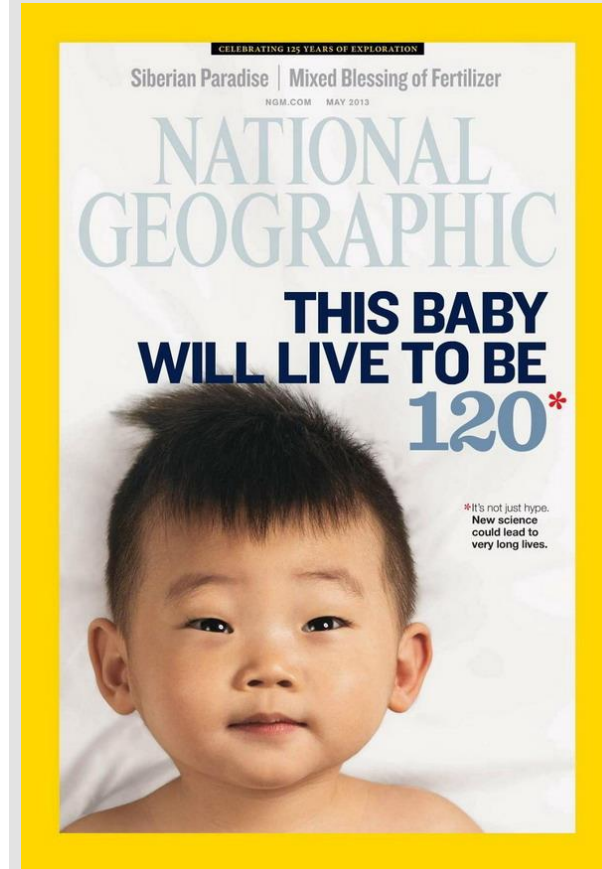


Healthy Communities, Healthy Aging



Image: World Health Organization

Clark County Commission on Aging
March 20, 2019
Alan DeLaTorre, Portland State University



What is a Healthy Community?

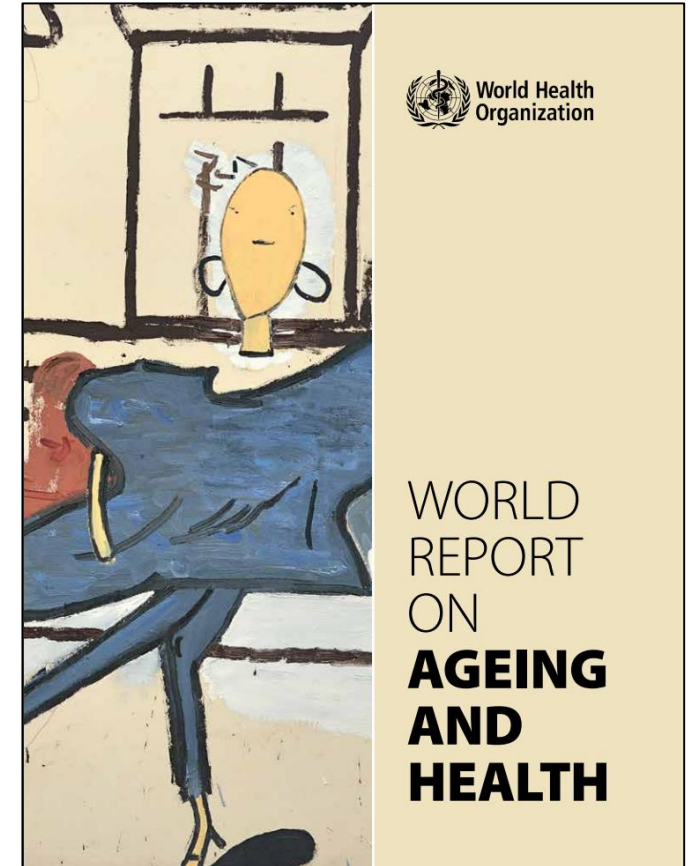
- According to the Robert Wood Johnson Foundation, a *healthy community* has the following commonalities:
 - **Local policies** that encourage healthy living and make it easy to sustain healthy lifestyles
 - **Consideration of health and equity** in decisions regarding community planning, design, and development
 - **Local data** that illustrate what healthy communities looks like, help identify gaps/challenges, and set common goals
 - **Local investments/efforts** from hospitals, universities, community organizations, and others with expertise and capacity
 - **Networks of people and organizations** who appreciate the social, economic and environmental factors that shape health



Image: reospartners.com

What is Healthy Aging?

- Little consensus on how “healthy aging” is defined or measured
 - Related terms: Successful aging, productive aging, positive aging
- **Healthy aging (WHO, 2015):** “The process of developing and maintaining the functional ability that enables well-being in older age.”
- Healthy aging *replaced* active aging as underlying age-friendly framework



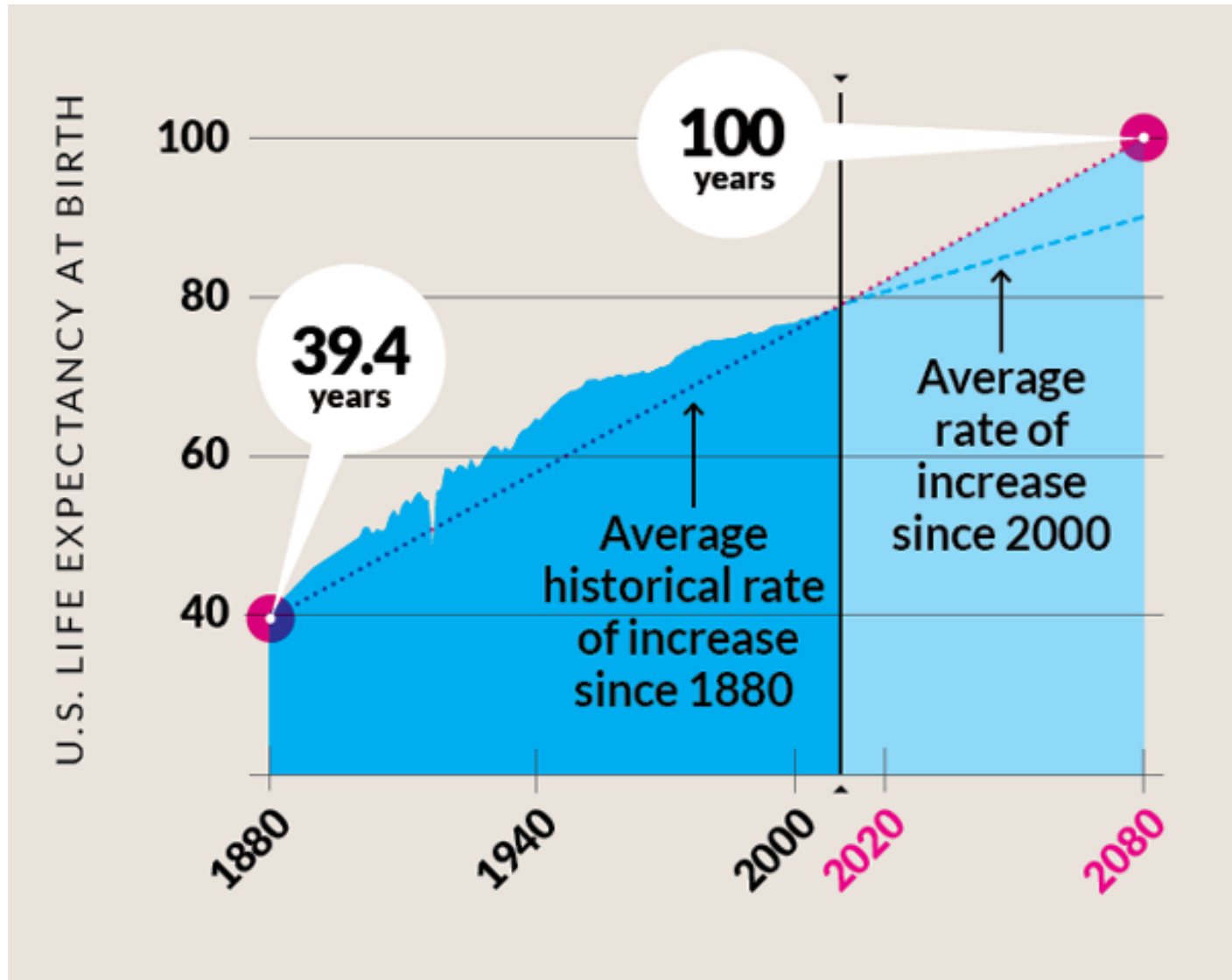
Longevity Bonus & Health

- Today, for the first time in history, most people can **expect to live into their 60's and beyond**
- Longer lives present opportunities & challenges that depend heavily on **one key factor: health**



Image: The Atlantic

Rise of the Centenarians?



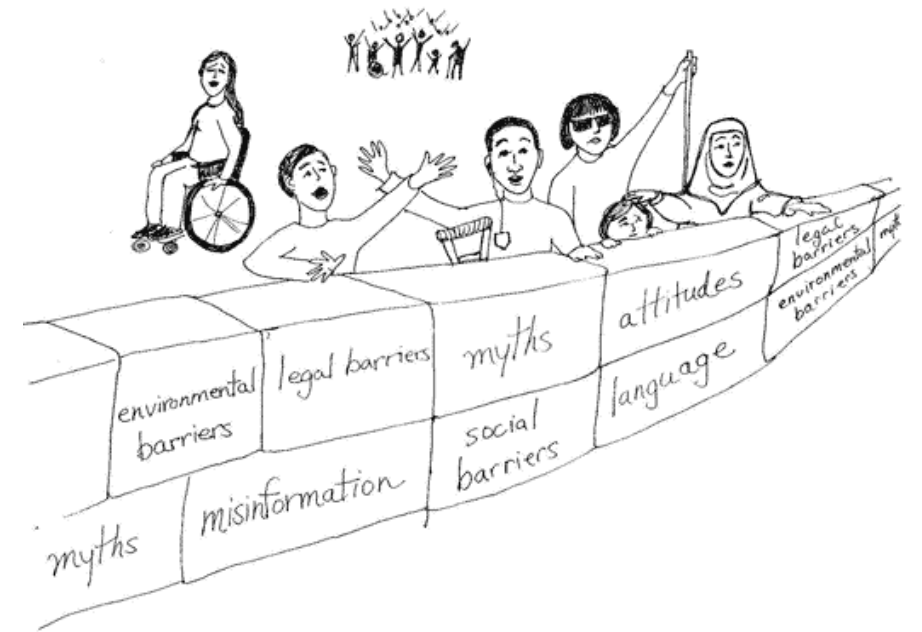
What Happens When We All Live to 100?
The Atlantic (2014)

Opportunities & Challenges



- If people experience their extra years of life with **good physical & mental capacity**, and if they live in **enabling environments**, their ability to do the things they value may have few limits

Image: blog.barcelonaguidebureau.com

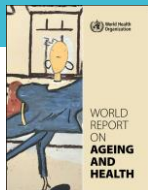


- If these added years are instead dominated by **declines in capacity** and **disabling environments**, the implications for older people and for society are much more negative

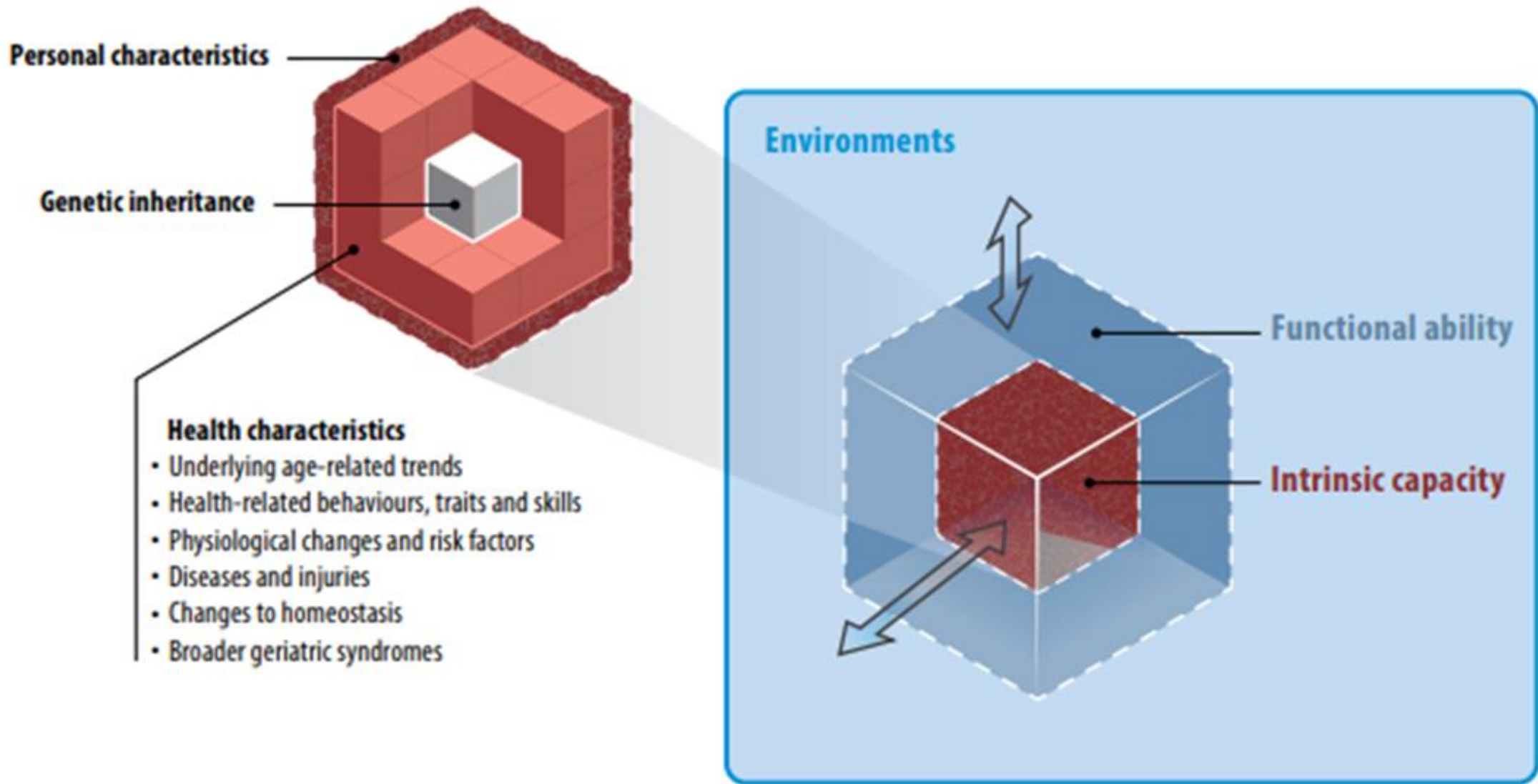
Image: <http://drpidisability.appso1.yorku.ca>

Components of Healthy Aging

- **Intrinsic capacity** is the composite of all the physical and mental capacities of an individual, which includes:
 - Healthy aging which starts at birth with our **genetic inheritance**
 - **Personal characteristics** that are both fixed (e.g., ethnicity) and influenced by our surroundings (e.g., education, wealth)
 - We face a range of positive and negative environmental influences that affect our **health characteristics** (e.g., age-related trends, diseases), which are part of intrinsic capacity
- **Environments** are comprised all the factors in the **extrinsic** world that form the context of an individual's life at the micro- (e.g., home), meso- (e.g., neighborhood), and macro-levels (policies, systems)



Source: WHO, 2015



Source: WHO, 2015

Summary: Health Across the Life Course

- Genetic inheritance plays some role in health across the life course
- However, most of the variation is likely to result from personal factors such as our sex, ethnicity, and occupation, as well as the physical and social environments in which we live our lives
- Together these variables influence opportunities and health behaviors from childhood to end of life
 - Cumulative advantage/disadvantage

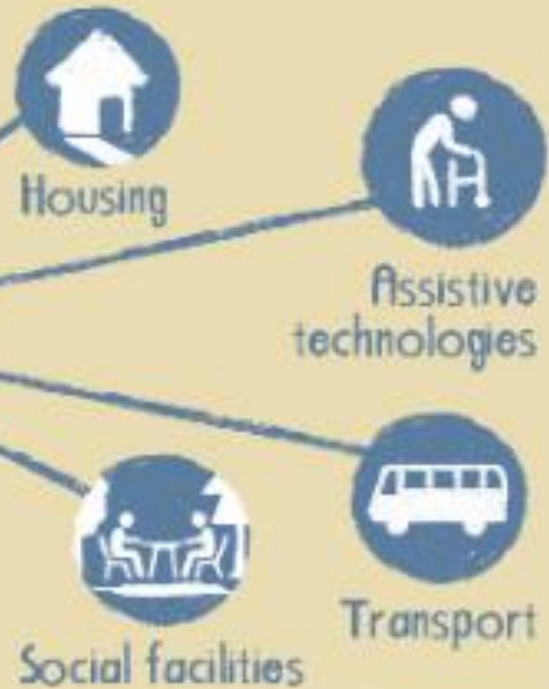


▶ WHAT INFLUENCES HEALTH IN OLDER AGE

INDIVIDUAL



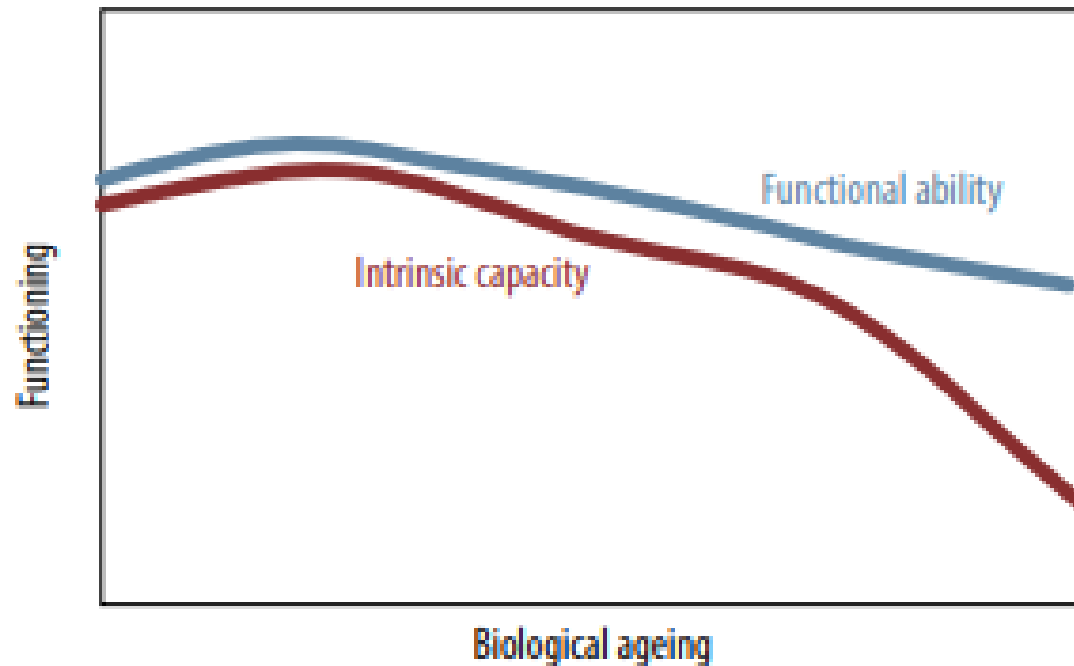
ENVIRONMENT THEY LIVE IN



Functional Ability

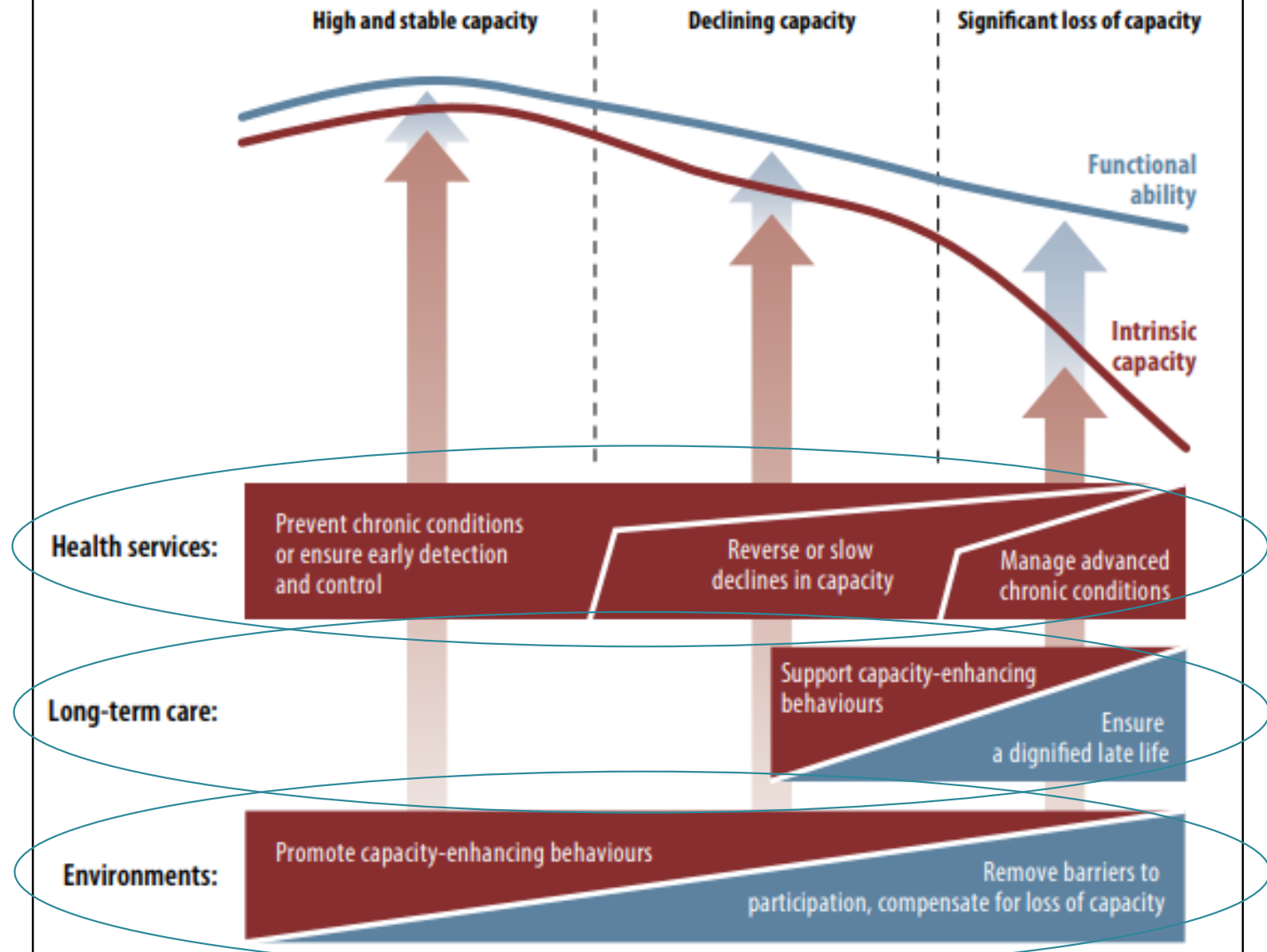
- Healthy aging is built around the concept of **functional ability**
- **Functional Ability:** “Health-related attributes that enable people to be and to do what they have reason to value”
 - **Intrinsic capacity** of the individual
 - Relevant **environmental characteristics**
 - **Interactions** between the individual and environments

Figure – Trajectories of Functional Ability and Intrinsic Capacity



Supporting Intrinsic Capacity & Enabling Functional Ability

Figure – Public-Health Framework for Healthy Aging:
Opportunities for Public-Health Action Across the Life Course



Public Health Framework for Healthy Aging Action

- WHO seeks to advance healthy aging by:
 - Emphasizing that **action is urgent**
 - Acknowledging the **great diversity of health and experience** in older age and the need for policy responses to reflect these differences
 - Shifting understanding of healthy aging **from the absence of disease to functional ability** (note: individuals & environments can advance functional ability)



Image: flhbe.com/health-in-all-policies/

Public Health Framework for Healthy Aging Action (cont.)

- WHO seeks to advance healthy aging by:
 - Framing **healthy aging as a process across the life course** rather than at a particular moment in time; policymakers and researchers should **optimize trajectories of functional ability**
 - Understanding the **cumulative impact of environmental determinants** across life and shape policy that looks to address disadvantage rather than reinforcing it



Image: Sociology Theory (Twitter)

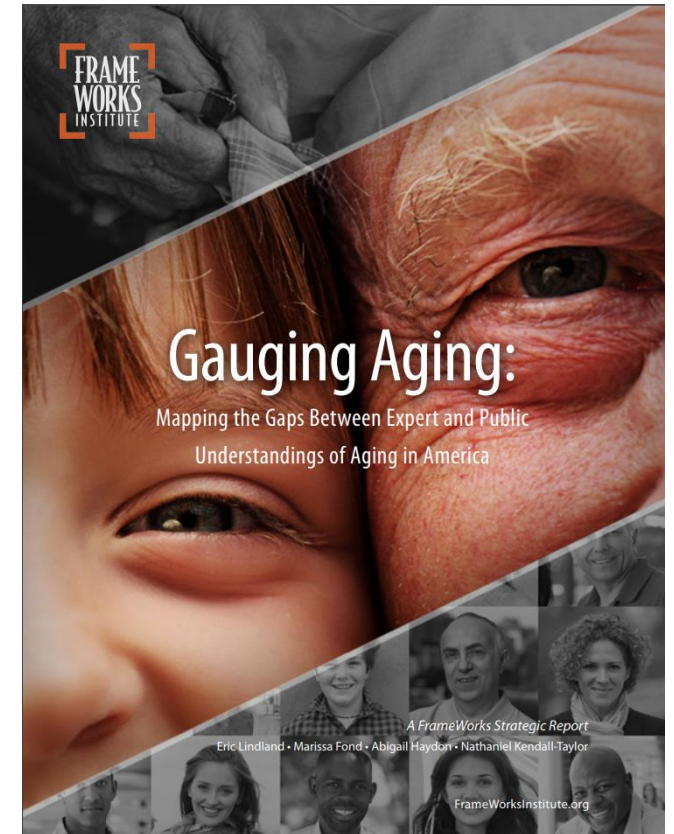
Age-Friendly Environments & Healthy Communities

- **3 age-friendly environments:** Social, service & physical
- **Social Environments**
 - Perceptions about older adults and aging
 - Reduce social isolation
 - Enhance social connections
- **Service Environments**
 - Align health care to meet needs of elders and those across the life course
 - Provide home and community-based supports for aging in community
- **Age-Friendly Physical Environments**
 - Accessible environments
 - Access to healthy foods
 - Green spaces
 - Healthy housing
 - Enhancing physical environments to encourage physical activity

Changing Perceptions About Older Adults & Aging

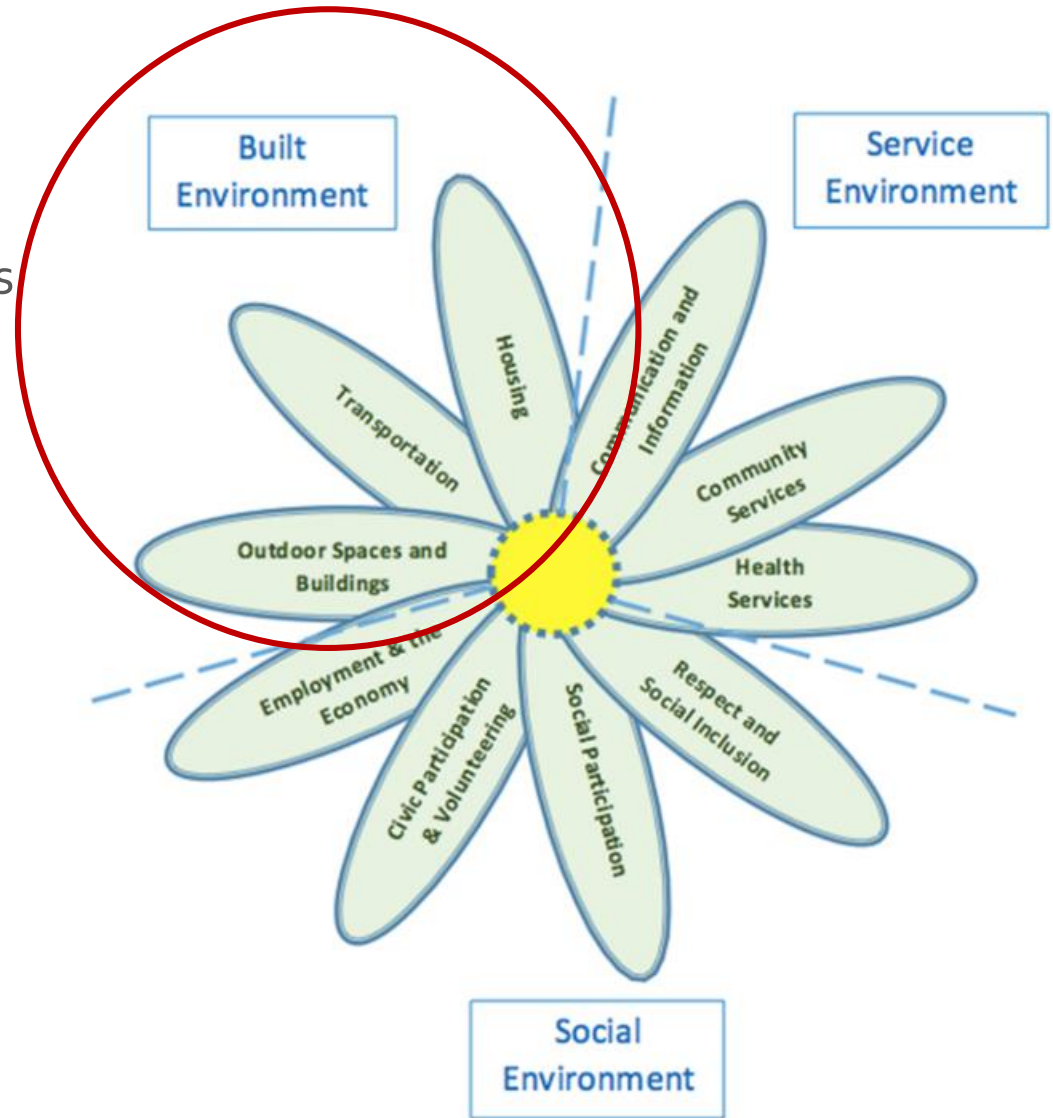
- **We are all aging** and will benefit from accepting that we are aging and preparing for the future
- Perceptions about older adults and aging remain **declinist, ageist, and full of stereotypes** (e.g., older adults are all similar, unhappy)
- **Enhance social connections**
 - Inadequate social support networks are associated with increased morbidity & mortality
 - Social engagement has been consistently shown to improve physical & psychological well-being
- **Reduce social isolation**
 - Americans – younger and older – are more distanced physically, psychologically (or both) from other people than ever before
 - Loneliness has the same impact on mortality as smoking 15 cigarettes a day

Sources: Neal & DeLaTorre (2016); Holt-Lunstad (2015)



Overview: Age-Friendly Physical Environments

- Accessible environments
- Access to green spaces
- Access to healthy foods
- Enhancing physical environments to encourage physical activity
- Healthy housing
- Healthy neighborhoods



Accessible Environments

- Accessibility is both **complex and necessary** (physical and programmatic accessibility)
- We should think about **designing communities across the age and ability spectrums** (e.g., parents with strollers, cyclists, people using mobility devices)
- **Approaches** to consider include:
 - Universal Design
 - Objective standards (e.g., ADA/ABA)
 - Subjective experiences (e.g., useable)
 - Visitability (housing)

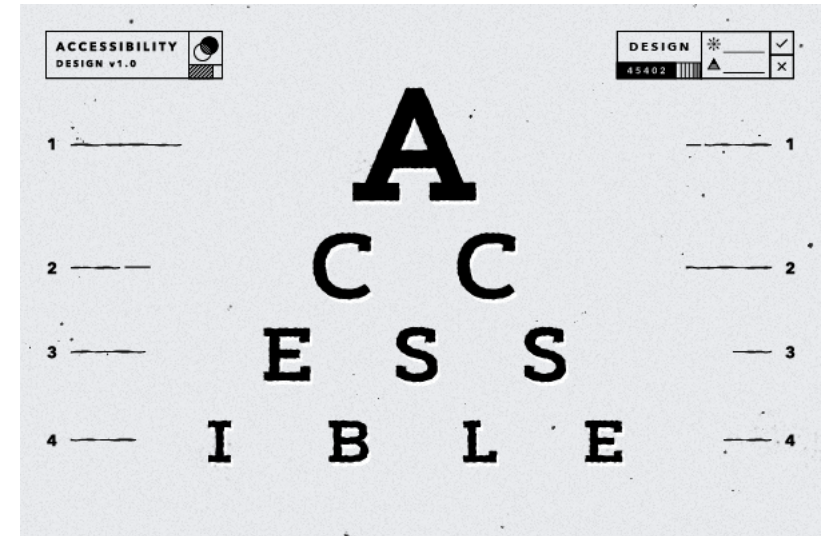


Image: Andrew Spencer

Access to Parks, Natural Features & Green Spaces

- Older adults have identified the following as age-friendly community features (WHO, 2007; Neal & DeLaTorre, 2007):
 - Access to **green spaces** and **parks**
 - Presence of **natural features**
 - **Well-maintained** parks
 - **Accessible** infrastructure
 - Park **amenities**: Access to restrooms, seating, and covered areas
- Suggestions from research related to parks (Pleson et al., 2014; Kaczynski et al., 2008):
 - Structure **activities** that appeal to older adults, particularly in the morning
 - **Equip** parks and green spaces for age-appropriate physical activity
 - **Promote/educate** re: health advantages of green spaces to older adults.
 - **Park trails** had the strongest relationship with physical activity
 - **Trail** accessibility matters for a range of users, from parents to people using mobility devices



Image: National Park Service

Access to Healthy Foods

- “**Food insecurity**” is a growing threat to quality of life for many older adults (Costly, 2018)
- Barriers to accessing healthy foods include: transportation access, living in a “**food desert**” (i.e., lacking access to full-service supermarkets), and affordable options (Healthy People 2020)
- Older adults experienced more difficulties in accessing food than younger adults, including **navigating the following challenges** (Costly, 2018):
 - Walking 10 blocks
 - Climbing stairs
 - Other physical limitations affecting food-seeking
 - Medical conditions affecting diet
 - Ability to get food home from the market

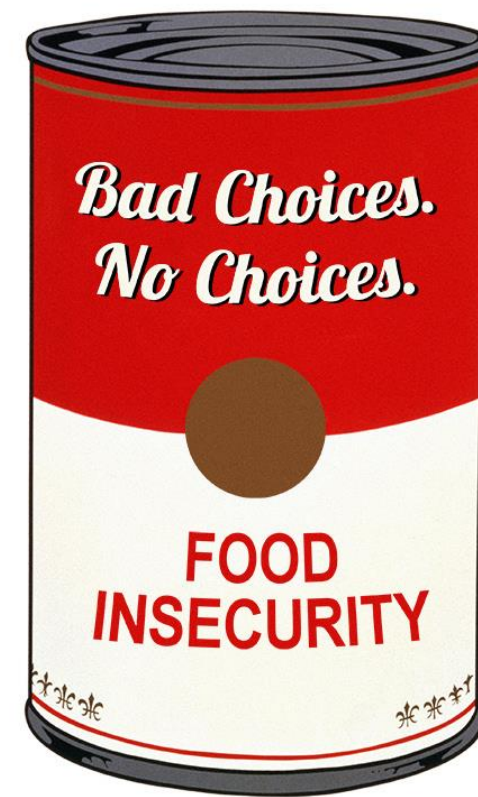


Image: www.kchealthykids.org

The Built Environment & Physical Activity

- **Physical inactivity is a significant risk factor for many diseases** including all-cause mortality, cardiovascular disease, diabetes, Alzheimer's, dementia, and some cancers such as breast and colon cancers and the risk of being overweight or obese
- There are a wide range of **built and natural environment variables** that affect related to physical activity and health, including:
 - Walkability
 - Crime
 - Travel behavior/ transit access
 - Park and recreational access
 - Tree/vegetative cover
 - Air quality
 - Traffic safety
- **Urban design** has been shown to affect physical activity levels, largely by the influence of the built environment (e.g., land use patterns, transportation networks, and street design) on active modes of transportation such as walking and bicycling



Image: blog.frontiersin.org

Healthy Housing

- Universal Green Design (see Clark County Idea Book!)
 - Accessibility
 - Energy/cost savings
- Ability to age in place/ community
- Enhancing social connections/ reducing social isolation
- Air quality and products
- Technology and the “Internet of Caring Things”
- Affordable (financial health)

Clark County
Universal Green Design Idea Book

Information and ideas to make your home last a lifetime

UNIVERSAL GREEN DESIGN
A home to last a lifetime

CLARK COUNTY COMMISSION ON AGING

Healthy Neighborhoods

- Older adults are more susceptible than younger adults to:
 - Transportation-related air pollution and noise, leading to increased hypertension
 - Increased cardiovascular and respiratory events and death
 - Potentially, increased rates of cancer
- Actions: Reduce air pollution and traffic noise levels, encourage physical activity, schedule visits with health professionals



Image: www.gethealthysmc.org

PLEASE

THANK YOU

Bonus 1

- Healthy aging policy priorities are relevant for all older people, regardless of where they sit on their personal trajectory of *Healthy Aging*, including:
 - Emphasizing the need to build supportive and enabling environments.
 - Helping people build and maintain capacity (for example, a walkable environment may foster physical activity).
 - Providing a range of resources or barriers that determine whether people with a given level of capacity can do the things they feel are important.
 - Although older people may have limited capacity, they may still be able to get where they want and need to go if they have access to an assistive device (such as a walking stick, wheelchair, or scooter) and live close to affordable and accessible transport.
- Coordinated responses are needed from many sectors and multiple levels of government to create age-friendly environments (housing, employment, transport, and social protection) and to facilitate the ability of older people to age in a place that is best for them and to do what they value.

Bonus 2

- The WHO recommends better alignment of health systems to the older populations they increasingly serve; this requires a greater integration of services and shifts from disease-based reactive services to models of health care that prioritize the functioning of the older person as a whole, taking into account of the physiological trends and health conditions that may influence it, and consider the individual's circumstances and ambitions.
- This integration of services must extend to the support and care needed by those older people with significant loss of capacity.
- The WHO is very clear that "In the 21st Century, no country can afford not to have an integrated system of long term care." Population and social trends mean it is no longer feasible, sustainable, or equitable for governments to leave this to families alone. This does not mean that this role should instead fall solely to governments, but if families are to provide adequate care and not be unreasonably burdened, at a minimum they need information that can allow them to fill this role, and have access to support such as respite care.
- Governments also need to put in place mechanisms to ensure the quality of the care that might be contracted by private care givers or in institutions.

Bonus 3

- The WHO emphasizes the extensive knowledge gaps that form a major barrier to evidence-based policy development.
- There is little global consensus on even widely used terms in the field, and although longitudinal research and population surveys are increasingly common, the instruments they use are often not comparable and may not provide the information needed by decision makers.
- Most of the treatments offered to older people are derived from clinical research that excludes them and that fails to take account of the influence of the comorbidities most of them will have.