

Ensuring a Skilled Workforce to Improve the Lives of Older Adults

2024 National Healthy Aging Symposium:
Innovation Across the Age-Friendly Ecosystem



#HealthyAging2024



Office of
Disease Prevention
and Health Promotion



Today's Speakers



Moderated by:

Juan Rodriguez

*Centers for Disease Control
and Prevention*



Kezia Scales

PHI



James Moorhead

*Maine DHHS Office of Aging
and Disability Services*



Jackie Catron

*Kansas Department of
Health and Environment*



Adam Lustig

*National Network of Public
Health Institutes*



Office of
Disease Prevention
and Health Promotion

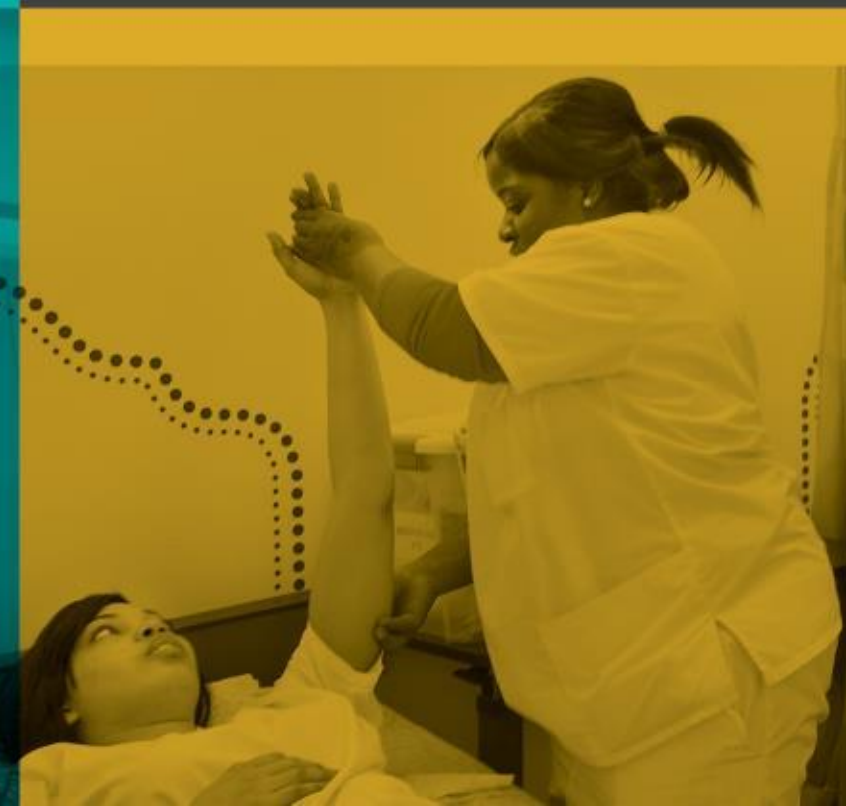


National Healthy Aging Symposium:
Innovation Across the Age-Friendly Eco-System

The Direct Care Workforce: Essential to the Age-Friendly Ecosystem

National Healthy Aging Symposium
September 26, 2024

Kezia Scales, PhD, Vice President of Research & Evaluation, PHI



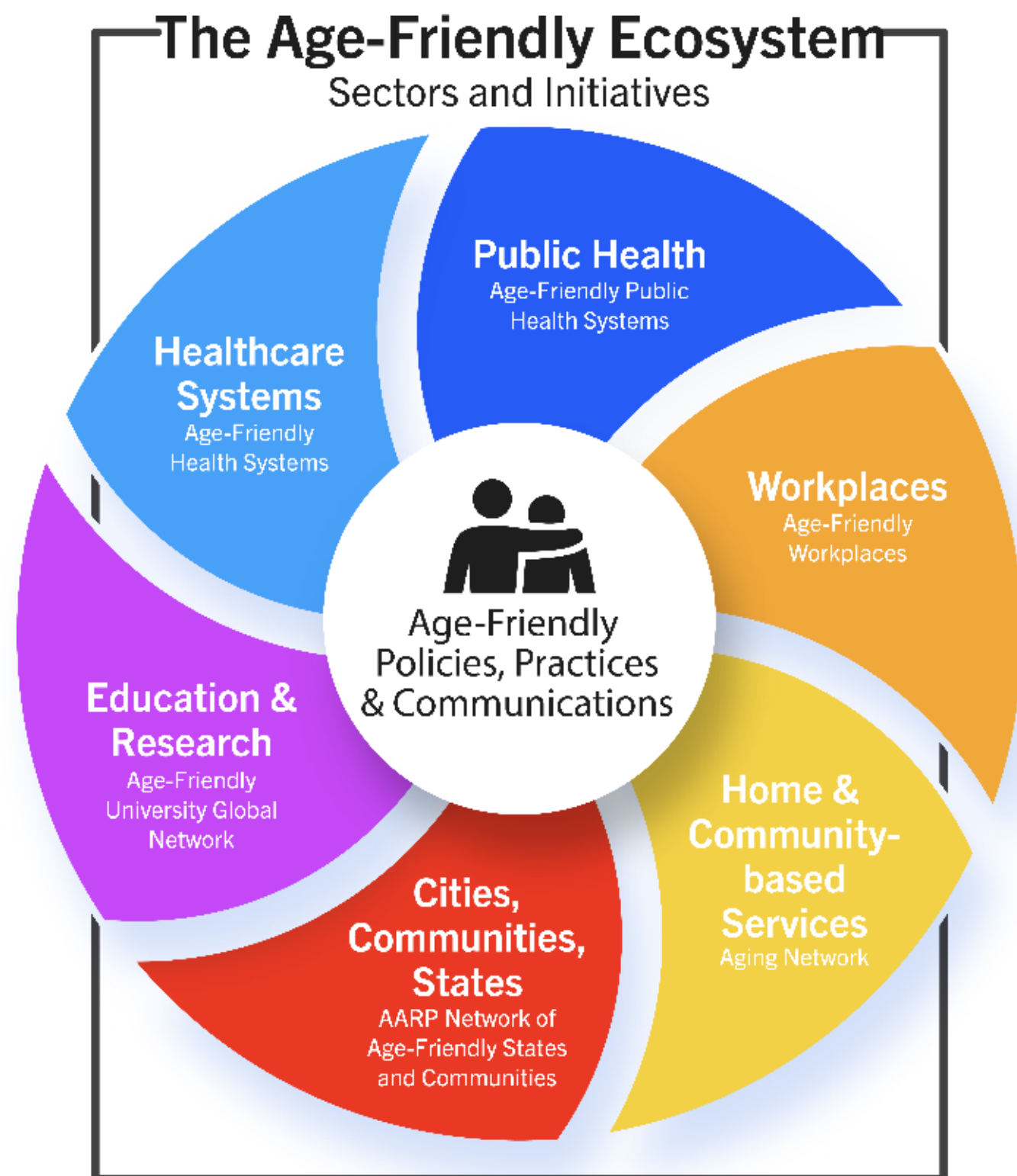
Introducing PHI



Overview of the Direct Care Workforce

- **5 million personal care aides, home health aides, nursing assistants** who support older adults and people with disabilities across settings (2023)
- A rapidly growing workforce: 1.6 million jobs added from 2014-2023; **>860,000 new jobs expected from 2022-2032** (outpacing job growth in every other occupation in the U.S.)
- Predominantly women (85%), people of color (64%), and immigrants (28%)





What is the role of direct care workers in the age-friendly ecosystem?

“I’m a single parent working six days a week, and I don’t spend enough time with my kid. As home health aides, we work too hard, we’re dealing with too much stress with the client, and we also have to deal with family members, and we’re not getting paid for how hard we work. That’s the problem. You have to pay your bills. You have to take care of your family.”

FARAH GERMAIN

Home Health Aide at JASA
Brooklyn, NY

<https://phinational.org/worker-stories/>



THE 5 PILLARS OF DIRECT CARE JOB QUALITY



**QUALITY
TRAINING**



**FAIR
COMPENSATION**



**QUALITY
SUPERVISION
& SUPPORT**



**RESPECT &
RECOGNITION**



**REAL
OPPORTUNITY**



REAL OPPORTUNITY

A quality direct care job should invest in workers' learning, development, and career advancement.

Innovation: Real Opportunity through Advanced Roles

- Maximize the contribution of direct care workers to care delivery across settings
- Encourage job seekers to consider direct care in their career plans (recruitment)
- Encourage incumbent workers to stay in the field, rather than seeking career progression opportunities elsewhere (retention)
- Improve job satisfaction and satisfaction with care
- **Build the skilled workforce needed to support integration across the age-friendly ecosystem**

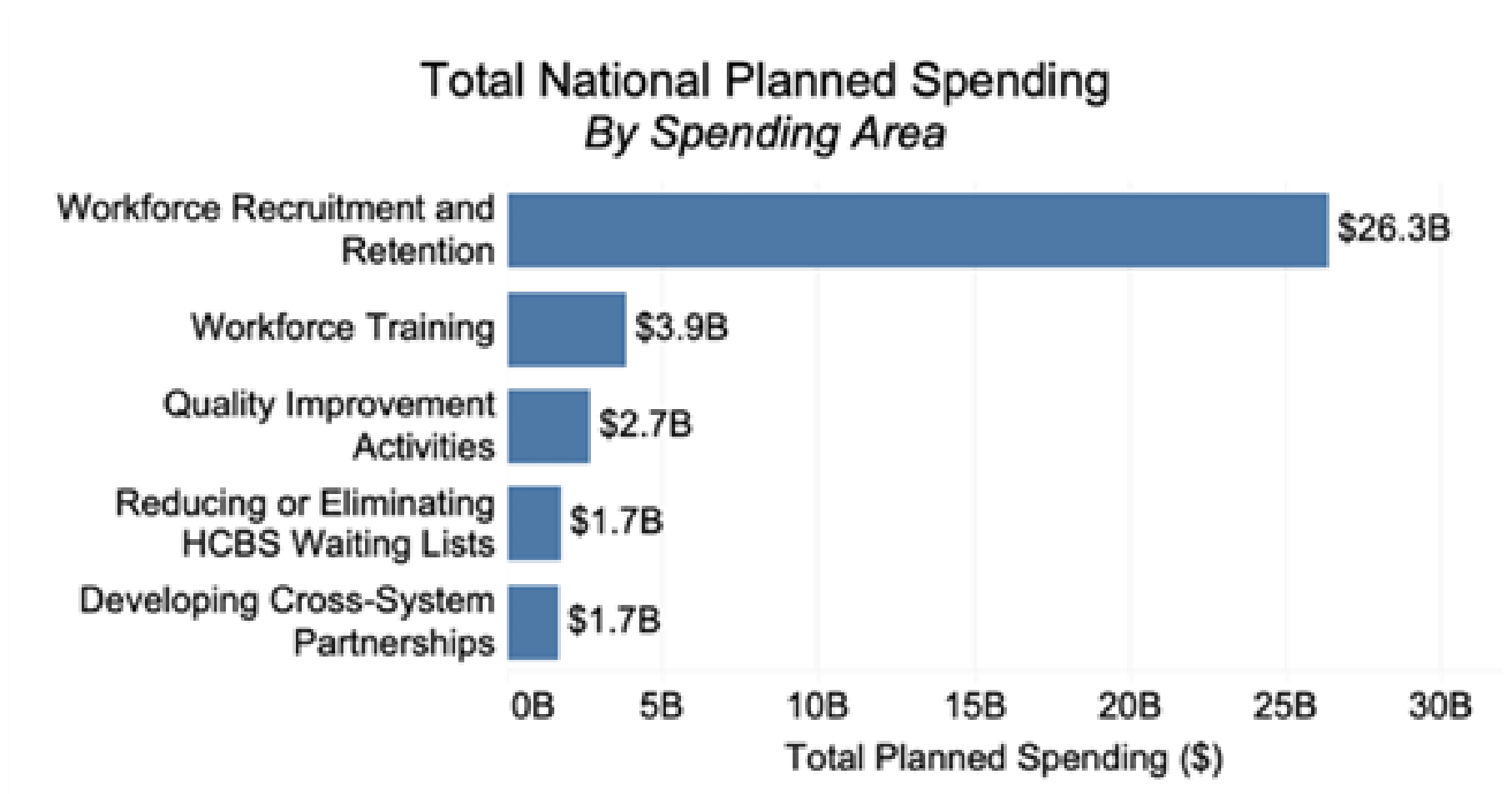
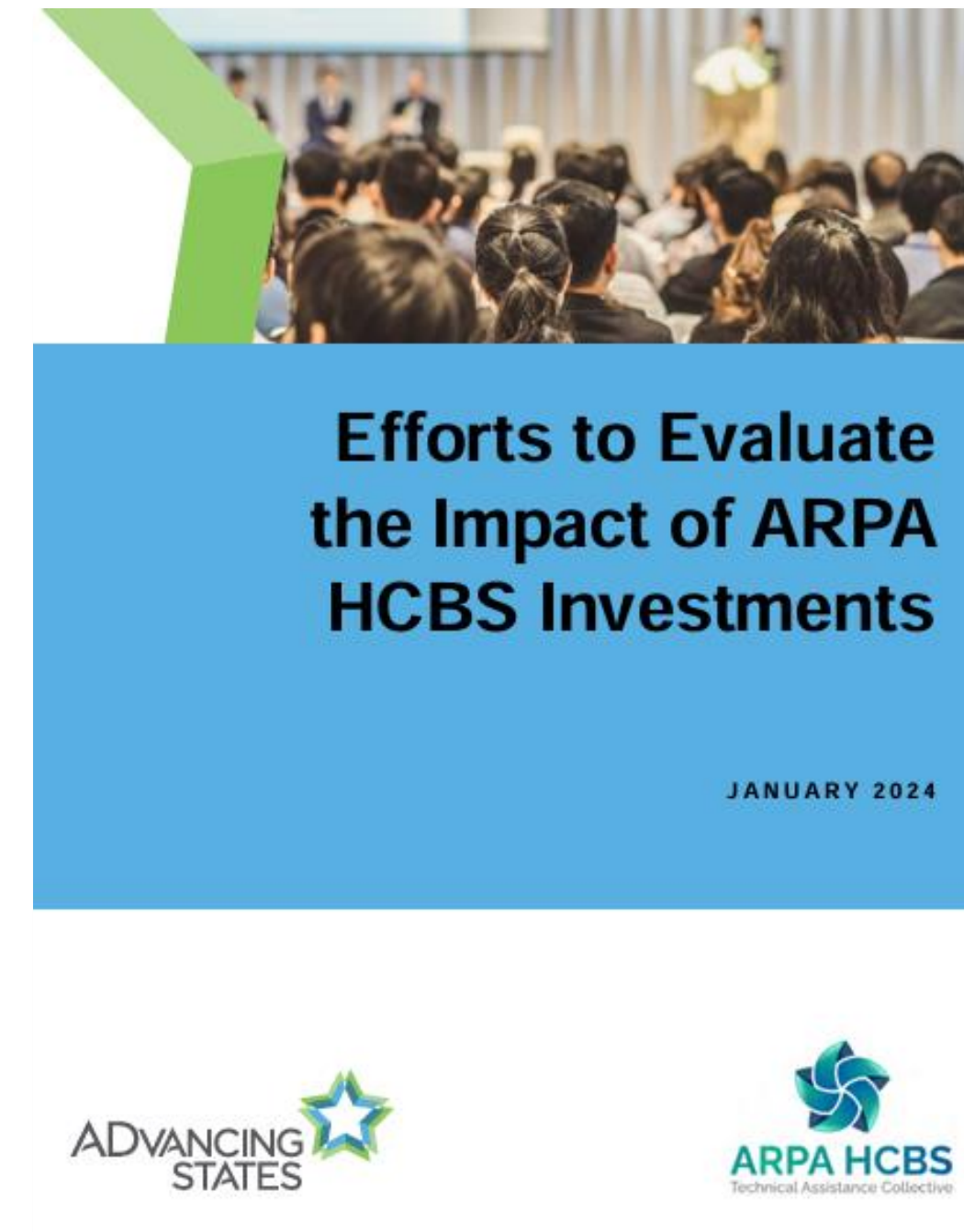
“Working in these advanced roles has given me a lot of confidence in what I do. I feel good about being able to help more clients, more workers, and more family members in this way. I continue to learn, which is also good for me.”

MARISOL RIVERA

Care Coordinator at
Cooperative Home Care
Associates, Bronx, NY



The Moment for Innovation (#1): American Rescue Plan Act of 2021, Section 9817

Efforts to Evaluate the Impact of ARPA HCBS Investments

JANUARY 2024

ADVANCING STATES

ARPA HCBS
Technical Assistance Collective

The Moment for Innovation (#2): National Strategy to Support Family Caregivers



2022 National Strategy to Support Family Caregivers

Developed by:
The Recognize, Assist, Include, Support, and Engage (RAISE) Act Family Caregiving Advisory Council
&
The Advisory Council to Support Grandparents Raising Grandchildren

Technical assistance provided by the Administration for Community Living | September 21, 2022



RAISE Act State Policy Roadmap for Family Caregivers: The Direct Care Workforce

March 2022

ACL Administration for Community Living | NASHP | The John A. Hartford Foundation | RRF Foundation for Aging

The Moment for Innovation (#3): Direct Care Workforce Strategies Center



About the Center ▾

Resources by Topic ▾

Technical Assistance

Search



Building national capacity to support community living

Many people with disabilities and older adults cannot get the services they need to live in the community because there are not enough direct care professionals. The Direct Care Workforce Strategies Center provides resources, technical assistance, and training to state systems, providers, and stakeholders to improve workforce recruitment, training, and retention.



Browse Resources

Find relevant reports, fact sheets, infographics, and other materials organized by topic.



Data & Research

Explore a range of data-driven documents to gain insights and understand trends and findings.



Technical Assistance

Learn about options for assistance to further state systems-change efforts and apply for two exciting opportunities!



Events

View recordings of the first event in our TA webinar series and an informational event on new state TA opportunities



**AGING IN THE UNITED STATES:
A STRATEGIC FRAMEWORK
FOR A NATIONAL PLAN ON AGING**

THE INTERAGENCY COORDINATING COMMITTEE ON HEALTHY AGING
AND AGE-FRIENDLY COMMUNITIES

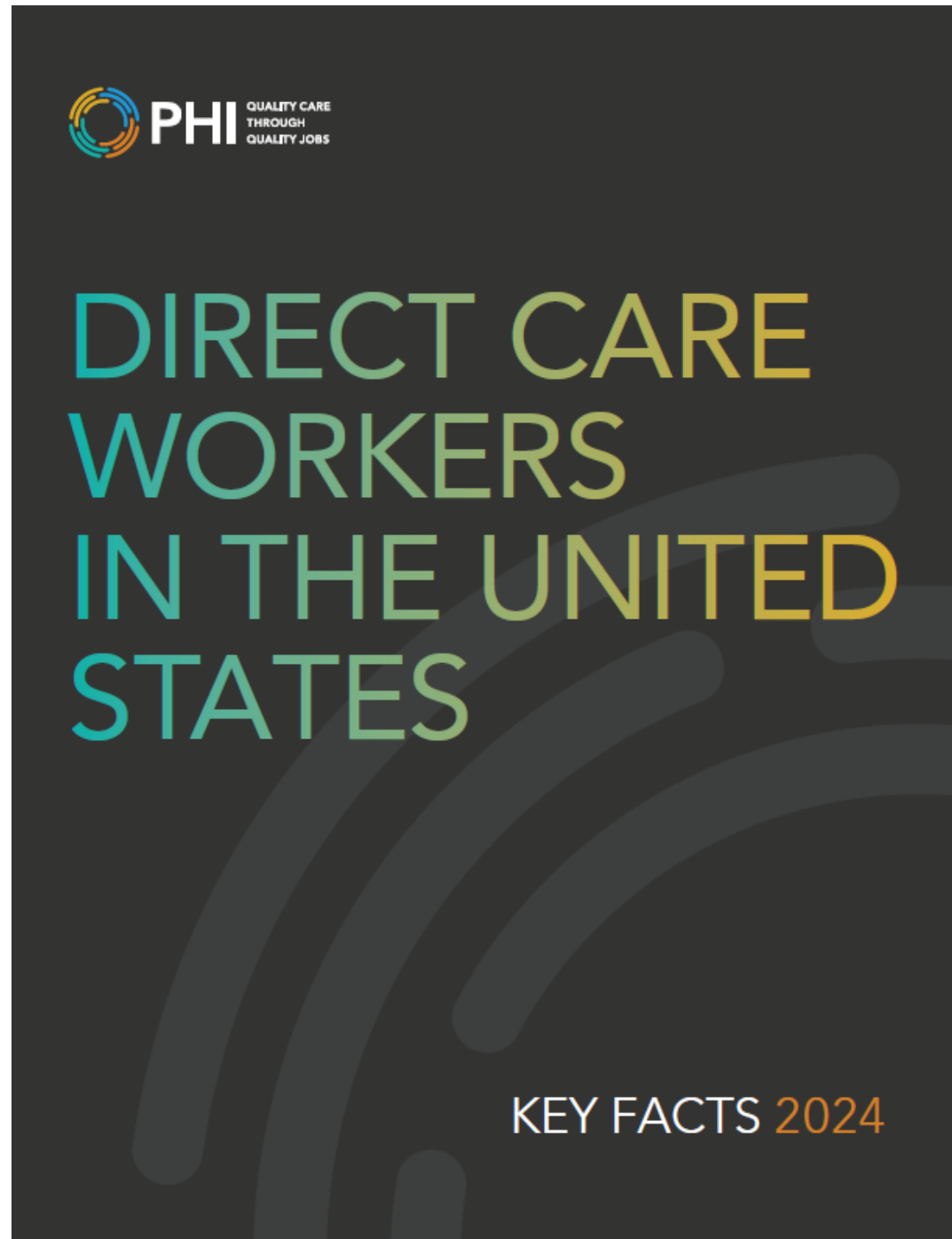
CHAIRIED BY THE ADMINISTRATION FOR COMMUNITY LIVING

REPORT TO CONGRESS

MAY 2024

The Moment for Innovation (#4): Strategic Framework for a National Plan on Aging

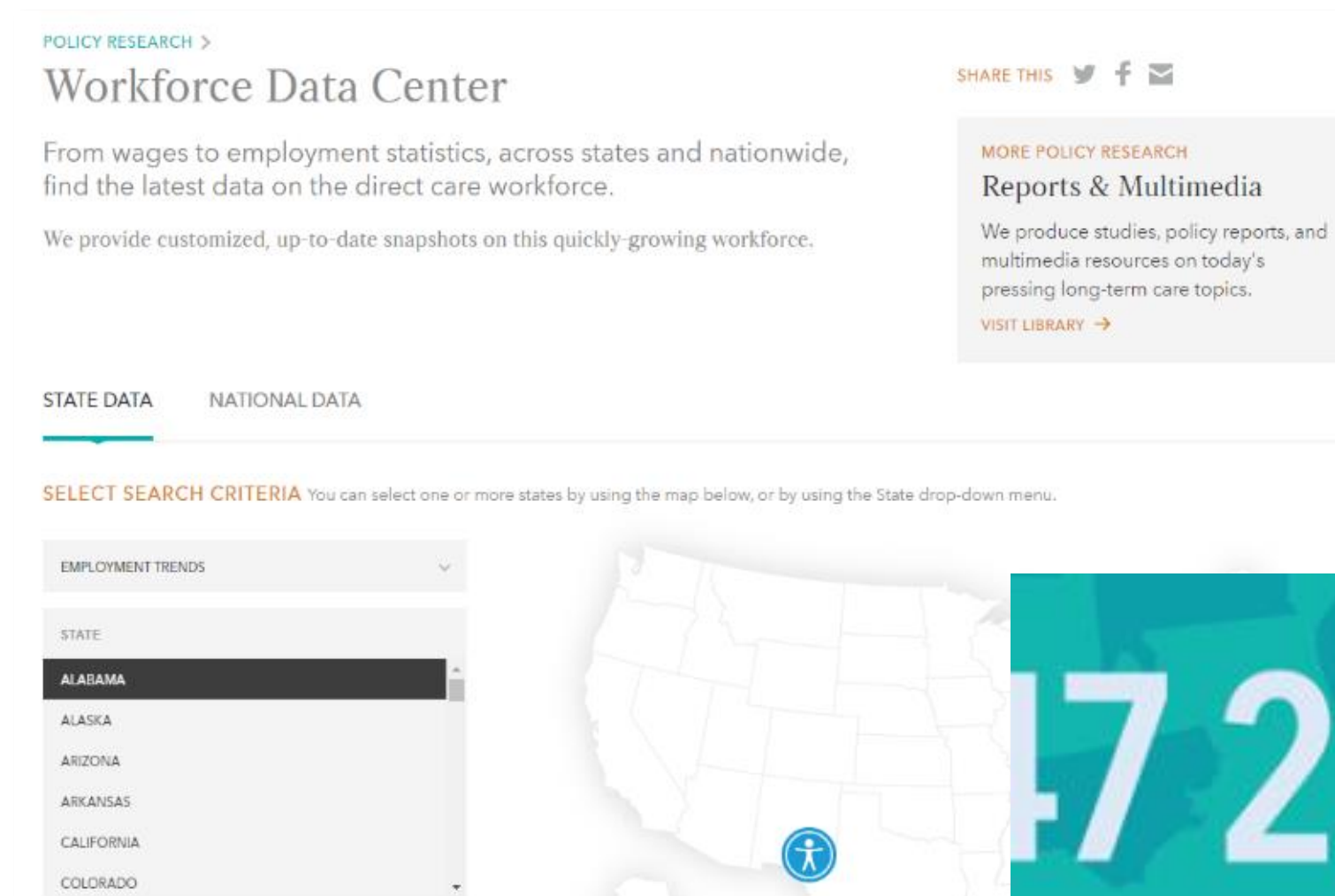
Direct Care Workforce Resources



PHI QUALITY CARE THROUGH QUALITY JOBS

DIRECT CARE WORKERS IN THE UNITED STATES

KEY FACTS 2024






POLICY RESEARCH >

Workforce Data Center

From wages to employment statistics, across states and nationwide, find the latest data on the direct care workforce.

We provide customized, up-to-date snapshots on this quickly-growing workforce.

SHARE THIS   

MORE POLICY RESEARCH

Reports & Multimedia

We produce studies, policy reports, and multimedia resources on today's pressing long-term care topics.

VISIT LIBRARY →

STATE DATA NATIONAL DATA

SELECT SEARCH CRITERIA You can select one or more states by using the map below, or by using the State drop-down menu.

EMPLOYMENT TRENDS

STATE

- ALABAMA
- ALASKA
- ARIZONA
- ARKANSAS
- CALIFORNIA
- COLORADO



PHI QUALITY CARE THROUGH QUALITY JOBS

DIRECT CARE WORKFORCE STATE INDEX

47 22 35 1

8 37 20 23 3



Kezia Scales, PhD

Vice President of Research & Evaluation

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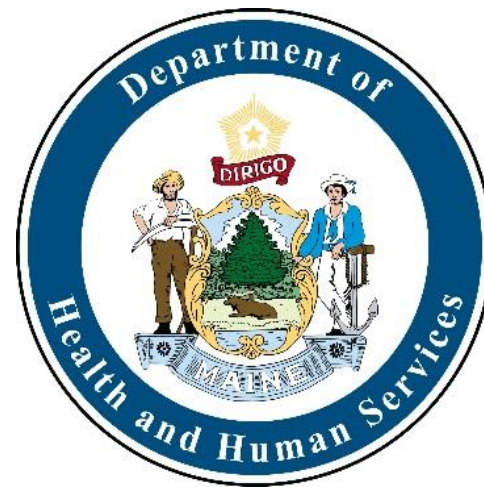
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HIGHLIGHTS OF MAINE'S HCBS WORKFORCE EFFORTS

Presented by James Moorhead, Healthy Aging Services Manager, Office of Aging and Disability Services,
Maine Department of Health and Human Services
September 26, 2024



OVERVIEW

Focus Areas of Maine's HCBS Workforce Efforts

- Reimbursement
- Workforce Recruitment and Retention
- Qualifications and Training
- Workforce Development
- Expanding Existing Support Systems
- Consumer Directed Services
- Public Assistance

Maine pursued actions and initiatives in all the approaches above to find and test long term solutions for our Home and Community Based workforce

RESOURCES

Relevant Reports and Resources

- Commission to Study Long-term Care Workforce Issues
- AAAA-7 First Annual Report
- AAAA-7 Second Annual Report
- Home and Community Based Services Improvement Plan
- Bonus Data

REIMBURSEMENT

DHHS has taken several steps to support higher wages for direct support workers (DSWs)

- **In July 2022, the Department implemented the Commission's recommendation to reimburse long-term care services at rates sufficient to support wages of at least 125% of the State minimum wage. This was applied to both Medicaid and State Funded services.**
- **Earlier in the year (February and March), to stabilize the workforce, HCBS providers were allocated \$121M in one-time funding for retention and attraction bonuses to direct support workers and supervisors under Maine's ARPA Section 9817 HCBS Improvement Plan.**
- **These actions were in addition to other one-time payments to providers made during the pandemic under emergency authority.**

WORKFORCE RETENTION: WAGES

Participating agencies had flexibility to develop their bonus policies within DHHS guidelines, had until December 31, 2022, to spend their allotments, and were required to submit reports to DHHS specifying how the bonuses were distributed. The reports also indicated what DSWs earned and how many were employed at the start and end of the initiative.



Results

- Bonuses Helped Stabilize and Grow Maine's Home and Community Based Service Workforce
- More than 24,000 DSWs and DSW supervisors in every Maine county received bonuses
- Workers received an average of \$3,429 in bonuses over the reporting period
- Wages rose across DSW service population groups
- The workforce grew and agencies retained nearly 82 percent of their HCBS staff

WORKFORCE RECRUITMENT



Click on the pictures to be taken to the websites!

WORKFORCE RECRUITMENT



Careers with Purpose

Connecting lives • Advancing community

<https://mainecareerswithpurpose.org/>

WORKFORCE RETENTION: UPSKILLING & TRAINING



**Connect to healthcare training resources to accelerate
your career or upskill your current workforce**

Program Highlights

- Agencies & public education partners aligned on priority list of trainings to aggregate and fund in one centralized website.
- Website launched in April 2022. Supported by 2 Healthcare Navigators and 2 Tuition Remission Consultants.
- The website was launched in April 2022 with more than 40,000+ unique viewers.
- Healthcare Training for ME has received 2,877 worker applications, and 184 employer applications.

WORKFORCE RETENTION: UPSKILLING & TRAINING

MDOL's tuition remission program funds short-term training that upskills our current healthcare workforce.

1,533 requests were eligible for Tuition Remission and enrolled in a course.

- 643 have completed.
- 622 are in progress.
- 134 are scheduled.
- 134 have exited without completing

Priority Job	Count
EMT, AEMT, and Paramedic	354
MHRT	251
ACRE and Fading Supports	167
CNA	148
MA	125
LPN	118
DA and EFDA	112
CRMA	86
PSS	48
IPDH	28
Phlebotomist	27
RN	24
Surg Tech	18
Lactation Consultant	12
Certified Alcohol and Drug Counselor	4
Health Coach	3
Advanced Sonography Cert	2
Certified Clinical Supervisor	1
Cardiovascular Ultrasound Technologist.	1
RBT	1
Certified Dementia Care Provider	1
Foot Care Specialist	1
CIC Infection Preventionist	1
TOTAL	1533

OTHER WORKFORCE DEVELOPMENT INITIATIVES

Are you a healthcare employer looking for guidance about programs available to support staff?



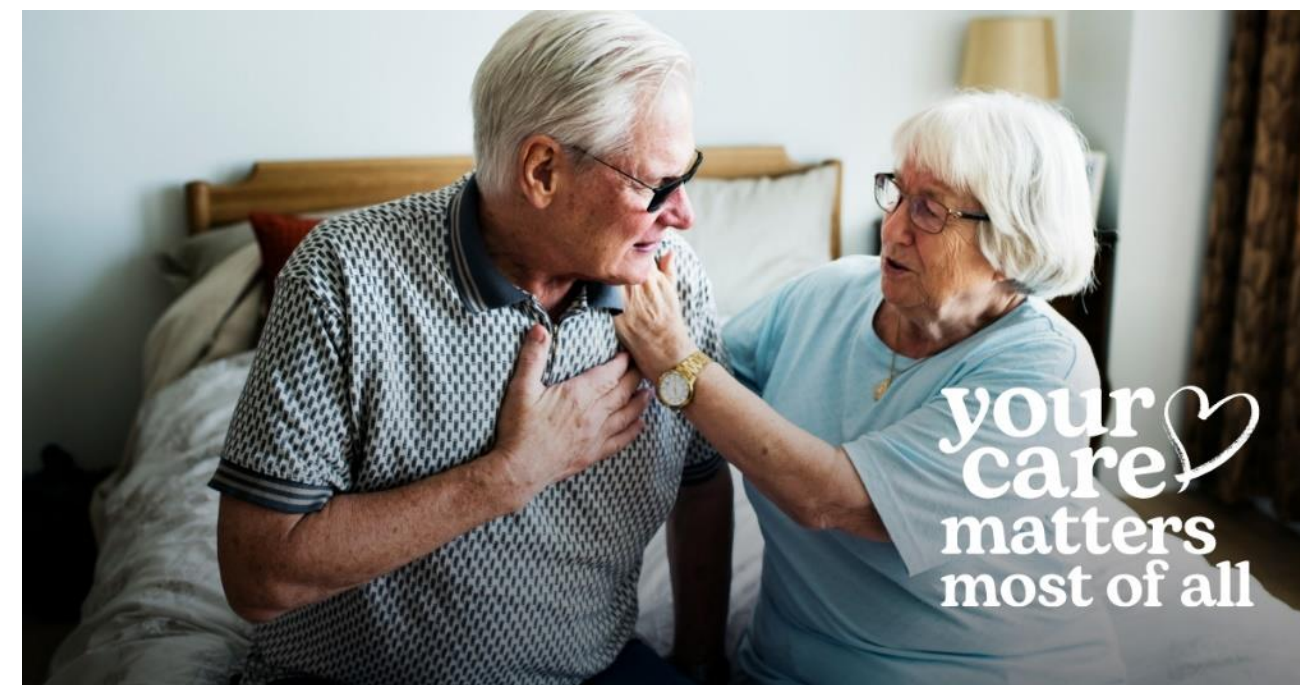
Maine DHHS, DOL, and DOE are collaborating on a number of workforce development initiatives:

- Utilizing a combination of Maine Jobs & Recovery Program (MJRP) funds and a federal grant, DOL is actively expanding healthcare pre-apprenticeship and apprenticeship programs
- DHHS is engaged with the University of Maine System (UMS) and MCCS to align learning standards with provider needs.
- Supported by Maine Jobs & Recovery Plan funding, DOL hired two full-time healthcare career navigator positions to assist individuals statewide interested in healthcare careers get connected to training and job opportunities. Healthcare navigators have worked with 552 unique clients. 24% have been further enrolled in a program like WIOA, CSSP, Tuition Remission, or Apprenticeship.

EXPANDING EXISTING SUPPORT SYSTEMS

In October 2022, DHHS and the five Area Agencies on Aging implemented **Respite for ME**, funded through the Maine Jobs & Recovery Plan. The two-year pilot program provides grants for family caregivers providing care to a loved one at home. Informal and unpaid caregivers may use the funds for respite care, counseling and training, legal and financial guidance, and assistive technology. Family caregivers can also access services to maintain their own health such as self-care. In 2023, the grant amount has been raised to \$5,171.

First-Year Evaluation Report

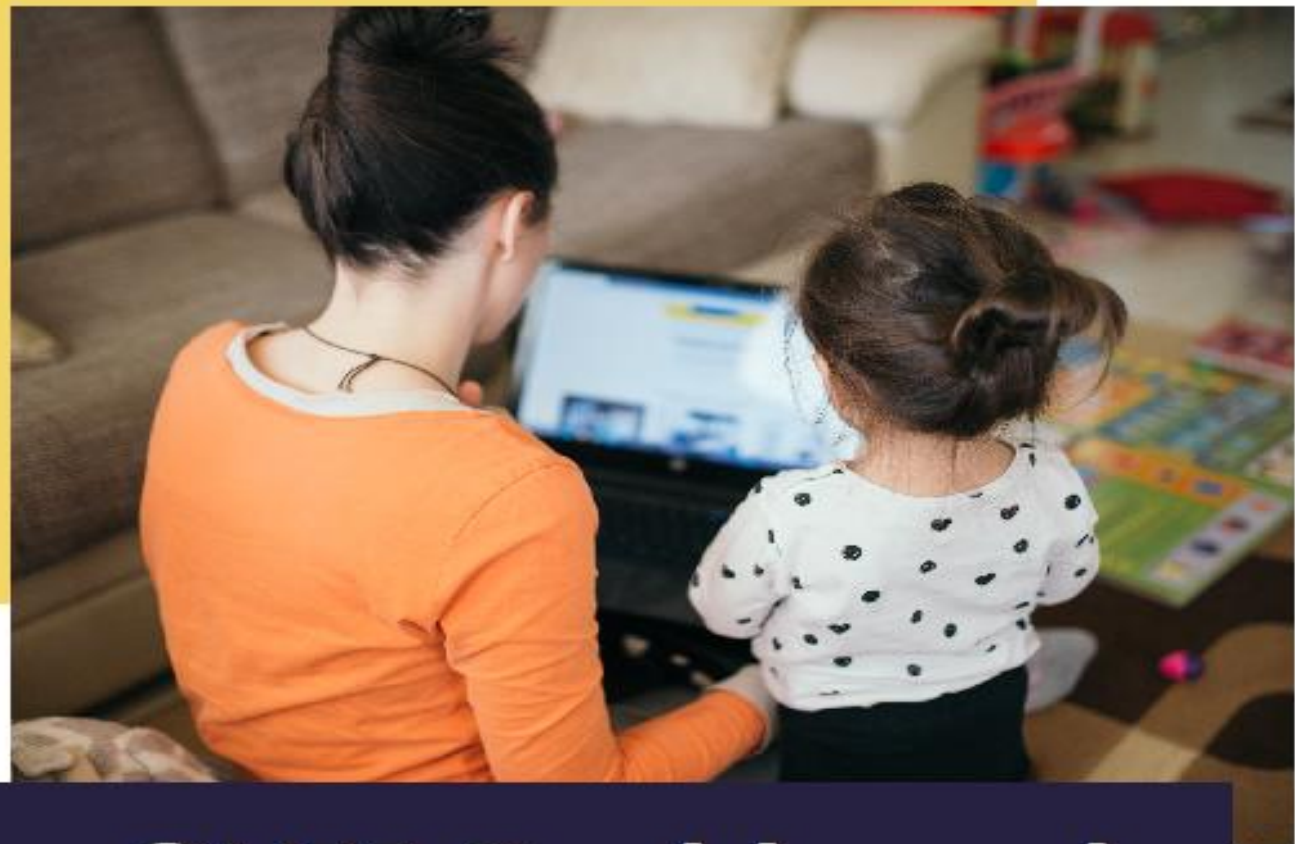


CONSUMER DIRECTED SERVICES

- DHHS has long had consumer-directed options in its programs for older adults and adults with physical disabilities and those options have been growing in popularity. Self-Direction is currently offered in Maine Care Section 19 (Older Adults and Adults with Physical Disabilities Waiver), Section 96 (Private Duty Nursing and Personal Care Services) and Section 12 (Consumer Directed Attendant Services). In addition, the Department also allows self-direction in its state funded Section 69 (Independent Support Services), Section 63 (In-Home and Community Support Services for Elderly and Other Adults) and Chapter 11 (Consumer Directed Personal Assistance Services).
- Self-direction has been expanded to participants of Section 18 (Brain Injury Waiver), 20 (Other Related Conditions) and 29 (Supportive Services for Individuals with Intellectual Disabilities waiver) through a temporary modification to the waivers through the emergency use of the Appendix K option during the federal public health emergency. DHHS is pursuing permanent changes to its waiver policies to allow these options to continue.



PUBLIC ASSISTANCE



CLIFF Dashboard Maine Pilot Evaluation

Prepared for the Maine Whole Family Approach to Jobs Team

Click on the picture to read the full report!

Whole Family Approach to Jobs and Partnership with the Federal Reserve Bank of Atlanta (CLIFF Tool) Highlights

- The suite of tools includes a calculator (short term planning), dashboard (long term planning), customizable planner for people, employers, and policy decisions
- Maine is one of several states partnering with the Atlanta Fed and Augusta CareerCenter, Family Futures Downeast, Fedcap, Kennebec Valley Community Action Program, Higher Opportunity for Pathways to Employment (HOPE), McAuley Residence, and Southern Midcoast CareerCenter to pilot the CLIFF dashboard
- **Next Steps:** The second pilot is currently underway working with the same, and additional, organizations to continue testing the usefulness of the calculator with coaches and participants
- *You can read the complete evaluation by double clicking the Photo*



**Community Health Workers
National Healthy Aging Symposium
Jackie Catron | September 26, 2024**



Community Health Worker

APHA definition – adopted by Kansas Community Health Worker Coalition.

“A **frontline public health worker** who:

- is a trusted member of and/or has an unusually close understanding of the community served,
- has a **trusting relationship** that enables the CHW to serve as a **liaison/link/intermediary** between health/social services and the community,
- can facilitate access to services and improve the quality and cultural competence of service delivery and
- **builds individual and community capacity** by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.”

Kansas CHW Coalition's Scope of Work

Kansas Community Health Workers (CHW) use core competencies that aid in connecting individuals to the information and services needed for optimal, individualized health outcomes. These core competencies support the CHW in performing appropriately within different models of practice as determined by employers.

- **Client Support:** Provide encouragement and social support to assist clients with goal setting and barrier identification within professional boundaries.
- **Care Coordination:** Assist in coordinating care by linking people to appropriate information and services.
- **Health Care Liaison:** Serve as a culturally-informed liaison between clients, community and healthcare systems.
- **Health Education:** Provide culturally appropriate health education to individuals, organizations or communities, to reduce modifiable risk factors and encourage healthy behaviors.
- **Advocacy:** Recognize gaps and advocate for individual and community health needs.

<https://kschw.org/>

Community Health Worker

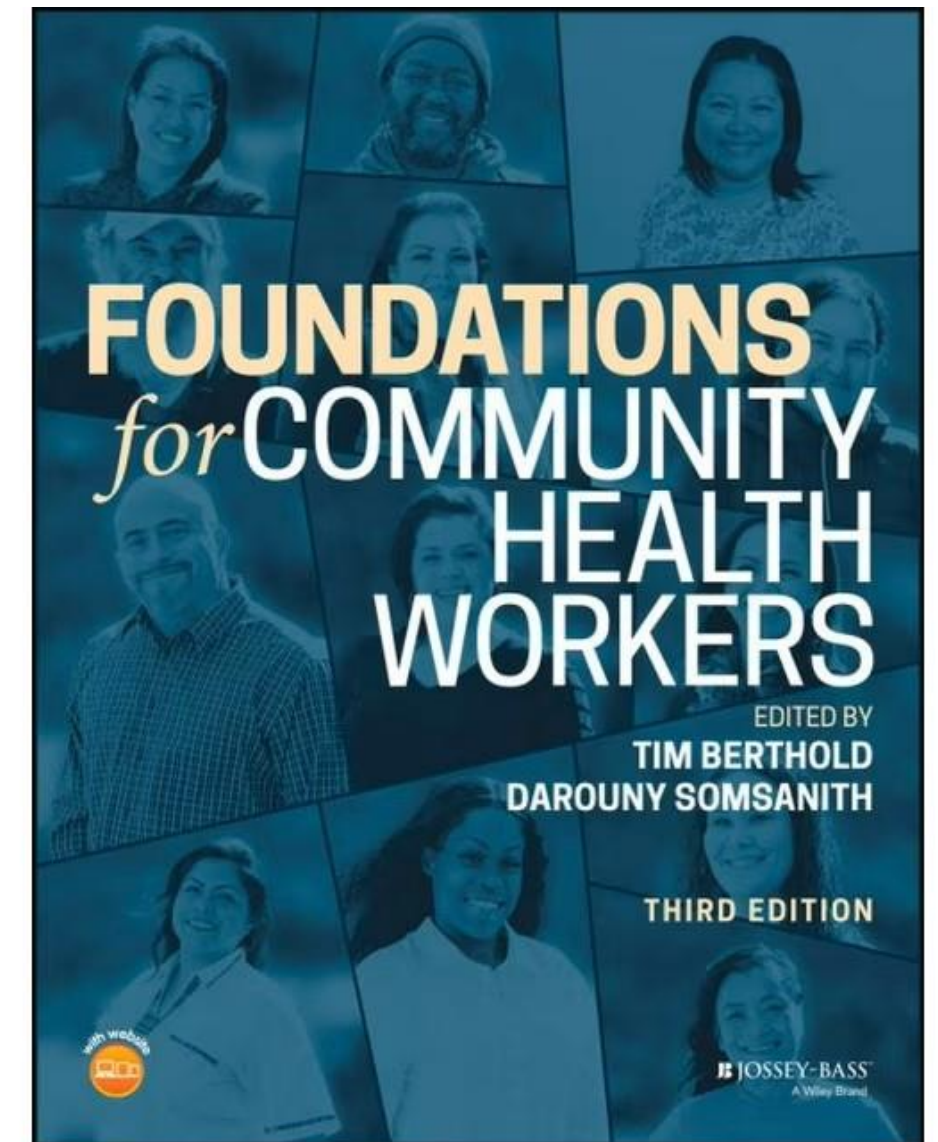
What do CHWs do:

- Bridge the gap between healthcare, social services and other community resources.
- Facilitate access to services and resources.
- Improve the quality of service.
- Build relationships in their community.
- Develop peer-to-peer relationships of trust.
- Communicate openly.
- Strengthen care teams.



Kansas CHW Core Curriculum Training

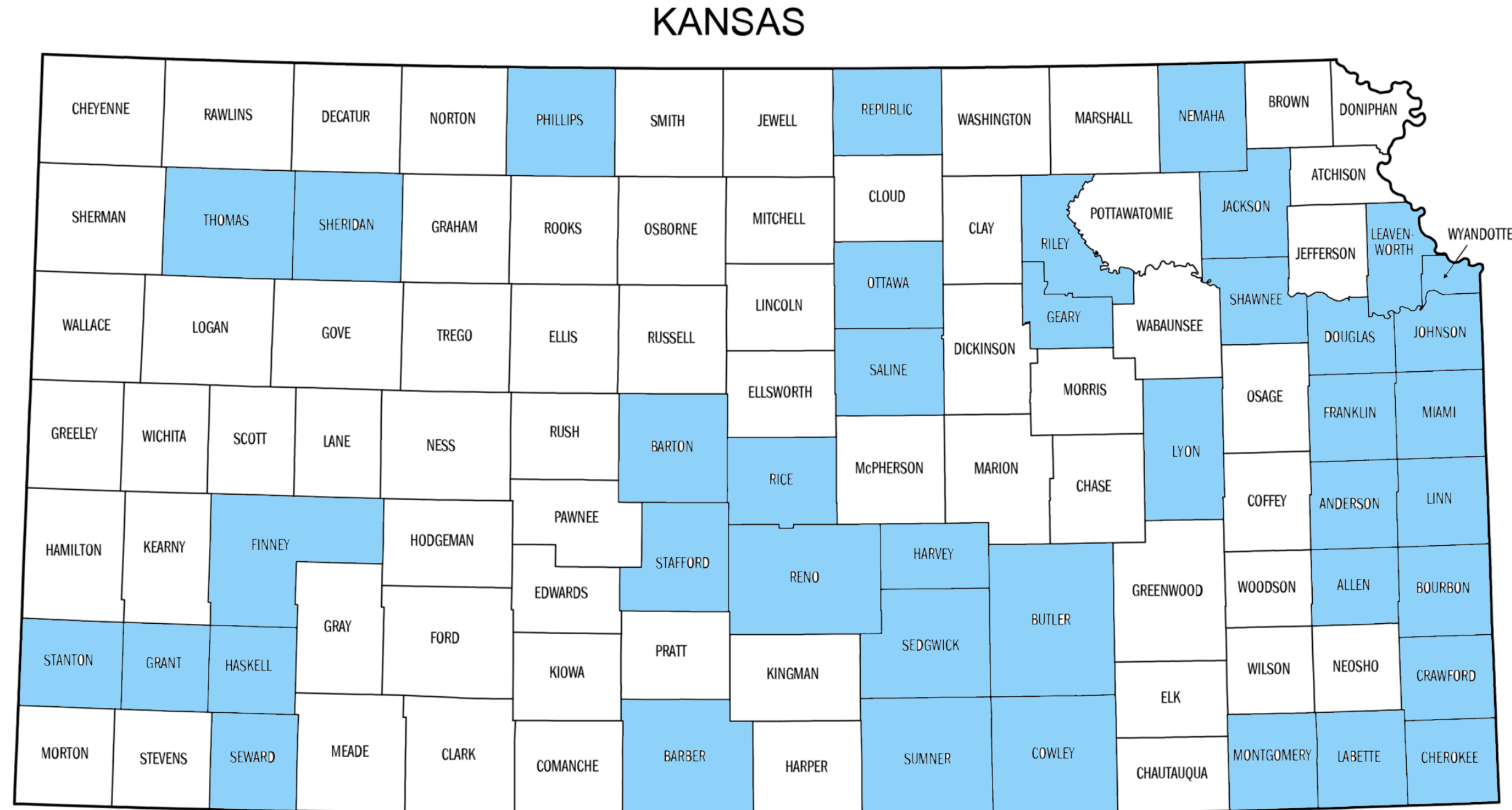
1. Professionalism and Conduct
2. Self-awareness
3. Service Coordination and System Navigation
4. Education to Promote Healthy Behavior Change
5. Advocacy
6. Individual and Community Capacity Building
7. Effective Communications Strategies
8. Cultural Responsiveness
9. Documentation and Reporting
10. Use of Public Health and Community Health Concepts and Approaches
11. Individual Assessment
12. Community Assessment



Community Health Worker

Landscape in Kansas

- Mostly Rural and Frontier state
- 105 Counties
 - 10 counties have a population greater than 50,000
- Areas of Refugee Populations
- Four Tribal Nations
- Many Bilingual CHWs



* The map above indicates the location of CHWs based on the updated KS CHW Coalition map (September 2024).

Training

- CHW Core Curriculum Course **now also available in Spanish**
- Motivational Interviewing
- Hypertension, Heart Disease, CHW Stroke Bootcamp, Arthritis Management, Management of Respiratory Conditions
- Mental Health, Behavioral Health
- Dementia, Alzheimer's, Healthy Brain Initiatives
- Insurance (Medicare, marketplace, Medicaid), Supplemental Security Income, Senior Health Insurance Counseling for Kansas, Advance Directives, Legal end-of-life
- Assistance with housing, utilities, medication
- Grandparents – Kinship
- Matter of Balance
- Diabetes Prevention Program
- Healthy Hearts Ambassador

CHW Led Classes

Matter of Balance

- Program designed to reduce the fear of falling by learning to view falls as controllable and increase activity levels among older adults.
- Class meets once a week for 8 weeks.
- Curriculum includes group discussions, mutual problem solving, role-play activities, exercise training, assertiveness training, few homework assignments.
- Participants conduct home safety evaluation.
- Learn to get up and down safely.

CHW Led Classes

Matter of Balance

- During week four, hosted a Physical Therapist who discussed the various systems in the body that can cause balance concerns and gave participants tips on things to do at home to help.
- During week seven, hosted Phil Davis, with Harmony Homes, who offered suggestions about “Aging in Place-Home” and what modification would be options to help the participants stay in their homes longer. (Phil is a CAP-Certified Aging in Place Contractor).
- Weeks four through seven, we exercised with basic exercises to help with strength and balance.
- Flyers posted in the lobby and each exam room, advertised on Facebook
- Offer to all patients who have been in the Emergency Room (ER) for a fall (when doing ER follow-up call)

CHW Led Classes

National Diabetes Prevention Program

- Patients who are at risk of developing type 2 diabetes
- CHWs became Lifestyle Coaches
- 12-month program
 - 16 weekly sessions
 - Six-month monthly sessions
- Goals of the program
 - Lose 10% of their starting body weight
 - Weekly activity of 150 minutes or more

Healthy Hearts Ambassador

- Four-month program
 - Weekly check-ins
 - Monthly nutrition education seminars
- Encourage self-monitoring and recording of blood pressure
- Educate on a heart-healthy diet



Other Areas CHWs Assist in

- Red Files (working with Emergency Medical Technicians (EMTs))
- Hide Key boxes program (developed by EMTs)
- Bridging the Digital divide/gap
- Enrolling in grief support groups

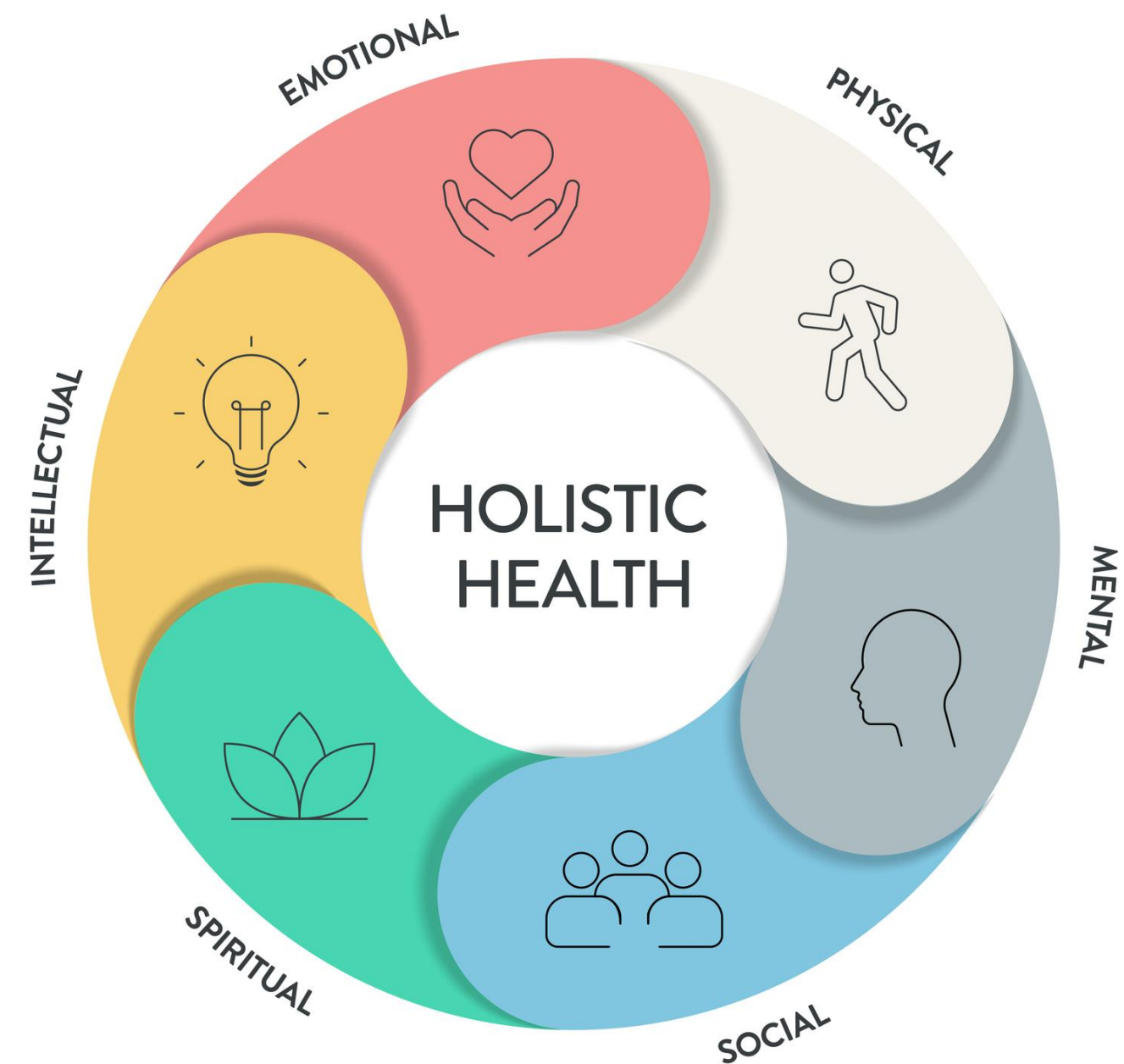
17,953 Referrals Made for Services

8014 Health Conditions

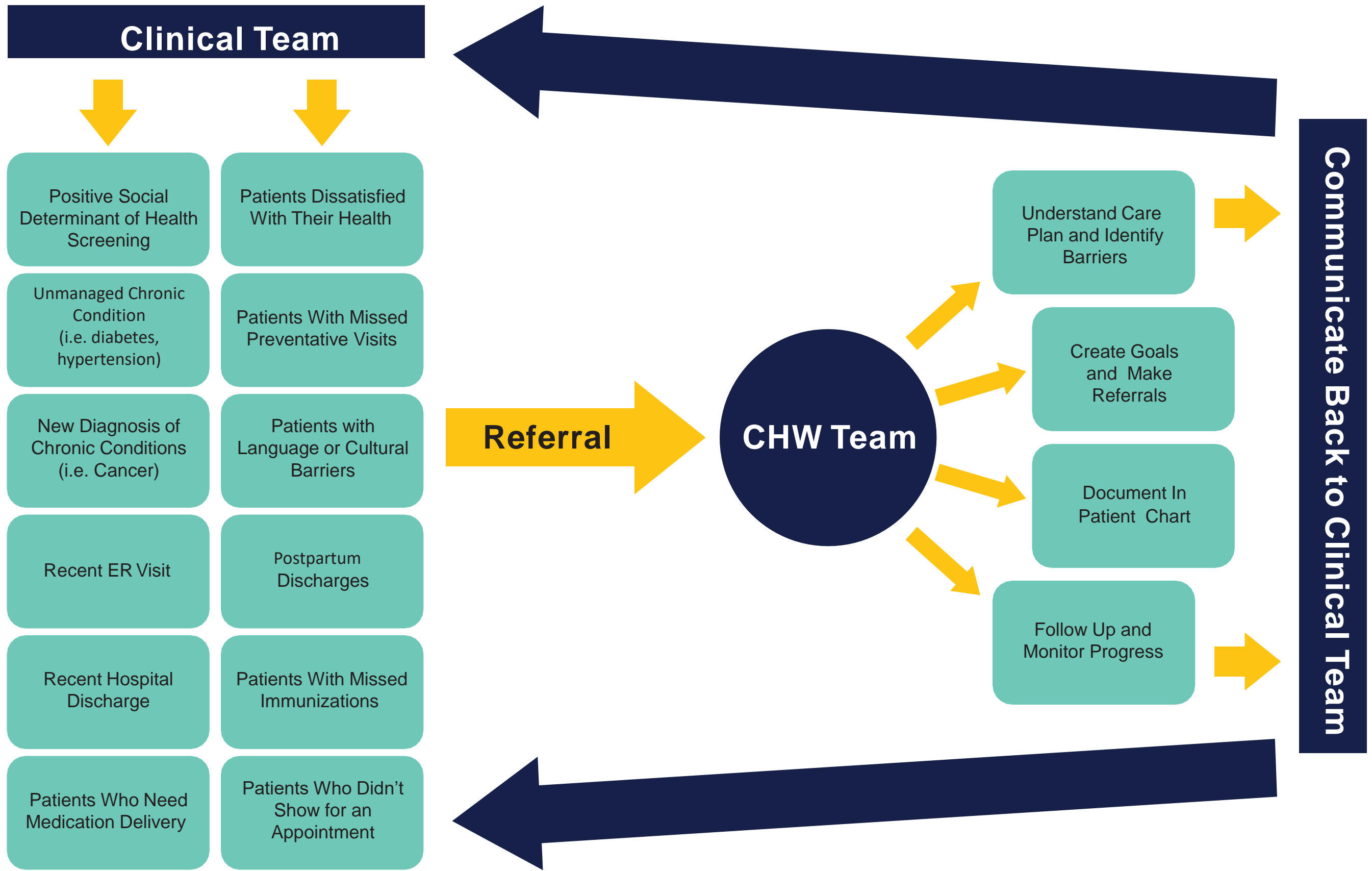
- Primary Medical Care
- Hypertension, Heart Disease
- Improving Physical Activity/Healthy Eating
- Diabetes Management
- Mental Health/Addictions

9939 Social Services

- Public Health Insurance
- Food Assistance
- Medication Assistance
- Housing/Shelter
- Language Barriers/ Interpretation
- Transportation

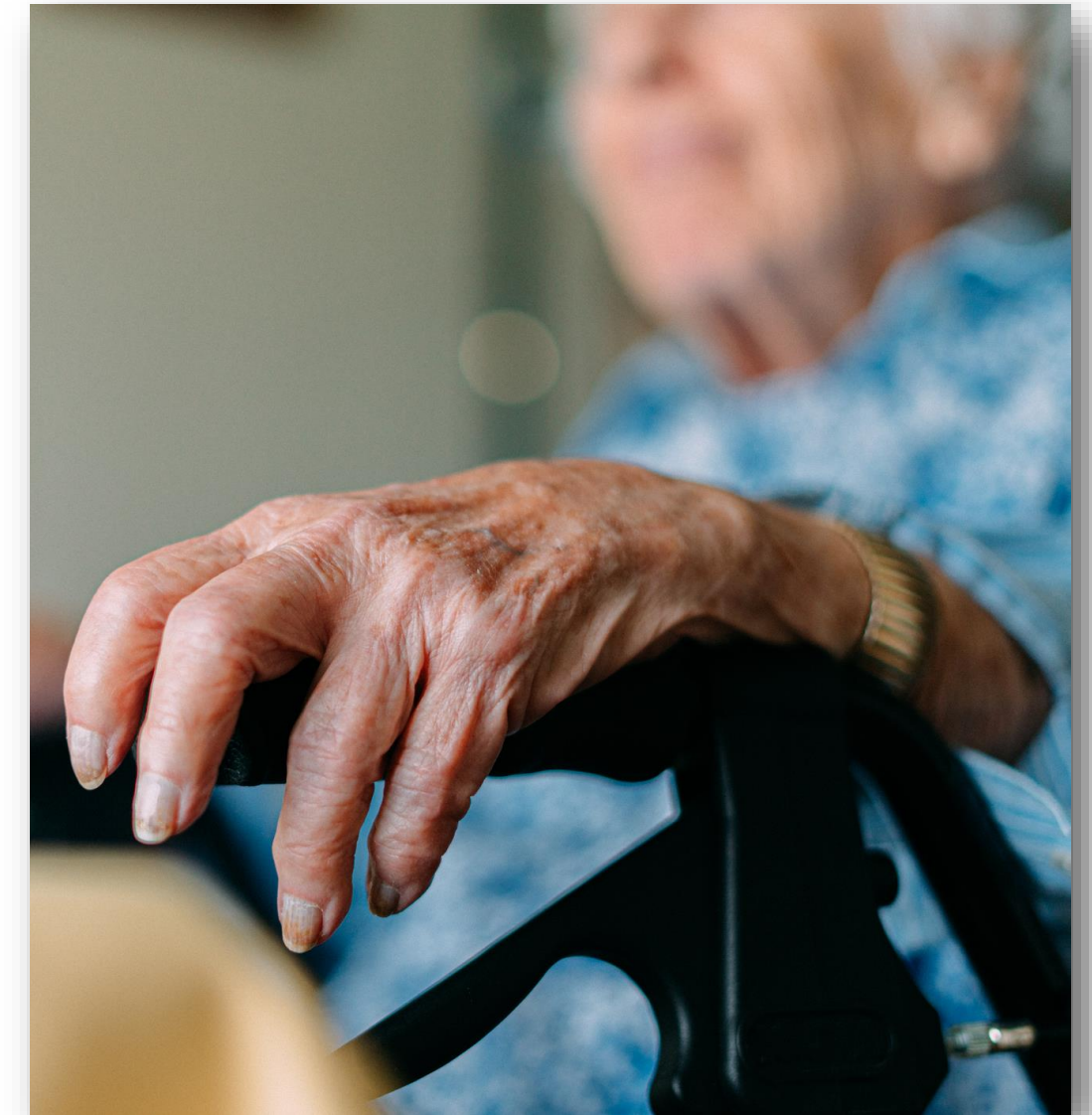


Community Health Worker Clinical Team Workflow



Success Story

- A 105-year-old patient was referred to the CHW team for frequent falls.
- We started making home visits; we found that the family member who lived with her was not assisting her as needed. The patient has had multiple falls when she was home alone and has incurred injuries.
- Thanks to the effective support of the CHW program, the patient has made the significant decision to reassign her DPOA.
- We obtained an emergency alert button for her.
- We monitored her vitals and reported blood pressure changes.
- We followed up on medication changes by the provider.
- We provided support for her skin tear wounds and other injuries sustained from falls.
- We provided support when the patient was sick and connected her to a provider.
- We helped when she moved into a nursing home.



Resources

- kschw.org/
- <https://www.kdhe.ks.gov/1770/Community-Health-Workers>
- worldpopulationreview.com/us-counties/kansas
- apha.org/apha-communities/member-sections/community-health-workers

Other

- National Association of Community Health Workers nachw.org/
- C3 The Community Health Worker Core Consensus Project hc3project.org/
- CHW Center for Research and Evaluation chwcre.org/
- MHP Salud mhpsalud.org/

Questions and Curiosities



Jackie Catron

Community Health Worker Section Director
Jackie.Catron@ks.gov



**COMMUNITY
HEALTH WORKERS**

Kansas Department of Health and Environment

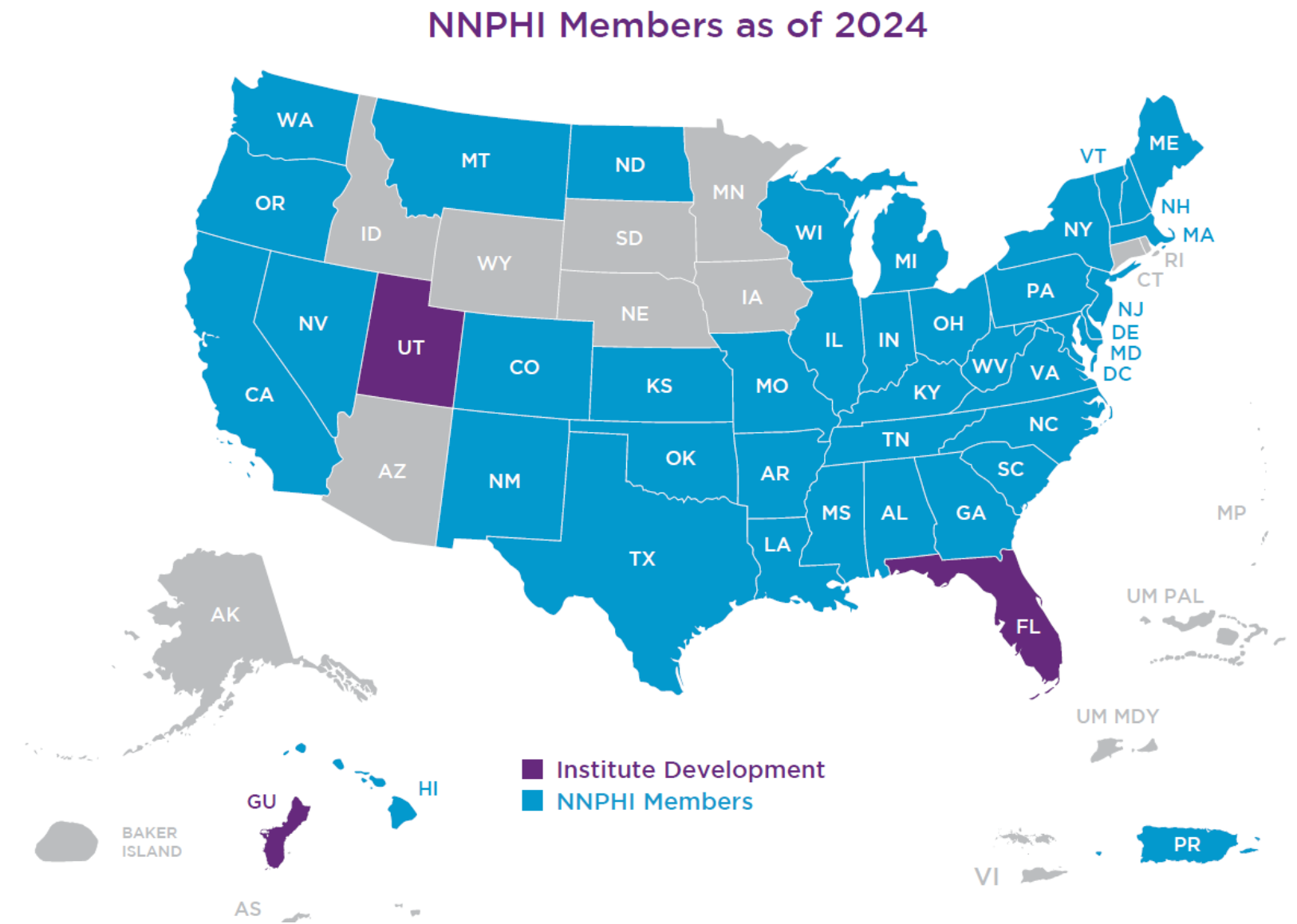
How Public Health is Evolving to Ensure a Skilled Workforce to Improve the Lives of Older Adults



National Network
of Public Health Institutes

About NNPHI

Mobilizing 47 public health institutes throughout 32 states, including more than 8,500 subject matter experts, the National Network of Public Health Institutes (NNPHI) supports national public health system initiatives and strengthens public health institutes to promote multisector activities resulting in measurable improvements of public health **structures, systems,** and **outcomes**. To learn more about NNPHI, visit www.nnphi.org.

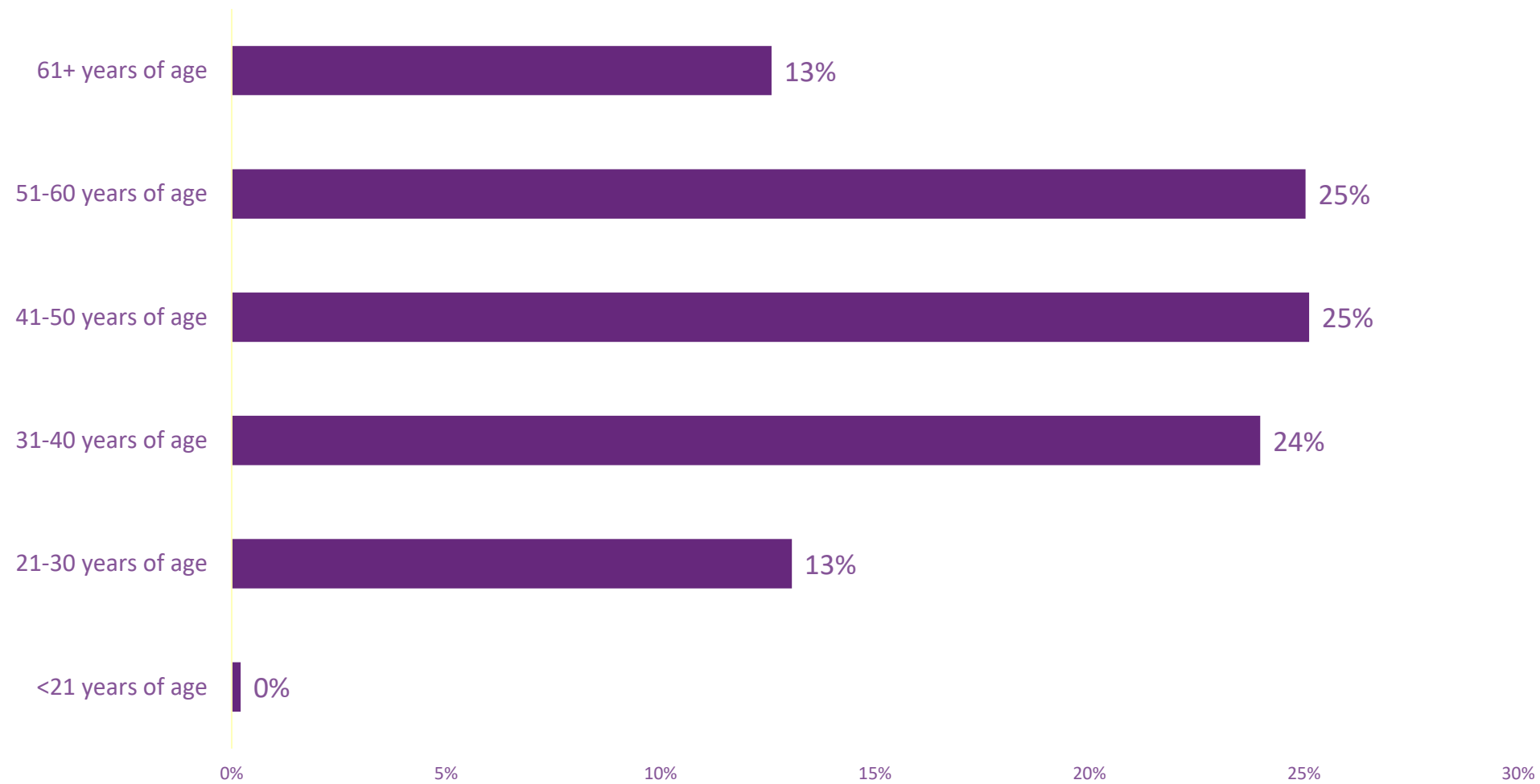


The Public Health Workforce: A Field in Transition

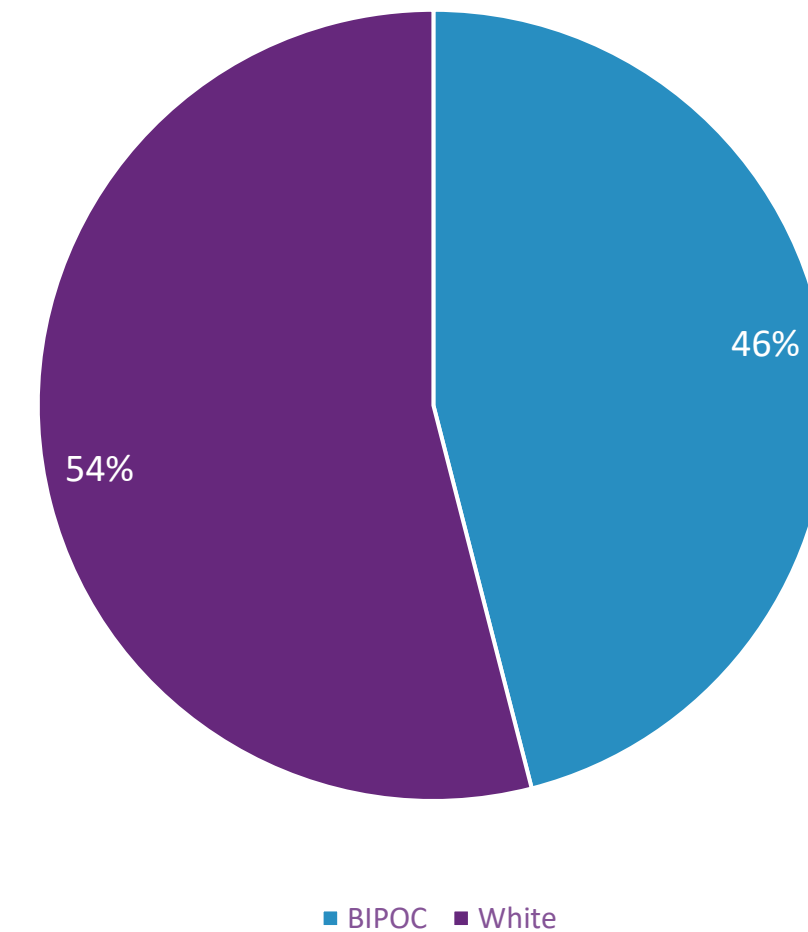


A Diverse and Aging Workforce

Age of State and Local Public Health Professionals



Race & Ethnicity of State and Local Public Health Professionals



Funding cuts and the pandemic contributes to a changing and overburdened workforce

46%

of state and local public employees left their organizations from 2017-2021.¹

80,000

more FTE are needed to deliver basic public health services.²

22%

of the public health workforce plan to retire following the COVID-19 pandemic.¹

1 Leider JP, Castrucci BC, Robins M, Hare Bork R, Fraser MR, Savoia E, Piltch-Loeb R, Koh HK. (March 2023). The Exodus of State and Local Public Health Employees: Separations Started Before and Continued Throughout COVID-19. Health Affairs. DOI: 10.1377/hlthaff.2022/01251

2 de Beaumont & PHNCI (October 2021). STAFFING UP Workforce Levels Needed to Provide Basic Public Health Services for All Americans. <https://debeaumont.org/staffing-up/>

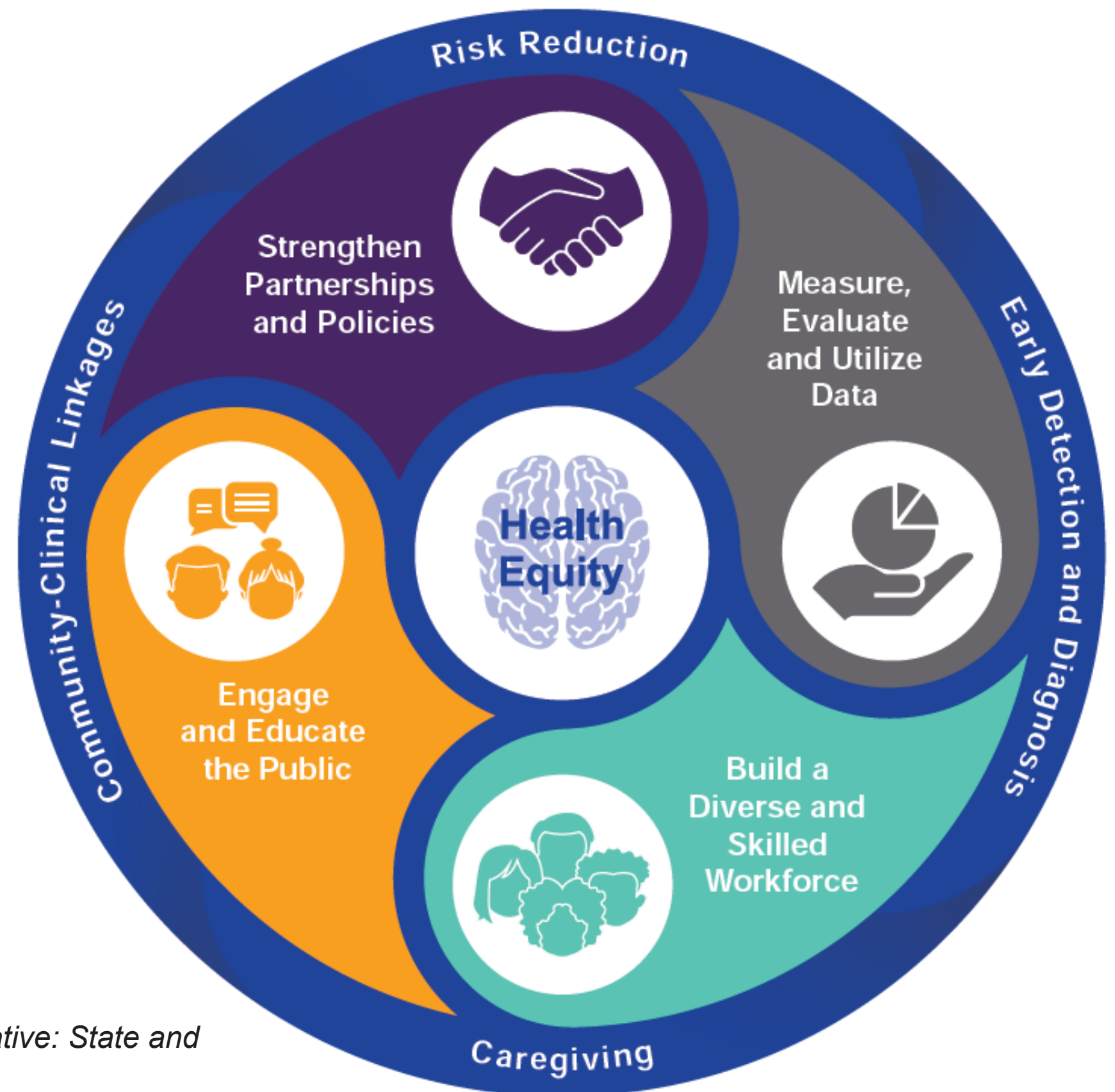


Efforts to Develop and Maintain a High-Functioning Public Health Workforce



Healthy Brain Initiative: Strategies to Increase Knowledge and Skills of the Workforce

- Train current and future **public health professionals** about risk factors for cognitive decline and dementia (W-2)
- Promote inclusion of the life course approach to brain health in **licensing, certification and continuing education requirements** (W-3)
- Strengthen training of **community health and direct service workers** about brain health across the life course (W-4)
- Partner with **public safety and emergency response agencies** (W-5)



Age-Friendly Public Health Systems Initiative



AFPHS 6Cs Framework	Corresponding Essential Public Health Services
Creating & Leading	#5: Create, champion, and implement policies, plans, and laws that impact health
	#6: Utilize legal and regulatory actions designed to improve and protect the public's health
Connecting & Convening	#4: Strengthen, support, and mobilize communities and partnerships to improve health
	#8: Build and support a diverse and skilled public health workforce
Coordinating	#10: Build and maintain a strong organizational infrastructure for public health
Collecting	#1: Assess and monitor population health status, factors that influence health, and community needs and assets
	#2: Investigate, diagnose, and address health problems and hazards affecting the population
Communicating	#3: Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
Complementing	#7: Assure an effective system that enables equitable access to the individual services and care needed to be healthy
	#9: Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

Trust for America's Health (March 2024). How the 10 Essential Public Health Services Align with the AFPHS 6Cs Framework for Supporting Healthy Aging. <https://www.tfah.org/report-details/how-the-10-essential-public-health-services-align-with-the-afphs-6cs-framework-for-supporting-healthy-aging/>



How Public Health Can Collaborate with Other Sectors

Healthcare System Interventions and Partnership Opportunities for management of existing chronic health conditions among older adults and reduce risk for falls

- [Case-managed Care for Community-Dwelling Frail Elders](#) or [Integrated Long-term Care for Community-dwelling Frail Elders, Chronic Disease Management Programs,](#)
- [Risk Assessments & Personalized Approaches to Fall Prevention among Older Adults](#) or [Multi-component Fall Prevention Interventions for Older Adults,](#)
- [Team-based Care to Improve Blood Pressure Control,](#) and
- [Home-Based Depression Care Management.](#)

Programs and Services HUD Could Offer or Partner to Provide to promote health and reduce the risk of chronic physical and mental health conditions that contribute to transitions out of independent living.

- [Service-enriched Housing,](#)
- [Interventions Engaging Community Health Workers](#) or [Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk,](#) and
- [Activity Programs for Older Adults.](#)

Evidence-Based Actions to Help HUD-Assisted Older Adults Remain Healthy and Age in Their Community

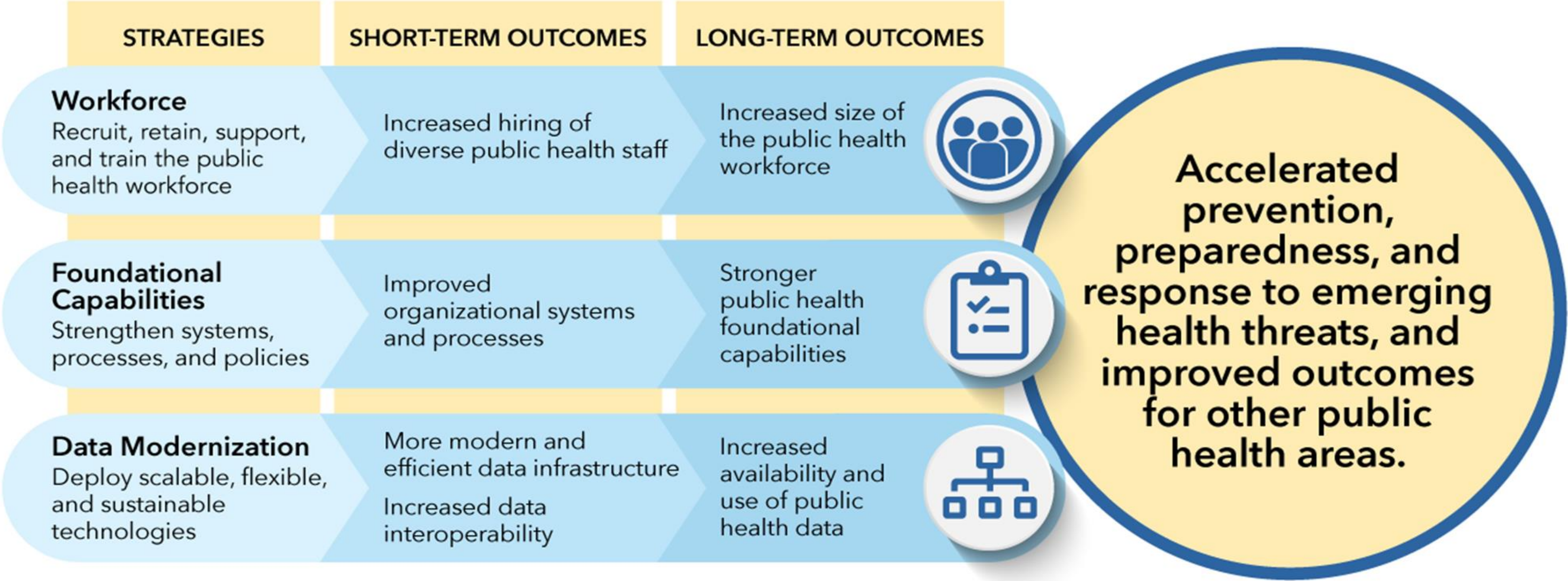


Year 2 Report of the Aging in Place Interagency Agreement between the Department of Housing and Urban Development (HUD) and the Centers for Disease Control and Prevention (CDC)

April 2023



Public Health Infrastructure Grant Program



The Protecting the Health of America's Older Adults Act Background

The Protecting Health of Older Adults Act would authorize the Secretary of Health and Human Services (HHS), pending availability of appropriations, to create a Healthy Aging program at CDC to promote the health and well-being of older adults, improve health equity, and reduce healthcare costs. The Healthy Aging program would coordinate efforts across CDC and implement grants and technical assistance to state, local, territorial, and tribal health departments for:

- Improving the coordination of public health interventions that promote the health and well-being of older adults
- Disseminating and implementing evidence-based best practices and programs with respect to promoting the health and well-being of older adults
- Coordinating multisectoral efforts to promote the health and wellbeing of older adults across governmental and nongovernmental health and related agencies
- Improving coordination of interventions to identify gaps and reduce duplication of efforts at federal, local, and state agencies and with other aging services organizations.



THANK YOU



National Network
of Public Health Institutes

Moderated Question and Answer



Office of
Disease Prevention
and Health Promotion



**Next Up at 4:20 pm ET:
Empowering Caregiving and Strengthening Support
for Older Adults AND Supporting Health through
Affordable, Safe, and Accessible Housing**

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Thank You!

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