

Incorporating Healthy Aging Priorities into State Health Improvement Plans (SHIPs)

Executive Summary

Every state has an aging population that continues to grow due in part to improved healthcare and an increase in public health efforts. By 2050, the number of Americans aged 65 and older is projected to be more than double the population in 2010, with an estimated increase from 40.2 million to 88.5 million in that 40-year span.¹ Older adults are more likely to sustain injuries, and poor health outcomes among this population account for a significant portion of avoidable social and economic costs.² Chronic disease and injury also have a disproportionate effect on the older adult population.³

This issue brief discusses how state health agencies can incorporate healthy aging priorities into their State Health Improvement Plans (SHIPs) and highlights examples of two states with comprehensive SHIPs that address the health of their older adult populations. The featured states found that improving the health of older adult populations was a top priority not only within their health agencies, but across the public health sector and community as well. They also found that, by incorporating healthy aging priorities into their SHIPs, they were able to bring together stakeholders and partners to address these priority areas through meaningful and measurable initiatives.

State Health Improvement Plans

A SHIP is one of the major plans that state health agencies are required to develop to become accredited through the National Public Health Accreditation Board (PHAB). SHIPs address the highest health priorities of a state's population. These priorities cover a variety of public health issues such as access to healthcare, infant mortality, obesity, and tobacco prevention. A state's SHIP reflects the public health system, demographics, and community makeup of its unique jurisdiction. Therefore, the health priorities vary from state to state.

States seeking accreditation first conduct a State Health Assessment (SHA). As part of a collaborative process involving the community, stakeholders, and partners, data are accessed and analyzed to describe the health of the population and to identify areas for health improvement, contributing factors that impact health outcomes, and community assets and resources that can be mobilized to improve population health.⁴ The SHA is the foundation for developing the SHIP, a long-term, systematic plan to address the public health issues identified in the SHA.⁵

The purpose of the SHIP is to describe how the health agency, other governmental agencies, statewide not-for-profit groups, statewide associations, and other organizations that are not health-specific but influence the state public health system will work together to improve the health of the population within its jurisdiction.⁶ Community members, stakeholders, and partners use the SHIP to set priorities, influence direct the use of resources, set timelines, and develop and implement projects, programs, and policies.⁷ The SHIP extends beyond the roles and responsibilities of the health agency.⁸ It is developed in collaboration with community partners and sets priorities for a system-wide response to the public health needs of the state.⁹

A STATE HEALTH IMPROVEMENT PLAN MUST INCLUDE:

- ✓ **DESIREABLE MEASURABLE OUTCOMES OF INDICATORS OF HEALTH IMPROVEMENT AND PRIORITIES FOR ACTION**
- ✓ **POLICY CHANGES NEEDED TO ACCOMPLISH HEALTH OBJECTIVES**
- ✓ **THE IDENTIFICATION OF INDIVIDUALS AND ORGANIZATIONS THAT HAVE ACCEPTED RESPONSIBILITY FOR IMPLEMENTING STRATEGIES**
- ✓ **CONSIDERATIONS OF LOCAL, TRIBAL AND NATIONAL PRIORITIES**

Findings from the SHIP will inform the health department's Strategic Plan, which clarifies and sets out the health agency's specific role in addressing the health issues identified in the SHA and SHIP. The SHIP also helps determine the health agency's strategic priorities.

Healthy Aging Priorities in State Health Improvement Plans

CDC's Healthy Aging Research Network defines healthy aging as the development and maintenance of optimal physical, mental, and social well-being and function in older adults.¹⁰ As the population ages, it faces increased health challenges. For example, chronic diseases disproportionately affect older adults and are associated with disability, diminished quality of life, and increased costs for healthcare and long-term care.¹¹ SHIPs provide state health agencies an opportunity to make healthy aging a priority as they seek to improve the health of their entire population.

The SHA should be utilized in the SHIP planning process. Based on these data, states can develop a set of priority issues related to healthy aging and incorporate those priorities into their SHIP. States can also incorporate healthy aging priorities into their SHIPs by collaborating with community partners and stakeholders who represent or advocate for the health of older adults in the state. These partnerships can include other governmental agencies, statewide nonprofit groups, and organizations that are not health-specific (e.g. education advocates, businesses, and faith-based organizations). Community and stakeholder partnerships will help states identify the health issues and themes that affect the aging population and need to be addressed in the SHIP.

SHIPs allow states to identify the desired measurable outcomes that will result from healthy aging activities and initiatives as well as the policy changes needed to accomplish healthy aging goals and objectives. Through the development of a SHIP, states can determine which individuals and organizations will be responsible for implementing the healthy aging strategies. This may include assignments to health agency staff or agreements between partners, stakeholders, statewide organizations or other governmental agencies.

State Examples

Despite the increasing older adult population, not all SHIPs address the unique health needs of this population. Those states who have incorporated healthy aging in their SHIPs have focused on a variety of themes, including access to care, geriatrics, long-term care, osteoporosis, oral health, falls, nutrition, and chronic disease. Using data gathered from SHAs, the Iowa Department of Public Health and the New

Hampshire Division of Public Health Services developed comprehensive SHIPs, which set goals and strategic priorities to address the health needs of their older adult populations.

The Iowa Department of Public Health

Background & Prioritization

The Iowa Department of Public Health used a “bottom up” approach to develop its [SHIP](#). Rather than the SHIP driving work in the area of healthy aging, the department relied on the excellent work already taking place to inform the SHIP. The department depends on its partners to develop a stronger infrastructure for addressing needs rather than meeting every five years to come up with new ideas and priorities, develop a new SHIP, and potentially struggle with buy-in or sustainability.¹² “Based on this approach, [the department] recognized early on that aging and life cycle were not easily separated from most, if not all, health issues.”¹³ For example, when talking about obesity, we talk about the problems, challenges, and strategies for all ages, not just children and adults. With this in mind, the department included healthy aging as one of three overarching themes in its SHIP: social determinants of health, special populations, and life cycle. This meant that every health need or priority was to be considered from the perspective of age.¹⁴ Additional priorities were identified because they specifically affect the older adult population.¹⁵

Iowa’s SHIP addresses healthy aging and life cycle in three major areas: access to quality health services and support; healthy living; and injury and violence prevention. Within these three priority areas, the SHIP establishes six goals. Based on the priority areas and goals emphasized in its SHIP, Iowa has begun to develop and implement projects, programs, and policies which seek to improve the health of Iowa’s aging population. Once identified in Iowa’s SHIP, the department worked closely with the appropriate agencies and partners to ensure that strategies and initiatives are in place to address the healthy aging goals and priorities.

Long-Term Care and Wellness Visits

To accomplish its first goal, the Iowa Department on Aging works with the Iowa Area Agencies of Aging to coordinate services among a variety of organizations ranging from senior centers to mental health and long-term care providers.¹⁶ These agencies also serve elderly communities by monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions that will affect the elderly.¹⁷ Alzheimer’s disease and dementia are also major issues included in the SHIP. The Alzheimer’s Association encourages all Iowans to see their

HEALTHY AGING GOALS IN IOWA’S SHIP

- 1. Develop a statewide, coordinated long-term care information and service system**
- 2. Encourage Medicare beneficiaries to use their wellness visits to assess their cognitive function**
- 3. Improve provision of and access to nutritious meals for older Iowans through the congregate and home-delivered meal program with an increase of two percent of the high nutrition risk participants who will maintain or improve their nutrition score**
- 4. Maintain congregate and home-delivered participation rate**
- 5. Decrease by 10 percent the death rate related to falls for those aged 55 and over**
- 6. Promote the use of evidence-based fall promotion strategies to community health professionals and monitor data on fall injuries and death**

physician if they have problems with memory loss or cognitive impairment. Specifically, they encourage Medicare beneficiaries to use their annual wellness visits to assess their cognitive function. As a result, Medicare annual wellness visits have increased dramatically, ensuring early attention to these chronic diseases.

Nutrition

To improve the nutrition of older adults, the Iowa Department on Aging convenes a stakeholder workgroup charged with identifying and developing a report on methods for modernizing the Iowa nutrition program, such as ensuring nutrition programs utilize a person centered approach.¹⁸ The Iowa Department on Aging also works with the Older Americans Act to advocate for innovative delivery options to alleviate the elderly nutrition deficit. Finally, the Iowa Department on Aging's Chef Charles program provides education on the benefits of being physically active and eating meals that provide the nutrients necessary to maintain one's health.¹⁹

Falls

Reducing falls is also a significant goal identified in Iowa's SHIP. To address this health issue, the Iowa Department on Aging and the Iowa Falls Prevention Coalition, partners of the Iowa Department of Public Health, have promoted the Matter of Balance program, which has been shown to increase physical activity, improve mobility, improve social function, and increase fall control. Iowa's SHIP also promotes the use of evidence-based fall prevention strategies by community health professionals and the monitoring of data on fall injuries and death. The Iowa Falls Free Coalition and the Iowa Department on Aging received a federal grant to implement evidence-based fall prevention programs in Iowa between September 1, 2014, and August 31, 2016. This grant supports the addition of two new statewide programs, Stepping On and Tai Chi for Arthritis, both of which supplement the Matter of Balance work.

"WE SAW AN INCREASE IN THE NUMBER OF COUNTIES THAT IDENTIFIED THE 65+ POPULATION IN THEIR LOCAL CHNAS RELATED TO VARIOUS TOPICS. IN FACT, 52 COUNTIES SPECIFICALLY MENTIONED OLDER ADULTS AS A TARGET POPULATION."

JONN DURBIN, IOWA DEPARTMENT OF PUBLIC HEALTH

Incorporating healthy aging into Iowa's SHIP helped build a general awareness of the importance of viewing health issues from a life cycle perspective. Iowa has seen an increase in the number of counties that identified the older adult population in their local Community Health Needs Assessments. Fifty-two counties explicitly mention older adults as a target population.

The New Hampshire Division of Public Health Services

Background & Prioritization

Falls are the leading cause of both fatal and non-fatal injuries for New Hampshire residents 65 and older.²⁰ This may be attributed to the high number of active retirees living in the state. Approximately 105 older adults die every year because of a fall.²¹ Therefore, older adult falls are a major barrier to healthy aging, as resulting injuries can make it impossible to live independently and are associated with

functional decline leading to an early death. Falls are also costly. In 2009, the total approximate cost for emergency and inpatient hospital visits due to older adult falls in New Hampshire was \$105.6 million dollars.²²

To determine the priorities included in its [SHIP](#), the New Hampshire Division of Public Health Services utilized a prioritization process in which they used specific criteria to take a critical look at the health issues affecting its entire population. They looked at whether the issues have severe health consequences, whether a large number of individuals are affected by the problem, whether there is a disproportionate effect among subgroups, and whether the problem results in significant social or economic costs.²³ Using this criteria, the division made the case that injury prevention in general—and older adult fall prevention in particular—was a state priority.²⁴ Similar to Iowa, the division had already been a leader in fall reduction activities since the late 1990s. Within the last ten years, aging resources in New Hampshire have increased significantly in terms of services available to older adults and the individuals or groups providing those services. With the development of its SHIP, the division was able to build off of this work and continue their focus and leadership in this area.²⁵

Falls

The division's goal, as stated in its SHIP, is to decrease fall-related deaths among adults age 65 years and older to 66.7 deaths per 100,000 population by 2015 and 2020.²⁶ New Hampshire's SHIP explicitly sets

Three Sectors with Key Roles in Partnering with Public Health to Prevent Falls in New Hampshire

1. **Healthcare Systems, Insurers, Clinicians**
2. **Community, Non-Profit, and Faith-Based Organizations**
3. **Individuals and Families**

out the state's continued actions as well as recommendations for future actions necessary to achieve this goal. As part of its continued efforts to improve healthy aging and prevent older adult falls, the division plans to continue to provide training and education directed toward the primary care setting, community partners, and older adults themselves. The division also intends to continue reviewing and monitoring outcome data related to falls to inform future projects, programs, and policies. The New Hampshire Falls Risk Reduction Task Force is a statewide collaborative that looks at data and helps facilitate interventions related to falls. The task force engages in professional development and partners with senior centers to educate primary care physicians about fall screening.

New Hampshire's SHIP also recommends numerous actions to improve healthy aging and prevent older adult falls that are to be implemented at the various levels of the public health sector with the collaboration of diverse stakeholders and partners. Three sectors are designated as playing a key role in preventing falls in older adults: healthcare systems, insurers, and clinicians;

community, non-profit, and faith-based organizations; and individuals and families. The healthcare sector can conduct falls-risk assessments for older adults, including medication review and modification and vision screening. The community sector can build public awareness about preventing falls, promote fall prevention programs in home and community settings, and educate older adults on how to prevent falls. Individuals and families can engage in regular physical activity to increase strength and balance to

help prevent falls. The task force helped increase the number of and access to evidence-based programs for older adults such as Matter of Balance and Tai Chi: Moving for Better Balance.

As a result of the division's initiatives, a greater number of older adults are now being screened for fall risks.²⁷ In addition, older adults have a better understanding not only of the risks associated with falls, but of interventions that are successful in preventing falls.²⁸ The division's goal for their revised SHIP is to tie their program areas together around the issue of healthy aging. For example, the diabetes and oral health programs at the division have begun to focus their activities and initiatives on older adult issues. The division plans to build on this work and increase the number of indicators in their SHIP to move beyond just fall prevention.²⁹

Lessons Learned

The prioritization process that states use to decide which health issues are incorporated into their SHIPs will vary. The Iowa Department of Public Health suggests that states looking to incorporate healthy aging priorities should consider life cycle as an overarching theme or strategic direction for addressing all health issues.³⁰ Using the life cycle perspective, a health agency can identify ways to address a health issue where every age group will experience better health outcomes. For example, initiatives that address obesity, physical activity, and nutrition may be easier to rally around if it is clear that it affects all ages.

The New Hampshire Division of Public Health Services encourages states to think about whether a health issue has a disparate effect on a certain population when deciding on the priorities to incorporate into their SHIPs. Within injury prevention, older adult falls affect a specific, vulnerable population. Therefore, the division believed it was a priority issue that needed to be addressed in its SHIP. By considering health issues in this way, New Hampshire was able to target interventions more successfully.³¹

For states that have incorporated healthy aging priorities into their SHIPs, it is important to identify interventions and strategies that will successfully address the health issues affecting older adults. The New Hampshire Division of Public Health Services was able to find a balance between lofty population measures and manageable and specific measures that were more refined. This approach allowed the division to set a clear direction for healthy aging strategies.

RECIPE FOR SUCCESSFUL INCORPORATION OF HEALTHY AGING PRIORITIES IN SHIPS

- ✓ **Consider life cycle as an overarching theme or strategic direction for addressing all health issues**
- ✓ **Think about whether a health issue has a disparate effect on a certain population**
- ✓ **Identify interventions and strategies that will successfully address the health issues affecting older adults**
- ✓ **Find a balance between lofty population measures and manageable measures that are more refined**
- ✓ **Build off the work already being done by your health agency, partners, and the community**
- ✓ **Collaborate with partners and stakeholders, especially across sectors to ensure evidence-based strategies are in place to address healthy aging priorities**

Older adult fall prevention is a priority that the division, its partners, and the community could all understand, and the division was able to mobilize for action around this priority area.³²

The Iowa Department of Public Health was also able to ensure that its initiatives and strategies would address the goals set out in its SHIP because it built on the great work already being done by its programmatic staff and its partners. For example, the Iowa Falls Prevention Coalition is a group made up of representatives from private organizations and governmental agencies, including the Department of Public Health, the Iowa Department on Aging, the Iowa Association of Area Agencies on Aging, the Iowa Advisory Council on Brain Injuries, and many others. The Department of Public Health used work done by these partners and input from stakeholder groups to inform the SHIP priorities as well as activities to address those priorities.³³

Collaboration with partners and stakeholder engagement, especially across sectors, is extremely valuable in successfully implementing healthy aging priorities in a SHIP. The Iowa Department of Public Health learned that when they invited as many stakeholders as possible to participate in the development of the SHIP, they had more organizations, agencies, and community members who work with older adult populations at the table providing data to support the incorporation of healthy aging priorities. As a result, there was a greater likelihood of identifying key aging issues needing to be addressed.³⁴

“THE DIVISION OF PUBLIC HEALTH SERVICES AND THE STATE HEALTH DEPARTMENT REALLY HAS BEEN THE ‘BACKBONE’ AGENCY BY FACILITATING THE FALLS REDUCTION TASK FORCE...IT REALLY HAS CREATED A COMMON AGENDA AROUND WHAT ARE THE EVIDENCE-BASED PRACTICES AND HOW DO WE GET THOSE INTO EVERY CORNER OF THE STATE OF NEW HAMPSHIRE.”

PATRICIA TILLEY, NEW HAMPSHIRE DIVISION OF PUBLIC HEALTH SERVICES

The New Hampshire Division of Public Health Services also engaged in a collaborative process to ensure that healthy aging priorities were included in its SHIP and that there were strategies in place to address the healthy aging priorities. As the “back bone” agency within a collective impact model, the division facilitates the activities and funding of healthy aging organizations (e.g., the task force, senior centers, the Bureau of Adult and Elderly Services, the Geriatric Education Center at Dartmouth College, the Institute on Aging at the University of New Hampshire, home health services, and the New Hampshire Endowment for Health). In this role, the division creates a common agenda around the best evidence-based practices and ensures that those practices were implemented across the state.³⁵

Conclusion

As the older adult population continues to grow, it is important for health agencies to ensure that health issues associated with increasing age are addressed. State Health Improvement Plans provide a unique opportunity for health agencies to make healthy aging a priority. By incorporating healthy aging into a State Health Improvement Plan, health agencies can build on the work already being done in this area and focus on resources and initiatives that will improve the lives of older adults.

Resources and Tools

[Healthy Iowans: Iowa's State Health Improvement Plan \(2012-2016\)](#)

[Iowa State Plan on Aging \(2014-2015\)](#)

[New Hampshire State Health Improvement Plan \(2013-2020\)](#)

[ASTHO's Website on Healthy Aging](#)

[ASTHO's 2015 President's Challenge on Healthy Aging](#)

[ASTHO's Developing a State Health Improvement Plan: Guidance and Resources](#)

[ASTHO's Accreditation and Performance Resources](#)

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¹ Vincent GK, Velkoff VA. "The Next Four Decades: The Older Population in the United States: 2010 to 2050." Available at <http://www.census.gov/prod/2010pubs/p25-1138.pdf>. Accessed 6-2-2016.

² Patricia Tilley & Rhonda Siegel, New Hampshire Interview, July 20, 2016.

³ New Hampshire Interview, July 20, 2016.

⁴ PHAB Standards and Measures Version 1.5, page 14.

⁵ PHAB Standards and Measures, page 129.

⁶ Id. at 129.

⁷ Id.

⁸ Id.

⁹ Id.

¹⁰ National Association of Chronic Disease Directors. "Meeting the Challenges of an Aging Society: The Experience of State Health Departments." 2009. Available at http://c.ymcdn.com/sites/www.chronicdisease.org/resource/resmgr/Healthy_Aging_Critical_Issues_Brief/Aging_Society_SHD.pdf. Accessed 5-9-2016.

¹¹ National Center for Chronic Disease Prevention and Health Promotion. "Healthy Aging: Improving and Extending Quality of Life Among Older Adults." Available at http://www.cdc.gov/nccdphp/publications/aag/pdf/healthy_aging.pdf. Accessed 6-2-2016.

¹² Jonn Durbin, Iowa State Interview, July 7, 2016.

¹³ Iowa State Interview, July 7, 2016.

¹⁴ Id.

¹⁵ Id.

¹⁶ Terry E. Branstad and Donna K. Harvey. "Iowa State Plan on Aging." Iowa Department on Aging, 2013. PDF. P. 3.

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¹⁷ Iowa State Plan on Aging, page 3.

¹⁸ Id. at 21.

¹⁹ Id. at 20.

²⁰ Hassan, Margaret Wood, Nicholas Toumpas, Jose Their Montero, and Lisa Bujno. "New Hampshire State Health Improvement Plan." N.p.: NH Division of Public Health Services, 2012. PDF. Page 57.

²¹ Hampshire State Health Improvement Plan, page. 57.

²² Id. at 58 (citing "2005-2009 Elder Falls Issue Brief." Available at <http://www.dhhs.nh.gov/dphs/bchs/mch/documents/elder-falls-brf-2005-2009.pdf>. Accessed August 8, 2013.

²³ New Hampshire State Interview, July 20, 2016.

²⁴ Id.

²⁵ Id.

²⁶ New Hampshire State Health Improvement Plan, page 58.

²⁷ New Hampshire State Interview, July 20, 2016.

²⁸ Id.

²⁹ Id.

³⁰ Iowa State Interview, July 7, 2016.

³¹ New Hampshire State Interview, July 20, 2016.

³² Id.

³³ Iowa State Interview, July 7, 2016.

³⁴ Id.

³⁵ New Hampshire State Interview, July 20, 2016.