Thank you for joining today’s webinar!

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Welcome

• All participants are on mute. If you have a question, please type it in the chat box anytime or press *7 to unmute your line during the Q&A session.

• Following the webinar, we will send you a link so you can access the PowerPoint presentations and webinar recording.
Agenda

• Sharon Moffatt, RN, BSN, MSN
  • Senior Advisor, Public Health Leadership and Transformation, Association of State and Territorial Health Officials (ASTHO)

• Kirsten Aird, MPH
  • Chronic Disease Programs Manager, Health Promotion and Chronic Disease Prevention Section, Oregon Public Health Division

• Tracy W. Wohl and Rachel Wexler
  • Director, Office of Alzheimer's/Dementia Initiatives at New Mexico Aging and Long Term Services Department
  • Health Promotion Coordinator, New Mexico Department of Health

• Q&A discussion
Sharon Moffatt, RN, BSN, MSN

- Sharon Moffatt currently serves as the Sr. Advisor for Public Health Leadership and Transformation. In 2016 she was appointed as Interim Executive Director for the Association of State and Territorial Health Officials in December of 2015. She has worked at ASTHO for the past 8 years as the Chief of Health Promotion and Disease Prevention. She has oversight of a broad range of national public health programs including public health and primary care integration, chronic disease prevention, injury and violence prevention, health information exchange, maternal child health, infectious disease and health equity. Her work includes leadership roles as Chair of the National Forum Board for Heart Disease and Stroke; Liaison to Community Preventative Services Guide and Past Chair of Vermont’s Cathedral Square Corporation providing housing for the elderly and disabled. Sharon served for two years as Commissioner of Health for Vermont Department of Health and four years as Senior Deputy Health Commissioner. As Health Commissioner, Sharon led the state public-private executive committee in the strategic development and implementation of Vermont’s health reform.
About ASTHO

ASTHO is the national nonprofit organization representing the state and territorial public health agencies of the United States, the U.S. territories and freely associated states, and the District of Columbia. ASTHO’s members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and assuring excellence in public health practice.

**Vision**

Healthy people thriving in a nation free of preventable illness and injury.

**Mission**

To transform public health within states and territories to help members dramatically improve health and wellness.
Caregivers

• 87 percent of adults age 65+ want to stay in their current home and community as they age or “age in place” (AARP)
  • 4.6 years is the average length of time for caregiving in home settings, and in the case of persons living with dementia may range from 4-20 years (AA)

• About 34.2 million Americans have provided unpaid care to an adult age 50 or older in the last 12 months (AARP& National Alliance for Caregiving, 2015).
Caregivers continued..

- About 15.7 million adult family caregivers care for someone who has Alzheimer's disease or other dementia (AA, 2015).

- The value of services provided by informal caregivers has steadily increased over the last decade, with an estimated economic value of $470 billion in 2013 (AARP).
Opportunities for Public Health Contribution

• Convening a cross-section of stakeholders
• Elevating caregiving as an issue to state and national leadership
• Championing evidence-based interventions
• Providing data to establish metrics to identify areas of need and assess progress
• Integrating caregiving into existing and/or emerging public health plans
Caregivers Learning Community

• Provide technical assistance for four states: Mississippi, New Mexico, Ohio, and Oregon.
• Learning Community Goal: Exchange ideas, learning from one another and other national experts around policies and initiatives to support caregivers of older adults.
Caregivers LC Continued..

• Learning community teams are convened through virtual platforms
  • Updates on successes
  • Challenges
  • TA Needs from ASTHO and other partners

• Opportunity to listen in on presentations from experts/researchers about evidence-based practices supporting caregivers

• These states serve as models for ASTHO and our members. Their work is highlighted through various dissemination routes.
All States: Convening and Enhancing Cross-Sector Partnerships

- Academia
- Home Care Commission
- Dept. of Medicaid
- Local Public Health Districts
- Federally Qualified Health Centers
- Office of Disability and Health
- Area Agencies on Aging
- Alzheimer's Association Chapters
- AARP Chapters
- And many more...
Key Successes in Demonstration States

- Increased cross-sector partnerships and facilitated discussions to promote/implement programs supporting caregivers
- Increased data collection through BRFSS
- Improved referral systems for connecting caregivers to services such as respite care, adult day care, and educational programs.
- Passing of legislation, such as the CARE Act in New Mexico, to support family caregivers when their loved ones go into hospitals and as they transition home.
- Expansion of TA and training to teams working at the community level
Kirsten Aird, MPH

• Kirsten Aird is the Chronic Disease Programs Manager for the Health Promotion and Chronic Disease Prevention Section in the Oregon Public Health Division. During her sixteen years in public health she has fostered public-private partnerships to promote and support policy, system and environmental strategies to address chronic disease prevention, early detection, and self-management. Kirsten graduated from Emory University’s-Rollin’s School of Public Health with a Masters Degree in Public Health Policy and Management.
Creating age-friendly communities: A public health perspective on caregiving

Association of State and Territorial Health Officials
Caregiving Learning Collaborative- May 16, 2017

Kirsten Aird, MPH
Chronic Disease Programs Manager
Health Promotion and Chronic Disease Prevention Section
Public health roles

• Bring together stakeholders
• Provide population data and help establish metrics to assess progress toward goals
• Champion population interventions that move toward common goals
• Integrate healthy aging and caregiver health into existing and emerging public health plans
Factors that Affect Health

- Counseling & Education
- Clinical Interventions
- Long-lasting Protective Interventions
- Changing the Context to make individuals’ default decisions healthy
- Socioeconomic Factors

Examples
- Condoms, eat healthy, be physically active
- Rx for high blood pressure, high cholesterol
- Immunizations, brief intervention, cessation treatment, colonoscopy
- Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax
- Poverty, education, housing

Source: Dr. Tomas R. Frieden, Director, U.S. Centers for Disease Control & Prevention, 2010
Recent accomplishments

• Engaged a broad cross section of public health and aging partners to identify common goals
  – Used cognitive health/caregiver data to inform priorities
  – Developed training plan for public health professionals
  – Created a draft list of healthy aging indicators

• Reviewed 1st draft of state level data for the Healthy Aging Index
  - Overall health
  - Physical health
  - Preventive services
  - Psychosocial
  - Stress
  - Cognition
  - Social determinants of health
  - Caregiver health
  - End of life
Growing an Oregon healthy aging and caregiver partnership

- Civic Leaders: Oregon’s Congressional Delegation and Senators
- Centers for Disease Control
- Administration on Community Living
- Oregon Health and Sciences University
- Portland State University, Institute on Aging
- Oregon State University-Center for Healthy Aging Research
- Area Agencies on Aging
- Aging and Disability Resource Centers
- Local Public Health Departments
- IRCO, Asian Family Center
- Department of Human Services-State Unit on Aging
- Governor’s Commission on Senior Services
- Oregon Health Policy Board/Public Health Advisory Board
- AARP
- Alzheimer’s Association
- Civic Leaders: state executive leadership, state legislators, city/county officials
- Home care Commission
- Coordinated Care Organizations-Long Term Care Innovator Agents
- EHRs adapted for STEADI
- Community Health Workers
What caregiver data tell us (BRFSS 2012-2013)

- 16% of Oregon adults are caregivers
- 1 in 3 are have low SES
- 60% have been caregivers for 2 years or more
- Average age of the caregiver is 52
- Health disparities exist among caregivers, for chronic diseases, risk factors, and stress
Public health goals

- Elevate caregiver health into civic discussions about healthy communities and healthy aging
- Promote multi-generational approaches to caregiver support
- Promote policies that support worksite wellness, which include caregiver support resources
- Bring together stakeholders to develop a plan promoting the health of caregivers
  - Develop a collective vision of what we need to be doing as a state to serve the aging population
  - Identify the public health role moving the work forward
Strategies to integrate caregiver health into public health initiatives

General public awareness

• Communication and outreach to develop public and provider awareness on caregiver health and resources for support

Data collection

• Improve data collection on family caregivers and their needs
• Improve data collection on Oregon’s home care workforce and Community Health Workers

Worksite wellness

• Encourage employers to develop strategies to assist their employees who are family caregivers

Legislation

• Leverage funding to support federal and state-funded resources that support older adults and caregivers
ASTHO support requested

• Communication and outreach strategies to help health system providers and caregivers understand what caregiver support services means or could mean

• Identify data sources to supplement BRFSS data systems
  – *What data does public health have that we can share?*
  – *What is missing*
  – *What do we need to explore?*

• Identify opportunities to promote national and state systems for Paid Family and Medical Leave, which address multiple generational and family needs
Recommendations to other states

• Incorporate media and communication about healthy aging and caregiver support into public health plans
• Explore worksite wellness opportunities (e.g., NY DOH) to include caregiver and family leave options
• Establish state legislation to support health system and community services and to improve caregiver health
Tracy Wohl, BS, MS

- Tracy Wohl has worked at New Mexico Aging and Long-Term Services Department (ALTSD) since 2006 in the role of providing contract procurement and management, training, technical assistance and monitoring with regard to aging network home and community-based services, including services for caregivers. In this role, Ms. Wohl also served as the project manager for the Department’s federal Alzheimer’s Disease Supportive Services Programs. Since 2014, she serves as the Director of the ALTSD Office of Alzheimer’s and Dementia Care and is charged with the implementation of the NM State Plan for Alzheimer’s Disease and Related Dementias and components of the NM State Plan for Family Caregivers. She also continues her role in contract procurement and management. Ms. Wohl has data analysis, quality assurance and compliance monitoring experience. Other state government experience included working in the areas of developmental disabilities, maternal/child health and early intervention programs, where her major focus was to develop and advance coordinated systems of funding and care for persons with disabilities and special health care needs.
Rachel Wexler

- Rachel Wexler has worked for the New Mexico Department of Health, Public Health Division Health Promotion Program since 2014. Rachel and the Health Promotion Team in Northeastern NM cover a territory of about 30,000 square miles, with a population of 294,000. Rachel supports Counties and Health Councils in prioritizing and addressing their most pressing health issues, including issues such as adult fall prevention, diabetes and obesity rates, and access to care. Prior to working for the State of New Mexico, Rachel worked in recreation administration and event production.
New Mexico

- ASHTO Caregivers Learning Community.
- Convened in 2016.
- New Mexico, Oregon, Mississippi and Ohio.
- New Mexico participated in the Healthy Aging Learning Community.
- Learning community provides support and educational opportunities for New Mexico as it moves forward with caregiving initiatives.
New Mexico

- In New Mexico – estimated 277,000 family caregivers at any one time and 419,000 annually¹.
- In New Mexico – estimated 106,000 dementia caregivers².


New Mexico

- Types of caregiver data and reports
  - NM State Plan for Alzheimer’s Disease and Related Dementias, 2013. (update underway)
  - NM Adult Day Care Study, 2014.
  - 2016 AARP NM Caregiving Survey: Caregiver Profile, Respite Care, Workplace.
  - Utilization Data from Older American’s Act funded and state funded service providers.
  - BRFSS 2017 Caregiving module.
  - DOH Health Status of Older Adults in NM and Alzheimer’s disease and Dementia in NM data.
  - National data from AARP and Alzheimer’s Association.
Strategies/activities being implemented for caregivers

- Evidence-based health promotion services; Chronic Disease Self-Management, Diabetes Self-Management and National Diabetes Prevention Program.
- Evidence-based dementia caregiver support services; Savvy Caregiver Program.
- Linking through referral dementia caregiver support and health promotion services; provide respite care support in order for dementia caregivers to attend health promotion services.
- Strengthening information, referral and education for caregivers; ADRC.
- Kinship caregiver task force.
- Kinship caregiver services.
- Advance-care planning and legal services.
- The Lay Caregiver Aftercare Training Act.
- Brain Health Toolkits and other public awareness activities.
- AARP “Careversations”.
New Mexico

DOH/ALTSD Coordination

- Public presentations at conferences and workshops.
- Inclusion of caregiver data and information in state planning documents.
- State Caregiving/Dementia Leadership Team includes representation from DOH, HSD, ALTSD, AAAs, and other stakeholders. Meet quarterly. Currently examining respite care services in NM.
- ALTSD meets with DOH Health Promotion teams to provide caregiving information and referral sources.
- ALTSD aging network local providers coordinate with DOH local health promotion activities.
- Discussions with DOH Community Health Workers office to include dementia caregiving information in CHW trainings.
- Data collection and analysis.
- ADRC resource and benefit information.
New Mexico

- Injury Surveillance and Prevention
  - Alcohol Epidemiology & Translation
  - Opioid Safety
  - Older Adult Falls Prevention
  - Transportation
  - Suicide Prevention
  - Domestic Violence Prevention

- Pneumococcal Vaccine

- Flu Vaccine
New Mexico

**Lessons Learned**

- Support of high level state agency officials.
- Demonstrate the dimensions of caregiving as a public health issue.
- Develop a culturally competent state caregiving plan.
- Facilitation of state leadership team of multi-agency officials and stakeholders to provide guidance and advocacy in the implementation of the goals and strategies of the plan.
- Engage leadership team members in activities that promote implementation of the plan.
- Document outcomes and update plan as needed.
- Publicize and recognize successes.
- Develop working partnership with agencies/staff that have missions/programs that provide caregiver support.
- Develop and implement training for key staff and keep resource information up to date.
- Discover and utilize strengths of involved agencies (such as DOH data) to avoid duplicating efforts.
New Mexico

- Tracy Wohl, Office of Alzheimer’s and Dementia Initiatives
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- Rachel Wexler, Health Promotion Coordinator, NM Dept. of Health
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Closing

• Questions? Comments?
  • Type in chat box or press *7 to unmute your line

• Please complete the survey evaluation following today’s webinar.

• If you have any questions or recommendations, please contact:
  • Sharon Moffatt (smoffatt@astho.org)
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Thank you for attending!