., statewide coalition on Alzheimer's action, memorandum of understanding across agencies).



Healthy Aging Workshop Agenda

Tuesday, February 14, 2023

3-5:30pm ET / 2-4:30pm CT / 1-3:30pm MT / 12-2:30pm PT

Time	Session
3 - 3:05 PM (ET) 2 - 2:05 PM (CT) 1 - 1:05 PM (MT) 12 - 12:05 PM (PT)	<p>Welcome and Housekeeping</p> <ul style="list-style-type: none"> • RDML Paul Reed, Deputy Assistant Secretary for Health and Director of the Office of Disease Prevention and Health Promotion (ODPHP), U.S. Department of Health and Human Services • Dr. J. Nadine Gracia, President and CEO, Trust for America's Health (TFAH) • Dr. Terry Fulmer, President, The John A. Hartford Foundation
3:05 - 3:10 PM (ET) 2:05 - 2:10 PM (CT) 1:05 - 1:10 PM (MT) 12:05 - 12:10 PM (PT)	<p>Workshop Overview</p> <p>Opening remarks will highlight upcoming discussions and collaboration opportunities between public health and aging services professionals from all 10 U.S. Department of Health and Human Services Regions.</p>
3:10 - 3:20 PM (ET) 2:10 - 2:20 PM (CT) 1:10 - 1:20 PM (MT) 12:10 - 12:20 PM (PT)	<p>State Presentation</p> <ul style="list-style-type: none"> • Elizabeth Head, Deputy Director, Injury Prevention Program, Georgia Department of Public Health • Talyah Sands, Director of Health Improvement, Association of State and Territorial Health Officials (ASTHO)
3:20 - 3:25 PM (ET) 2:20 - 2:25 PM (CT) 1:20 - 1:25 PM (MT) 12:20 - 12:25 PM (PT)	<p>Introduction to Breakout #1 – Finding Our Common Interests</p>
3:25 - 4:05 PM (ET) 2:25 - 3:05 PM (CT) 1:25 - 2:05 PM (MT) 12:25 - 1:05 PM (PT)	<p>Finding Our Common Interests</p> <p>Attendees will have region-based discussions to identify shared priorities and set objectives for each shared priority.</p>
4:05 - 4:20 PM (ET) 3:05 - 3:25 PM (CT) 2:05 - 2:25 PM (MT) 1:05 - 1:25 PM (PT)	<p>Report Out and Discussion</p> <p>Attendees will reconvene in the main session to hear highlights from each regional breakout.</p>
4:20 - 4:25 PM (ET) 3:20 - 3:25 PM (CT) 2:20 - 2:25 PM (MT) 1:20 - 1:25 PM (PT)	<p>Introduction to Breakout #2 – Identifying Collaborative Actions</p>
4:25 - 5:05 PM (ET) 3:25 - 4:05 PM (CT) 2:25 - 3:05 PM (MT) 1:25 - 2:05 PM (PT)	<p>Identifying Collaborative Actions</p> <p>Attendees will return to their regional breakouts to set short-term (2-4 weeks) and medium-term (4-8 weeks) collaborative action items through discussion on potential solutions and identify key players to be part of the solutions.</p>
5:05 - 5:20 PM (ET) 4:05 - 4:20 PM (CT) 3:05 - 3:20 PM (MT) 2:05 - 2:20 PM (PT)	<p>Report Out and Discussion</p> <p>Attendees will reconvene in the main session to hear highlights from each regional breakout.</p>
5:20 - 5:30 PM (ET) 4:20 - 4:30 PM (CT) 3:20 - 3:30 PM (MT) 2:20 - 2:30 PM (PT)	<p>Wrap-up and Close</p> <ul style="list-style-type: none"> • Carter Blakey, Deputy Director of the Office of Disease Prevention and Health Promotion (ODPHP), Director of the Community Strategies Division

Healthy Aging Workshop Attendees

Region 1

- Cynthia Brammeier, New England State Unit on Aging
- Kristine Campagna, Rhode Island Department of Health
- Maria Cimini, Rhode Island Office of Healthy Aging
- Laura Elwell, Maine Office of Aging and Disability
- Katherine Fillo, Massachusetts Department of Public Health
- Erin Harkrader, Connecticut State Unit on Aging
- Robin Lipson, Massachusetts Executive Office of Elder Affairs
- Alfred May, State of Maine Department of Health and Human Services
- Lea Susan Ojamaa, Massachusetts Department of Public Health, Bureau of Community Health and Prevention
- Victoria Parker, Rhode Island Department of Health
- Jason Pelopida, Department of Aging, Disabilities and Independent Living
- Bonnie-May Shantz, Commonwealth of Massachusetts Executive Office of Elder Affairs
- Kate Saunders, Massachusetts Department of Public Health
- Angela Smith-Dieng, Department of Disabilities, Aging, and Independent Living
- Robin Tousey-Ayer, Connecticut Department of Public Health Office of Injury & Violence Prevention
- Rhonda Williams, Vermont Department of Health, Health Promotion and Disease Prevention Division

Region 2

- Maria Baron, New Jersey Department of Health
- Melissa Chalker, New Jersey Division of Aging Services
- John Cochran, New York State Office for the Aging
- Justa Encarnacion, Virgin Islands Department of Health
- Abigail Guisbond, New York State Department of Health Office of Aging and Long Term Care Center
- Eugene Heslin, New York State Department of Health
- Nashon Hornsby, New Jersey Department of Health
- Loretta Kelly, New Jersey Department of Health
- Louise Rush, New Jersey Human Services Division of Aging Services
- Lora Lee La France, Saint Regis Mohawk Tribe Office for the Aging
- Ismenio Lampe, Virgin Islands Department of Human Services
- Christopher Maylahn, New York State Department of Health
- Dennis McGowan, New Jersey Department of Human Services, Division of Aging Services
- Carol Rodat, New York State Department of Health

Region 3

- Danita Banks, Washington, D.C., Department of Health/Commodity Supplemental Food Program
- Odile Brunetto, Montgomery County Department of Health and Human Services



- Tihitina Chamiso, Washington, D.C., Department of Health
- Lorraine Driscoll, Montgomery County (Maryland) Government
- Chelsea Geyer, Washington, D.C., Department of Aging and Community Living
- Steven Horner, Pennsylvania Department of Aging
- Kathy Miller, Virginia Department for Aging & Rehabilitative Services
- Tina Purser Langley, Montgomery County Department of Health and Human Services

Region 4

- Cassandra Brown, Mississippi State Department of Health
- Kaye Bender, Mississippi Public Health Association
- Amanda Caudill, Kentucky Cabinet for Healthy and Family, Department for Aging and Independent Living
- Edward Clark, Kentucky Department for Aging and Independent Living
- Cari Eyre, Florida Department of Elder Affairs
- Shelley Halle, Tennessee Commission on Aging and Disability
- Tara Hylton, Florida Department of Health
- Sondra Lee-Bell, Mississippi Department of Health
- Sally Pitt, Tennessee Department of Health
- Chelsea Ridley, Tennessee Department of Health
- Mary Shearrill, Mississippi Department of Human Services
- Dr. Kina White, Mississippi State Department of Health

Region 5

- Paula Basta, Illinois Department of Aging
- Brenda Buroker, Indiana Department of Health
- Carmen Clutter, Ohio Department of Aging
- Becky Dragoo, Illinois Department on Aging
- Morgan Fitzgerald, Ohio Department of Aging
- Maureen Kenney, Minnesota Department of Human Services, Board on Aging
- Jessica Link, Illinois Department of Public Health
- Sandra Pastore, Illinois Department on Aging
- Jacqueline Peichel, State of Minnesota
- Reena Shetty, Age-Friendly Minnesota
- Carla Storm, Sokaogon Chippewa Community Elderly Program
- Patty Takawira, Minnesota Department of Health
- Dr. Amaal Tokas, Illinois Department of Health
- Shireesha Vuppalandhi, Indiana Department of Health
- John Weigand, Ohio Department of Health and Aging

Region 6

- Jeromy Buchanan, Oklahoma Community Living, Aging and Protective Services
- Chimere Clemons, Texas Health and Human Services
- Chelsea Couch, Texas Health and Human Services
- Morgan Hamilton, Oklahoma State Department of Health, Healthy Brain Program



- Jay Hill, Arkansas Department of Human Services, Aging Unit
- Jeannette Jagles, Pueblo of Tesuque Health & Wellness Division
- Carrie LaDeaux, Sac and Fox Nation Title VI
- Jeff Lara, New Mexico Department of Health
- Britt Levine, New Mexico Department of Health
- Timothy Lopez, New Mexico State Department of Health
- Lauren Maxwell, Texas Department of State Health Services
- Pankaj Narang, Ohkay Owingeh Department of Health & Human Services
- Shelly Patterson, Oklahoma State Department of Health
- Bala Simon, Arkansas Department of Health

Region 7

- Jared Holroyd, Kansas Department of Health & Environment
- Eugenia Kendall, Iowa Department on Aging
- Cheryl Kirby, Nebraska Department of Health and Human Services
- Robert Kruse, Iowa Health and Human Services, Division of Public Health
- Paula Nickelson, Missouri Department of Health and Senior Services
- Kim Freese, Substance Abuse and Mental Health Services Administration
- Christina Orton, Kansas Department for Aging and Disability Services
- Jim Pruitt, Missouri Department of Health and Senior Services
- Ben Stromberg, Nebraska Department of Health and Human Services
- Mindy Ulstad, Missouri Department of Health and Senior Services, State Unit on Aging

Region 8

- Nancy Maier, North Dakota Department of Human Services, Aging Services Division
- Melissa Magstadt, South Dakota Department of Health
- Jennette Salvador, Pueblo of Acoma
- Lana Schenderline, Rocky Mountain Tribal Leaders Council

Region 9

- Kyla Adams, California Department of Public Health
- Karissa Anderson, California Department of Public Health
- Tomás Aragón, California Department of Public Health
- Teresa Aseret-Manygoats, Arizona Department of Health Services
- Sandra Black, California Department of Aging
- Caroline Cadirao, Hawaii Executive Office on Aging
- Susan DeMarois, California Aging Department
- Ryan Fore, Arizona Department of Health Services
- Elizabeth Jones, California Department of Public Health
- Evelyn Lili'o-Satele, American Samoa Territorial Administration on Aging
- Heather Pangelinan, Northern Mariana Islands, Commonwealth Healthcare Corporation
- Jeffery Rosenhall, California Department of Public Health
- Holly Starr, Arizona Department of Health Services
- Tenneh Turner-Warren, Arizona Department of Health Services



Region 10

- Kristin Cox, State of Alaska Senior and Disability Services
- Nirmala Dhar, Oregon Health Authority
- Susan Engels, Washington State Unit on Aging
- Ellen Hackenmueller, Alaska Division of Senior and Disabilities Services
- Adam Hansen, Oregon Department of Human Services, Aging and People with Disabilities Division
- Lynee Korte, Washington State Department of Social and Health Services, Aging and Long-Term Support Administration
- Abbey Mendenhall, NorthWest Senior Disability Services
- Janet Miller, Idaho Commission on Aging
- Jillian Morris, Washington State Department of Social and Health Services, Tribal Affairs, Aging and Long-Term Support Administration
- Diane Peck, Alaska Department of Health, Physical Activity & Nutrition Program
- Rachel Revisky, Washington State Department of Social and Health Services, Aging and Long-Term Support Administration, Home and Community Services
- Tiffany Robb, Idaho Department of Health & Welfare
- Jamie Teuteberg, Washington Health Care Authority



Resources

Below are resources and links shared with participants prior to the workshop.

- *AFPHS Recognition Program*. (n.d.). Age-Friendly Public Health Systems. <https://afphs.org/afphs-recognition-program/>
- DiGioia, MS, K., Black, PhD, MPH, K., Wolfe, JD, M., & Phillips, PhD, MPH, K. (2021). Aligning Public Health Interventions with Older Adult Housing Needs and Challenges. In *Age-Friendly Public Health Systems*. Age-Friendly Public Health Systems. https://afphs.org/wp-content/uploads/2021/08/2021_HousingPolicyBrief_fnl730.pdf
- *Healthy People 2030 Champion Program - Healthy People 2030* | health.gov. (n.d.). <https://health.gov/healthypeople/about/healthy-people-2030-champion-program>
- *Home of the Office of Disease Prevention and Health Promotion - health.gov*. (n.d.). <https://health.gov/>
- *The John A. Hartford Foundation | Improving Care for Older Adults*. (n.d.). The John a. Hartford Foundation. <https://www.johnahartford.org/>
- *Use Healthy People 2030 for Healthy Aging Work* | health.gov. (n.d.). <https://health.gov/our-work/national-health-initiatives/healthy-aging/use-healthy-people-2030-healthy-aging-work>

Below are resources and links shared from workshop participants during the workshop.

- Association of State and Territorial Health Officials. (n.d.). *Public Health Review*. <https://www.astho.org/communications/podcast/older-adults-and-healthy-aging/>
- Caring for ME. (2023, February 23). *Direct Care and Behavioral Health Jobs in Maine - CaringForME*. <https://caringforme.org/>
- *Explore the Report | Massachusetts Healthy Aging Collaborative*. (n.d.). <https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/>
- *GWEP Repository Home*. (2020, September 8). National Center for Interprofessional Practice and Education. <https://nexusipe.org/informing/resource-center/gwep-repository-home>
- *Health and Well-Being for All Meeting-in-a-Box*. (n.d.). CDC Foundation. <https://www.cdcfoundation.org/health-in-a-box>
- *Health Care | Northwest Technical College*. (n.d.). <https://www.ntcmn.edu/career-paths/health-care/>
- *Healthy Aging Data Reports | Helping residents, agencies, providers and governments understand the older people who live in their cities and towns*. (n.d.). <https://healthyagingdatareports.org/>
- *Our Work on Health Equity*. (n.d.). CDC Foundation. <https://www.cdcfoundation.org/HealthEquity>



- *Power in Aging Project | Maine Council on Aging.* (n.d.). https://mainecouncilonaging.org/power_in_aging_project/
- Sands, MPH, T., Wolfe, JD, M., Bayer, MPH, E., Donnellan, MPH, K., & Shah, MPH (C), P. (2023). Improving Older Adult Health by Operationalizing State Plans on Aging and Health Improvement. *Journal of Public Health Management & Practice*, 196–201. <https://doi.org/10.1097/PHH.0000000000001641>
- *Social Determinants of Health - Healthy People 2030 | health.gov.* (n.d.). <https://health.gov/healthypeople/priority-areas/social-determinants-health>
- *Why Build a Culture of Health?* (n.d.). RWJF. <https://www.rwjf.org/en/building-a-culture-of-health/why-health-equity.html>
- Wisconsin Department of Public Instruction & Wisconsin Department of Health Services. (2016). School-Based Brain Health Curriculum. In *Wisconsin Department of Health Services (P-01560)*. Wisconsin Department of Health Services. <https://dhs.wisconsin.gov/publications/p01560.pdf>



Mural Board

Below are screenshots of the mural board notes from each of the regional breakouts.

Region 1:

REGION 1 - BREAKOUT #1

Identify Top Priorities for Region 1

Connecticut Health Equity	Maine Social Determinants of Health	Massachusetts Workforce	New Hampshire Workforce	Rhode Island Workforce	Vermont Family Caregivers
Social Determinants of Health	Expanding Access to Technology	Health Equity	Social Determinants of Health	Health Equity	Health Equity
OTHER: Fall Prevention/ Disease Management	Health Equity	Social Determinants of Health	Underserved Populations	Alzheimer's & Dementia	Alzheimer's & Dementia
Alzheimer's & Dementia	Alzheimer's & Dementia		Mental Health		

Menu of Priorities

Expanding Access to Technology	Family Caregivers	COVID-19	Social Determinants of Health
Prioritizing Vaccinations	Workforce	Social Isolation	Health Equity
Mental Health	Emergency Preparedness	Alzheimer's & Dementia	Underserved Populations
Combating Elder Abuse	Care Transitions	Unlabeled Categories	OTHER

Setting Objectives for Each Shared Priority

#1 Social Determinants of Health

- Creating a clear definition for SDOH
- New metrics/how to measure SDOH and how it applies to each population/region
- Identify 1 SDOH and share across partners in the region

#2 Health Equity

- Creating a clear definition definition for health equity
- Health equity metrics for older adults
- Increased awareness regarding health equity and social justice across the lifespan (not just end of life or disabled)
- Possibly adding aging to equity work

Common Challenges

- Collaboration is new
- Funds are limited
- Competing priorities
- Workforce shortages
- Limited leadership support
- Unfamiliarity with other sectors' focus areas
- History of unsuccessful partnership
- Forming a specific, actionable plan
- Large geographical catchment area
- Growing demand for services
- Need to create community engagement
- Public health emergency funding cliff

Brainstorm and then select one specific objective for each shared priority area

Mental health/ geriatric treatment

Dementia & Alzheimer's for older adults of people of color

Workforce development (CHW integration)

REGION 1 - BREAKOUT #2

Building Toward Collaborative Action

#1	What are the potential steps?	Who needs to be part of these steps?	Additional notes	Collaborative Actions
Social Determinants of Health	1. Scan existing definitions, and choose 1, 2 to adopt	1. Assistance at the state/federal level to convene a meeting		Short term: 4-8 weeks
Creating a clear definition for SDOH				Medium term: 8-12 weeks
New metrics/how to measure SDOH and how it applies to each population/region	1. Capture subpopulation info	1. Academic partners + State Office of Health Equity		Examples: - Review workshop report - Schedule next planning meeting
	2. Technology			

#2	What are the potential solutions?	Who needs to be part of the solution?	Additional notes	Collaborative Actions
				Short term: 4-8 weeks
				Medium term: 8-12 weeks

Emotion "gut" feelings Emotionally relate

Optimism Positive, hopeful "if everything goes 'right'"

Creativity Think "outside the box" Big ideas

Judgment What could go wrong Risks

Captain Big picture Planning

Region 2:

REGION 2 - BREAKOUT #1

Identify Top Priorities for Region 2

New Jersey
Family Caregivers

New York
Workforce to include Family Caregivers

Puerto Rico
-

The Virgin Islands
Expanding Access to Technology

Saint Barthélemy
Workforce

Health Equity

Health Equity

Alzheimer's & Dementia

Workforce to include Alzheimer's & Dementia

Combating Elder Abuse

Social Isolation

Care Transitions

Social Determinants of Health

Menu of Priorities

Expanding Access to Technology	Family Caregivers	COVID-19	Social Determinants of Health
Prioritizing Vaccinations	Workforce	Social Isolation	Health Equity
Mental Health	Emergency Preparedness	Alzheimer's & Dementia	Underserved Populations
Combating Elder Abuse	Care Transitions	Workforce to include Alzheimer's & Dementia	OTHER

Setting Objectives for Each Shared Priorities

#1 Workforce to include Family Caregivers

- Identify novel allocation of resources based on risk
- Tax credits for community healthcare workers
- Incentives for family and paid caregivers to enter process

#2 Health Equity

Brainstorm and then select one specific objective for each shared priority area

Common Challenges

- Collaboration is new
- Funds are limited
- Competing priorities
- Workforce shortages
- Limited leadership support
- Unfamiliarity with other sectors' focus areas
- History of unsuccessful partnership
- Forming a specific, actionable plan
- Large geographical catchment area
- Growing demand for services
- Need to create community engagement
- Public health emergency funding cliff

REGION 2 - BREAKOUT #2

Building Toward Collaborative Action

#1 Workforce to include Family Caregivers

What are the potential steps?	Who needs to be part of the steps?	Additional notes
Define shared mission statement for project	Public health and aging services sector individuals across jurisdictions/territories in the region	There is competition for workforce members
Establish work groups distinct by geography and shared goals	Appointed health officials and certain elected officials	
Establish SDOH within jurisdictions by sharing needs assessments to compare data		

Collaborative Actions

Short term: 4-8 weeks

- Conduct other public health and aging services partners to form workforce work group

Medium term: 8-12 weeks

- Identify barriers to accomplishing goals so jurisdictions could help one another understand and overcome barriers

Examples:

- Review workshop report
- Schedule next planning meeting

#2

What are the potential steps?	Who needs to be part of the steps?	Additional notes

Collaborative Actions

Short term: 4-8 weeks

-

Medium term: 8-12 weeks

-

Examples:

- Review workshop report
- Schedule next planning meeting

Emotion
"Out" feelings
Emotionally relate

Optimism
Positive, Hopeful
If everything goes "right"

Creativity
Think "outside the box"
Big ideas

Judgment
What could go wrong
Risks

Captain
Big Picture
Planning



Region 3:

REGION 3 - BREAKOUT #1

Identify Top Priorities for Region 3

Delaware	District of Columbia - Aging Services Sector	District of Columbia - Public Health	Maryland	Pennsylvania	Virginia	West Virginia
	Family Caregivers	Health Equity	Family Caregivers	Social Isolation	Social Determinants of Health	
	Social Determinants of Health	Underserved Populations	Alzheimer's & Dementia	Mental Health	Expanding Access to Technology	
	OTHER: Transportation	Social Determinants of Health	Social Determinants of Health	Expanding Access to Technology	Health Equity	

Menu of Priorities

Expanding Access to Technology	Family Caregivers	COVID-19	Social Determinants of Health
Prioritizing Vaccinations	Workforce	Social Isolation	Health Equity
Mental Health	Emergency Preparedness	Alzheimer's & Dementia	Underserved Populations
Combating Elder Abuse	Care Transitions	Livable Communities	OTHER

Setting Objectives for Each Shared Priorities

#1 Health Equity

- Addressing key areas of health inequities: health care, transportation, education, medical access, safety
- Increasing awareness of services that are available, making sure people can navigate resources
- Creating synergy between programs to make resources less overwhelming (lots of information/resources)
- Communicating services, including in different languages
- Identifying priority underserved populations (disabled folk, LGBT community)
- Conducting needs assessment to aid in planning

#2 Improving collaboration

- Leveraging funding to improve collaboration
- Collaborating with other departments, non-profits, private entities
- Engaging leadership/executive buy in
- Improving data sharing with agencies, other programs

Brainstorm and then select one specific objective for each shared priority area

Common Challenges

- Collaboration is new
- Funds are limited
- Competing priorities
- Workforce shortages
- Limited leadership support
- Unfamiliarity with other sectors' focus areas
- History of unsuccessful partnership
- Forming a specific, actionable plan
- Large geographical catchment area
- Growing demand for services
- Need to create community engagement
- Public health emergency funding cliff

REGION 3 - BREAKOUT #2

Building Toward Collaborative Action

#1 Health Equity

- Increasing awareness of services that are available, making sure people can navigate resources

What are the potential steps?	Who needs to be part of the steps?	Additional notes
Compiling exhaustive list of all resources available in the region	Providers	
Understanding diversity of older adults and adapting information sources and awareness efforts to meet different needs	Target audience (seniors in region) should be part of consultation	Targeting African American/hispanic population (D.C. area) with greatest socioeconomic need
Forming resources in different ways (print, online) ensuring that people are able to access info on their own time	Seniors, hospitals	Ask seniors/lead if information is actually accessible
Ensuring that information provided is up to date	Providers	
Improving inter-agency awareness	Representatives from various agencies	

Collaborative Actions

Short term: 4-8 weeks

Medium term: 8-12 weeks

Examples:
- Review workshop report
- Schedule next planning meeting

#2 Improving Collaboration

- Collaborating with other departments, non-profits, private entities

What are the potential steps?	Who needs to be part of the steps?	Additional notes
Clear responsibilities have been identified for different agencies, meeting to work to come together on a regular basis to exchange information		
Creating inter-agency hubs	Leadership	Ensure that the right information is exchanged so that leaders can take it to their departments
Have more public hearings		
Having time set aside to build relationships and communicate on specific topics		
Hosting and developing learning programs for community		
Having a way to exchange health information between health systems and social services		

Collaborative Actions

Short term: 4-8 weeks

Medium term: 8-12 weeks

Examples:
- Review workshop report
- Schedule next planning meeting

Emotion
"Gut" feelings
Emotionally relate

Optimism
Positive, hopeful
if everything goes "right"

Creativity
Think "outside the box"
Big ideas

Judgment
What could go wrong
Risks

Captain
Big Picture
Planning

Region 4:

REGION 4 - BREAKOUT #1

Identify Top Priorities for Region 4

Alabama	Florida	Georgia	Kentucky	Mississippi Public Health Sector	Mississippi Aging Services Sector	Tennessee	North Carolina	South Carolina
	Workforce		Expanding Access to Technology	Health Equity	Social Isolation	Combating Elder Abuse		
	Family Caregivers		Social Isolation	Social Determinants of Health	Family Caregivers	Living Communities		
	Alzheimer's & Dementia		Health Equity	Care Transitions	Emergency Preparedness	Alzheimer's & Dementia		

Menu of Priorities

Expanding Access to Technology	Family Caregivers	COVID-19	Social Determinants of Health
Prioritizing Workforce	Workforce	Social Isolation	Health Equity
Mental Health	Emergency Preparedness	Alzheimer's & Dementia	Underserved Populations
Combating Elder Abuse	Care Transitions	Living Communities	OTHER

Setting Objectives for Each Shared Priorities

#1 Social Isolation

- Identifying target population (ie rural providers and or individual survey)
- Identifying resources in communities. Mapping resources.
- Mapping locations for populations (ie Department of Human Services, AARP)
- Identifying Environmental issues for target population (ie food desert)
- Self-identification as isolated (ie verification from individuals)

#2 Family Caregivers

- Increasing knowledge of and access services available to caregivers
- Defining what is a caregiver
- Caregiver stress
- Identifying Caregiver support groups and linking them to appropriate group
- Expanding public and private partnerships in business community to support caregivers
- Caregiver health (ie respite, support groups, self management)

Common Challenges

- Collaboration is new
- Funds are limited
- Competing priorities
- Workforce shortages
- Limited leadership support
- Unfamiliarity with other sectors' focus areas
- History of unsuccessful partnership
- Forming a specific, actionable plan
- Large geographical catchment area
- Growing demand for services
- Need to create community engagement
- Public health emergency funding cut

*Brainstorm and then select one specific objective for each shared priority area

REGION 4 - BREAKOUT #2

Building Toward Collaborative Action

#1 Social Isolation

What are the potential steps?	Who needs to be part of the steps?	Additional notes
Identifying target populations and resources in communities	What has already been done? Data sources already available. Theory of care visits and long term care facilities	Bringing in area Agencies on Aging and senior centers
Engaging emergency departments	Engaging emergency departments, providers, APS	
Engaging faith communities	Churches	
Engaging preparedness groups	State Units on Aging	

Collaborative Actions

Short term: 4-8 weeks

- Explore current state plans for aging health

Medium term: 8-12 weeks

- Examples:
 - Review workshop report
 - Schedule next planning meeting

#2 Family Caregivers

What are the potential steps?	Who needs to be part of the steps?	Additional notes
Increasing knowledge of and access services available to caregivers	Forming caregiver support groups	Caregiver support groups, faith communities, disability groups at the state level for non profit and for profit
Engaging your family caregiver coalition	No wrong door approach to serving family caregivers	state aging office, AAA, Senior Centers, Elder Justice
Engaging Chronic Disease coalitions	Engaging your family caregiver coalition	Non profit, state, agency cross sector
	Engaging Chronic Disease coalitions	Non profit, state, community, faith community

Collaborative Actions

Short term: 4-8 weeks

-

Medium term: 8-12 weeks

- Examples:
 - Review workshop report
 - Schedule next planning meeting

Emotion "out" feelings Emotionally relate

Optimism Positive, Hopeful if everything goes "right"

Creativity Think "outside the box" Big ideas

Judgment What could go wrong Risk

Captain Big Picture Planning



Region 5:

REGION 5 - BREAKOUT #1

Identify Top Priorities for Region 5



Setting Objectives for Each Shared Priorities

#1 Workforce

#2 Alzheimer's & Dementia

Brainstorm and then select one specific objective for each shared priority area

Common Challenges

- Collaboration is new
- Funds are limited
- Competing priorities
- Workforce shortages
- Limited leadership support
- Unfamiliarity with other sectors' focus areas
- History of unsuccessful partnership
- Forming a specific, actionable plan
- Large geographical catchment area
- Growing demand for services
- Need to create community engagement
- Public health emergency funding cliff

REGION 5 - BREAKOUT #2

Building Toward Collaborative Action

#1 Workforce

What are the potential steps?

Who needs to be part of the steps?

Additional notes

Collaborative Actions

Short term: 4-8 weeks

Medium term: 8-12 weeks

Examples:

- Review workshop report
- Schedule next planning meeting

#2

What are the potential steps?

Who needs to be part of the steps?

Additional notes

Collaborative Actions

Short term: 4-8 weeks

Medium term: 8-12 weeks

Examples:

- Review workshop report
- Schedule next planning meeting

Emotion "Gut" feelings Emotionally relate

Optimism Positive, hopeful If everything goes "right"

Creativity Think "outside the box" Big ideas

Judgment What could go wrong Risk

Captain Big Picture Planning



Region 6:

REGION 6 - BREAKOUT #1

Identify Top Priorities for Region 6

Menu of Priorities

Setting Objectives for Each Shared Priorities

#1 Family Caregivers

- Awareness of resources (and additional resources)
- Tax credits
- Better pay in the workforce
- Interdisciplinary Training

#2 Livable Communities

- Age friendly built environments and policies
- Readily available resources (e.g. remote interventions, access to food)
- Transportation
- Multi-sector approaches

Common Challenges

- Collaboration is new
- Funds are limited
- Competing priorities
- Workforce shortages
- Limited leadership support
- Unfamiliarity with other sectors' focus areas
- History of unsuccessful partnership
- Forming a specific, actionable plan
- Large geographical catchment area
- Growing demand for services
- Need to create community engagement
- Public health emergency funding cliff

REGION 6 - BREAKOUT #2

Building Toward Collaborative Action

#1 Family Caregivers

What are the potential steps?	Who needs to be part of the steps?	Additional notes
Marketing	HHGE Comm. Office & DSHS, the coalitions	Targeted campaigns
Assessment/inventory of current resources	Community & Analysis teams, extension offices, and service providers	State-wide templates and forums through community engagement
Connecting networks	Community health workers and public health nurses, health educators, health councils, coalitions	Hosted discussion sessions with CHWs and promotoras
Supporting the workforce	Universities, geriatricians, and social workers	Interdisciplinary trainings

Collaborative Actions

Short term: 4-8 weeks

Medium term: 8-12 weeks

Examples:

- Review workshop report
- Schedule next planning meeting

#2 Livable Communities

What are the potential steps?	Who needs to be part of the steps?	Additional notes
Connecting networks	Agencies & providers	Determine what's missing and where should we focus efforts
Looking at accessibility	DD Council	Sidewalks, transportation, rehab services

Collaborative Actions

Short term: 4-8 weeks

Medium term: 8-12 weeks

Examples:

- Review workshop report
- Schedule next planning meeting

Emotion "Gut" feelings Emotionally reside

Optimism Positive, hopeful If everything goes "right"

Creativity Think "outside the box" Big ideas

Judgment What could go wrong Risk

Captain Big Picture Planning



Region 7:

REGION 7 - BREAKOUT #1

Identify Top Priorities for Region 7

Iowa Public Health Combating Elder Abuse	Iowa Aging Services Sector Combating Elder Abuse	Kansas Aging Services Social Isolation	Kansas Public Health Expanding Access to Technology	Nebraska Workforce	Missouri Workforce
Social Determinants of Health	Family Caregivers	Health Equity	Health Equity	Combating Elder Abuse	Health Equity
Mental Health	Underserved Populations	Underserved Populations	Alzheimer's & Dementia	Social Isolation	Mental Health

Menu of Priorities

Expanding Access to Technology	Family Caregivers	COVID-19	Social Determinants of Health
Prioritizing Workforce	Workforce	Social Isolation	Health Equity
Mental Health	Emergency Preparedness	Alzheimer's & Dementia	Underserved Populations
Combating Elder Abuse	Care Transitions	Liveable Communities	OTHER

Setting Objectives for Each Shared Priorities

#1 Workforce

- Volunteers - Increasing public awareness/public information
- Bridge programs
- Connecting retirees to increase number of volunteers
- Community health workers to increase employment
- In home workers and direct care workers

#2 Social Determinants of Health

- Transportation costs
- Home modifications to make it safer for elders
- Housing - use universal design and access to affordable safe housing
- Prevention in housing - Assessment in homes
- Nutrition services

★ Brainstorm and then select one specific objective for each shared priority area

Common Challenges

- Collaboration is new
- Funds are limited
- Competing priorities
- Workforce shortages
- Limited leadership support
- Unfamiliarity with other sectors' focus areas
- History of unsuccessful partnership
- Forming a specific, actionable plan
- Large geographical catchment area
- Growing demand for services
- Need to create community engagement
- Public health emergency funding cliff

REGION 7 - BREAKOUT #2

Building Toward Collaborative Action

#1 Workforce

Volunteers - Increasing public awareness/public information

What are the potential steps?	Who needs to be part of the steps?	Additional notes
Advertising, getting the word out, incentives	Younger groups and volunteers	Get set up program by and for adults 50 and older. Pre-retired age individuals into the volunteer team
Promoting opportunities can be web based	Workforce development - those who have been laid off or are looking for a job	SCSEP program
Benefits of volunteering in hopes that the base would increase	Public information officers	Having advertisement put together in a way that is easily accessible and attractive to the service
Create common messaging	Human resource departments for those who are retiring and how they can get involved and stay involved	Graphics/pictures/ social media toolkits like Meals on Wheels of America
	Partnership with private employers	Is there an agency that needs to be involved in putting together advertisement?
	Engaging faith based communities	

Collaborative Actions

Short term: 4-8 weeks

Watch Kansas Get Set Up video and see if model can be applied in your state

Medium term: 8-12 weeks

Scheduling a meeting to continue the conversation. Reach out to your counterpart

Examples:

- Review workshop report
- Schedule next planning meeting

#2 Social Determinants of Health

Ensuring that ACL feasibility is being maximized

What are the potential steps?	Who needs to be part of the steps?	Additional notes

Emotion "Gut" feelings Emotionally relate

Optimism Positive, hopeful if everything goes "right"

Creativity Think "outside the box" Big ideas

Judgment What could go wrong Risk

Captain Big Picture Planning

Collaborative Actions

Short term: 2-4 weeks

Medium term: 4-8 weeks

Ensuring that ACL feasibility is being maximized

Examples:

- Review workshop report
- Schedule next planning meeting



Region 8:

REGION 8 - BREAKOUT #1

Identify Top Priorities for Region 8

Priority	Workforce	Health Policies	Health Services	Health Equity	Healthcare Delivery	Public Health	Healthcare Quality	Healthcare Access	Healthcare Innovation
Basic Determinants of Health		Addressing	Local Determinants of Health		Expanding Access to Technology				
Expanding Access to Technology		Public Campaigns	Underserved Populations		Improve Practice				
Underserved Populations		Health Workforce	Health Equity		Healthcare Quality				

Menu of Priorities

Expanding Access to Technology	Public Campaigns	Local Determinants of Health	Health Equity
Expanding Access to Technology	Health Workforce	Local Determinants of Health	Health Equity
Health Workforce	Local Determinants of Health	Health Equity	Healthcare Quality
Local Determinants of Health	Health Equity	Healthcare Quality	Healthcare Access
Health Equity	Healthcare Quality	Healthcare Access	Healthcare Innovation
Healthcare Quality	Healthcare Access	Healthcare Innovation	Healthcare Innovation
Healthcare Access	Healthcare Innovation	Healthcare Innovation	Healthcare Innovation
Healthcare Innovation	Healthcare Innovation	Healthcare Innovation	Healthcare Innovation

Setting Objectives for Each Shared Priority

#1 Priority Campaigns

- Identify the most challenging campaigns
- Monitor success
- Supporting the campaigns
- Coordinate
- Collaboration of identifying the audience and the steps of the campaign

#2 Workforce

- Identify the most needed health workforce
- Identify the most needed health workforce
- Identify the most needed health workforce
- Identify the most needed health workforce
- Identify the most needed health workforce

Common Challenges

- Collaboration is hard
- Funding is limited
- Conflicting priorities
- Workforce shortages
- Local health system support
- Conflicting with other sectors (local areas)
- History of unsuccessful partnership
- Identifying a specific, achievable goal
- Large geographical additional areas
- Identifying the needed the services
- Need to create community engagement
- Public health emergency by funding cut

REGION 8 - BREAKOUT #2

Building Toward Collaborative Action

#1 Priority Campaigns

- Reversing the momentum

What are the potential steps?

- Expand public health & the health system
- Connecting the needs of patients and the caregivers

Who needs to be part of the steps?

- Campaigns, Health advocates

Additional notes

Collaborative Actions

Short term: 4-8 weeks

-

Medium term: 8-12 weeks

- Examples:
 - Review work steps report
 - Schedule next planning meeting

#2 Workforce

- Play a leadership role in the workforce
- Access to training

What are the potential steps?

- Representative data collection & evaluation of the population
- Need to have a comprehensive approach in the workforce
- Get in better national relationships
- Build a culture of trust
- Need to have more evidence-based evidence on local health system

Who needs to be part of the steps?

- Department of health
- Local health system
- Local health system
- Local health system
- Local health system

Additional notes

- Local health system
- Local health system
- Local health system
- Local health system
- Local health system

Collaborative Actions

Short term: 4-8 weeks

- Identify the most needed health workforce
- Identify the most needed health workforce
- Identify the most needed health workforce
- Identify the most needed health workforce
- Identify the most needed health workforce

Medium term: 8-12 weeks

- Join form

Examples:

- Review work steps report
- Schedule next planning meeting

Empower
"I can't change it, but I can lead it"

Engage
"I can't change it, but I can lead it"

Collaborate
"I can't change it, but I can lead it"

Support
"I can't change it, but I can lead it"

Lead
"I can't change it, but I can lead it"



