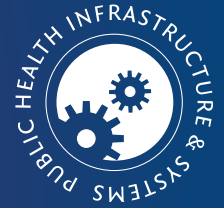# Supporting Healthy Aging and Advancing Health Equity through Community Health Improvement Collaborations

PUBLIC HEALTH INFRASTRUCTURE & SYSTEMS

Introduction

The aging population of the United States is growing. In 2019, it was estimated that the proportion of the population over the age 65 would grow 5.6% by 2040 (from 16% to 21.6%), and the population of adults 85 and over would more than double in that time (a 118% increase).[1] However, as the population is growing, so too are disparities and inequities among this population.

The [World Health Organization] defines "healthy aging" as a "continuous process of optimizing opportunities to maintain and improve physical and mental health, independence, and quality of life throughout the life course."[2] Supporting healthy aging on a national and international scale includes developing effective public policy, cultivating age-friendly environments, aligning health systems to respond to older adults' needs, creating equitable care systems, and improving assessment on aging.[2]

A variety of local agencies and organizations within cities and counties across the country are dedicated to promoting the health of communities age 55+. [AARP,] "the nation's largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age," has a network of over 50,000 volunteers across over 800 local chapters nationwide. They contribute to causes including healthcare and wellness, caregiving support, and age-friendly communities. The [Alzheimer's]

[Association,] leading care, support, research, and advocacy, has 74 chapters providing services to local communities. Lastly, Area Agencies on Aging (AAAs) are nonprofit agencies within states that respond to needs of older adults through services to help them live at home independently, or however they prefer.[3]

Much of the work around healthy aging takes a community-wide approach, exploring the impact of social determinants of health and how the environments in which people live contribute to their opportunities for health. This is demonstrated in AARP's [8 Domains of Livability,][4] based upon WHO's "Age-Friendly Cities Framework,"[5] which prioritizes housing, outdoor spaces and buildings, transportation, communication and information, civic participation and employment, respect and social inclusion, health services and community supports, and social participation as factors impacting older adult health. These priorities have been reflected at the national and state level in recent years.[6,7]

The Important Role for Local Public Health to Advance Healthy Aging

As outlined in **Public Health 3.0**, local health departments may take on the role of the Chief Health Strategist or Community Health Strategist, which many local health departments have adopted to capture the collaborative nature of the work.[8] In this role, local health departments engage multiple sectors and community partners to generate collective impact and improve the social determinants of health.[9] Local health departments have great opportunity to develop community- wide systems that support healthy aging, and address growing disparities and inequities experienced by adults 55+.

Trust for America's Health's **6Cs for Supporting Healthy Aging** framework outlines how local health departments can support healthy aging. The list of recommended activities includes convening relevant stakeholders across the community, increasing efficiency in how services to people age 55+ are delivered, and facilitating assessments to understand needs and priorities of older populations.[10] These are all activities that a local health department might deliver through a community health improvement (CHI) process, which is a collaborative, cross-sectoral process of developing a shared vision for health, identifying strategic priorities, and engaging in joint action to address those priorities. In 2019, 78% of local health departments surveyed in NACCHO's **National Profile of Local Health Departments** reported participating in a community health assessment (78%) or community health improvement plan (71%) within the last five years.[11]

There are numerous reasons why both healthy aging organizations and local health departments would benefit from engaging in a CHI process together. Healthy aging partners can contribute their knowledge and perspectives to the community-wide vision that drives the CHI process, ensuring it reflects the needs and strengths of their constituents. Additionally, with the local health department acting as a trusted, neutral convenor, healthy aging organizations might develop new relationships with other organizations and identify how they can work together more efficiently. Lastly, with their expertise in the needs of older adults, healthy aging organizations can suggest and evaluate potential interventions to ensure they will be acceptable and helpful to older adults in the community.

There is ample opportunity for data sharing through a CHI process. Healthy aging organizations might contribute their own data about the health status, disparities, and inequities of older adults in the community, as well as connections to those individuals to share their personal perspective, contributing to a more comprehensive assessment. CHI processes also typically assess and address the social determinants of health, which are of interest to healthy aging organizations. They also provide an opportunity for healthy aging organizations to address the root causes of inequity among the populations they serve.

Partners in a community health improvement process typically will identify how conditions of the community need to be improved to see positive impact on health outcomes. **AARP's Livable Communities** program helps neighborhoods, towns, cities, and rural areas develop conditions for healthy aging including safe streets,

housing, transportation, service access, and opportunities for community connection.[12] Furthermore, many local health departments have used their CHI process to explore the status of health equity, "the opportunity to achieve optimal health." They may focus their assessment process on exploring and addressing the root causes of inequity, such as income inequality or housing segregation, knowing that they will ultimately have an impact on people's access to quality healthcare and education, neighborhood safety, and other social determinants. Therefore, engaging in a CHI process can help healthy aging organizations consider the true underlying drivers of inequity among the populations they serve, and target resources to address them.

Assessing Opportunities to Engage Local Health Departments and Healthy Aging Partners in CHI

To identify how health aging priorities can be incorporated in CHI efforts, in fall 2022, NACCHO facilitated a beta test process of two community health assessment instruments.

In fall 2022, NACCHO collaborated with AARP representatives to understand how healthy aging priorities could be better incorporated into CHI efforts. Since 2019, NACCHO has been updating its flagship framework for community health improvement, *Mobilizing for Action through Planning and Partnerships* (**MAPP**). MAPP is an integrated community health improvement approach

that outlines a community-driven strategic planning process to improve community health. For an overview of this revision process, see the **MAPP Evolution Blueprint Executive Summary.**

As part of this revision, NACCHO released three revised/updated assessment tools that can help communities paint a comprehensive picture of the local public health system; status of health outcomes; social determinants of health; root causes of inequity; and community perspectives on strengths and assets, built environment, and forces of change. NACCHO beta-tested two of these assessment tools with AARP and gathered feedback and insights on potential additions to increase their applicability to healthy aging.

The two assessments included in this beta test were:

- **The Community Status Assessment (CSA)**, a quantitative assessment of the community's health status. Results describe the community's demographics, health status, contributing factors (e.g., living and working conditions), and inequities.

- **The Community Context Assessment (CCA)**, a qualitative assessment of community members' lived experience, exploring the built environment, strengths and assets within the community, and forces of change, which are impending changes on a scale from local to global that could impact the context in which the community operates. It also facilitates an analysis of historical, systemic, and structural information to highlight the root causes of inequities. It includes guidance to lead focus groups and key informant interviews, among other qualitative data collection methods.

NACCHO provided an overview of these MAPP community health assessment tools to AARP staff, and administered a survey and focus group to understand whether the assessment tools could help communities assess the status of healthy aging priorities, how they could better elevate healthy aging disparities and inequities, and how they could better inform action to address healthy aging priorities.

The survey included a mix of multiple-choice, Likert-type scale, and open-ended questions. It assessed participants' familiarity with MAPP and community health improvement and gathered their feedback on how the two assessments can be more relevant to and better support healthy aging assessment and planning. Participants suggested quantitative indicators and qualitative domains to help communities better understand older adult health needs. Additionally, participants scored the assessments' ability to increase a community's understanding of the lived experience of aging populations, to identify inequities within those populations, and to generate actionable data to assist in planning around healthy aging priorities.

The focus group built upon participants' survey responses to explore how the overall MAPP process could support assessment of and planning around healthy aging priorities. Participants were invited to share their opinions of how the assessments could better assess diverse older adult health needs and priorities to make them more valuable and appealing to healthy aging partners. They also prioritized quantitative indicators, qualitative domains, and secondary data sources to include to understand healthy aging priorities.

Results

Three individuals participated in the beta test. All hold positions within AARP within the State Offices, Thought Leadership, or Research departments. All participants were somewhat familiar with the MAPP framework, but had no prior experience with CHI.
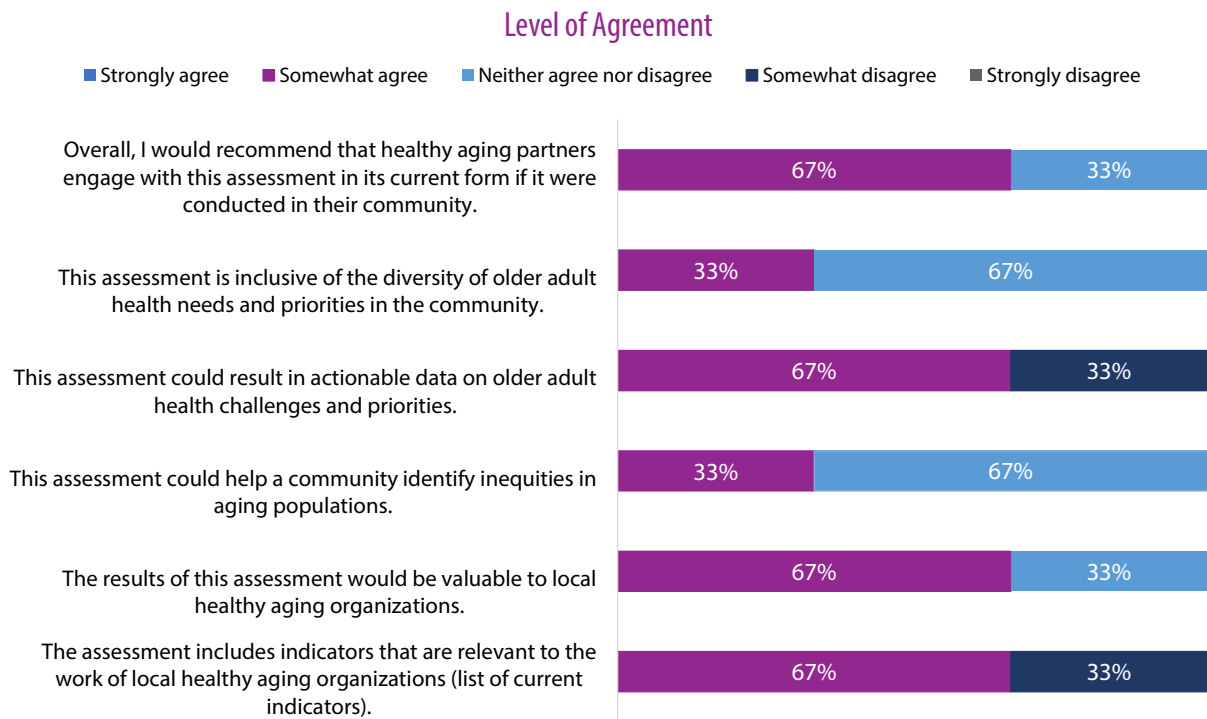
Assessment Feedback

Community Status Assessment

Survey results about the Community Status Assessment are summarized in **Figure 1**. In the focus group, participants shared suggestions for the CSA. They noted that the indicators and questions within the CSA were not exactly about age, but rather intersected with it or were generic. Additional suggestions for questions and indicators to include would be about loneliness/social isolation, social inclusion for older adults, Alzheimer's services, supports to age at home, accessibility, availability, and affordability of at-home services, among others. They emphasized the need to depict the intersectionality of age with race, socioeconomic status, and other factors. Additionally, they noted that users would need to be able to disaggregate data from the assessment to identify an issue and track progress. An accessibility assessment within the community needs to ensure that *everyone* is able to access those things. Lastly, there was a suggestion to focus on identifying intergenerational solutions.

Recommended CSA Indicators

The following four indicators were voted by two participants as being the most relevant to understand older adults: Diabetes Prevalence, Life Expectancy, Access to Care: Primary Care Providers, and Social Associations. The following were selected by one participant: Self-reported Fair/Poor Health, Access to Care: Mental Health Providers, Multi-generational Households, Walkability Index, Limited Access to Healthy Foods, Housing Insecurity, and Housing Cost Burden. Also suggested were indicators that fell into five main categories: built environment, community care, social connectedness, health outcomes, and medical services.

Figure 1: Community Status Assessment Survey Feedback

Level of Agreement

■ Strongly agree ■ Somewhat agree ■ Neither agree nor disagree ■ Somewhat disagree ■ Strongly disagree

Statement		
Overall, I would recommend that healthy aging partners engage with this assessment in its current form if it were conducted in their community.	67%	33%
This assessment is inclusive of the diversity of older adult health needs and priorities in the community.	33%	67%
This assessment could result in actionable data on older adult health challenges and priorities.	67%	33%
This assessment could help a community identify inequities in aging populations.	33%	67%
The results of this assessment would be valuable to local healthy aging organizations.	67%	33%
The assessment includes indicators that are relevant to the work of local healthy aging organizations (list of current indicators).	67%	33%

Community Context Assessment

Survey results about the Community Status Assessment are summarized in **Figure 2** on the next page. In the focus group, participants shared suggestions for the CCA. They noted that the Forces of Change domain should capture the life course perspective, being the idea that people transition into new phases of life and move in or out of the community. They also proposed that older adults be considered an asset to the community, and that the guidance could encourage users to explore what positive things or services they are contributing, rather than viewing older adults as a drain on resources. Lastly, they suggested including solutions that are intergenerational and address loneliness.

Focus Group Feedback

MAPP Process

During the focus group, participants provided feedback on the MAPP process overall. They described that healthy aging partners are not likely to be able to lead a community health improvement effort. They could lead some of the MAPP process if given specific elements or instructions, such as administering prepared survey questions. Additionally, they recommended expanding language and examples to include aging services and age-friendly partners, including the local AARP office. Overall, anywhere that youth are mentioned, older adults and elderly should be mentioned, too. Lastly, it is important that the content of the assessments include age-friendly considerations, but also that the methods used to collect data need to include older adults and partners representing this population.

Resource Suggestions

During the focus group, participants shared three other resources that could be of use to healthy aging partners working in community health improvement. They are:

- **Age-Friendly Community Assessments** that center respect and inclusion across the life course. For example: **https://academic.oup.com/gerontologist/article/62/1/e17/6257084**

- **8 Domains of Age Friendly Communities from the World Health Organization**, to see where more age inclusion could be brought into the equity lens of the assessment

- **AARP Livability Index**, which "scores neighborhoods and cities across the U.S. for the services and amenities that impact your life the most"[13]
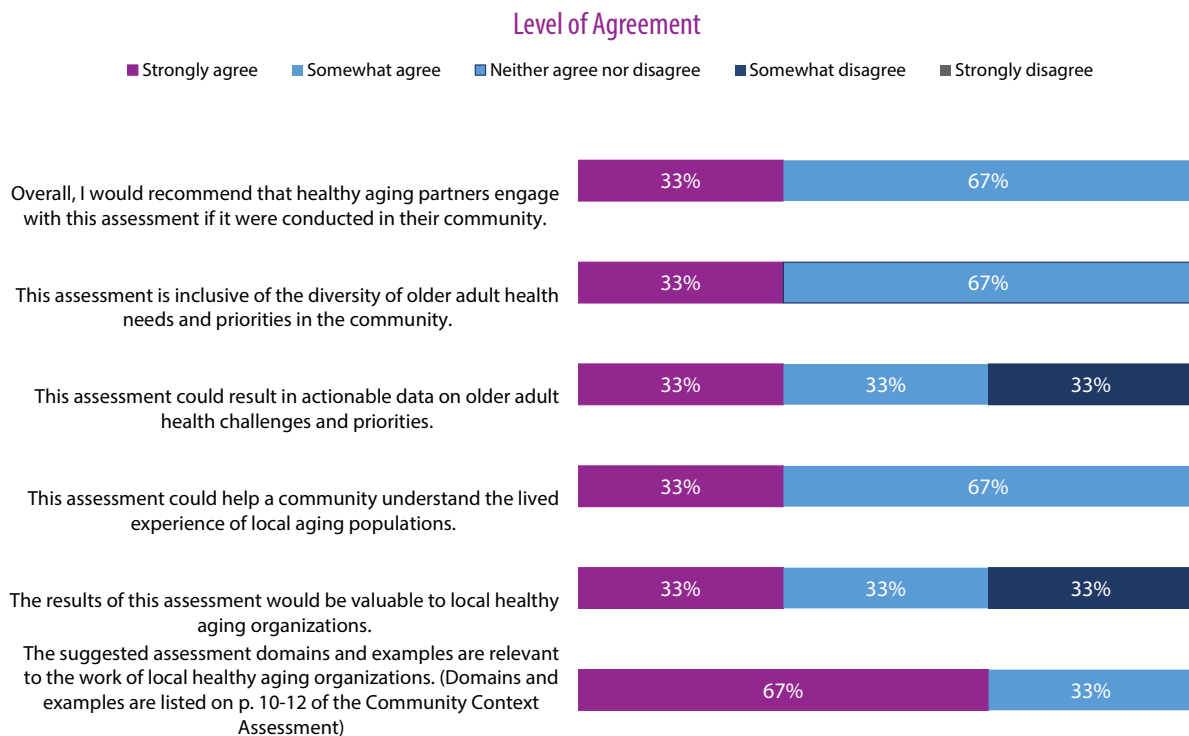
Recommendations

The Community Status Assessment and Community Context Assessment are perceived as beneficial opportunities for healthy aging organizations to engage with their local community health improvement process. There is opportunity to identify inequities and nuanced needs of older adults by acknowledging the intersectionality of everyone's identify and providing guidance to disaggregate data. Healthy aging partners would be able to explore this data alongside other important community-level data through a community health improvement process.

Healthy aging priorities could be best addressed through a community health improvement process by:

- **Including** organizations, agencies, and community members' voices in the planning of a community health improvement effort, including identifying the community vision

- **Incorporating** indicators specific to understanding whether the community environment supports healthy aging—including social determinants of health, respect and inclusion—in the assessments, which will translate to more actionable data

- **Involving** older adults in data collection through methods such as interviews and storytelling to highlight their perspectives

- **Developing** solutions for the CHIP that address loneliness and are intergenerational

Actively involving healthy aging organizations, such as AAAs (Area Agencies on Aging) or local AARP chapters, in a community health improvement process could help community health improvement plans be more inclusive of the entire community and create conditions that support health across the lifespan.

Figure 2: Community Context Assessment Survey Feedback

Level of Agreement

■ Strongly agree ■ Somewhat agree ■ Neither agree nor disagree ■ Somewhat disagree ■ Strongly disagree

Statement	Strongly agree	Somewhat agree	Somewhat disagree
Overall, I would recommend that healthy aging partners engage with this assessment if it were conducted in their community.	33%	67%	
This assessment is inclusive of the diversity of older adult health needs and priorities in the community.	33%	67%	
This assessment could result in actionable data on older adult health challenges and priorities.	33%	33%	33%
This assessment could help a community understand the lived experience of local aging populations.	33%	67%	
The results of this assessment would be valuable to local healthy aging organizations.	33%	33%	33%
The suggested assessment domains and examples are relevant to the work of local healthy aging organizations. (Domains and examples are listed on p. 10-12 of the Community Context Assessment)	67%	33%	

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