

Kasey Kapella, MD

Heidi Lahti, MHA

Kelsey Sundquist, DPT

Ann Bussey, MA

# A New Approach to Healthy Aging Strategies in Minnesota Rural Communities

June 2019

# Presentation Summary

- **Our story**
- **What we are learning**
- **How our learnings are defining our journey**
- **What are your learnings?**
- **How can we work together for developing and promoting healthy aging strategies that improve older adult outcomes in Minnesota?**

# Our Story

- [Community Fitness in Rural Minnesota Video](#)



# The Secret Sauce

- In Hibbing, a “group of ladies in town” with a common goal was the “secret sauce” that inspired a larger community effort to solve their problem and create a sustainable solution.
- The group of ladies in town asked the Minnesota Department of Health’s Rural Health Advisory Committee to study the barriers facing older rural adults who want to be physically active.

# Hibbing Fitness Program

- **A YMCA “hub and spoke” model**

- **Emphasizes evidence-based strategies**

On-going, structured physical activity program

Meeting the minimum physical activity guidelines for older adults

Available locally during day hours

Instructors and a curriculum that encourages regular attendance and social interaction

**University of Wisconsin, Population Health Institute (2016), What Works? Strategies to Improve Rural Health.**

**U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2<sup>nd</sup> edition.**

**Washington, DC: U.S. Department of Health and Human services; 2018.:**

**Community Prevention Services, Behavioral and Social Approaches to Increase Physical Activity: Social Support Interventions in Community Settings; 2014.**

# Rural Health Advisory Committee Older Adult Workgroup Key Findings

- **Rural leaders and community perceptions of aging play a significant role in implementing new ideas in rural communities**
- **Older adult participation, contributions and inclusion in activities are all important components in promoting successful aging-in-place strategies**
- **Common barriers to providing appropriate, scalable, and affordable physical activity opportunities exist in rural areas**  
pre-existing health concerns, geographic isolation, shortage of qualified exercise practitioners, financial support, fragmented public transportation systems

# Workgroup Recommendations

- **Use a community fitness implementation model to respond to need**
- **Develop dedicated funding for rural older adult physical activity programs and initiatives**
- **Retain and reimburse a qualified workforce for physical activity classes**
- **Educate and facilitate connections between health care providers and community physical activity and fitness efforts for rural residents**
- **Improve transportation options to and from fitness programs and community locations**

# Older Adult Fitness Report

## Older Adult Fitness: Access and Participation in Rural MN

<https://www.health.state.mn.us/facilities/ruralhealth/rhac/docs/2018wellness.pdf>

# Our Learnings

- **Recognition of a large and growing population of older adults in our Iron Range communities**
- **Hibbing fitness program too strenuous for many community older adults—opportunity to identify and build a continuum of counselling and health education classes, clinical services, and community programs with varying activity levels**
- **An opportunity to assess clinical services for access to older-adult centered and integrated care**
- **A growing sense of invisibility with our community dwelling older adult population—not empowered, a population that is rarely prioritized, and when it is, the focus is on the frail elderly**
- **The true “Secret Sauce” is social engagement and a sense of belonging**

# Our Journey

- **An evolving relationship with Fairview Range**

Recruitment of a physician gerontologist

Opportunity to look broadly at older adult health

- **Development of a Fairview Range sponsored Community Healthy Aging Committee**

Interdisciplinary representation

Administrative support

Involvement of older adult community members

# Fairview Range Healthy Aging Committee Goals

- **Define healthy aging**
- **Evaluate the current state of local community health and resources**
  - Explore the concept of Naturally Occurring Retirement Communities
  - Conduct community older adult focus group assessments
- **Identify, promote and maintain healthy aging programs in our communities**
  - Use a public health pyramid model to identify effective interventions
- **Foster a continuum of care between the health system and the community**
- **Ensure that Fairview Range continues to provide “Age Friendly” evidenced based care**
- **Advocate for older adult programming and support**

# Healthy Aging Definition

## “Die Young as Late as Possible”

### WHO Definition

- **Complete physical, mental and social well-being, not merely the absence of disease or infirmity.**

### Health Promotion Across the Lifespan

- **Promote health, prevent injury, and manage chronic conditions**
- **Optimize cognitive, physical, and mental health**
- **Facilitate social engagement**

# Community Healthy Aging Committee Charter

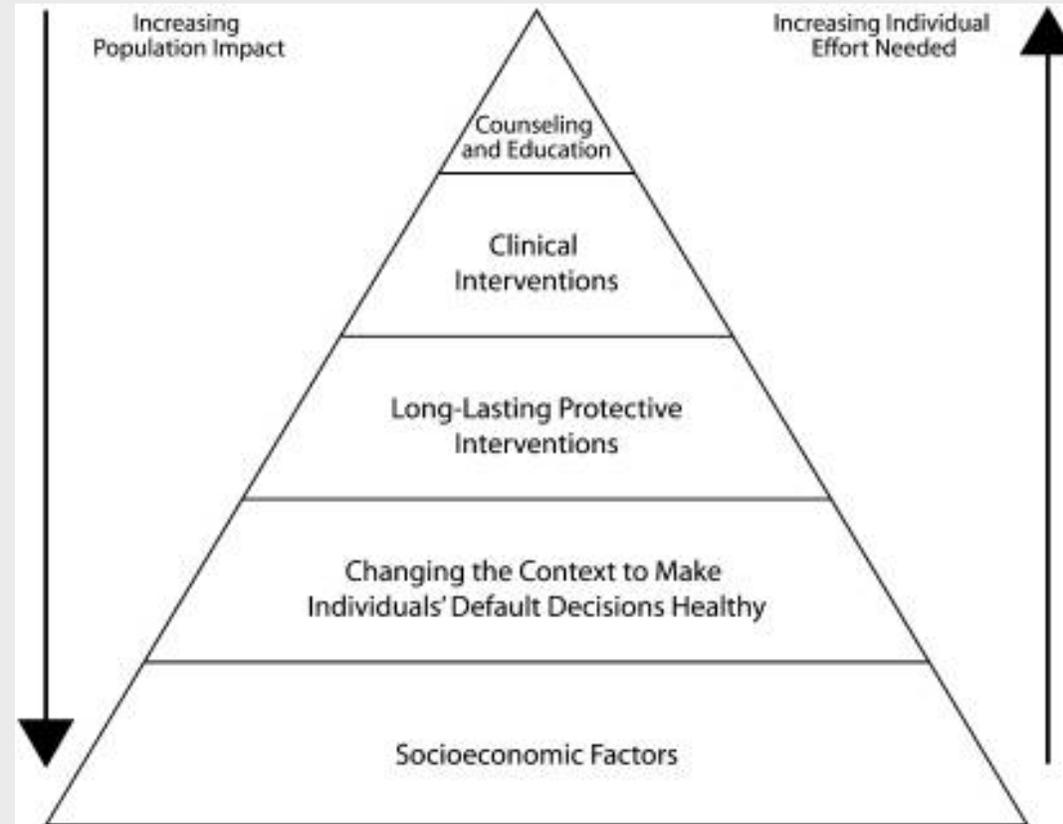
- **Mission/Purpose:** Promote health across the lifespan
- **Scope:** health promotion, strategies, and maintenance across the lifespan for communities within the Fairview Range service area, with a focus on the community dwelling older adult population age 50 years and older
- **Principles:**
  - (1) **Adopt the Geriatrics Society Framework: Health promotion across the lifespan**
    - Promote health, prevent injury, and manage chronic conditions
    - Optimize cognitive, physical, and mental health
    - Facilitate social engagement
  - (2) **Use a public health impact pyramid model to promote, develop, and maintain healthy aging strategies**
  - (3) **Utilize the 4M's Framework (What Matters, Medication, Mentation, Mobility) to advance Fairview's goal of providing evidence based care**
- **Leadership:** Dr. Kasey Kapella, Fam Med/Geriatrics; Kelsey Sundquist, DPT, Rehabilitation Supervisor
- **Accountability:** Heidi Lahti, VP of Ambulatory Services
- **Membership:** Dr. Kapella, Kelsey Sundquist; Heidi Lahti, MHA; Teressa Haglin, SLP; Michelle Engbretson, OT, Ann Bussey, Community Member; Heather Stenlund, Case Manager; Sara Madden, PharmD; others TBD

# Community Healthy Aging Committee Charter

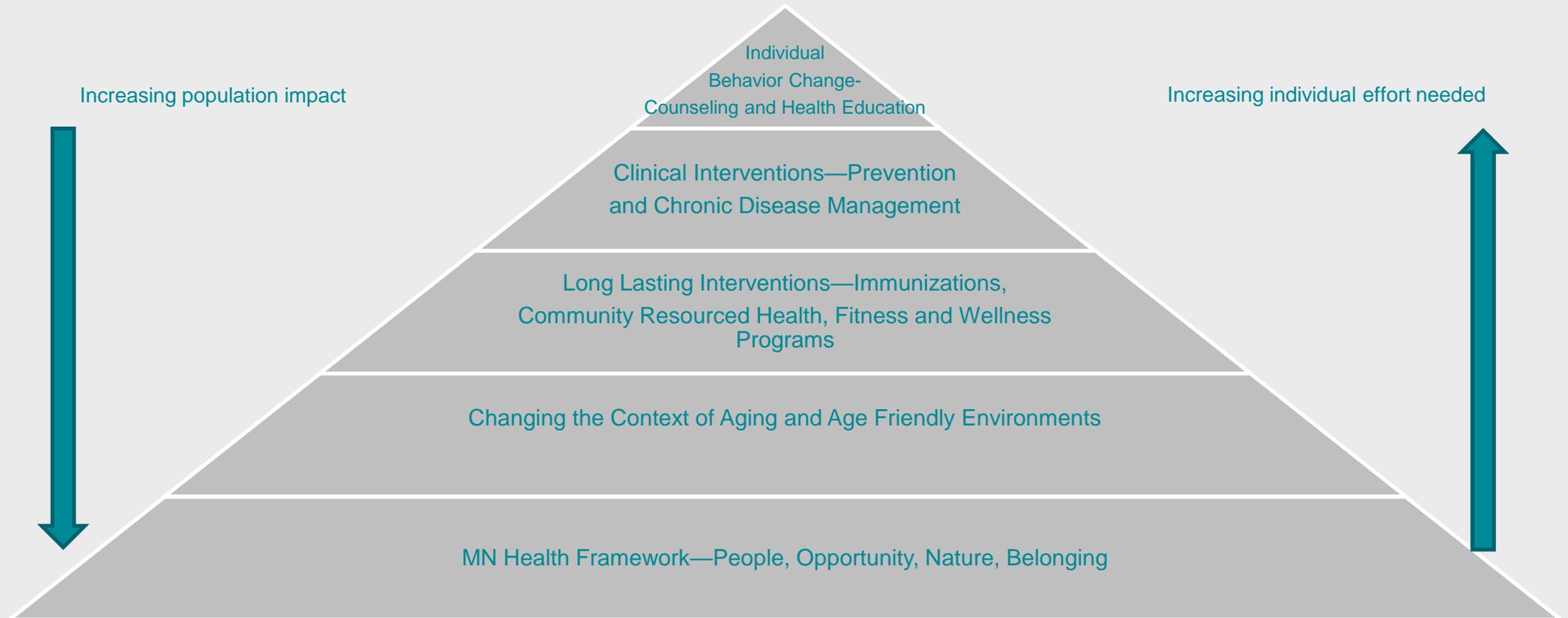
## Responsibilities

- Promote the opportunity to live and grow old in an age-friendly environment, nurturing physical and social environments that facilitate greater activity, social interaction, and promote a sense of community and well-being.
- Encourage dialogue that redefines aging, addressing societal ageism and discrimination based on stereotypes and prejudices about aging.
- Partner with regional resources to expand programs and services across the communities served.
- Align clinical services to meet the needs of an older adult population ensuring access to older-adult-centered and integrated care.
- Foster a continuum of individual health education and counselling, clinical services, and long-lasting community interventions to continually maintain and improve health outcomes for older adults while reducing the overall cost of care.
- Employ resources to measure and reinforce maximal function outcomes aligning with Healthy People 2020 Older Adult Objectives and Measures, and Physical Activity Guidelines for Adults/Older Adults in America.
- Facilitate community policy initiatives that move area communities along the spectrum to meet the characteristics of Healthy Naturally Occurring Retirement Communities.
- Identify and define community goals for meeting physical activity and wellness needs of older adults.
- Define the role of technology in age-friendly environments, developing strategies to promote technology adoption by older adults.

# Public Health Impact Pyramid

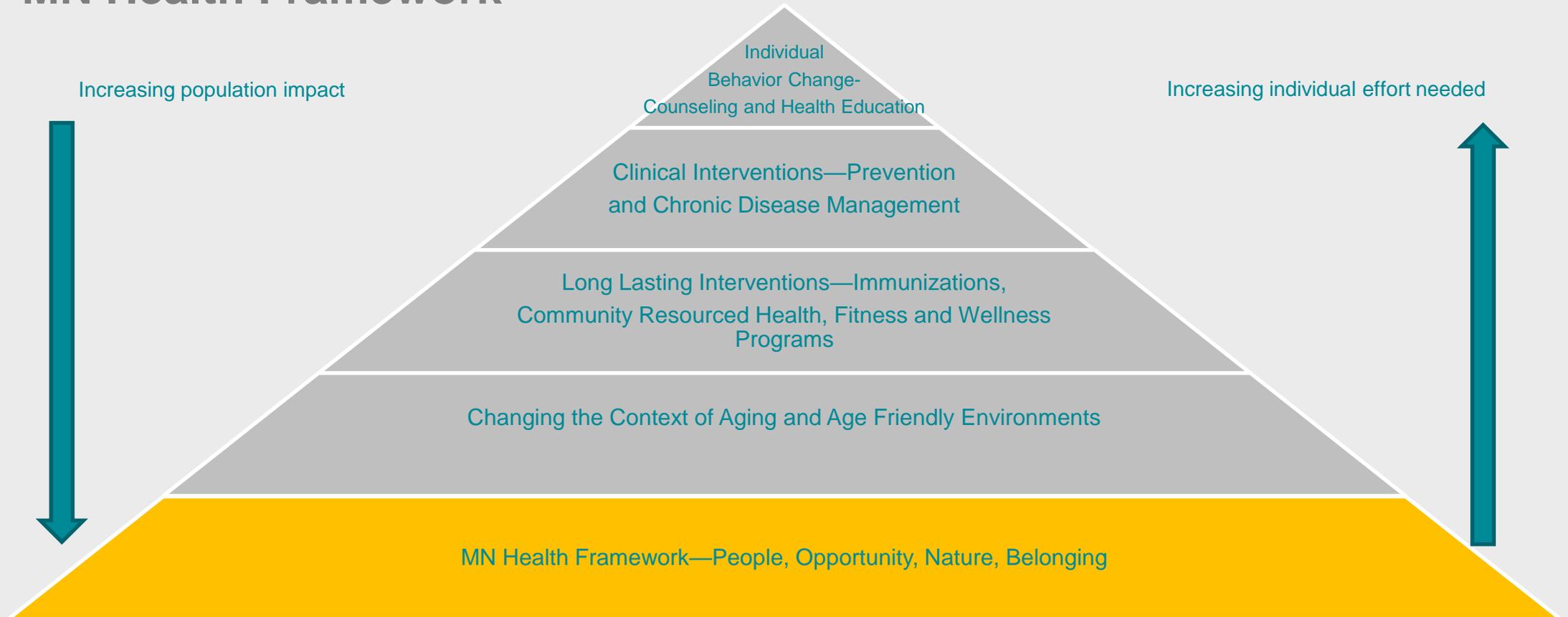


# Community Healthy Aging Pyramid



# Community Healthy Aging Pyramid

## MN Health Framework



# Aging and the MN Health Framework

- **People--Older Adults identified as a priority population**

During this calendar year, there will be more older adults age 65+ in MN than school age children age 5-17 years

- 32% in urban areas over age of 50
- 38% for large towns
- 41% for small towns
- 44% for rural communities

6% of residents in small towns and rural communities are over 80 years old

- **Opportunity—lifespan is impacted by education and income, access to screening and oral health, home ownership, transportation**



# Aging and the MN Health Framework

- **Nature**—Design of communities shapes interaction with nature impacting access to a healthy environment

Access to recreation and physical activity for aging adults  
Impact of income and access on healthy eating

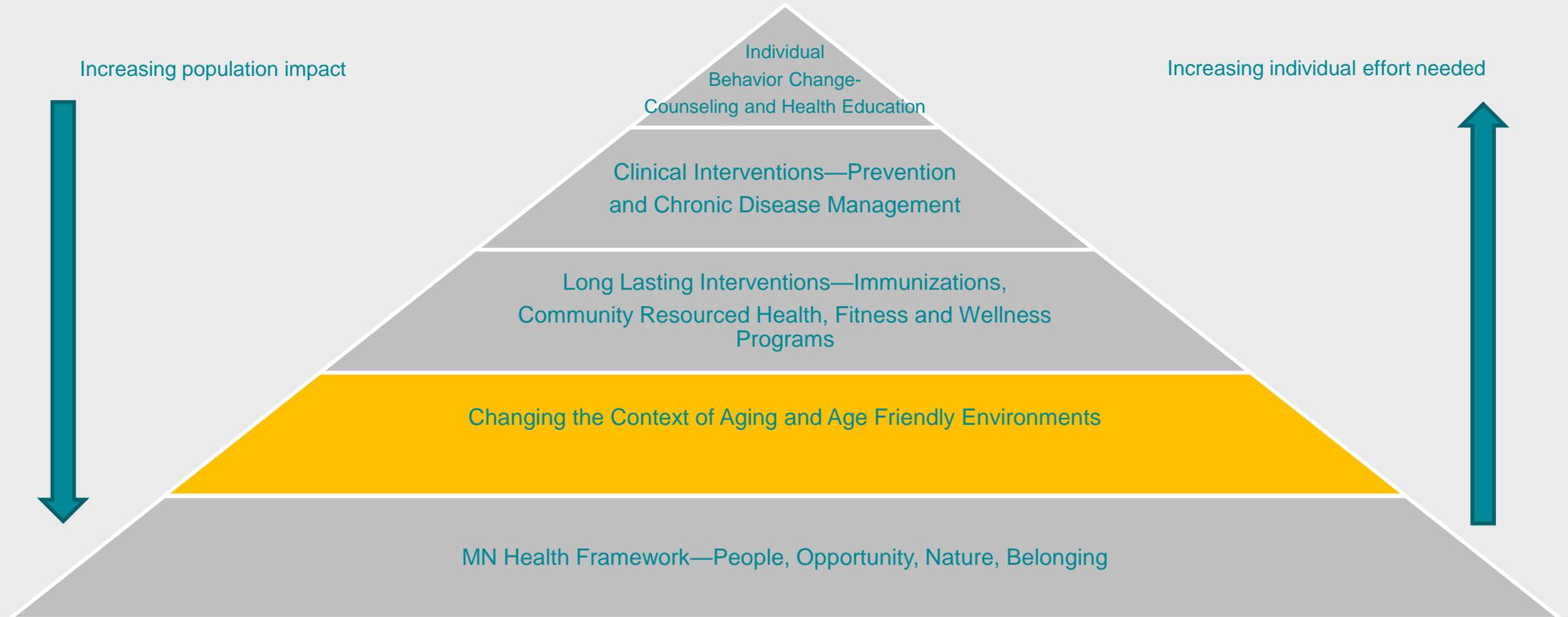
- **Belonging**—a population that “belongs” have their voices heard. Not belonging is the true source of health inequity.

A population that “belongs” enables connections that impact health outcomes  
People physically or socially isolated have a greater risk of abuse, loneliness, depression, and injury  
In 2010, 10% of older adults lived alone and expected to rise to over 13% by 2030



# Community Healthy Aging Pyramid

## Reframing of Aging and Age Friendly Environments



# Reframing the Context of Aging and Age Friendly Environments

*A frame is an organizing principle that influences public understanding of an issue*

- **How we think about aging and its impact on energizing the community of older adults in collective solutions**
- **Changing the perception of older adults from a tsunami of problems to older adults as contributors to society recognizing that aging involves *both* opportunities and challenges**
- **Creating age-integrated society with social and physical environments that facilitate greater activity, social interaction, and promote a sense of community belonging and well-being**



Changing the Context of Aging and Age Friendly Environments

# MN Older Adults More Older Adults than School Age Children

71% own their own homes

36% volunteered in the past year

78% report helping or being helped by a neighbor in the past year

27% of those 65-74 yrs participate in MN workforce

6% over 75 yrs participate in MN workforce



Changing the Context of Aging and Age Friendly  
Environments

# The Opportunity-- The Longevity Economy

“The Longevity Economy is redrawing economic lines, changing the face of the workforce, advancing technology and innovation, and busting perceptions of what is means to age.”

- **The 50+ plus cohort of Americans is the group with the largest spending power**

Staying employed for longer, earning wages, spending more money, generating tax revenue, and producing economic value for an extended period of time

A preference for aging in place

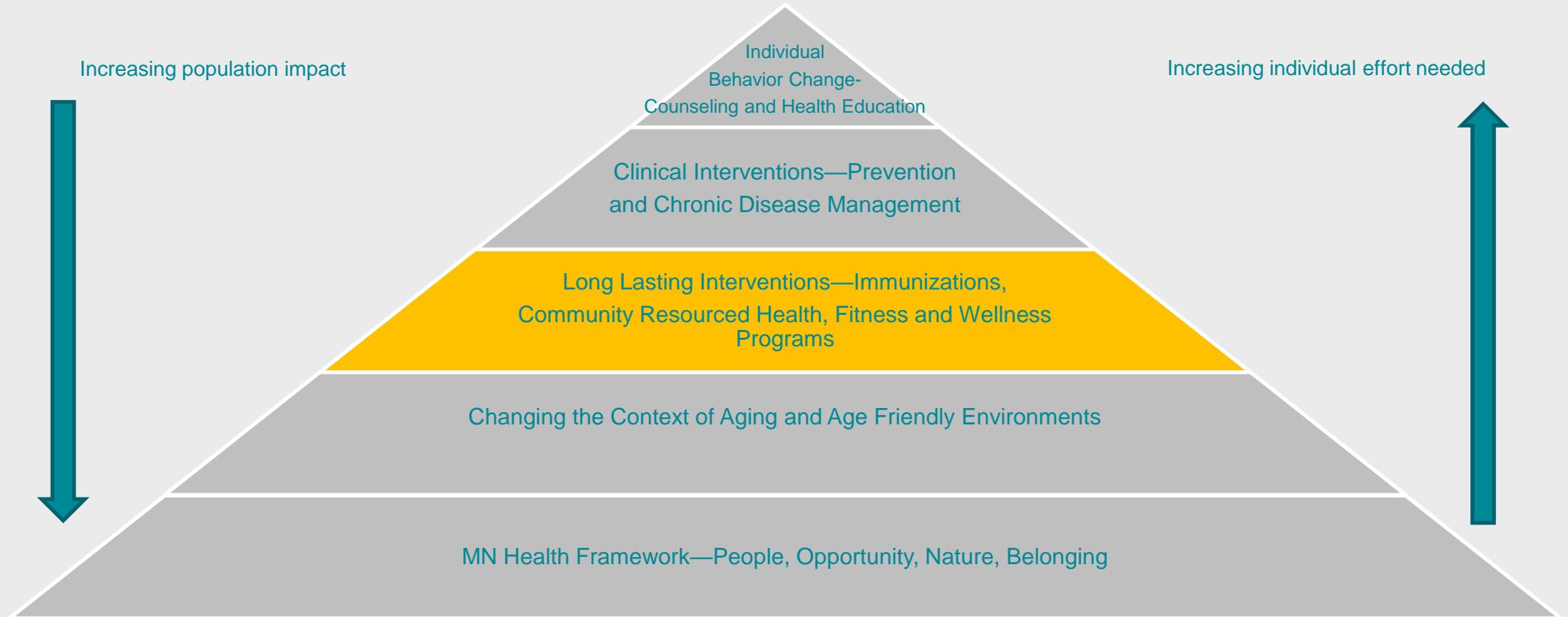
Account for the majority of volunteering, philanthropy, and donation activities

Size of the 50+ cohort will continue to grow and fuel value for several decades



# Community Healthy Aging Pyramid

## Long Lasting Interventions



# Long Lasting Interventions

- **Predictive interventions that do not require ongoing clinical care**
- **Necessitate reaching people as individuals**

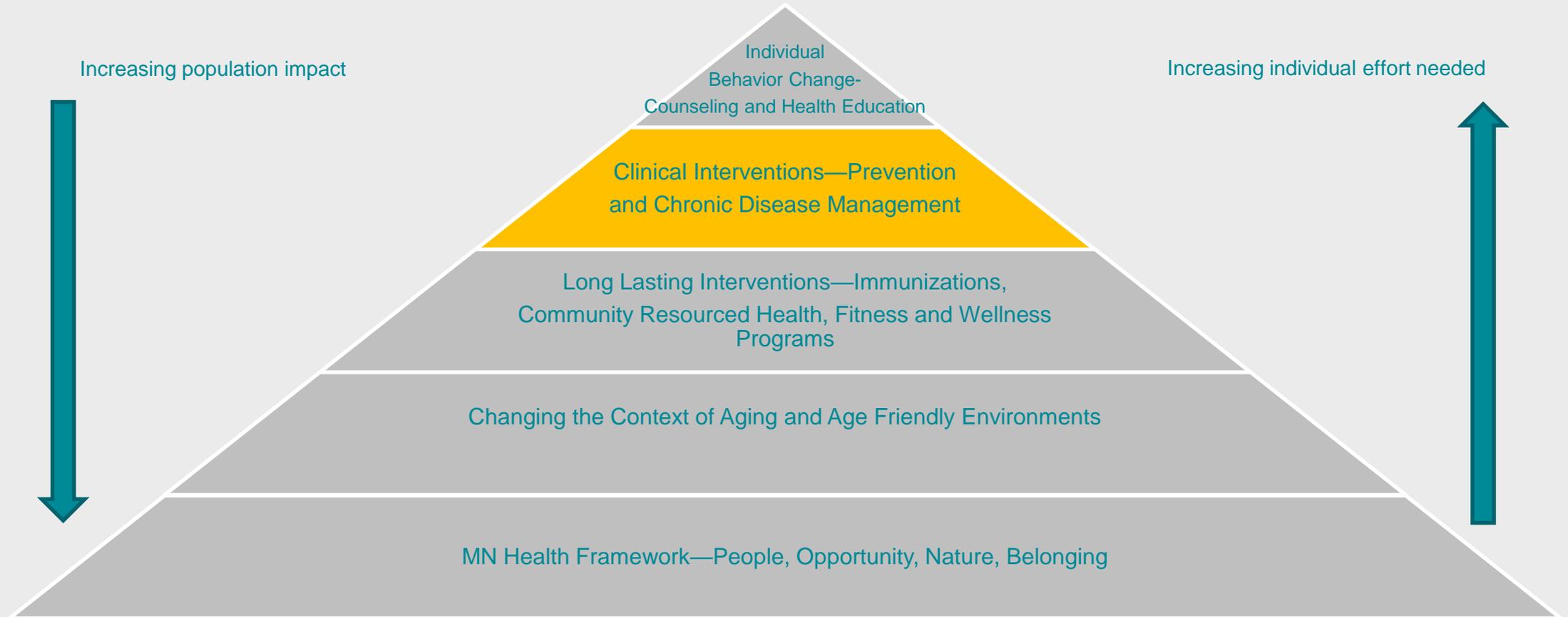
Immunizations—Influenza, Shingles, Pneumococcal  
Community resourced health, fitness and wellness programs

- Health prevention programs, e.g., tobacco cessation programs
- Community fitness and wellness programs



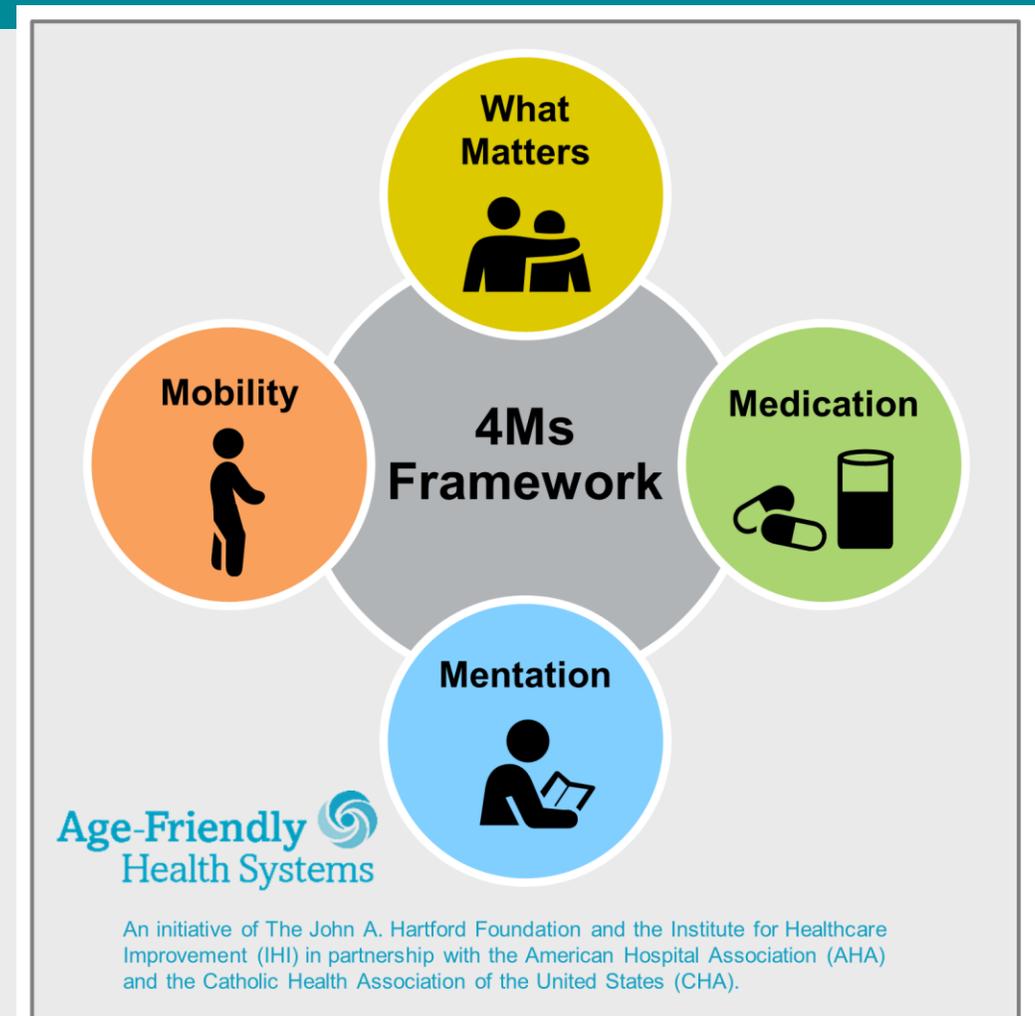
# Community Healthy Aging Pyramid

## Clinical Interventions



# Ensure Age Friendly Medical Care

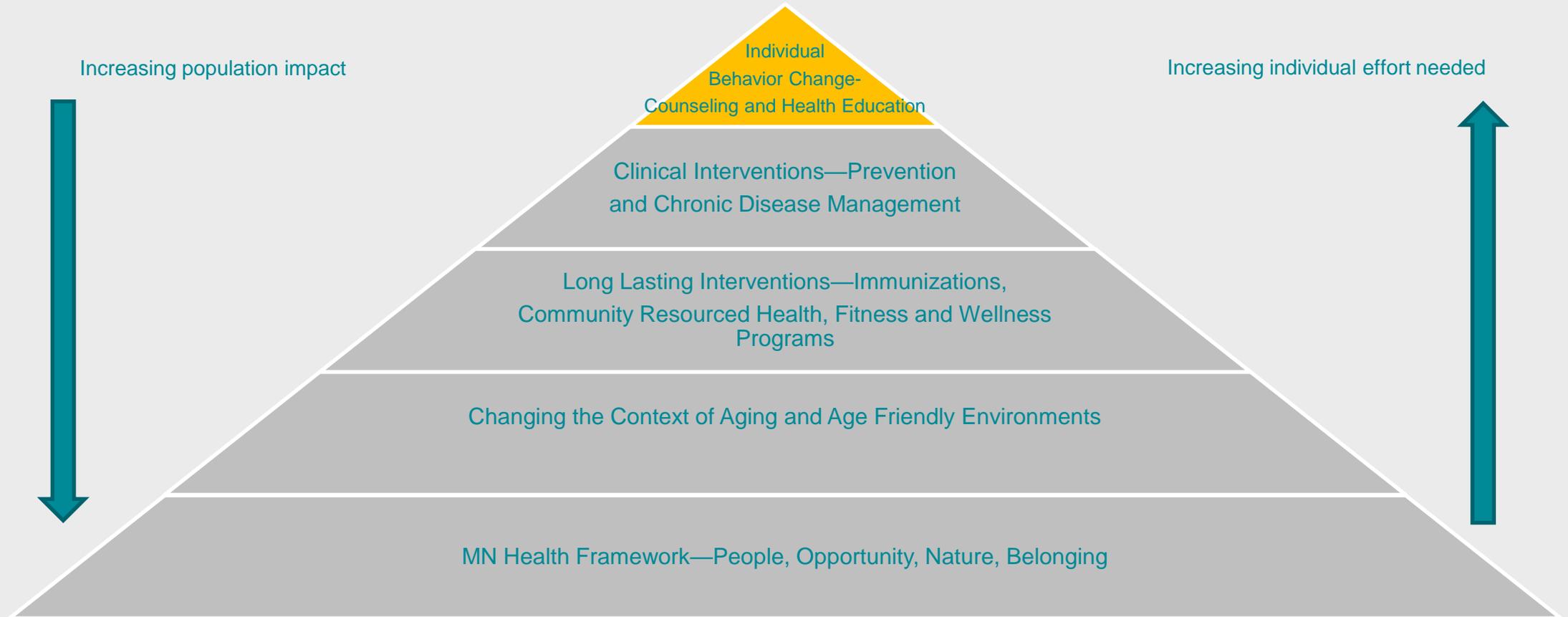
- **What Matters:** Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.
- **Medication:** If medication is necessary, use Age-Friendly medications that do not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.
- **Mentation:** Prevent, identify, treat, and manage dementia, depression, and delirium across care settings.
- **Mobility:** Ensure that older adults move safely every day in order to maintain function and do What Matters.



For related work, this graphic may be used in its entirety without requesting permission.  
Graphic files and guidance at [ihi.org/AgeFriendly](http://ihi.org/AgeFriendly)

# Community Healthy Aging Pyramid

## Counseling and Health Education



# Counseling and Health Education

- **A common choice when promoting healthy behaviors during primary, secondary, and tertiary interventions**
- **A common approach for promoting evidence-based programs by national and state agencies**
- **Healthy Aging Pyramid Approach: most effective when connected to contexts in which healthy choices are the default choice**
  - Connecting counselling and health education classes in a continuum with clinical interventions and community health and wellness programs (upper pyramid tiers)
  - Building the continuum on a base of People, Nature, Opportunity, Belonging in age friendly environments (bottom pyramid tiers)

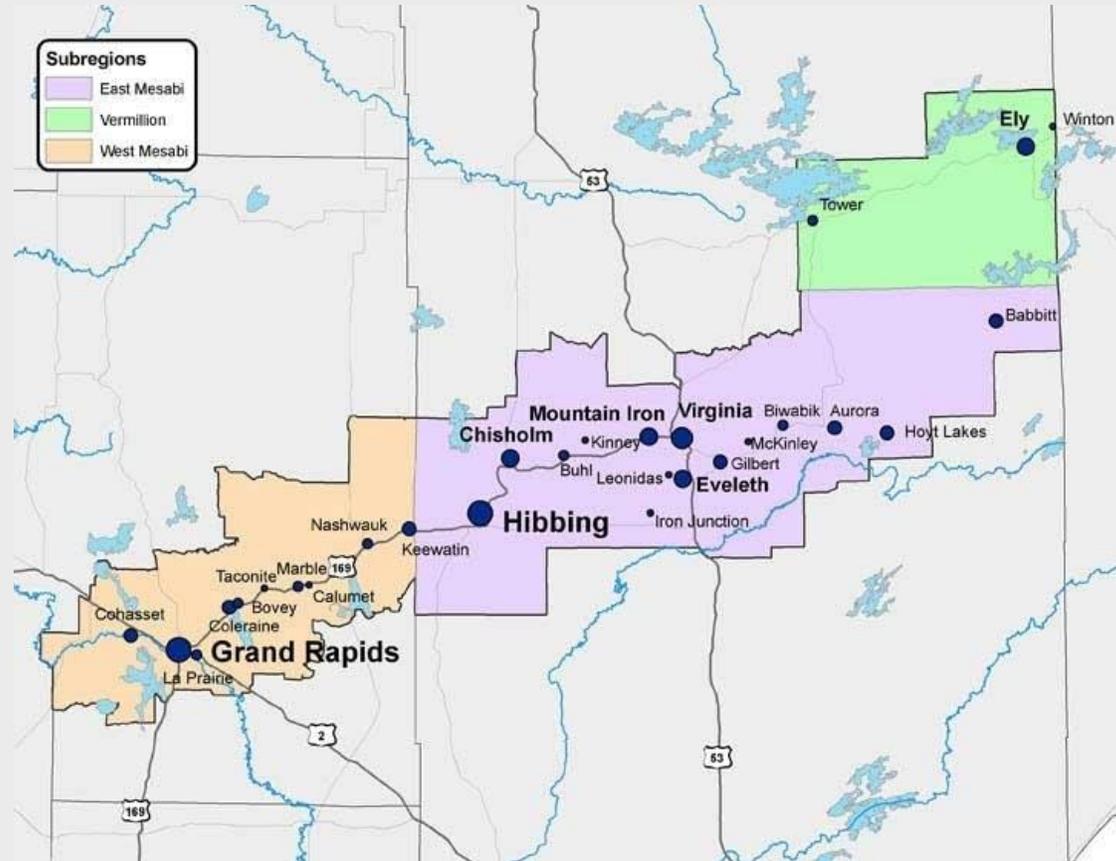
# Community Assessment

## Naturally Occurring Retirement Communities (NORC)

- **A community with a large proportion of older adults that may not be specifically designed to meet their needs**
- **The MN Department of Health is defining a NORC as a census tract where 40% of householder are 65 years or older**
- **A physical, social, political and economic model—a model that may resonate with community leaders and planners**

# Emerging Naturally Occurring Retirement Communities?

## The Minnesota Iron Range

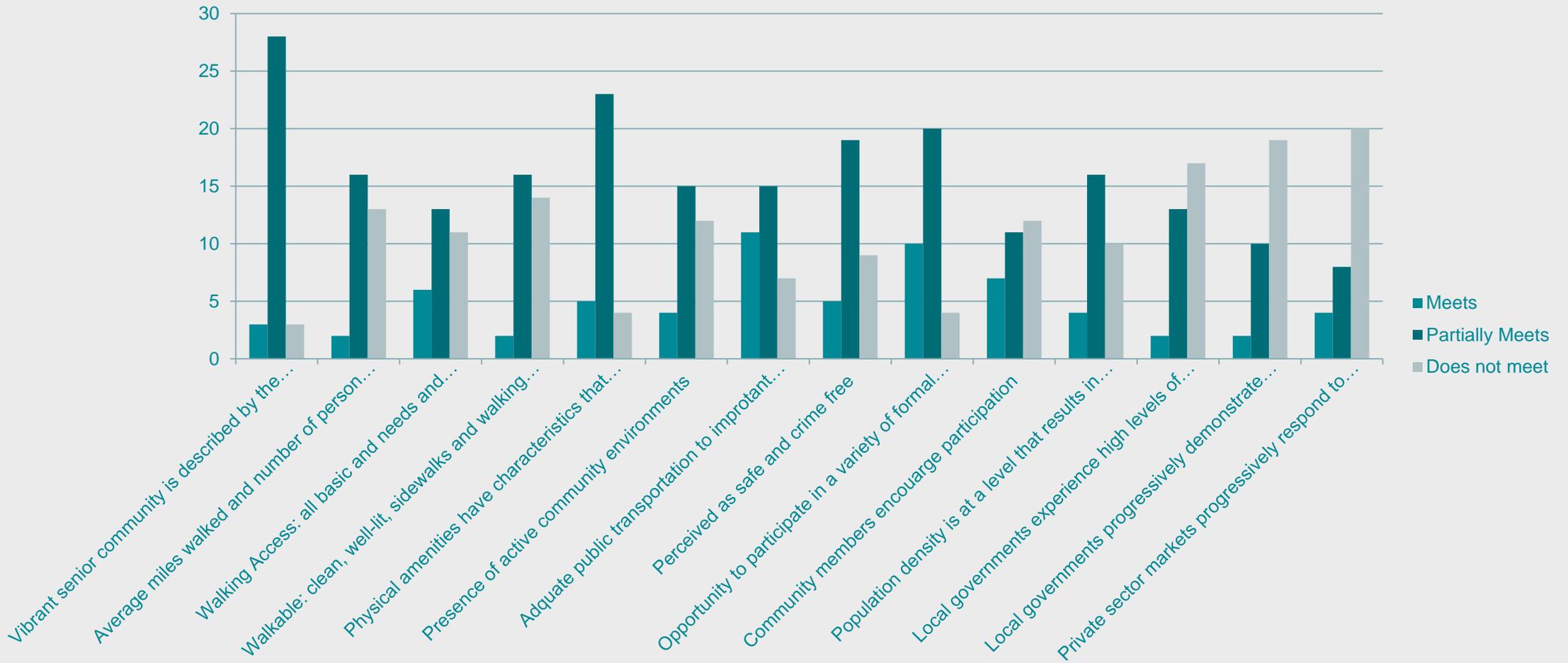


# Community Assessment

## Characteristics of Healthy Naturally Occurring Retirement

- Vibrant senior community is described by the large number of people as being physically and socially active (e.g., walking, biking, working, and socializing).
- Average miles walked and number of person contacts per day are higher.
- Walking access: all basic needs and amenities are within walking distance.
- Walkable: clean, well-lit sidewalks and walking paths that are accessible all year.
- Physical amenities have characteristics that facilitate their use (e.g., parks and paths have desirable destination points—“a reason to go”).
- Presence of active community environments.
- Adequate public transportation to important facilities or destination points.
- Perceived as safe and crime free.
- Opportunity to participate in a variety of formal and informal social and physical activities.
- Community members encourage participation (results in a “healthy worker” effect for retirees).
- Population density is at a level that results in regular unplanned social interaction as residents perform their activities of daily living.
- Local governments experience high levels of participation by seniors and see increased numbers of seniors in elected or appointed positions.
- Local governments progressively demonstrate senior-friendly policy decisions.
- Private sector markets progressively respond to the needs of seniors.

# Healthy NORC Assessment



# Healthy NORC Assessment

Majority of Responses	Characteristics of a Healthy NORC
Community Meets	<ul style="list-style-type: none"><li>• No characteristics rated as community meets by a majority of respondents</li></ul>
Community Partially Meets	<ul style="list-style-type: none"><li>• Vibrant older adult community—physically and socially active</li></ul>
Community Meets and/or Partially Meets	<ul style="list-style-type: none"><li>• Physical amenities have characteristics that facilitate their use</li><li>• Adequate public transportation</li><li>• Opportunity to participate in social and physical activities</li></ul>
Community Partially Meets and/or Does Not Meet	<ul style="list-style-type: none"><li>• Average miles/day walked and # person contacts/day are higher</li><li>• Walking access—basic needs are within walking distance</li><li>• Walkable: clean, well-lit sidewalks/walking paths accessible all year</li></ul>

# Healthy NORC Assessment

Majority of Responses	Characteristics of a Healthy NORC
Committee Partially Meets or Does Not Meet	<ul style="list-style-type: none"><li>• Presence of active community environments</li><li>• Perceived as safe and crime free</li><li>• Population density at a level that results in regular unplanned social interaction</li></ul>
Community Does Not Meet	<ul style="list-style-type: none"><li>• Community members encourage older adult participation</li><li>• Local governments experience high levels of participation by older adults; increased # of older adults in elected or appointed positions</li><li>• Local governments progressively demonstrate older adults friendly policies</li><li>• Private sector markets progressively respond to the needs of older adults</li></ul>

# Community Assessment

## How Can We Best Reach Our Community Older Adults?

Polling Question	Respondent Percentages
Have heard about Fairview Range Support Groups	40-50%
Have heard about Fairview sponsored health education programs/workshops	<10%
Have email address and use frequently	70%
Use Facebook	30%
Comfortable using health system “my chart”	10%
Do not subscribe to a daily local paper	30%
Preference to receive information via kiosk or bulletin board at high frequency locations	80-100%
Receive and use community Partners in Education booklet (Park and Rec/Community Education)	30-40%

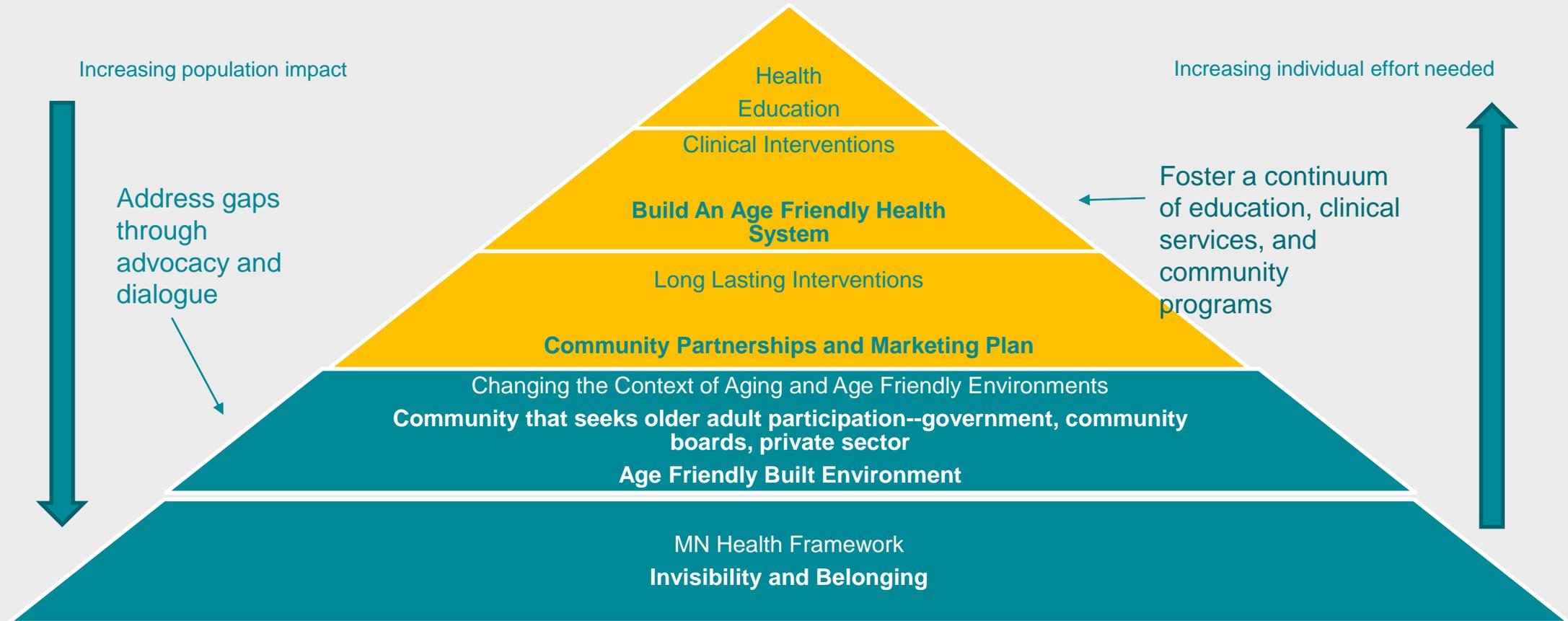
# Community Assessment Other Opportunities?

Polling Question	Respondent Percentages
Have heard about a Medicare Wellness Visit	50%
Have had a Medicare Wellness Visit	40%
Of those who have had a Medicare Wellness Visit, how many found useful	0%
Interest in community based pool program	40%

# Healthy Aging Work Plan

- **Seek commitment from Fairview Range leadership**
- **Address assessment gaps through advocacy and dialogue with community stakeholders**
- **Foster partnerships broadly across our service area**
- **Develop a marketing and communication plan that works**
- **Foster a continuum of health education, clinical services, and community programs**
  - Foster an age friendly Fairview Range health system
  - Maintain the Exercise with a Doc program
  - Align mobility disability rehabilitation with Medicare Wellness Visit, health education, and community fitness and wellness programs

# Healthy Aging Work Plan



# Work Plan

## Fairview Range Leadership Commitment

- **Review of Charter, Healthy Aging Pyramid, and 4Ms of an Age Friendly Health System Model**
- **Review of Assessments**
- **Review of Work Plan**

# Advocacy and Dialogue

- **Advocacy Conversations**

Local government leaders—Mayor, City Councilors  
Park and Recreation Community Boards  
Community Education Leaders  
Area Chambers of Commerce  
Iron Range Resources and Rehabilitation Board

- **Adjust membership on the Healthy Aging Committee to adequately represent community stakeholders**



# Foster a Continuum

## Health Education and Community Partnerships

- **Inventory Current Community Resources—Arrowhead Area on Aging, AEOA, Area YMCAs, Hibbing Tourist Center and Hibbing Senior Center, Elder Circle**
- **Identify current Fairview Range sponsored programs**
- **Strengthen relationships with other Fairview entities to partner for training and education of staff**



# Foster a Continuum

Build an Age-Friendly Health System

## Age-Friendly Health System And Medicare Wellness Visit



# Fairview and the 4Ms

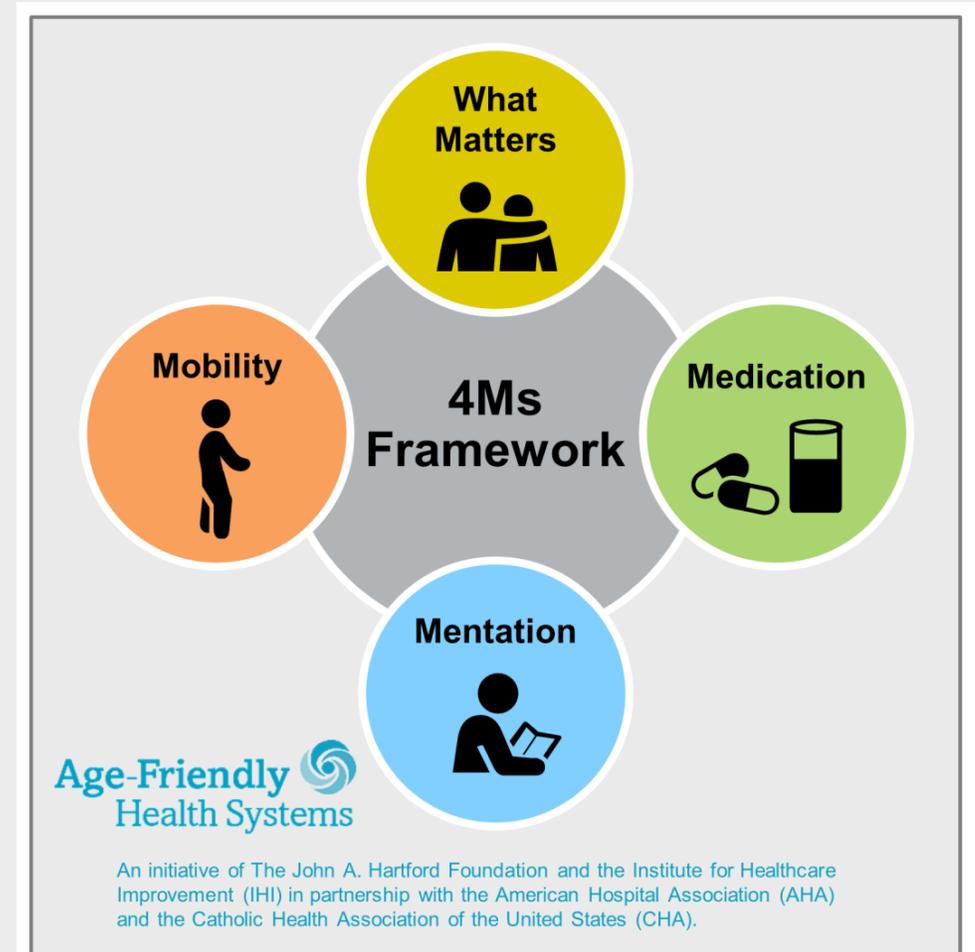
## Annual Medicare Wellness Visit

- **Intended Goals**

- Assess for any possible cognitive impairment
- Review potential risk factors for depression
- Review functional ability and level of safety
- Establish or update a written screening schedule
- Provide health advice and refer to health education or preventive counseling services

- **Current Status**

- Lack of provider buy in
- Less than 20% of eligible seniors in 2016
- Not useful to patients



For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at [ihi.org/AgeFriendly](http://ihi.org/AgeFriendly)

# Fairview and the 4Ms

## Annual Medicare Wellness Visit

- **Medication**

- Ensure accurate medication list
- Identify Polypharmacy
- Referral to MTM PharmD

- **Mentation**

- Mini Cog Assessment at every visit.
- Scripting for RNs who identify a positive screening.
- Referral to OT for Cog Evaluation (ie Allen Cognitive Test, Cognitive Performance Test).

- **What Matters**

- Assess understanding and presence of advanced care plan.
- Referral to Care Coordinator /PCP for discussion, completion

- **Mobility**

- Assess activity, fall risk
- Referrals to PT/OT for fall/balance/home safety evaluations
- Offer consultation in person or via phone with a Community Health Worker,
- Provide comprehensive list of community activities

# Fairview and the 4Ms

## Beyond the Annual Medicare Wellness Exam

- **Hospital**

- Feasibility of a Hospital Elder Life Program (HELP)
- Assessing Fall prevention and early mobilization in hospital patients

- **Emergency Room**

- Explore evidence based programs for implementation at our facility
- Utilization of PharmD for medication reconciliation

- **Skilled Nursing Facilities**

- Explore options in community and provider support to decrease unnecessary ED transfers.
- Ensure accurate SNF records

# Fostering a Continuum Exercise with a Doc



# Foster a Continuum

## Mobility Disability

- **Continual and expected during the aging process**
- **Maintaining mobility is key to “Dying young as late as possible”**
- **Opportunity to align mobility planning with the Medicare Wellness Visit– aligning personal goals and desired levels of activity**
- **A continuum of education and community programs with increasing activity levels**
- **Goal is to strive to meet Physical Activity Guidelines for Older Adults or be as physically active as possible:**



# Fostering a Pyramid Approach

What have Fairview Range and its Health Aging Committee done to foster a new approach?

## Three Step approach:

- **1: Identify Gaps**
- **2: Identify Current Resources**
- **3: Build Resources**

# Fostering a Pyramid Approach

## Identify Gaps Specific to Our Community

- **Lack of belonging**
- **Ageism at government and community level**
- **Lack of programming that targets the full spectrum of wellness**
- **Ineffective program promotion**

# Fostering a Pyramid Approach

## Identify Resources Available in our Community

- What is out there?
- How is it being promoted?
- What barriers and gaps have these existing programs encountered?

# Fostering a Pyramid Approach

## Build Resources

- **Use Medicare Wellness Visit**
- **Expand Relationships**
- **Effective Promotion**
- **Combat Ageism at Government and Private Sector Level**
- **Develop Programming with Healthy Aging Concepts**

# Healthy Aging Outcomes

- **% increase in older adults who engage in light, moderate, or vigorous leisure time physical activities**
- **% increase in older adults who use the annual Medicare Wellness Visit**
- **% increase in older adults who are up-to-date on a core set of clinical preventive services**
- **% increase in geriatric certifications for clinical staff**
- **% reduction in hospitalizations for Medicare population**
- **% reduction in older adults 30-day readmissions**
- **% reduction in older adult emergency visits related to falls**

# Conclusions

- **Healthy Aging is dependent on multiple factors that require a multidisciplinary and community wide approach**
- **We can utilize a public health impact pyramid model to help identify and promote programs that support individual and community health**
- **Community assessments like those to identify healthy NORCs can assist us in setting goals and priorities**
- **Older adults should be participants, advisors and stakeholders in decisions and policy making**

# Conclusions

- **Frameworks are currently in use to promote Age-Friendly Health Systems and can be integrated into the current organization of care**
- **We can foster a continuum of care through better identification and promotion of programs that current exist**
- **We can advocate for further programming to support healthy aging by reframing how our communities view older adults**
- **There is a need for ongoing dialogue intended to reshape the mental model of aging and move us to age friendly communities and health systems**

# What Have You Learned?

- **What is working well in your communities?**
- **How are older adults involved in your discussions and decision-making processes?**
- **How can we work together for developing and promoting healthy aging strategies that improve older adult outcomes in Minnesota?**
- **What is your interest in a learning collaborative focused on healthy aging strategies in rural communities?**

# References and Resources

1. AARP Real Possibilities, Oxford Economics (2016). *The Longevity Economy: How People Over 50 Are Driving Economic and Social Value in the US*, Oxford, England. <https://www.aarp.org/content/dam/aarp/home-and-family/personal-technology/2016/09/2016-Longevity-Economy-AARP.pdf>
2. Frieden, T.R., (2010). A Framework for public Health Action: The Health Impact Pyramid, *American Journal of Public Health*, Vol 100/No.4, 590-595.
3. Friedman, S.M., Mulhausen, P., Cleveland, M., Coll, P.P., Daniel, K.M., Hayward, A.D., Shah, Kr., Skudlarska, B., White, H.K. (2018). White Paper on Healthy Aging, *American Geriatrics Society*. 1-20.
4. Gill, T.M., Guralnik, J.M., Pahor, M., Church, T., Fielding R.A., et.al. (2016). Effect of Structured Physical Activity on Overall Burden and Transitions Between States of Major Mobility Disability in Older Persons. *Annals of Internal Medicine*, 10.7326/M16-0529, 1-16.
5. Hildebrand, M, Neufeld, P. (2009). Recruiting older adults into a physical activity promotion program: Active living every day offered in a Naturally Occurring Retirement Community. *The Gerontologist*, 49(5), 702-710. [https://pdfs.semanticscholar.org/e8c8/05f65fa0a52873ef2cb46ab32cd99f3007ac.pdf?\\_ga=2.154723704.174519868.1557328443-649409769.1557328443](https://pdfs.semanticscholar.org/e8c8/05f65fa0a52873ef2cb46ab32cd99f3007ac.pdf?_ga=2.154723704.174519868.1557328443-649409769.1557328443)
6. Masotti, P.J., Fick R., Johnson-Masotti, A., MacLeod, S. (2006). Healthy Naturally Occurring Retirement Communities: A Low Cost Approach to Facilitating Healthy Aging. *American Journal of Public Health*, 96(7), 1164-1170. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1483864/>
7. Minnesota Department of Health, Center for Public Health Practice. (2017). *2017 Minnesota Statewide Health Assessment*, St. Paul, MN. <https://www.health.state.mn.us/communities/practice/healthymnpartnership/docs/2017MNStatewideHealthAssessment.pdf>
8. Minnesota Department of Health, Office of Rural Health and Primary Care (2018). *Older Adult Fitness: Access and Participation in Rural MN*, St. Paul, MN. <https://www.health.state.mn.us/facilities/ruralhealth/rhac/docs/2018wellness.pdf>
9. Sweetland, J., Volmert, A., O'Neil, M. (2017). *Finding the Frame: An Empirical Approach to Reframing Aging and Ageism*. Washington, DC: Frameworks Institute. [http://frameworksinstitute.org/assets/files/aging\\_elder\\_abuse/aging\\_research\\_report\\_final\\_2017.pdf](http://frameworksinstitute.org/assets/files/aging_elder_abuse/aging_research_report_final_2017.pdf)
10. University of Wisconsin, Population Health Institute. *What Works? Strategies to Improve Rural Health*. July 2016. [file:///C:/Users/Ann/Downloads/CHRR\\_WhatWorks\\_RuralReport.pdf](file:///C:/Users/Ann/Downloads/CHRR_WhatWorks_RuralReport.pdf)
11. U.S. Department of Health and Human Services. *Physical Activity Guidelines for Americans, 2<sup>nd</sup> edition*. Washington, DC:US Department of Health and Human Services; 2018. [https://health.gov/paguidelines/second-edition/pdf/Physical\\_Activity\\_Guidelines\\_2nd\\_edition.pdf](https://health.gov/paguidelines/second-edition/pdf/Physical_Activity_Guidelines_2nd_edition.pdf)