



Partnering for Age-Friendly Public Health Systems in Michigan

Age-Friendly PUBLIC HEALTH SYSTEMS

Every day, 10,000 Americans turn 65. The US Census Bureau predicts that in 2034, older Americans will outnumber children. **An Age-Friendly Public Health System (AFPHS) is one that recognizes aging as a core public health issue** and leverages its skills and capacities to improve the health and well-being of older adults. And yet, prior to the COVID 19 pandemic, public health as a whole had not embraced efforts to improve the health and well-being of older adults. Nor has it been funded to do so.

Last Fall, Michigan Health Endowment Fund, Michigan Public Health Institute (MPHI), and Trust for America's Health (TFAH) capped a three-year grant by hosting an event to bring together stakeholders from public health departments with other community organizations who serve older adults in Michigan. Running from January 2020-December 2022, this project was considerably impacted by the COVID-19 pandemic which simultaneously stretched both aging and public health systems to the limits of their capacity – prohibiting implementation of the project as originally designed – while demonstrating the importance of the project goals. COVID-19 required public health and aging services agencies to work together in a myriad of ways, including outreach and education, prevention of spread, testing, vaccination, and service delivery. As part of the project, we worked with a multi-sector Advisory Committee, implemented a small-grant program, and conducted an environmental scan. In the end, about 100 stakeholders came together to learn from the field, share a vision for the future, and, most importantly, begin to **chart the path forward**.

This brief report both summarizes this project and lifts up the call to action as expressed by these stakeholders.

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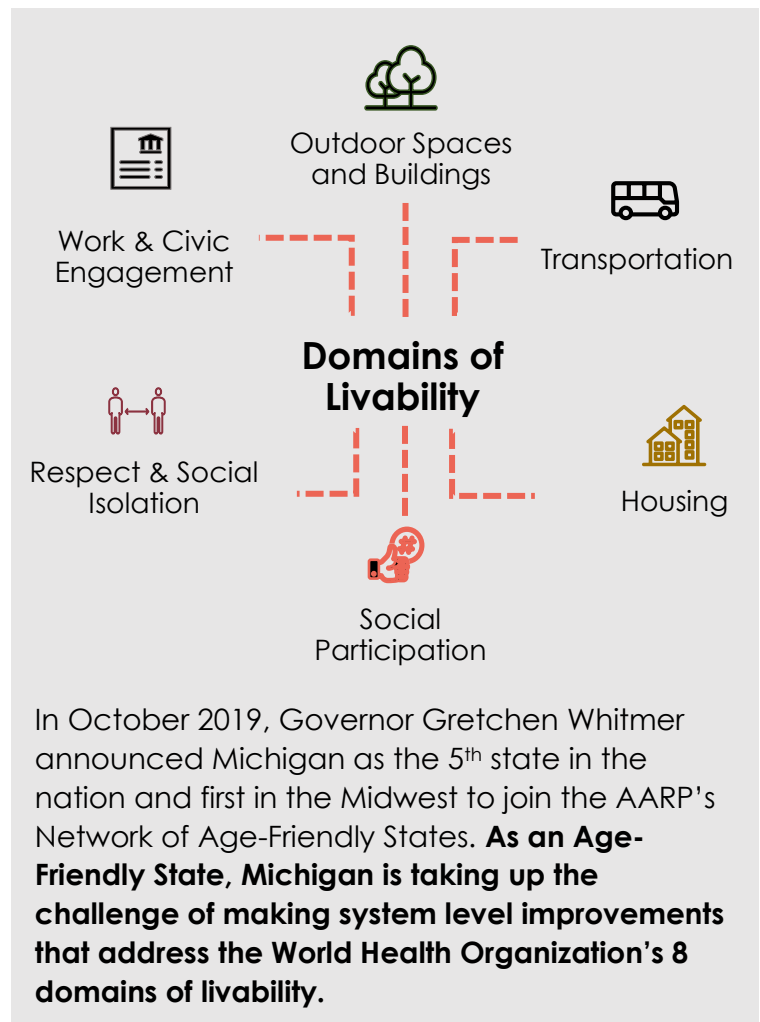
Michigan Joins a Global Movement for an Age-Friendly Ecosystem

Creating alliances with aging sector partners, coordinating efforts to implement evidence-based programs with community organizations, and aligning efforts with age-friendly communities and systems movements are key components of the AFPHS framework. A grant funded by the Michigan Health Endowment Fund to MPH and TFAH aimed to bring the AFPHS model to Michigan after a successful pilot in Florida funded by the John A. Hartford Foundation and facilitated by TFAH.

The Age-Friendly concept has been championed by the World Health Organization in promotion of Age-Friendly Environments globally, and by the American Association of Retired Persons which recognizes Age-Friendly States and Communities across the US. Also in the US, the John A. Hartford Foundation spearheaded investments in Age-Friendly Health with the Institute for Healthcare Improvement. Michigan Health and Hospital Keystone Center supports healthcare teams in Michigan to accelerate age-friendly practices.

Key programmatic and organizational elements of Michigan's Age-Friendly ecosystem are:

- ✓ **Governmental Public Health:** There are 45 local health departments in Michigan overseen by local governing entities. These local public health departments must meet requirements set forth in the *Public Health Code*.
- ✓ **Tribal Health Centers:** There are 22 Tribal Health centers in Michigan, whose authority rests with tribal governments. Many tribal health centers provide community health programs in addition to clinical services.



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- ✓ Area Agencies on Aging: 16 designated agencies across the state contract with MDHHS to plan and provide services to seniors, including nutrition, caregiver resources, health and wellness programs, elder rights, and supportive services.
- ✓ Councils and Commissions on Aging: Communities across the states have established non-profit Councils or Commissions on Aging to support people to live in their homes as long as possible.
- ✓ Age-Friendly Communities: Membership in the AARP Network of Age-Friendly States and Communities means that a community's elected leadership has made a commitment to actively work with residents and local advocates to make the built and social environment an age-friendly place to live.
- ✓ Communities for a Lifetime: Prior to Michigan joining the network of Age Friendly States, many communities received recognition through the Communities for a Lifetime program.
- ✓ Age-Friendly Health Systems: Becoming an Age-Friendly Health System entails reliably providing a set of four evidence-based elements of high-quality care, known as the "4Ms" (What Matters, Medication, Mentation, Mobility), to all older adults in the system.

These ecosystem elements are mapped at the end of this document.

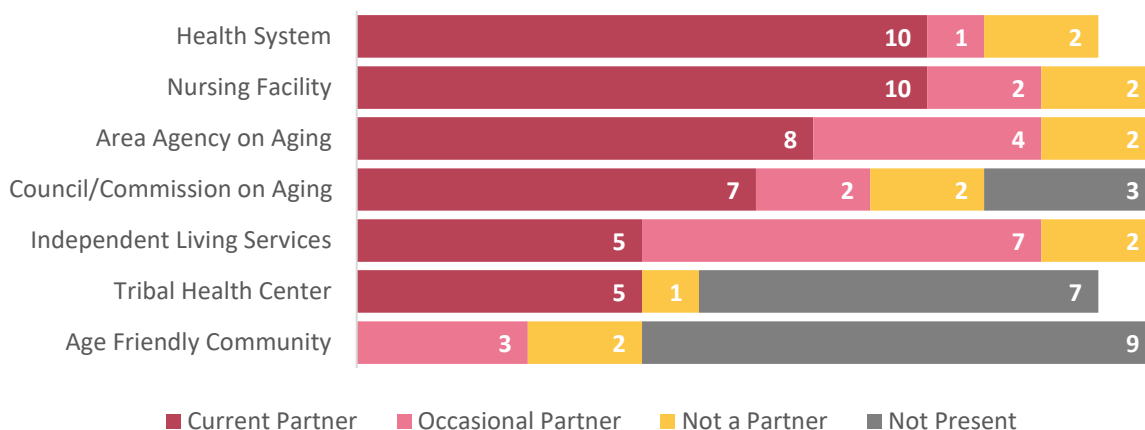
Current State of AFPHS in Michigan

MPHI, supported by TFHA and the project's Advisory Committee, conducted a survey in 2021 to better understand the current partnerships that exist between public health and the aging network, and to provide a baseline for where Michigan stands in regard to creating an age-friendly public health system. Thirty-six entities responded to the survey (15 public/tribal health entities, 21 aging services providers). MPHI also reviewed the Community Health (Needs) Assessments (CHAs/CHNAs) of 20 public health jurisdictions – all of which were completed before the COVID-19 pandemic.

Partnerships across aging and public health, necessary during the pandemic, require investment in order to be sustained

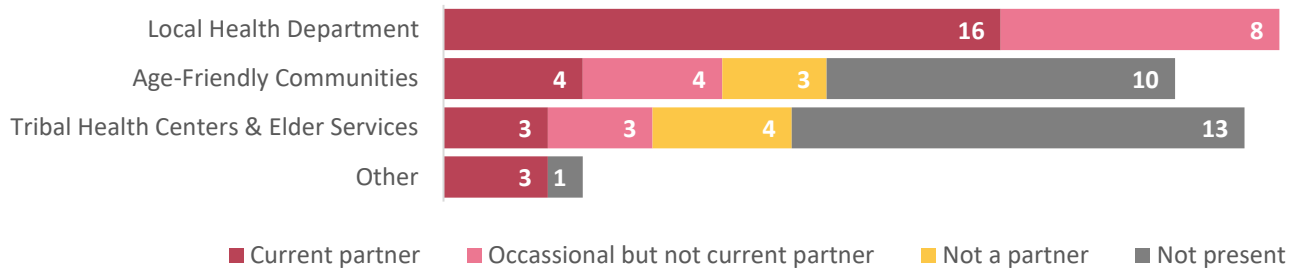
Figures 1a and 1b show that both public health and aging services agencies are current and/or occasional partners.

Figure 1a. Current level of partnership for purposes of meeting the needs of older adults/elders (LHD perspective, n=15)



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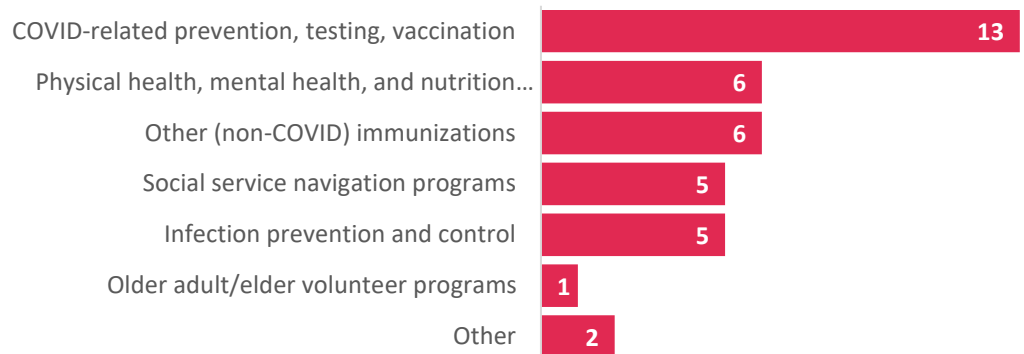
Figure 1b. Current level of partnership for purposes of meeting the needs of older adults/elders (Aging Services perspective, n=21)



Public health departments described much of their work with aging services providers as being focused on the COVID-19 pandemic. An open-ended question asked local health department respondents how COVID-19 changed the way they planned to engage or serve older adults going forward, 'after the current pandemic-related conditions subside':

- 8 respondents planned to work on the accessibility of their services for older adults
- 7 planned closer partnerships with aging services providers
- 4 planned deeper engagement with the older adult population, one calling out the need to build trust

Figure 2. Activities or programs that serve older adults specifically (n=15)



From the aging services perspective, respondents would like to see improved relationships with public health generally (n=3), a deeper understanding of the role public health could play in older adult wellbeing (n=5), and collaboration across some specific topic areas (dental, hoarding/safety, lifestyle/behavior change, cholesterol checks, Age-Friendly Communities, n=4).

While the survey is not representative of all health departments or aging service providers, there were common themes, and differences in emphasis, in ideas to overcome the barriers:

- Public health respondents were nearly unanimous in calling for additional **funding and staffing**
- Several public health respondents offered up additional needs:
 - Local **policy** support
 - Better understanding of service gaps and opportunities
- Shared sense of responsibility
- Six aging services respondents (of 20) also called for additional funding and/or staffing
- Nearly as common was the sentiment that public health departments needed greater **education** on their potential role
- Several also thought policy directives would help

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Community Health Needs Assessment and Emergency Preparedness Present Opportunities for Collaboration

Both the survey and CHA/CHNA review by MPHI revealed opportunities for improved intentionality in the inclusion of older adults in the community assessment process. For instance, it is routine to include older adults in surveys and summarize data by age categories.

Less common **practices for inclusion of older adults should be more widely adopted** and include:

- ✓ Partnerships with older adults aging services providers throughout the assessment and planning process
- ✓ Asking questions that specifically address older adult concerns
- ✓ Seeking out settings and opportunities that are accessible to older adult participation

Seeking out participation made a difference in areas of focus. Most CHAs/CHNAs identified needs related to chronic conditions – which disproportionately impact older adults. However, in the CHAs/CHNAs where some of the above practices were implemented, the results captured issues such as in-home care, caregiver support, dementia, fear of losing independence, fall prevention, social isolation, elder abuse, lack of services (transportation, high quality facilities), cost of medication, and community design for accessibility.

In terms of emergency preparedness, 7 of 15 survey respondents indicated that collaboration with aging services providers was important for ensuring that their plans addressed the needs of the older adult population. This was also born out by the grantee who participated in the project.

See side bar for a description of their process.

Spotlight: Branch Hillsdale St. Joseph Community Health Agency, Branch-St. Joseph AAA, and Region 2 AAA

MPHI and TFAH released an application for seed money to assess, plan, and learn from innovative collaborations between local health departments (LHD) and aging services providers. The partners in Branch, Hillsdale and St. Joseph counties used the opportunity to **review and revise emergency preparedness** policies within the public health system.

Their collaborative process was as follows:

1. LHD: Assemble policy documents from the Emergency Preparedness Coordinator
2. AAA: Develop a list of key topics and questions to consider during the review. Examples included:
 - ✓ Transportation
 - ✓ Medications
 - ✓ Technology access
 - ✓ Communication (media and reading level)
 - ✓ Mobility
 - ✓ Other adaptive requirements
3. AAA: 'Red flag' and comment on any statement that does not align with above considerations
4. AAA & LHD: Discuss with Emergency Preparedness Coordinator and make changes



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The Way Forward: Convened Stakeholders Identify Barriers and Solutions

The convening was designed to hear from stakeholders across Michigan to identify priorities for creating an Age-Friendly Public Health System. After hearing from older adults and agencies and organizations across Michigan's Age-Friendly Ecosystem, participants were led through two discussions about next steps. Multiple note-takers were on hand to record the sentiments of the group. These notes were subsequently coded to identify the following overarching themes (in descending order of prominence):

Theme 1. Relationships and authentic engagement: ensure diverse groups are at the decision-making table

Authentic engagement and inclusion of older adults is lacking. Participants described a lack of genuine inclusion of older adults in many realms, such as politicians do not listen to concerns of older adults, service providers do not center individuals and families in the care process, public health professionals and researchers do not practice authentic engagement when they conduct surveys – extracting data without giving back. A consequence of lack of engagement is mistrust and misunderstanding. In addition, agencies are operating in silos. Comments under this theme related to a lack of collaboration and communication across agencies.

Potential solutions to enhancing connection and streamlining care for older adults is to focus on relationships and authentic engagement. Solutions communicated by participants include to “create a vision and align in what we want to achieve,” and “break down silos,” “build and expand relationships/partnerships with communities and leadership.” Seeking input at town meetings and creating more inclusive decision-making structures were additional recommendations

Theme 2. Change the narrative and invest in age-friendly communities

Language matters: ageist narrative is a part of the problem. Comments ranged from “words matter”, “representation matters”, there is a need to “call out ageism when you see it”. Relatedly, participants called for awareness of all the ways older adults are contributing actively to community, and this can be recognized through a strengths-based approach.

Participants communicated the necessity for communities in Michigan to be aware of the age-friendly movement and to create a community that removes barriers for the older adult population. This might look like work towards health equity in the community, hosting intergenerational events, providing adequate resources for older adults and their caregivers, ensuring independence in activities of daily living, and naming seniors as a population to consider. Lastly, this might also look like a “willingness to consider the diversity (age, gender, etc.) and the needs of all age groups” and reaching for “joy at every age.”

Theme 3. Accessible, life-supporting services and resources

Existing services are inadequate and inaccessible. This theme covers a number of comments about the inadequacy of existing services. As one participant noted, “Senior services seems like a crowded space, but realize there are [actually] a lot of holes when trying to access services.” Related concerns were whether services were reaching the most vulnerable, that access is not equitable, a reliance on technology and the internet creates barriers to access, and that transportation (especially in rural areas) inhibits access. Participants called for “destigmatizing the use of public services” to encourage the use of services, supports, and resources whenever they are needed. Services mentioned during the summit by participants included transportation expansion that is reliable, affordable, and accessible; affordable, quality housing; food quality; access to services, regardless of income or circumstances; and education on how to utilize the services available. “Our communities need to ensure older adults have access to support and what they need to live,” and must have “diverse, equitable, and inclusive services.”

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Theme 4. Policy and system reformation

Policy change was a frequently mentioned requirement to achieve the goals of an Age-Friendly Michigan. The following changes were called for: living wages to caregivers, transparency of the true cost of health care, incentivizing businesses to move into communities, providing education for the community and workforce, and resources and support given to caregivers and in general.

Theme 5. Taking responsibility

There are many things that can be done to get started. This theme also captures some of the emotions of both impatience and optimism coming through in the discussion. A number of comments related to the importance of “just starting somewhere”, “taking on low-hanging fruit that would be visible and demonstrate value to community by starting on a small scale and building up”. Participants indicated that both individuals and organizations could “be accessible”, talk to local leadership, and “be a part of the solution”. Identify the behaviors that enable ageism, be an advocate for the older adult community, and support the systems that make it happen.



Recommendations

Despite barriers to creating an Age-Friendly Public Health System and needed resources and policy reform, there is also enthusiasm to get started. The following are **near-term actions** to build momentum for more transformative change.

- Begin the process of creating relationships across sectors – make personal connections and learn the complementary roles, resources, skills, and needs of other agencies
- Adopt a strengths-based approach and change narrative that reinforces ageism
- Engage older adults early and often in assessment, planning, program implementation, monitoring and evaluation
- Be intentional about measuring assets, priorities, and needs among older adults, and within subgroups (such as by race, ethnicity, wealth, sexual orientation, and gender identity)
- Collaborate on community health assessments and emergency preparedness planning
- Work with municipalities and counties to nurture the domains of livability characteristic of Age-Friendly Communities

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Learn More

[Trust for America's Health \(TFAH\)](#) is a non-profit, non-partisan organization is partnering with state and local health departments to implement a public health framework to improve the health and wellbeing of older adults and has recently released a revised [Age-Friendly Public Health System](#) Recognition Program that honors engagement and provides greater flexibility to achieve recognition.

The [AARP Network of Age-Friendly States and Communities](#) is the United States affiliate of the World Health Organization Global Network for Age-Friendly Cities and Communities. The AARP Network of Age-Friendly States and Communities serves as a catalyst to educate local leaders and encourage them to implement the types of changes that make communities more livable for people of all ages, especially older adults. The network provides cities, towns, counties and states with the resources to become more age-friendly by tapping into national and global research, planning models and best practices.

Michigan Public Health Institute works together to center equity, promote health, and advance wellbeing. In addition to the current project, the Health Fund supported MPH I to provide more clarity to the topic of [robust community engagement](#). [Contact us](#) to learn more about Creating and Age-Friendly Public Health System in Michigan.

The [Institute for Healthcare Improvement](#) has used improvement science to advance and sustain better outcomes in health and health care across the world. To impact health outcomes within the aging community, IHI partners in the [Age-Friendly Health Systems](#) initiative with The John A. Hartford Foundation and, in partnership, with the American Hospital Association and the Catholic Health Association of the United States. Becoming an Age-Friendly Health System entails reliably providing a set of four evidence-based elements of high-quality care, known as the “4Ms,” to all older adults in your system: What Matters, Medication, Mentation, and Mobility.

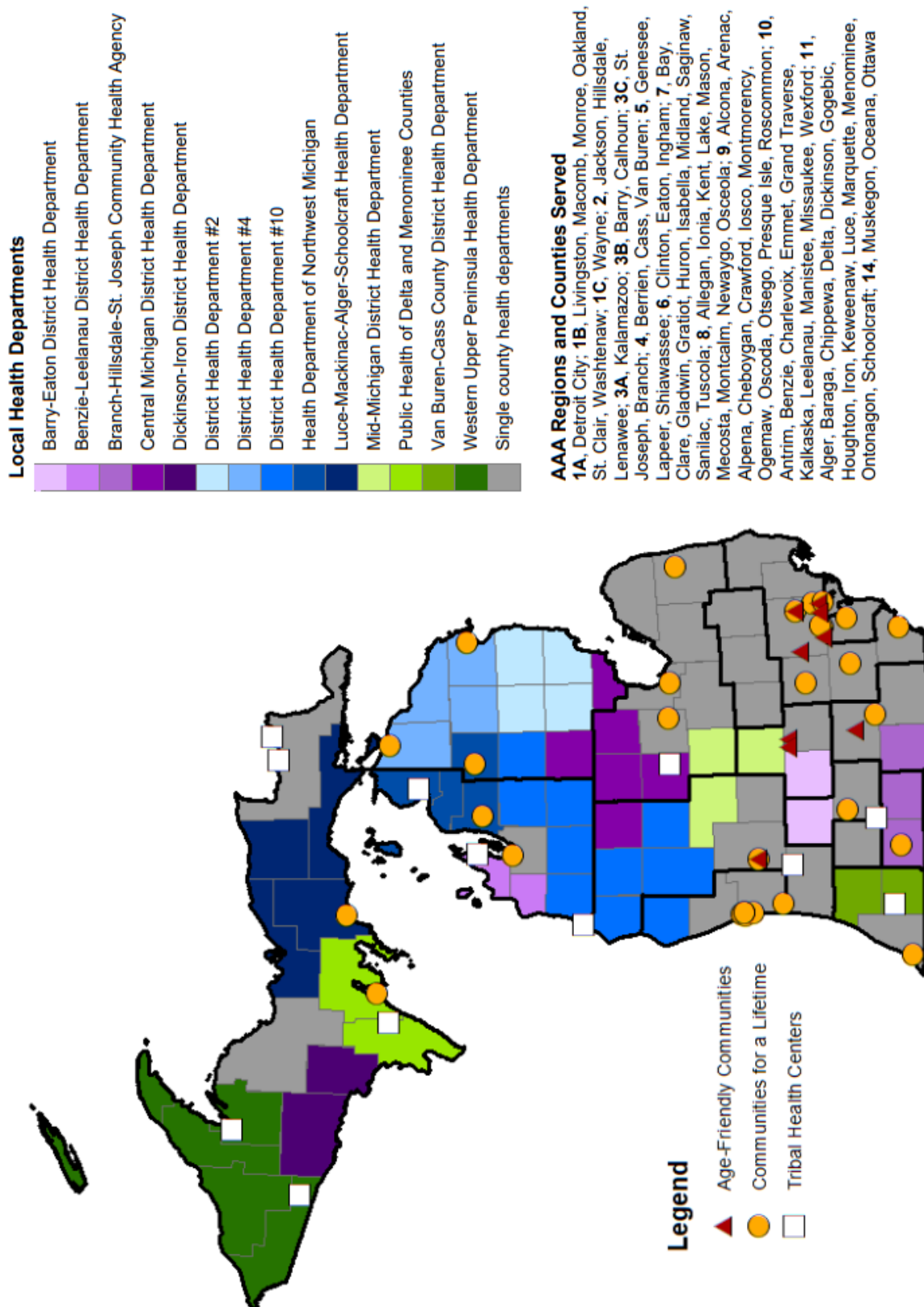
The Michigan Association of Local Public Health is the legislative and policy advocate for Michigan's local public health jurisdictions. It maintains a [directory of Local Public Health Department](#) contacts and other resources.

Information about Area Agencies on Aging can be found through the [Area Agencies on Aging Association of Michigan website](#). Area Agencies on Aging Association of Michigan is a statewide association that advocates on behalf of Michigan seniors. 4AM is the association responsible for advocacy, training, and education for the sixteen Area Agencies on Aging across the state of Michigan.

[Michigan Health & Hospital Association](#) provides quality improvement programming for Michigan hospitals. The MHA Keystone Center aims to work with local and statewide agencies and organizations to expand and align age-friendly efforts.

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Appendix: Components of Michigan's Age Friendly Ecosystem



Age-Friendly Public Health Systems in Michigan

Thank You to our Advisory Committee and Team Members

Advisory Committee	
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Jodie Shaver	Michigan Association for Local Public Health (MALPH)
Karen Adcock	Age-Friendly Community (Auburn Hills)
Karen Kafantaris	American Association for Retired Persons (AARP)
Kathy Kimmel	Wexford Council on Aging
Kayla Smith	MDHHS Bureau of Aging, Community Living, and Supports
Laura de la Rambelje	MDHHS Local Health Services
Norm Hess	Michigan Association for Local Public Health (MALPH)
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