Advancing Healthy Aging through the PHAB Standards

INTEGRATION OF HEALTHY AGING INTO PHAB'S REFRESHED STANDARDS & MEASURES (2026)

The Public Health Accreditation Board (PHAB), in collaboration with Trust for America's Health (TFAH), integrated healthy aging best practices into the Refreshed Standards & Measures (2026). Drawing on the *Healthy Aging: Lessons Learned* report (2021) and the Age-Friendly Public Health Systems (AFPHS) 6Cs Framework, the Standards now incorporate age-friendly approaches across data collection, community engagement, partnership development, communication, policy, and quality improvement. The AFPHS 6Cs Framework and Guide are also included as referenced resources within Measure Guidance. *This effort was made possible through the partnership with and funding from The John A. Hartford Foundation.*

The examples below illustrate selected ways healthy aging concepts were incorporated into the Standards for Initial Accreditation and Reaccreditation.

Collecting and Analyzing Data (Domains 1 and 9)

- Added age-stratified data and aging-related indicators (e.g., social isolation, mobility, caregiving) to CHA guidance and referenced the AFPHS 6Cs Framework (Measure 1.1.1 A).
- As part of primary data collection, incorporated collecting and using feedback from older adults and caregivers (i.e., surveys, focus groups, interviews, etc.) to identify healthy aging barriers and gaps (Measure 1.2.1 A).
- Encouraged analysis of age-based trends in chronic disease, access to care, and related disparities (Measure 1.3.1 A).
- Included consideration of age-related indicators (e.g., chronic disease, fall-related injuries, or fall risk) as potential performance management objectives to encourage ongoing monitoring of older adult health outcomes (Measure 9.1.1 A).

Connecting and Convening Multi-Sector Partners (Domains 1, 4, and 7)

- Encouraging bi-directional data sharing with aging services and healthcare partners to improve understanding of older adult health outcomes (Measure 1.2.2 T/L).
- To strengthen cross-sector collaboration around aging, incorporated engaging with aging-services organizations, healthcare providers, and community groups, as examples (Measure 4.1.1 A).
- As part of evaluating findings of a strategy to improve access to health care, behavioral health, or social services, added consideration of feedback collected from older adults related to barriers faced, such as long wait times, transportation challenges, or difficulty using digital systems (Measure 7.1.2 A).

Coordinating Existing Supports and Services (Domains 5 and 7)

- Incorporated the AFPHS 6Cs Framework into community health assessment and strategy development processes to identify barriers affecting older adults and support coordinated, equity-focused services (Measures 5.2.3 A and 7.1.1 A).
- To support improved coordination between public health and health care systems, incorporated age-friendly strategies such as transportation, telehealth outreach, home-based services, and care-navigation support (Measure 7.1.2 A).

Creating and Supporting Policy, Systems, and Environmental Change (Domains 2, 5, 6, and 10)

- Within emergency preparedness planning, incorporated explicit identification of older adults as a population at higher risk (e.g., those living alone or with caregivers, with mobility limitations, or without transportation) to support tailored response strategies (Measure 2.2.1 A).
- CHIP guidance includes aging-related priorities such as housing, transportation, and social connection, with the AFPHS 6Cs Guide as a resource (Measure 5.2.1 A).
- Public health law guidance includes consideration of laws affecting older adults (Measure 6.1.1 A).
- Strategic planning and ethical decision-making processes include aging trends and age-related equity considerations (10.1.1 A and 10.3.1 A).

Communicating Important Public Health Information (Domains 2 and 3)

- Incorporated accessible communication practices—including plain language, larger fonts, non-digital formats, and emergency communications—to improve reach among older adults (Measures 2.2.5 A and 3.1.1 A)
- To foster improved reach and relevance of health information, incorporated tailoring messaging for older adults (e.g., chronic disease, mental health) (Measure 3.2.1 A).

Complementing Existing Health Promoting Programs (Domains 8 and 9)

- To foster building staff capacity to serve older adults, incorporated strategies related to aging and age-friendly practices within the Workforce Development Plan (Measure 8.2.1 A).
- To support improved effectiveness of programs serving older populations, incorporated QI project examples aimed at addressing gaps affecting older adults (e.g., access, service delivery) (Measure 9.1.3 A).

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