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**IMPROVING THE HEALTH  
OF OLDER ADULTS:  
ROLES FOR STATE  
HEALTH DEPARTMENTS**





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## EXECUTIVE SUMMARY

The Association of State and Territorial Chronic Disease Program Directors (CDD) and partners in the public health and aging networks have worked to determine the existing capacity of state health departments to promote healthy aging recommendations for enhancing this capacity in improving the health of older adults.

This three-stage effort began with an assessment of state health department and state aging agency programs and collaboration, the results of which are presented in “*The Aging States Project: Promoting Opportunities for Collaboration between the Public Health and Aging Services Networks*” ([www.chronicdisease.org/aging\\_states\\_project.pdf](http://www.chronicdisease.org/aging_states_project.pdf)).<sup>1</sup> The second stage used a concept mapping process to collect and organize ideas from experts in public health and aging from public and private sectors, academia and voluntary organizations on potential roles for state-level public action in healthy aging. The third stage further refined the concepts generated by the concept mapping and prioritized key steps for action by state health departments.

Key steps for action focus on three areas: Capacity Development, Science and Epidemiology, and Partnership. Recommendations for the first year of program activity by state health departments are as follows:

### CAPACITY DEVELOPMENT

- Develop a public health action plan for healthy aging.
- Identify a staff lead for healthy aging within the state health department.
- Assess public health needs and capacity relevant to healthy aging.
- Develop capacity to write grants and fundraise to support healthy aging activities.

## **SCIENCE AND EPIDEMIOLOGY**

- Collect, interpret, and disseminate data about the health of older adults relevant to program planning and evaluation.
- Make data available to partners for planning, implementation and evaluation.

## **PARTNERSHIP**

- Clarify and strengthen state organizational relationships (e.g., with state unit on aging) related to lead roles and joint planning for healthy aging programs.
- Contribute to coordination of initiatives across networks and jurisdictions.
- Establish collaborative relationships with state aging agencies and the Centers for Disease Prevention and Control (CDC) Prevention Research Centers around translation and information dissemination.

These recommendations provide a framework to state health departments and their partners for building healthy aging capacity in a purposeful and coordinated manner.

## THE HEALTHY AGING INITIATIVE - DEFINING A ROLE FOR STATE HEALTH DEPARTMENTS

The Association of State and Territorial Chronic Disease Program Directors (CDD) has worked with its partners to examine the emerging role of state level public health in responding to issues relating to healthy aging. Three questions have guided this examination:

- 1. *Where are we now?*** What is the current level of capacity of state health departments to address aging and what is the status of collaboration between the public health and aging networks at the state level?
- 2. *Where should we be?*** Is there a specific role for state health departments regarding healthy aging activities that is complimentary to that of the aging network and, if yes, what is our vision for accomplishing that role?
- 3. *How do we get there?*** How do we best enable state health departments to realize the vision set forth in answer to the second question given what we learned from the answer to the first question?

The first of these questions was addressed by “*The Aging States Project: Promoting Opportunities for Collaboration between the Public Health and Aging Services Networks.*”<sup>1</sup> This landmark report identified needs and barriers faced by state health departments in promoting healthy aging, as well as innovative examples of health promotion activities and collaboration. The second and third questions are addressed in the present report.

## THE PROCESS

More than 250 knowledgeable professionals in the public health and aging networks representing state and federal agencies, non-governmental organizations, and academic institutions participated in the effort to define the role of state health department activities supporting healthy aging at the population level. Through a series of facilitated processes, they brainstormed, organized, and prioritized recommendations for state health department action and answered the second and third guiding questions of where we should be and how we can get there.

### CONCEPT MAPPING

A concept mapping process was used to collect, organize, and visually represent the ideas submitted by stakeholders. Concept mapping combines qualitative and quantitative methods to develop maps that provide a framework for stakeholders to use as they formulate recommendations.<sup>2</sup> This process included the following activities:

1. Participants generated responses to complete the following statement: *“If new resources were made available to state public health programs to improve the health of older adults, a specific thing that program should be able to do or provide is...”* Participants generated 489 statements that were consolidated into a final set of 98 ideas.
2. A work group of 28 members organized the 98 ideas into categories to identify themes or patterns.
3. All participants provided input by rating the importance and potential for public health impact of each idea.

4. Multivariate statistical techniques were used to organize and present the ideas in a series of concept maps. These maps show the relationships between the ideas, the clustering of ideas into themes or categories, and how participants rated the ideas.
5. Finally, members of the work group reviewed and interpreted the maps.

### **PRIORITIZATION**

The resulting 98 statements were refined by expert panels who removed duplication and ensured that the remaining statements met the following requirements:

- The proposed action is appropriate to state level public health leadership, rather than federal or local leadership.
- The proposed activity is consistent with public health principles and a population based approach.
- The proposed activity is consistent with the best available science and practice evidence.

These expert panels organized and prioritized the remaining statements into 22 recommendations and identified first steps, intermediate steps (in the next two to five years), and future activities (in more than five years).



## THE RESULTS AND RECOMMENDATIONS

Roles and corresponding action steps for state health departments fell into three broad areas:

- **Capacity Development** – activities that enable strategic action such as staffing, resource allocation, and sustainability;
- **Science and Epidemiology** – activities that inform decision making and measure progress both within the state health department and externally; and,
- **Partnership** activities that facilitate collaboration and promote efficiency.

The process described above also yielded ideas for healthy aging program areas that could be incorporated and possible methods and channels of implementation. Development and implementation of evidence-based programming in these areas will enable state health departments to effectively move forward to realize the vision laid out in this document.

### CAPACITY DEVELOPMENT

#### First Steps

- Develop a public health action plan for healthy aging.
- Identify a staff lead for healthy aging within the state health department.
- Assess public health needs and capacity relevant to healthy aging.
- Develop capacity to write grants and fundraise to support healthy aging activities.

#### Intermediate Steps

- Identify and use content experts on various health issues of relevance to older adults.

- Ensure that staff have knowledge and experience in health promotion and disease prevention for older adults.
- Provide and promote participation in training opportunities related to healthy aging for both the aging and public health networks.
- Provide technical assistance for evidence-based program planning and evaluation.
- Translate and disseminate best practices.

### **Future Activities**

- Develop and disseminate information on practice issues through peer reviewed journals.

## **SCIENCE AND EPIDEMIOLOGY**

### **First Steps**

- Collect, interpret, and disseminate data about the health of older adults relevant to program planning and evaluation.
- Make data available to partners for planning, implementation and evaluation.

### **Intermediate Steps**

- Develop a surveillance plan including analysis, translation, and dissemination.
- Prepare a state report on healthy aging.
- Add questions to state surveillance systems to collect information about issues specific to older adults.

## **PARTNERSHIP**

### **First Steps**

- Clarify state organizational relationships related to lead roles and joint planning for healthy aging programs.

- Contribute to coordination of initiatives across networks and jurisdictions.
- Establish collaborative relationships with state aging agencies and CDC's Prevention Research Centers around translation and information dissemination.

### **Intermediate Steps**

- Bring partners together regularly, perhaps through a statewide healthy aging conference.
- Facilitate local collaborative health promotion projects.
- Offer technical assistance for coordinated long range strategic planning for health promotion and disease prevention activities at the local level.
- Integrate healthy aging into existing categorical grants for a focus on older adults.

## **DISCUSSION AND NEXT STEPS**

The resounding consensus is been that state health departments have a unique and valuable role in promoting older adult health, and that this role complements and supports the work of the aging network. The recommendations described in this report offer a development framework for state health departments as they build healthy aging capacity, whether that capacity is a single point of contact or comprehensive programming. The roles proposed here are intended to be helpful to state health departments in building capacity and in collaborating with state aging offices and other partners but are intentionally not prescriptive. Rather, they provide a framework, a jumping off point, and capacities and competencies to consider as a state health department responds to the public health challenges and opportunities of an aging population.

CDD and partners at the national level have an opportunity to support state health departments in meeting these challenges. The following activities are recommended for follow up to this report.

- Identify opportunities for initiating these activities within state health departments.
- Develop and make available technical assistance to support these activities within state health departments.
- Recruit partner assistance in dissemination and implementation of these recommendations.
- Further develop and disseminate the programming recommendations generated through this effort.
- Facilitate inter-network relationships between public health and aging services.

## REFERENCES

1. The Aging States Project: Promoting Opportunities for Collaboration between the Public Health and Aging Services Networks. Association of State and Territorial Chronic Disease Program Directors. January 2003. [www.chronicdisease.org/aging\\_states\\_project.pdf](http://www.chronicdisease.org/aging_states_project.pdf)
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