

**CDC AND
HEALTHY
AGING**

**ASPEN
DESIGN SUMMIT**

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INITIATIVE

By 2015, one of every five Americans will be between the ages of 50 and 64. By 2030, the number of Americans aged 65 and older will more than double to 71 million, comprising roughly 20 percent of the U.S. population. An enhanced focus on promoting and preserving the health of older adults is essential if we are to effectively address the health and economic challenges of an aging society. Given that 70% of adults will already be diagnosed with at least one chronic condition and nearly half will have two or more by the time they are in their mid-sixties, it is critical that we ensure they can continue living healthy, productive lives for as long as possible.

National experts agree on a set of recommended clinical preventive services that can help detect many of these diseases for both of these age groups, delay their onset, or identify them early in their most treatable stages. Despite the fact that these services are highly cost-effective, among adults aged 50 to 64 fewer than 25% report receiving them (*The State of Aging and Health in America*, 2007). For adults 65 years and older, even with the added benefit of covered services through Medicare, less than 40% report receiving a core set of preventive screening and immunizations (*Promoting Preventive Services for Adults 50-64: Community and Clinical Partnerships*, 2009).

The goal of a design intervention in the area of healthy aging will focus on ways to enhance the ability of public health entities to determine whether adults 50 and over in their communities are “up-to-date” with preventive health services; and secondly, how to broaden the delivery of these preventive health services through community programs, information messaging, and mobilizing infrastructure to move from awareness to behavior and systems change.

On another level, designers are asked to think about possibly extending this mandate to include preventive health services in emergency situations. Once links are created between consumers and health service providers, is this new community-wide infrastructure and communications usable in emergencies to deliver health services to older people?

Such focused community action can be designed to align messages, build awareness, and create environments that offer accessible and convenient access to services, and adopt healthy public policies. Unleashing the community’s potential to support the strengths of the healthcare system will generate a powerful force for taking steps to improving our nation’s health and quality of life.

BACKGROUND

The United States is on the brink of a longevity revolution. The far-reaching implications of the increasing number of older Americans and their growing diversity will include unprecedented demands on public health, aging services, and the nation’s health care system.

Chronic diseases exact a particularly heavy health and economic burden on older adults due to associated long-term illness, diminished quality of life, and greatly increased health care costs. Although the risk of disease and disability clearly increases with advancing age, poor health is not an inevitable consequence of aging.

Much of the illness, disability, and death associated with chronic disease are avoidable through known prevention measures. Key measures include practicing a healthy lifestyle (e.g., regular physical activity, healthy eating, and avoiding tobacco use) and the use of early detection practices (e.g., screening for breast, cervical, and colorectal cancers, diabetes and its complications, and depression).

Unfortunately, many of the monitoring targets for clinical preventive services are not being met.

According to a new CDC report to be released in November 2009, we can count on one hand the number of Healthy People 2010 targets that have been met by the majority of states for adults ages 50 to 64:

Mammogram within past 2 years

50 states and DC met target of >70%

Cholesterol screening within past 5 years

50 states and DC met target of >80%

Binge drinking within past 30 days

45 states met target of <13.4%

Colorectal cancer screening

33 states met target of >50%

Whereas we can see that the remaining six indicators with Healthy People 2010 targets are bleak at best:

Pap test within past 3 years

5 states met target of >90%

No leisure-time physical activity within past month

4 states met target of <20%

Smoking — current

1 state met target of <12%

Influenza vaccination within past year

0 states met target of >60%

Pneumococcal vaccination ever among persons at risk

0 states met target of >60%

Obesity — current

0 states met target of <15%

One problem, however, has been that the burden of preventive care and communicating information about such care has been largely left to doctors in a clinical situation. Of course, medical practitioners play a key role in this dialogue, but often don't have the time in their 3 to 10 minutes with patients to focus on "patients' illnesses" vs. keeping individuals healthy. That's why it is critical to find other players and places that would have a catalytic role in promoting awareness of preventive health services.

For its part, CDC and AARP have a collaborative relationship focused mainly around joint work in the areas of increasing access to and use of preventive services, physical activity, sharing resources, expertise and targeted opportunities to reach consumers.

Traditionally, CDC's Healthy Aging Program has worked with public health and aging services practitioners, NGOs, and similar organizations. Now CDC's Healthy Aging Program wants to expand that relationship to consumers and to think creatively about how to reach them with critical information and to change their behavior when it comes to preventive health services. AARP is an important partner in these efforts.

Further, CDC is interested in discussing whether the infrastructure and delivery components established through expansion of community-based delivery of preventive services can be used in emergency situations — whether it is a post-hurricane scenario, an earthquake in southern California, or a heat wave in Chicago — to get messages and services to populations that are difficult to reach for any number of reasons, such as lack of access to mobile technology, the Internet, or available transportation.

By the same token, it is interested in discussing whether this mechanism and delivery component can be used in

emergency situations — whether it is a post-hurricane scenario, an earthquake in southern California, or a heat wave in Chicago — to get messages out to a population that is difficult to reach for any number of reasons, such as lack of access to mobile technology, the Internet, or available transportation.

CASE STUDY

SPARC (Sickness Prevention Achieved through Regional Collaboration)

The SPARC initiative builds partnerships between community organizations and healthcare providers to increase the delivery of multiple clinical preventive services, namely vaccinations and screenings. Its founder and executive director is Dr. Doug Shenson.

Over the past 12 years, SPARC and its many partners have reached tens of thousands of residents in four adjacent counties at the intersection of Massachusetts, Connecticut and New York. A recent expansion to nine counties in and around Atlanta, Georgia, has already served over 4,000 men, women and children.

SPARC promotes influenza and pneumococcal vaccinations; cancer screening (mammograms, pap tests and colorectal cancer); and cardiovascular screenings (including cholesterol and blood pressure) with follow-up as needed.

Preventive services are offered at key locations where community residents can be reached easily such as churches, beauty salons, barbershops, worksites, polling places, public schools, community centers, physician practices, low-income housing and flu shot clinics. The locations can be expanded depending upon the particular opportunities in each community served.

As a nonprofit health organization, SPARC serves as a catalyst and a “bridge” by bringing community organizations and healthcare agencies together to:

- Create local networks of healthcare and social service providers that take responsibility for population-wide access to and delivery of preventive services
- Develop efficient programs by bundling services for 1-stop delivery at multiple community sites
- Coordinate outreach for preventive services across the entire community
- Identify and reach out to groups most in need
- Provide screening results as follow-up to participants’ healthcare providers
- Provide guidance and training to local healthcare practitioners as appropriate
- Monitor and continually enhance community-wide efforts.

Agencies and organizations that often partner with SPARC include state and local health departments, hospitals, mayor’s offices, community advocacy groups, faith-based organizations, visiting nurse agencies, local election authorities, media, home-delivered meal programs, public housing authorities, schools, area agencies on aging, and businesses.

The outcomes have been successful. SPARC’s initiatives have successfully increased the use of influenza vaccinations, pneumococcal vaccinations, Hepatitis B vaccinations, tetanus booster and mammography in the communities in which it has been implemented.

For example, SPARC pioneered a mechanism to provide mammography appointments at flu shot clinics for women who were behind schedule for breast cancer screening. This simple innovation resulted in a doubling of mammography rates among women attending these flu shot clinics.

In a related project, SPARC collaborated with the Robert Wood Johnson Foundation in the Vote & Vax initiative, which provides flu shots at polling places.

Since its first multi-state program in 2004, Vote & Vax has helped provide thousands of influenza vaccinations to at-risk Americans. Vote & Vax significantly expanded its efforts in 2008, ultimately delivering 21,434 influenza vaccinations at 331 locations in 42 states and the District of Columbia this past November. Of those vaccinated through the project, almost half (47.7%) were “new” recipients, meaning they had either not received a flu shot in the preceding year or would not have otherwise been vaccinated.

RESOURCES

Centers for Disease Control and Prevention and The Merck Company Foundation. *The State of Aging and Health in America 2007*. Whitehouse Station, NJ: The Merck Company Foundation; 2007. Available at: www.cdc.gov/aging/saha.htm.

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www.cdc.gov/aging

www.sparc-health.org

www.voteandvax.org