



# POLICY BRIEF

The Massachusetts Health Policy Forum

## Healthy Aging in the Commonwealth: Pathways to Lifelong Wellness

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Findings from the forum are co-sponsored by: **TUFTS**  **Health Plan  
FOUNDATION**

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### Introduction

On December 14, 2009 in Boston nearly 300 leaders from around the Commonwealth attended a forum cosponsored by the Massachusetts Health Policy Forum and the Tufts Health Plan Foundation titled *Healthy Aging in the Commonwealth: Pathways to Lifelong Wellness*. Attendees represented local area councils on aging, state aging programs, agencies for elder affairs and public health, health plans, provider organizations, legislators, and a range of other organizations from across the Commonwealth interested in healthy aging.

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Blue Cross Blue Shield of Massachusetts  
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The Heller School for Social Policy and Management at Brandeis University  
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The goal of the forum and accompanying issue brief was to define healthy aging, identify programs and policies that support healthy aging in the state and nationally, and discuss barriers as well as pathways to better health and improved quality of life for older adults. Philip Johnston, chair of the Massachusetts Health Policy Forum, and Thomas O'Neill, chair of the Tufts Health Plan Foundation, highlighted the community's enthusiasm for promoting healthy aging. They noted that this event would be a springboard for a follow-up forum in 2010, which will focus on a call to action and roadmap for progress. State Senator Patricia Jehlen, chair of the Elder Affairs Committee, expressed enthusiasm that the issue of healthy aging attracted such a diverse body of stakeholders

The Issue Brief for this Forum is on the MHPPF website at [www.masshealthpolicyforum.brandeis.edu](http://www.masshealthpolicyforum.brandeis.edu)



**Walter Leutz**  
**Brandeis University**

and indicated how important it is that the state as well as community organizations take action on this critical issue.

This policy brief highlights key findings of the day. The more detailed issue brief and speaker presentations can be found at <http://masshealthpolicyforum.brandeis.edu/forums/forum-pages/HealthyAgingForum1.html>.

## Defining Healthy Aging

The program began with Heller School for Social Policy and Management, Brandeis University, researcher Walter Leutz presenting an inclusive definition of healthy aging, for all older adults regardless of age or

disability. Healthy aging can best be understood as promoting optimal physical, mental and social well being. More simply, healthy aging means continuing to be a vital, contributing member of society. Healthy aging requires maximizing well being across the spectrum of older adults, including those with chronic conditions or disabilities.

The ingredients for healthy aging include individual behaviors such as being proactive about health, socially engaged, physically active, and having a nutritious diet. Stronger state and national action needs to support community efforts to help older adults to feel safe and secure; be physically active; be socially engaged; lead meaningful lives; be proactive about health; and have healthy and nutritious diets.

Fundamental changes in attitudes about aging, our health care and social services delivery

*Figure 1: Ingredients of Healthy Aging*



Walter Leutz, 2009

systems, and related policies are necessary to create environments that empower older adults to better manage their health and lifestyles. Examples include environmental factors such as assuring safe streets, viable transportation options, and ways to incorporate exercise and healthy eating into everyday life.

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## Challenges to Healthy Aging

Nancy Whitelaw, director of the Center for Healthy Aging of the National Council on Aging discussed the crucial impact and challenges that chronic health conditions play in the lives of older adults. While she noted that 80 percent of older adults have at least one chronic condition, and 50 percent at least two, these problems, such as heart disease, diabetes and cancer, among others, are also disproportionately higher for people of color. Dr. Whitelaw emphasized the risk factors associated with higher levels of chronic illness, which include smoking, poor diet, physical inactivity, falls, alcohol and substance abuse, stress and social isolation. Chronic conditions impact older adults' lives in many ways including depression, pain, fatigue, missed work, and high out-of-pocket costs. While more research is needed, evidence-based health promotion interventions have begun to demonstrate success in mitigating these risk factors and impacts. These interventions have proven to save money on healthcare costs and improve quality of life for older adults. However, finding the resources to implement such interventions and facilitating necessary coordination between health care, community services, housing, transportation, and other systems is daunting.

Dr. Whitelaw pointed to pervasive ageism as an obstacle to healthy aging. However, she noted that ageism may be eroded with baby boomers aging because they, as a generation, have challenged and changed many existing institutions. They might even make aging cool.

Dr. Whitelaw pointed out that while billions of dollars are spent on health care in the Medicare and Medicaid programs, a shadow of this



**Nancy Whitelaw**  
**Center for Healthy**  
**Aging, National**  
**Council on Aging**



**Ann Hartstein**  
**MA Executive Office of**  
**Elder Affairs**

money is being spent on prevention and wellness programs to help keep older adults healthy. Speakers throughout the forum stressed the potential savings for insurers and particularly the Medicare and Medicaid programs from prevention, wellness and evidence-based interventions, including such interventions as chronic disease self-management. Meanwhile, the U.S. Administration on Aging currently provide some funding for implementing these programs. Much of the costs are being borne by local level aging network agencies, where contact with at-risk older adults is broad and deep but funding is scarce.

Stuart Altman from the Heller School for Social Policy and Management at Brandeis University suggested that fee-for-service incentives in our current health care system do not promote health or healthy aging. He suggested that changing the financing system may create incentives to promote healthy aging. Such alignment could enlist the medical community to work with local community organizations to empower older residents to maintain and improve their health and quality of life. Others suggested that local entities need to organize better and coordinate with each other to increase bargaining power and to develop the ability to offer healthy aging programming under contract with health insurers and health care systems.

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## **Obstacles and Opportunities: A Progress Update**

A panel discussion moderated by James Roosevelt, Jr., president and CEO of Tufts Health Plan, examined healthy aging efforts to date in the Commonwealth as well as challenges to further progress. Panelists represented public agencies and private organizations, reflecting the range of stakeholders needed to be involved in promoting healthy aging. Audience comments revealed a broad spectrum of groups and individuals, including disability advocates, arts organizations, and community health centers, all interested in creating pathways to healthy aging.

Massachusetts Secretary of Elder Affairs Ann Hartstein identified the

potential of healthy aging initiatives to have an impact beyond the people immediately helped by service specific programs. She pointed to cost savings for the system as one benefit, but also noted quality of life improvements and monetary savings for older adults and their families. Healthy aging may lead people to work longer and rely less on family support. Healthier older adults could also be models for their children and grandchildren and contribute to creating healthier communities. Healthy and active older adults could also go a long way towards reducing ageism. Secretary Hartstein identified the challenge of coordination between the silos created for medical care and the range of long term support services available to older adults. Secretary Hartstein also stated that when there are fewer resources there is more pressure (and more opportunity) to be innovative in looking for efficiencies that maximize available funds.

Anita Albright, director of the Healthy Aging and Disability Unit at the Massachusetts Department of Public Health, laid out in some detail the cost and consequences of chronic illnesses among older adults in Massachusetts. She noted significant racial and ethnic disparities in Massachusetts that reflect nationwide trends, consistent with data presented by Dr. Whitelaw. Ms. Albright highlighted the importance of education, awareness and early intervention aimed at modifiable risk factors such as nutrition, activity patterns, and tobacco, alcohol and drug use. Once again, individual behavior is critical but cannot be understood without recognizing factors in the social environment, nor modified without supportive and concurrent changes in that environment. Evidence-based comprehensive self-management programs that empower participants have shown signs of success in the state. These programs can provide skills such as management of symptoms, nutrition, exercise, pharmaceutical use, and enhanced knowledge of chronic disease. Sustainability requires statewide infrastructure with cooperative and engaged partners, community networks, funding, and ongoing marketing and recruitment, monitoring and quality improvement.



**Anita Albright**  
**MA Department of**  
**Public Health**



**Robert Schreiber**  
**Hebrew SeniorLife**

Dr. Robert Schreiber, physician-in-chief of Hebrew SeniorLife, acknowledged the pervasiveness of chronic disease among older adults, defining wellness for this population as stemming in part from chronic disease management. This highlights the need to coordinate the efforts of clinicians, individuals, and communities to support healthy aging. Engaging clinicians is challenging because of busy schedules and the difficulty of influencing practice patterns and styles. Dr. Schreiber offered a number of strategies for breaking down barriers, including giving providers outcomes data on evidence-based approaches that demonstrate value and effectiveness, as well as identifying physician champions and opinion leaders to help educate others. Ultimately, Dr. Schreiber emphasized four tenets for optimal healthy aging: evidence-based healthcare and chronic disease management; personal responsibility and self-management; a supportive environment; and a purpose in life.

Rosa Palacios of the Department of Health Education and Caregiver Training for the Commonwealth Care Alliance, defined healthy aging as “living your life as fully as you can throughout your life and maintaining your own destiny.” She highlighted the Stanford Chronic Disease Self-Management Program (CDSMP) as an example of an evidenced-based, culturally appropriate disease management model that empowers older adults to improve their health and wellbeing through goal setting and learning in small groups. The implementation of this program is strengthening connections and coordination between state agencies, local senior service agencies, and community health centers. Ms. Palacios is working with the Empowering Older Adults Leadership Team in partnership with the Department of Public Health and the Executive Office of Elder Affairs implementing the Spanish-version of CDSMP, *Tomando Control de su Salud*, to the Latino communities throughout Massachusetts and promoting the program in other ethnic communities. This type of culturally competent program is essential to reach the state’s diverse communities. As of August 2009 the program had trained 101 lay

leaders of CDSMP groups in communities throughout the state. Through such community engagement, Commonwealth Care Alliance found that bringing individuals, families and communities together through healthy aging programs can improve lives and reduce feelings of isolation, loneliness, and depression. Programs such as these, however, do not yet reach anywhere near the number of people they could help.



**Rosa Palacios**  
**Commonwealth Care**  
**Alliance**

## The Charge to Policymakers

Mr. Roosevelt asked the panel what legislative action they think would be most effective at facilitating healthy aging throughout Massachusetts. The panel acknowledged that the state fiscal crisis would make funding new initiatives difficult. Dr. Schreiber said, however, that if change is not mandated, if Medicaid and other demonstration programs are not enacted, and if healthy aging or wellness initiatives are not funded, improvements simply will not happen. There was broad consensus on the value of healthy aging initiatives such as self-management and the integration of medical, social, environmental and nutrition-related issues, but an equally strong consensus that coordination is difficult.

The challenges, then, are (1) to solidify the infrastructure for offering evidence-based programs and models that work to improve older adults' health and quality of life, and (2) to foster the more fundamental changes in how organizations, communities and government collaborate to be more consistent with empowerment and inclusion of older adults. One advantage Massachusetts has in this area is a 10-year partnership between the Department of Public Health and the Massachusetts Executive Office of Elder Affairs. Collaborative efforts include the securing of public and private funds to support healthy aging efforts. Over the past five years Elder Affairs and MDPH have joined forces and funding to support a health aging initiative that includes support of the Keep Moving Program, a network of 150 peer-led working clubs around the Commonwealth and implementation of three evidence-based



## The Massachusetts Health Policy Forum

health promotion programs: My Life, My Health: Living with Chronic Conditions; Matter of Balance; and Healthy Eating for Successful Living for Older Adults. Next steps may include demonstrating that these programs can work in a community through broad based coalitions that reach older adults from all socio-economic and linguistic backgrounds. In many cases these groups have not worked together, and if they do, often speak different languages (figuratively and literally). Reorienting the medical community towards a public health approach to aging may require economic incentives that encourage prevention and wellness. Nevertheless, healthy aging initiatives should not be held hostage to payment reform in the medical care system or we may all be too old to benefit. Medicaid and possibly Medicare demonstration programs could go a long way toward helping provide incentives for health. The proposed Medicare Medical Home demonstration project is once such opportunity. Partnerships need to be created among health care providers, payers and local organizations for older adults to promote safety, nutrition, exercise, self-management of chronic diseases, and social inclusion. The price of inaction is increased isolation, pain, and unnecessary limitations to functioning and an active life for many older adults. The results of creative collaborations in both financial savings and quality of life could be enormous.

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### For Further Information

*The issue brief for this forum as well as all forum presentations and materials are available on the Massachusetts Health Policy Forum website at: [www.masshealthpolicyforum.brandeis.edu](http://www.masshealthpolicyforum.brandeis.edu).  
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