Healthy Aging Workshop: Public Health and Aging Services Collaboration

Workshop Summary Report | 2023

OASH | Office of Disease Prevention and Health Promotion

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Healthy People 2030

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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.

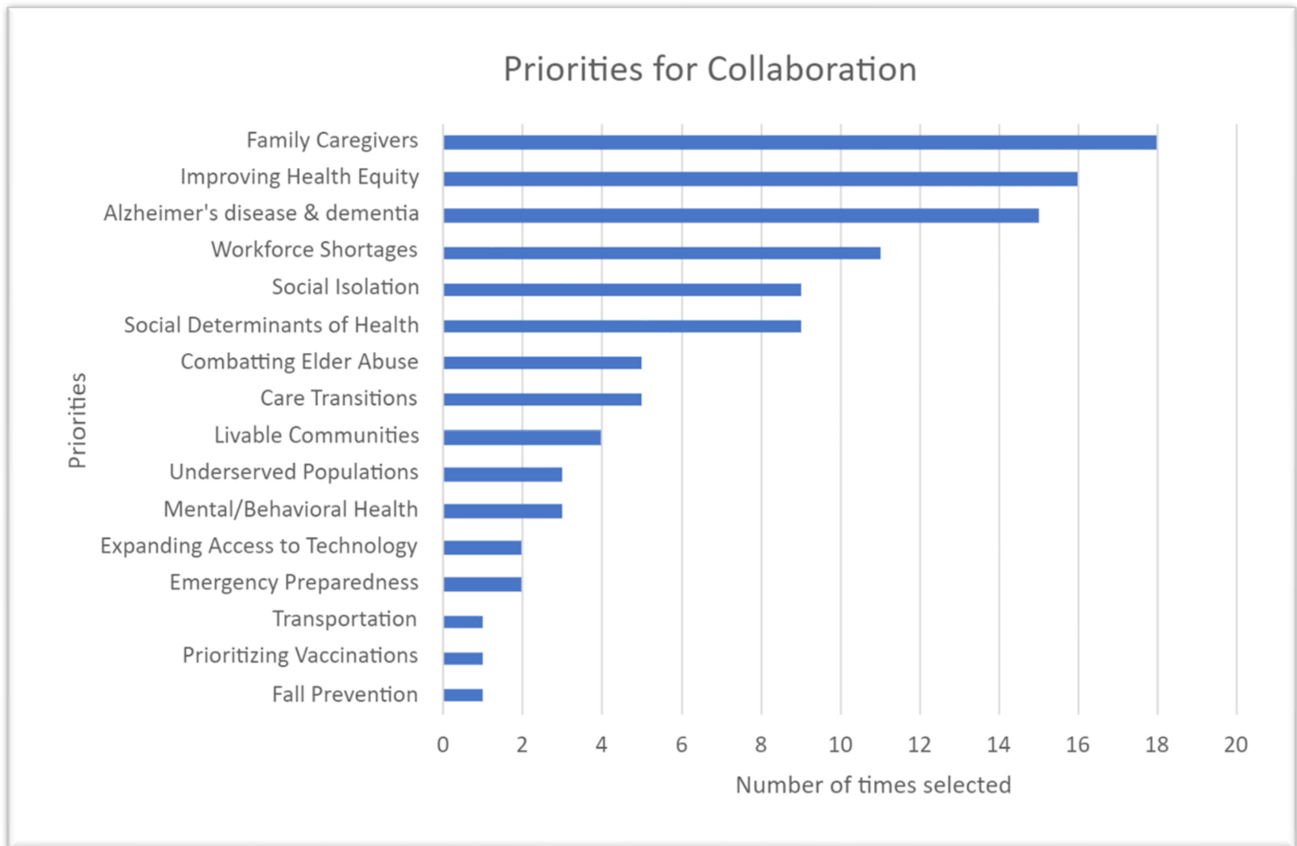


Figure 1: Priorities for aging services and public health collaboration

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.

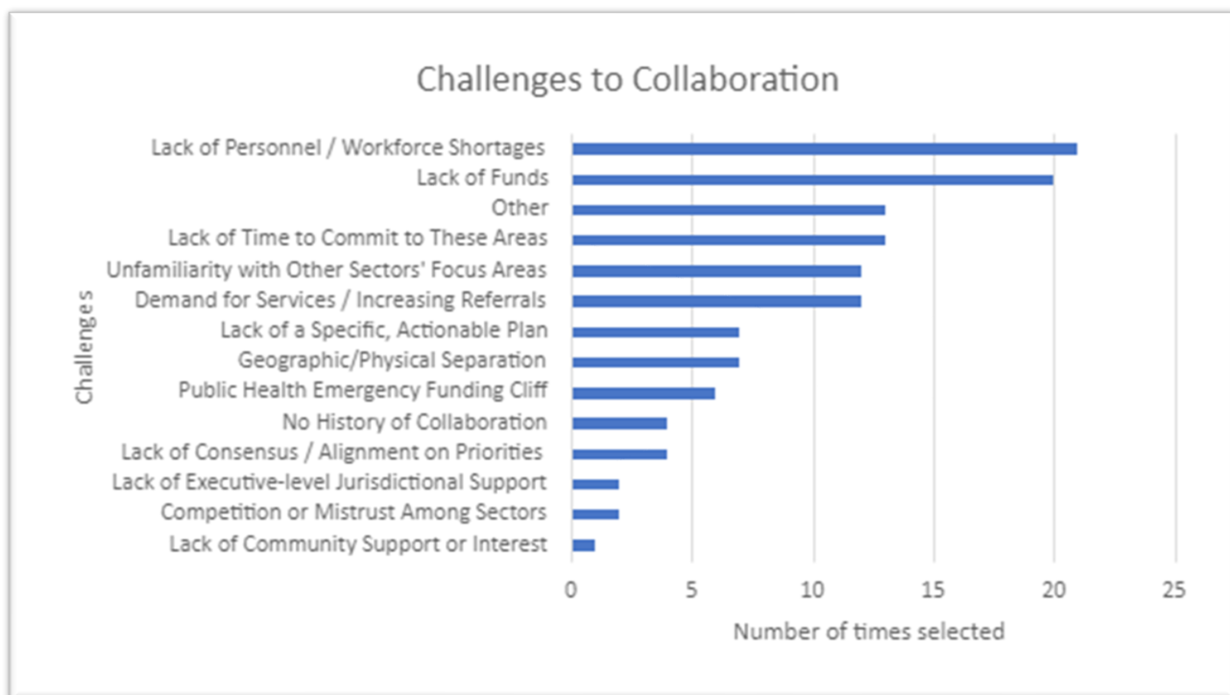


Figure 2: Challenges to collaboration between public health and aging services

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.

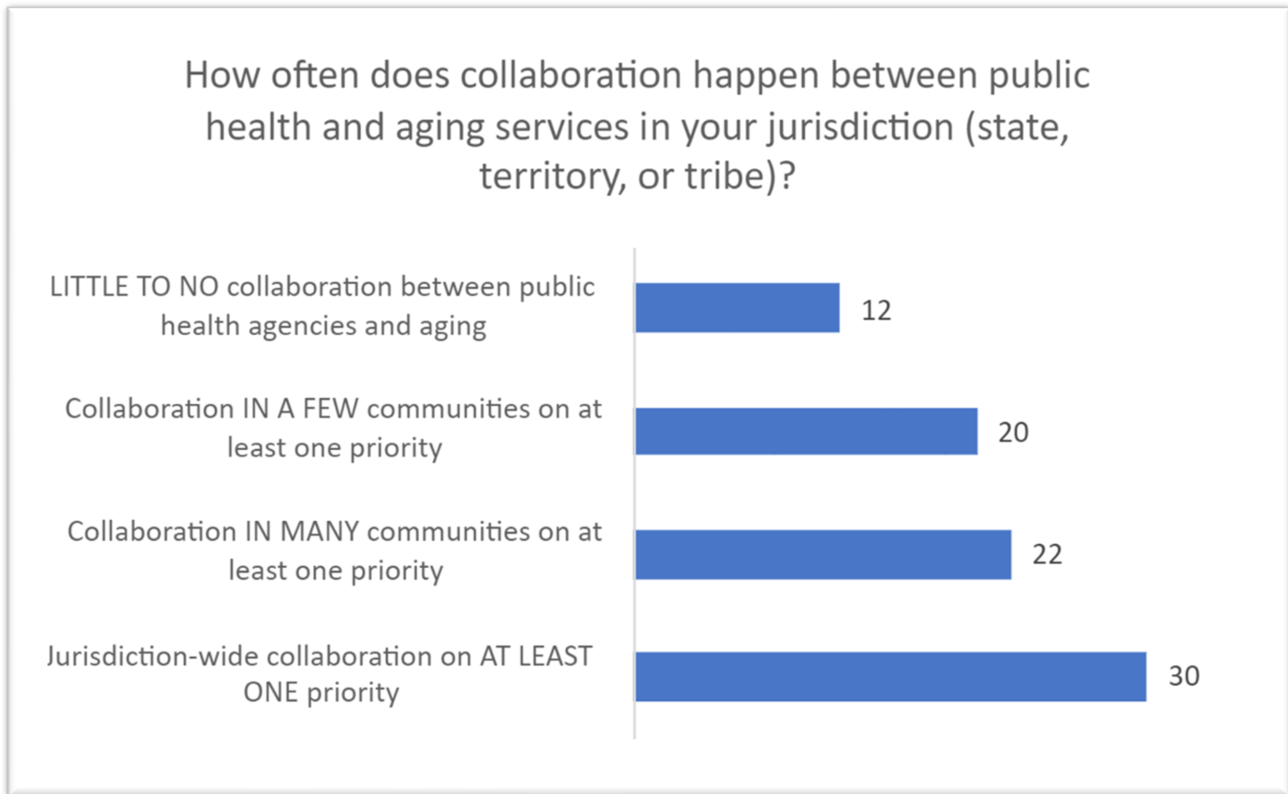


Figure 4: Results of a Zoom poll to gauge previous levels of collaboration between public health and aging services sectors.

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

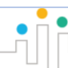
Health equity, social determinants of health (SDOH), and Alzheimer's disease and dementia were the most often identified shared priorities in Region 1.

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

Top Priority	Objectives
Health Equity	• 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 ○ Policies and protocols to address and reduce ageism
Social Determinants of Health	○ 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	• 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?	• 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)	• 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	• 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?	• 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	• 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	○ 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?	• 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?	• 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:	• 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	• Define *social isolation* and *socially isolated person*
	  ○ 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
	  ○ 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	• Define who is a family caregiver and raise awareness of family caregiving
	  ○ 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
	  ○ Virtual support groups can also help reduce caregiver stress
	• Identify and facilitate caregiver support and linking people with appropriate support groups and resources
	  ○ 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
	  ○ 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.**

What are potential solutions?	• 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
Who needs to be part of the solution?	• 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**.

What are potential solutions?	• Form caregiver support groups • "No Wrong Door" approach to serving family caregivers • Engage family caregiver coalition • Engaging chronic disease coalition
Who needs to be part of the solution?	• 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	• 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	○ Diversity 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.

<table>
<tr><td>What are potential solutions?</td><td>

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
Creating educational healthcare pathways at local community colleges
Overcome federal issues with the Department of Labor Standard Occupational Code
Grassroot level curriculum that incorporates aging and gerontology certificate training in this specialty
</td></tr>
<tr><td>Who needs to be part of the solution?</td><td>

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
</td></tr>
</table>

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.

<table>
<tr><th>Top Priority</th><th>Objectives</th></tr>
<tr><td>Family Caregivers</td><td>

Increase awareness of available resources
Provide tax credits
Provide better pay in the workforce
Interdisciplinary training
</td></tr>
<tr><td>Livable Communities</td><td>

Age friendly communities, environments, and policies
Readily available resources
Remote interventions and access to food
Transportation
Multi-sector approaches
</td></tr>
</table>

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

What are potential solutions?	• Develop targeted marketing campaigns • Assess current inventory of resources • Connect networks • Support the workforce • State-wide templates and forums engaging the community
Who needs to be part of the solution?	• 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.

What are potential solutions?	• Evaluate accessibility • Connect networks • Determine what is currently missing and where to focus efforts
Who needs to be part of the solution?	• 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	• Transportation costs
	  ○ Missouri and Nebraska reported numerous housing and transportation issues
	• Home modifications to make it safer for elders
	  ○ 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
	  ○ 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	• Market volunteer opportunities to increase public awareness
	• Bridge programs
	  • 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.

<table>
<tr><td>What are potential solutions?</td><td>Advertising, getting the word out, incentives
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
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
The Aging Advisory Committee in Nebraska has been meeting with senior center directors to discuss shared messaging</td></tr>
<tr><td>Who needs to be part of the solution?</td><td>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:
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?</td></tr>
</table>

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	• Rectify staffing issues with public health nurses • Make telehealth a part of the conversation • Bridge the pay gap ○ People with public health background tend to leave rural areas for better pay • Increase access to mental health services

Top Priority	Objectives
Family Caregivers	• Market volunteer opportunities to increase public awareness • Bridge programs • 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?	• Create more efficient ways to share data
	  ○ Standardize data collected for the aging population
	• Improve relationships with internal stakeholders
	  ○ More transparency in executive hierarchy

Who needs to be part of the solution?	• 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?	• Ensure robust participation among both aging services and public health • Partner with advocacy organizations
Who needs to be part of the solution?	• 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	• Create local partnerships • Public awareness campaigns through media
Family Caregivers	• 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	• Create a qualified workforce
	• Support family caregivers
	  ○ 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?	• Bring in departments that can address SDOH • Ensure public education is culturally appropriate • Review state plans
Who needs to be part of the solution?	• 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).

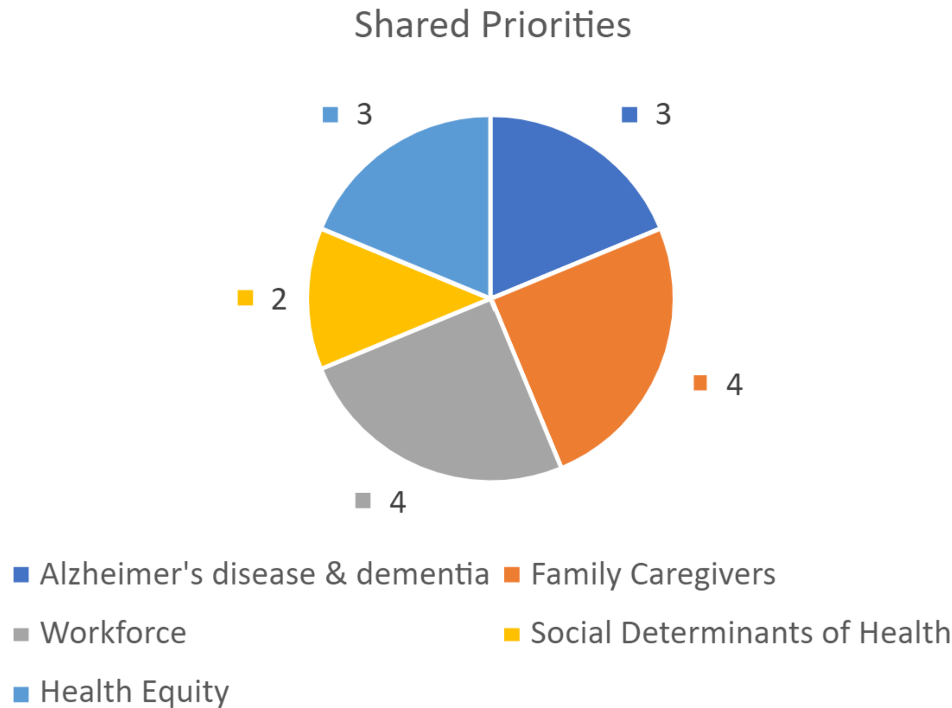


Figure 5: Common themes identified across regions.

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

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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

OASH | Office of Disease Prevention and Health Promotion
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Healthy People 2030

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.

- ☐ Expanding Access to Technology
- ☐ Prioritizing Vaccinations
- ☐ Workforce Shortages / Expansion / Support
- ☐ Social Isolation
- ☐ Combatting Elder Abuse
- ☐ Family Caregivers
- ☐ Improving Health Equity / Eliminating Health Disparities / Diversity, Equity, and Inclusion
- ☐ Underserved Populations
- ☐ Livable Communities
- ☐ Social Determinants of Health
- ☐ Care Transitions
- ☐ Alzheimer's and Dementia
- ☐ Mental/Behavioral Health
- ☐ COVID-19
- ☐ Emergency Preparedness
- ☐ 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)

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

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

OASH | Office of Disease Prevention and Health Promotion — Trust for America's Health TFAH.ORG — Healthy People 2030

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)	**Welcome and Housekeeping** • **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)	**Workshop Overview** 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.
3:10 - 3:20 PM (ET) 2:10 - 2:20 PM (CT) 1:10 - 1:20 PM (MT) 12:10 - 12:20 PM (PT)	**State Presentation** • **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)	**Introduction to Breakout #1 – Finding Our Common Interests**
3:25 - 4:05 PM (ET) 2:25 - 3:05 PM (CT) 1:25 - 2:05 PM (MT) 12:25 - 1:05 PM (PT)	**Finding Our Common Interests** Attendees will have region-based discussions to identify shared priorities and set objectives for each shared priority.
4:05 - 4:20 PM (ET) 3:05 - 3:25 PM (CT) 2:05 - 2:25 PM (MT) 1:05 - 1:25 PM (PT)	**Report Out and Discussion** Attendees will reconvene in the main session to hear highlights from each regional breakout.
4:20 - 4:25 PM (ET) 3:20 -3:25 PM (CT) 2:20 - 2:25 PM (MT) 1:20 - 1:25 PM (PT)	**Introduction to Breakout #2 – Identifying Collaborative Actions**
4:25 - 5:05 PM (ET) 3:25 - 4:05 PM (CT) 2:25 - 3:05 PM (MT) 1:25 - 2:05 PM (PT)	**Identifying Collaborative Actions** 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.
5:05 - 5:20 PM (ET) 4:05 - 4:20 PM (CT) 3:05 - 3:20 PM (MT) 2:05 - 2:20 PM (PT)	**Report Out and Discussion** Attendees will reconvene in the main session to hear highlights from each regional breakout.
5:20 - 5:30 PM (ET) 4:20 - 4:30 PM (CT) 3:20 - 3:30 PM (MT) 2:20- 2:30 PM (PT)	**Wrap-up and Close** • **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 ad 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 Vuppalanchi, 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://maineouncilonaging.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	Maine	Massachusetts	New Hampshire	Rhode Island	Vermont
Health Equity	Social Determinants of Health	Workforce		Workforce	Family Caregivers
Social Determinants of Health	Expanding Access to Technology	Health Equity		Social Determinants of Health	Health Equity
OTHER- Fall Prevention/ Disease Managment	Health Equity	Social Determinants of Health		Underserved Populations	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
Livable Communities
OTHER

Setting Objectives for Each Shared Priorities

#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 sexual violence across the lifespan (older adults and those w/ disabilities)
- Possibly adding agism to equity work
- Mental health/ geriatric treatment
- Dementia & alzheimer's for older adults of people of color
- Workforce development (CHW integration)

★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 1 - BREAKOUT #2

Building Toward Collaborative Action

#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

What are the potential steps?	Who needs to be part of these steps?	Additional notes
1. Scan existing definitions, and choose 1-2 to adopt	1. Assistance at the state/federal level to convene a meeting	
1. Capture subpopulation info 2. Housing 3. Technology	1. Academic partners a. State Offices of Health Equity	

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 solutions?	Who needs to be part of the solution?	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
Risks

Captain
Big Picture
Planning

Region 2:

REGION 2 - BREAKOUT #1

Identify Top Priorities for Region 2

New Jersey	New York	Puerto Rico	The Virgin Islands	Saint Regis Mohawk Tribe
Family Caregivers	Workforce; to include Family Caregivers		Expanding Access to Technology	Workforce
Health Equity	Health Equity		Combating Elder Abuse	Social Isolation
Alzheimer's & Dementia	Livable Communities; to include Alzheimer's & Dementia		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	Livable Communities	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 states/territories/tribes 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 drafting needs assessments to compare data		

Collaborative Actions

Short term: 4-8 weeks
- Contact 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 overocme 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 — "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 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

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

#1 Health Equity
- Addressing key drivers of health (unemployment, housing issues, transportation, environment, medical access, safety)
- Leveraging funding to improve collaboration
- **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 folks, LGBT community)
- Conducting needs assessment to aid in planning

#2 Improving collaboration
- **Collaborating with other departments, non-profits, private entities**
- Engaging leadership/executive buy in
- Improving data sharing with agencies, other programs

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 extensive 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 conversation	Targeting African American/Hispanic population (in DC), folks with greatest socioeconomic need
Promoting resources in different ways (print, online), ensuring that people are able to access info on their own time	Seniors, hospitals	Ask seniors/test if information is actually accessible
Ensuring that information provided is up to date	Providers	
Improving Inter/intra 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
Once representatives have been identified for different agencies, creating a space for them 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	Livable 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 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

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

#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)
- Defining Social isolation

#2 Family Caregivers

- Increasing knowledge of and access services available to caregivers
- 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)
- Defining what is a caregiver

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 4 - BREAKOUT #2

Building Toward Collaborative Action

#1 Social Isolation — Identifying target populations and resources in communities

What are the potential steps?	Who needs to be part of the steps?	Additional notes
What has already been done? Data services already available. (Yearly Well care visits and long term care facilities)	Bringing in area Agencies on Aging and senior centers	
Well care visits every year.	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 — Increasing knowledge of and access services available to caregivers

What are the potential steps?	Who needs to be part of the steps?	Additional notes
Forming caregiver support groups	Caregiver support groups, faith commuties, disability groups at the state level for non profit and for profit	Advanced care planning for caregivers
No wrong door approach to serving family caregivers	state aging office, AAA, Senior Centers, Elder helpline	
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 — "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 5:

REGION 5 - BREAKOUT #1

Identify Top Priorities for Region 5

Setting Objectives for Each Shared Priorities

#1 Workforce

- Family Caregiving: The informal workforce
- Diversity Focused- Intersectionality
- Training and updates to staff in long term care facilities. Regular and frequent training
- Mentorship to reduce turnover. What happens beyond training
- In IN, funding for training CNAs working in the long term. Getting into brainstorming sessions
- Dep of Labor standard occupational label codes do not match. Population will not be directed towards aging population needs
- MN, North Star Ger. Program
- Fostering better collaboration. Engaging key stakeholders. Ex. Dep of Labor. Having these conversations before getting into the weeds

#2 Alzheimer's & Dementia

- IL: Cross walk opportunities. Progress on training and identify gaps in training. For APS workers and HCPS waver for older adults (still in progress)
- Fostering better collaboration. Engaging key stakeholders. Ex. Dep of Labor. Having these conversations before getting into the weeds
- Investments in Respit? Using the REST module they have developed
- Bringing the right partners together for the region
- IL: Elder wellbeing mentioned to dep for A&D partnering with local agencies. Thinking about strategy and taking those agencies into considerations
- IN: Strategy with internal and external agencies. Strategic planning

★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
Partnering with school districts across states. Can be difficult due to high vacancy rates for teachers. No set teaching position for teaching healthy aging.	Dep Labor, ISBE, Dep Comm, Community Colleges (needs to be path to cert), high schoolers' reps of their population	
Can we leverage grandparents raising grandkids, can speak to the joy and challenges working with the aging population	Social workers in the school, guidance counselors	Consider that the hiring process that needs to be streamlined
Workforce deserts- Through community colleges and creating pathways. Health care pathways, navigator helps with inquires		
Grass root level. Too focused on cert level. Technical college certs taken together over a semester (still trying to build the program but very rich)		

Collaborative Actions

Short term: 4-8 weeks

- IL: Work force stabilization committee (working to find partners, set up a program)
- Learn more about existing programs

Medium term: 8-12 weeks

- Work towards streamlining the hiring process

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, *Risks*
Captain — Big Picture, *Planning*

Region 6:

REGION 6 - BREAKOUT #1

Identify Top Priorities for Region 6

Arkansas	Louisiana	New Mexico	Oklahoma	Texas	Mescalero Apahce Tribe	Pueblo of Tesuque	Ohkay Owingeh	Sac and Fox Nation
Workforce	Expanding Access to Technology	Health Equity	Workforce	Family Caregivers			Family Caregivers	Family Caregivers
Care Transitions	Social Isolation	Social Determinants of Health	Family Caregivers	Social Isolation			Mental Health	Livable Communities
Alzheimer's & Dementia	OTHER - transportation	Expanding Access to Technology	Health Equity	Livable Communities			Alzheimer's & Dementia	Combating Elder Abuse

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 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 (i.e. remote interventions + access to food)
- Transportation
- Multi-sector approaches

Mental Health

Social Isolation

★ 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 6 - BREAKOUT #2

Building Toward Collaborative Action

#1 Family Caregivers — Awareness of resources (and additional resources) + the workforce

What are the potential steps?	Who needs to be part of the steps?	Additional notes
Marketing	HHSE Comms 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	Holistic discussion sessions with CHRs 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 — Multi-sector approaches

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 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 7:

REGION 7 - BREAKOUT #1

Identify Top Priorities for Region 7

Iowa Public Health	Iowa Aging Services Sector	Kansas Aging Services	Kansa Public Health	Nebraska	Missouri
Combating Elder Abuse	Combating Elder Abuse	Social Isolation	Expanding Access to Technology	Workforce	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 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

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

#1 Workforce

- Volunteers - increasing public awareness/public information
- Can certificates be offered to volunteers/ high school students?
- Bridge programs
- Explore ways to recognize/support family caregivers
- Connecting retirees to increase number of volunteers
- Peer Support workers are another workforce that are much like CHW
- Community health workers to increase employment
- Continue to make community health workers sustainable
- In home workers and direct care workers
- short staffed in home workers and direct care workers

#2 Social Determinants of Health

- Transportation costs
- Ensuring that ACL flexibility is being maximized
- Home modifications to make it safer for elders
- Housing - use universal design and access to affordable safe housing
- Prevention in housing - Assesment in homes
- Nutrition services

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 realm	Way to target younger generation?
Promoting opportunities can be web based	Workforce development - those who have been laid off or are looking for a job	SCSEP program	Is there a way to get CEU's for people who are volunteering?
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	How to get CEUs for SHIP (or CHIP) counselors?
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 advertisements?	
	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 flexibility 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 *Risks*

Captain Big Picture *Planning*

Collaborative Actions

Short term: 2-4 weeks

Medium term: 4-8 weeks

Ensuring that ACL flexibility is being maximized

Examples:
- Review workshop report
- Schedule next planning meeting

[Region 8](#):

REGION 8 - BREAKOUT #1

Identify Top Priorities for Region 8

Social Determinants of Health

Workforce

Social Determinants of Health

Expanding Access to Technology

Expanding Access to Technology

Family Caregivers

Underserved Populations

Livable Communities

Underserved Populations

Mental Health

Health Equity

Menu of Priorities

Expanding Access to Technology

Family Caregivers

COVID-19

Social Determinants of Health

Promoting 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 Family Caregivers

#2 Workforce

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

Common Challenges

REGION 8 - BREAKOUT #2

Building Toward Collaborative Action

#1 Family Caregivers

- Supporting the caregivers

What are the potential steps?	Who needs to be part of the steps?	Additional notes
Connect public health & the health systems	- Caregivers - Home providers	
Connecting the needs of patients and the caregivers		

Collaborative Actions

Short term: 4-8 weeks

Medium term 8-12 weeks

Examples:
- Review workshop report
- Schedule next planning meeting

#2 Workforce

- Access to mental health

What are the potential steps?	Who needs to be part of the steps?	Additional notes
	Department of Health	
Build a culture of trust		
	Workforce	

Collaborative Actions

Short term: 4-8 weeks

Medium term: 8-12 weeks

Examples:
- Review workshop report
- Schedule next planning meeting

[Region 9](#):

REGION 9 - BREAKOUT #1

Identify Top Priorities for Region 9

Menu of Priorities

Setting Objectives for Each Shared Priorities

#1 Alzheimer's & Dementia

#2 Family Caregivers

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

Common Challenges

REGION 9 - BREAKOUT #2

Building Toward Collaborative Action

#1

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

Region 10:

REGION 10 - BREAKOUT #1

Identify Top Priorities for Region 10

Menu of Priorities

Setting Objectives for Each Shared Priorities

#1 Alzheimer's & Dementia

qualified workforce

SDOH considerations

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

Common Challenges

REGION 10 - BREAKOUT #2

Building Toward Collaborative Action

#1 Alzheimer's & Dementia

qualified 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 Alzheimer's & Dementia

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

REGION 10 - BREAKOUT #2