

DECEMBER 15, 2014 • 10 AM - 4:30 PM

The Governor's  
Healthy Aging  
Summit

# Living Longer Better

**S P O N S O R E D B Y**

*The University of Oklahoma College of Medicine,  
Donald W. Reynolds Department of Geriatric Medicine*

*The University of Oklahoma's Oklahoma Healthy Aging Initiative*

*The Oklahoma State Department of Health*

*Oklahoma Department of Human Services Aging Services*



*Donald W. Reynolds Department of  
Geriatric Medicine*



The Reed Conference Center  
5800 Will Rogers Road • Midwest City, OK

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## The Challenge:

Collaborating on effective strategies for older Oklahomans to live and age well.

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## Acknowledgements

The Healthy Aging Living Longer Collaborative would like to thank everyone involved in planning and conducting The Governor's Healthy Aging Summit held on December 15, 2014 at The Reed Conference Center, Midwest City, Oklahoma. Our special thanks to Governor Mary Fallin and Terry Cline, PhD, Commissioner of Health and Cabinet Secretary of Health and Human Services, for their participation and support of the first healthy aging summit in Oklahoma. We also want to thank keynote speaker, Roger Landry, MD, MPH, President, Masterpiece Living and Author of *Live Long, Die Short: A Guide to Authentic Health and Successful Aging* who inspired and challenged us with his message on how to live a healthier lifestyle.



Other contributing speakers and panelists include:

- Laurence Z. Rubenstein, MD, MPH, Professor and Chairman, Donald W. Reynolds Department of Geriatric Medicine, University of Oklahoma College of Medicine
- Betty Wharton, MS, CEN, APRN-CNS, Director of Healthy Aging, Choctaw National Health System
- Tina Burdett, Caregiver
- Representative Jeannie McDaniel, District 78, Oklahoma House of Representatives
- Stan Hupfeld, Former President & CEO, INTEGRIS Health, and author of *Political Malpractice: How the Politicians Made a Mess of Health Reforms*
- Andrew Dentino, MD, Professor and Vice Chair, Donald W. Reynolds Department of Geriatric Medicine, University of Oklahoma College of Medicine, Director, Geriatric Medicine Fellowship Program, and Co-Director, Oklahoma Healthy Aging Initiative
- Craig Davis, Associate State Director for Communications, AARP Oklahoma
- Dewey Sherbon, Chairman, Oklahoma Long Term Care Facility Advisory Board
- Lance Robertson, Director, Oklahoma Department of Human Services Aging Services
- The Honorable Ken Smith, Mayor, Yukon, Oklahoma
- The Reverend Ray Douglas, Senior Pastor, Greater Mount Olive Baptist Church, Oklahoma City

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- Monica Woodall, DO, Family Practice Physician, Sturch Family Clinic, Medical Center of Southeastern Oklahoma, Durant, Oklahoma
  - Jennifer Thurman, Executive Director, Rebuilding Together OKC
  - Debbie Miller, Director of Wellness and Activity, Spanish Cove Retirement Village, Yukon, Oklahoma
  - Diana Sturdevant, MS, GCNS-BC, APRN, Director of Nursing, Mitchell Manor Nursing Home, McAlester, and University of Oklahoma College of Nursing
  - Susan Purcell, Quality Director, TMF Health Innovation Network
  - John Leon, RN, MPH, Nursing Home Quality Improvement Specialist, Oklahoma Foundation for Medical Quality
  - Julie Myers, MPH, CPHQ, Education Manager, Oklahoma Foundation for Medical Quality
  - Joanne Alderman, MS-N, APRN-CNS, RN-BC, FNGNA, Geriatric Collaborative Care Services
  - Jennifer Wynn, Program Manager, Focus on Excellence, Oklahoma Health Care Authority
  - Tony Sellars, Director, Office of Communications, Oklahoma State Department of Health

Participating organizations:

- A to Z Inspections
  - Achievis Senior Living
  - Alzheimer's Association, Inc.
  - Anadarko Indian Health Clinic
  - Area Wide Aging Agency
  - Ashbrook Village
  - Aspire
  - Baptist Village Retirement Communities
  - Bethany First Church of the Nazarene
  - Canadian County Health Department
  - Cherokee Nation Comprehensive Care Agency
  - Cherokee Elder Care
  - Concordia Senior Living Center
  - Covenant Place
  - Creek County Health Department
  - Daily Living Centers
  - DeBruler, Inc.
  - Deo Manna Doe Incorp
  - Department of Human Services, Aging Services Division
  - EOC Tech Adult Day Care
  - FMQAI
  - Golden Age Nursing Home
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- Harrah Senior Center
  - Health and Exercise Science
  - Home Care and Hospice Association
  - Indian Nations Council of Governments (INGOC) Area Agency on Aging
  - INTEGRIS Third Age Life Center
  - Leading Age Oklahoma
  - LIFE Senior Services
  - Lincoln County Health Department
  - Logan County Health Department
  - MaddieLuke, Ltd. Co.
  - Mercy Health Center
  - MICAH
  - Muscogee (Creek) Nation Department of Health
  - Nina Willingham Senior Housing
  - Oklahoma Department of Veteran's Administration
  - Oklahoma Foundation for Medical Quality
  - Oklahoma Healthy Aging Initiative
  - Oklahoma State Department of Health (Multiple Service Areas)
  - OKDHS/AFS/Adult Protective Services
  - OKDHS/Aging Services Division/ Ombudsman
  - Oklahoma Association for Problem & Compulsive Gambling
  - Oklahoma Association for Health Care Providers
  - Oklahoma City-County Health Department
  - Oklahoma City Housing Authority
  - Oklahoma County Senior Nutrition
  - Oklahoma Geriatric Education Center
  - Oklahoma Health Center
  - Oklahoma State University
  - OU Health Sciences Center
  - OUHSC – College of Pharmacy
  - OUHSC – College of Nursing
  - Phoenix Health Care
  - Pivotal Health Care
  - Pottawatomie County Health Department
  - Prevent Clinic
  - Rebuilding Together
  - Rivermont Retirement Community
  - RSVP of Central Oklahoma
  - Rural Health Network of Oklahoma
  - SAC Nutrition
  - SCOA
  - Shepherd Mall Department of Mental Health
  - SODA
  - South Eastern Oklahoma Medical
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- Spanish Cove Retirement Village
  - Senior Living OKC.com
  - St. John Medical Center
  - State Council on Aging
  - State of Oklahoma
  - Tealridge Retirement Community
  - Texas Medical Foundation
  - University of Central Oklahoma
  - Variety Care

Three hundred six individuals registered for the summit. A number of older adults and families and friends of older adults were also in attendance.

Sponsors for the Event:

- Aging Services Division, Oklahoma Department of Human Services
- Donald W. Reynolds Department of Geriatric Medicine, The University of Oklahoma, College of Medicine
- Oklahoma Healthy Aging Initiative (OHAI)
- Oklahoma State Department of Health

Event Photographer:

Caroline Miller  
Oklahoma Department of Human Services

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# Executive Summary and Agenda

This report provides an overview of the presentations made as well as the participant feedback from the 2014 Governor’s Healthy Aging Summit. The report also includes recommendations for future actions aimed at improving the health of Oklahomans as they age.

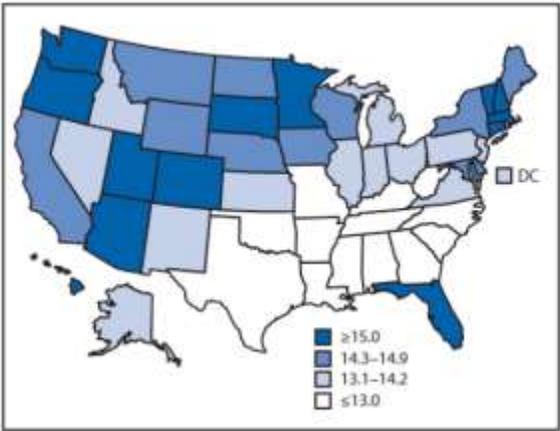
The goal of the summit was to reach agreement on statewide goals for significant improvements in health outcomes for older adults from 2015 through 2018. More than 300 individuals representing health care organizations, health care associations, tribal organizations, colleges, universities, nursing homes, and private citizens registered for the conference.

Governor Mary Fallin opened the meeting highlighting how improving the health of Oklahomans would help each of us as individuals, help our family life, help our workforce as well as the state budget.

It was mentioned that Oklahoma already has several methods in place to recognize institutions that promote health through the Certified Healthy Oklahoma Program. This program recognizes communities, businesses, and schools that promote wellness,

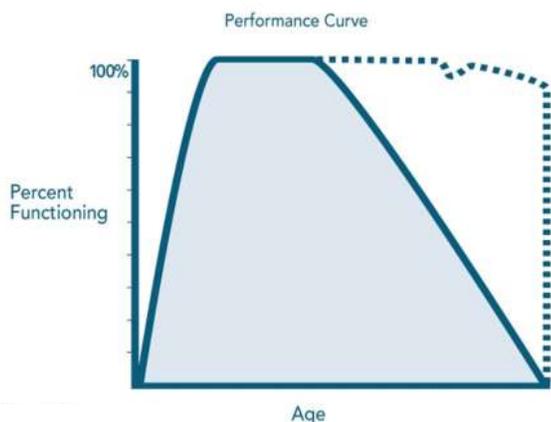
encourage the adoption of healthy behaviors and create safe, supportive environments. The Governor mentioned falls, exercise, nutrition, and smoking cessation as areas of concern.

Some of the statistics shared at the meeting indicated that approximately 14% of the population is currently 65 years or older and that number is projected to increase to 25% of the population in the next five years. It was also communicated that Oklahomans live an average of two years less than citizens of other states.



Keynote speaker Roger Landry, MD, MPH, President of Masterpiece Living and author of the book *Live Long, Die Short*, discussed the concept of the compression of morbidity. He described this as minimizing the length of time a person suffers from illnesses

or health conditions and maximizing the number of years a person lives without disease or illness. The graph shown below illustrates this concept.



Dr. Landry suggested that when issues or concerns are identified, the following steps should be taken:

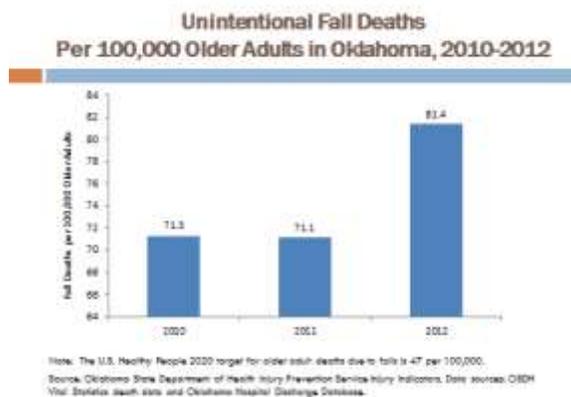
1. Go upstream to find the cause of the issue.
2. Apply a concentration of force to find the cause of issues and potential solution(s).
3. To live a healthier lifestyle, people should:
  - a. Move more as a lifestyle.
  - b. Have a strong social network.
  - c. Seek out a purpose, a reason to get out of bed in the morning.
  - d. Work with others for the higher purpose.

Dr. Landry stated that since Oklahomans, like most of the country, have a problem with sitting too much

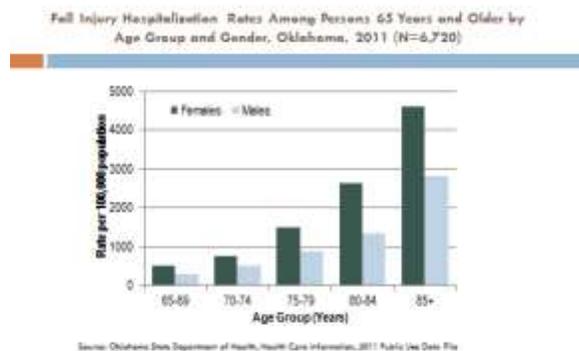
and taking elevators and escalators instead of stairs, we should concentrate on increased mobility. To achieve improvement in this area he suggested we find ways to get up and move throughout the day. Moving more would not only lead to a decrease in falls, it would also improve balance, chronic diseases, GI tract motility and even mood.

Other "Pearls of Wisdom" shared by Dr. Landry came from The Art of War which says to know your enemy. Dr. Landry also drew on the Kaizen Way which recommends taking small steps to change your life.

Speaker Lawrence Rubenstein, MD, MPH from the University of Oklahoma, College of Medicine, Don Reynolds Department of Geriatric Medicine told the audience that "It's NOT OK to fall." He shared that falls are the fifth leading cause of death in the United States and that nearly 5% of hospitalizations for patients over the age of 65 years are related to a fall.



Dr. Rubenstein shared the results of several studies that looked at fall prevention. These studies indicate the best way to prevent falls is to conduct assessments to determine the precipitating factors for a fall and try to eliminate those factors, to have individuals exercise more which would increase balance and strength, promote the proper use of assisted devices such as canes or walkers, implement nursing interventions such as prompted toileting, as well as make environmental modifications to address safety concerns such as inadequate lighting or a lack of hand rails.



Betty Wharton, Director of Healthy Aging for the Choctaw Nation Healthy Aging Program shared steps her organization has taken to promote healthy aging for their citizens. First the Choctaw Nation set a goal to keep tribal elders at optimal health and independence. They increased access to healthcare services and wellness programs which included a mix of exercise, nutrition, crisis management and transportation programs.

Tina Burdett inspired the audience with her story of care giving for her mother. She described the experience as a journey of “severe grace” where the blessings, as well as the trials and tribulations, were many.

Representative Jeannie McDaniel, District 78, Oklahoma House of Representatives moderated the summit topic on Implementing and Aligning Policy and Securing Resources for Healthy Aging, Living Longer Better.

Stan Hupfeld, Former President and CEO, INTEGRIS Health, and author of *Political Malpractice: How the Politicians Made a Mess of Health Reform*, spoke on promoting the value of older adults and advocating for policies that support older adults and healthy aging.

Andrew Dentino, MD, Professor and Vice Chair, Donald W. Reynolds Department of Geriatric Medicine, University of Oklahoma College of Medicine, Director, Geriatric Medicine Fellowship Program, and Co-Director, Oklahoma Healthy Aging Initiative, along with Craig Davis, Associate State Director for Communication, AARP Oklahoma, and Dewey Sherbon, Chairman, Oklahoma Long Term Care Facility Advisory Board participated in a panel discussion on healthy aging policy and resources. Lance Robertson, Director, Oklahoma Department of Human Services, Aging Services Division moderated the summit topic on Fostering Age-Friendly

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Communities and Supporting Family and Friends.

The Honorable Ken Smith, Mayor of Yukon, Oklahoma spoke on The Experience of Yukon, Oklahoma, in Fostering an Age Friendly Community.

The next panel discussion was on Age-Friendly Communities and Support for Family. Speakers included Reverend Ray Douglas, Senior Pastor, Greater Mount Olive Baptist Church, Oklahoma City, Monica Woodall, DO, Family Practice Physician, Sturch Family Clinic, Medical Center of Southeastern Oklahoma, Durant, Jennifer Thurman, Executive Director, Rebuilding Together OKC, and Debbie Miller, Director of Wellness and Activity, Spanish Cove Retirement Village Yukon, Oklahoma.

Diana Sturdevant, MS, GCNS-BC, APRN, Director of Nursing, Mitchell Manor Nursing Home, McAlester, and University of Oklahoma College of Nursing moderated the summit topic on Expanding and Strengthening Workforce, Programs, Services and Systems to Support Healthy Aging: The Case of Long Term Care.

Susan Purcell, Quality Director, TMF Health Innovation Network, provided an update on the New Quality Improvement Network and Quality Improvement Organization Project.

John Leon, RN, MPH, Nursing Home Quality Improvement Specialist, Oklahoma Foundation for Medical Quality, Julie Myers, MPH, CPHQ, Education Manager, Oklahoma Foundation for Medical Quality, Joanne Alderman, MS-N, APRN-CNS, RN-BC, FNGNA, Geriatric Collaborative Care Services, and Jennifer Wynn, Program Manager, Focus on Excellence, Oklahoma Health Care Authority participated in a panel discussion on Long Term Care.

For the final session of the day, Andrew Dentino, MD and Monica Woodall, DO moderated a session designed to guide the participants through a series of questions to gather data, perspectives and input from the participants at the Summit. The responses gathered during this part of the program will be used to drive improvement actions in 2015-2019.

Throughout the day, participants provided information on ways to create healthy aging policies, foster age-friendly communities and expand and strengthen the workforce, programs, services and systems to support healthy aging. Panelists recommended we engage caregivers and elders in the process, include churches and other faith based organizations in the plan to distribute information, and incorporate education on making healthy food choices and the importance of exercise in the healthy aging materials.

# Agenda

## Living Longer The Governor's Healthy Aging Summit Better

### AGENDA

MONDAY, DECEMBER 15, 2014

- 9:00 – 10:00 Registration
- 10:00 – 10:10 Welcome and Introductions  
Tony Selles, Director, Office of Communications,  
Oklahoma State Department of Health  
Tary Cline, PhD, Commissioner of Health and Cabinet Secretary  
of Health and Human Services
- 10:10 – 10:30 Healthy Aging: Living Longer Better in Oklahoma  
Governor Mary Fallin
- 10:30 – 11:15 Live Long, Die Short  
Roger Lantry, MD, MPH, Resident, *Misadventure Living*, and  
Author of *Live Long, Die Short: A Guide to Authentic Health  
and Successful Aging*
- 11:15 – 11:30 It's Not "OK" to Fall  
Laurence Z. Rubenstein, MD, MPH, Professor and Chairman,  
Donald W. Reynolds Department of Geriatric Medicine,  
University of Oklahoma College of Medicine
- 11:30 – 11:45 Crookston Nation Healthy Aging  
Betty Whitson, MS, CEN, APRN-BC, Director of Healthy Aging,  
Crookston Nation Health System
- 11:45 – 12:30 Lunch (Provided)
- 12:30 – 12:35 Caregiver Respite  
The Bunker
- Summit Topic: Implementing and Aligning Policy and Securing  
Resources for Healthy Aging: Living Longer Better
- 12:35 – 12:40 Moderator: Representative, Jeannie McDaniel,  
District 78, Oklahoma House of Representatives

- Summit Topic: Expanding and Strengthening Workforce, Programs,  
Services and Systems to Support Healthy Aging:  
The Case of Long Term Care
- 2:30 – 2:35 Moderator: Diane Stuberlet, MS, CDEBC, APRN, Director of  
Nursing, Mitchell Manor Nursing, McAlester, and University of  
Oklahoma College of Nursing
- 2:35 – 2:50 Nursing Home Quality Improvement Update: New Quality  
Improvement Network and Quality Improvement Organization Project  
Susan Ruzell, Quality Director, TIF Health Innovation Network
- 2:50 – 3:20 Panel Discussion on Long Term Care  
John Leon, RN, MPH, Nursing Home Quality Improvement Specialist,  
Oklahoma Foundation for Medical Quality  
Julie Hayes, MPH, CHQ, Education Manager,  
Oklahoma Foundation for Medical Quality  
Jeannie Alderman, MSN, APRN-BC, RN-BC, RN-VA,  
Geriatric Collaborative Care Services  
Jennife Wynn, Program Manager, Focus on Excellence,  
Oklahoma Health Care Authority
- 3:20 – 3:30 Break
- Summit Topic: Participant Input on Strategies, Priorities, and Actions to  
promote Healthy Aging: Living Longer Better
- 3:30 – 4:20 Moderators: Andrew Dentino, MD, and Monica Woodall, MD  
The Moderators will guide the participants through a series of  
questions to gather data, perspectives and input from the  
participants at the Summit. The responses will be used to drive  
improvement actions in 2015/2016.
- Closing
- 4:20 – 4:30 Tony Selles, Director, Office of Communications,  
Oklahoma State Department of Health

- 12:40 – 12:55 Promoting the Value of Older Adults and Advocating for Policies  
that Support Older Adults and Healthy Aging  
Stan Hubert, Former Resident 5, CEO, INTERSE-Health,  
and author of *Political Misperceptions: How the Politicians Made a  
Mess of Health Reform*
- 12:55 – 1:20 Panel Discussion on Healthy Aging Policy and Resources  
Andrew Dentino, MD, Professor and Vice Chair, Donald W Reynolds  
Department of Geriatric Medicine, University of Oklahoma College of  
Medicine, Director, Geriatric Medicine Fellowship Program, and  
Co-Director, Oklahoma Healthy Aging Initiative  
Craig Deits, Associate State Director for Communications,  
ARP Oklahoma  
Devey Sheston, Chairman, Oklahoma Long Term Care Policy  
Advisory Board
- 1:20 – 1:30 Break
- Summit Topic: Fostering Age-Friendly Communities and Supporting  
Family and Friends
- 1:30 – 1:35 Moderator: Lance Robertson, Director, Oklahoma Department  
of Human Services Aging Services
- 1:35 – 1:50 The Experience of Yalon, Oklahoma, in Fostering an Age-Friendly  
Community  
The Honorable Ken Smith, Mayor
- 1:50 – 2:20 Panel Discussion on Age-Friendly Communities and Support  
for Family and Friends  
The Rev. Ray Douglas, Senior Pastor,  
Greater Mount Olive Baptist Church, Oklahoma City  
Monica Woodall, MD, Family Practice Physician, Sunch Family Clinic,  
Medical Center of Southeastern Oklahoma, Durant  
Jennife Thurman, Executive Director, Rebuilding Together OK  
Debbie Miller, Director of Wellness and ADLs, Spanish Cove  
Retirement Village, Yalon, Oklahoma
- 2:20 – 2:30 Break

DECEMBER 15, 2014 • 10 AM – 4:30 PM

## Living Longer The Governor's Healthy Aging Summit Better

SPONSORED BY

The University of Oklahoma College of Medicine  
Donald W. Reynolds Department of Geriatric Medicine  
The University of Oklahoma's Oklahoma Healthy Aging Initiative  
The Oklahoma State Department of Health  
Oklahoma Department of Human Services Aging Services



Donald W. Reynolds Department of  
Geriatric Medicine



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## Characteristics of Attendees

A diversity of stakeholders from across the State attended the summit. Participants attending represented more than eighty organizations ranging from legislators and government officials to community organizations, nursing homes, quality improvement organizations, and many others.

During the meeting attendees were encouraged to utilize an audience feedback system to respond to general questions. Polling results indicated that 48% of the audience was 55 years or older, nearly 70% were female, 60% live in an urban setting, 15% were representing older adults, and 97% agreed that Oklahoma should make falls reduction a priority. A document containing the polling questions and results can be found under the section titled "Priority Issues" in this report.

The following questions and comments were presented by the audience at the conclusion of the meeting:

- How do we educate the population on the issues identified today and locate necessary resources?
- We need to address mental health and behavioral health issues.
- We need better access to care for our older population.
- There is a gap in oral health care for the geriatric population.
- Provide role models for respect.
- Use our older citizens as a public resource. Value our people and

look to them for historical knowledge.

- How do we coordinate activities and share results between agencies/groups.
- Senior citizens are our natural resource—we must honor our past.
- Seniors have a right to be involved in their care. Make them part of the process and show them respect.
- Educate health care providers on geriatrics.
- Reaching people in rural environments is much harder than in urban settings.
- Enhance gerontological content in educational offerings.
- It is important for caregivers to listen to the older population.
- Goal for 2015: Achieve a 15% reduction in falls with major injury.

The audience was encouraged to provide feedback on the summit by completing an evaluation. Following are comments extracted from the evaluations.

The best part of the training was:

- The knowledge, experience, and diversity of the various speakers, their stories and journeys.
- The ability to meet others in the field who have the same concerns and are working on the same issues; networking.

- 
- Sharing best approaches, collaborating with others to share aging needs/solutions.
  - Finding out about other programs in the community to assist senior citizens.
  - Seeing interested professionals come together to share their expertise and ideas; knowing they care about seniors in Oklahoma.
  - The fact that the Summit occurred.

- enforcement and crime data against older adults; sexual and reproductive health; depression and other mental issues; Medicaid cuts; lack of geriatric physicians in Oklahoma.
- Very helpful day. I hope to come again next year. I have been inspired!

#### Suggestions to improve the training:

- More time to ask questions and to interact with the speakers.
- Handouts, slides, or pamphlets from speakers.
- More time given to the subjects; some speakers were rushed.
- More focus on solutions, action plans, how to get started, next steps, etc.
- Too much information packed into one day.
- Provide a listing of conference participants to facilitate networking opportunities.

#### Comments made by audience:

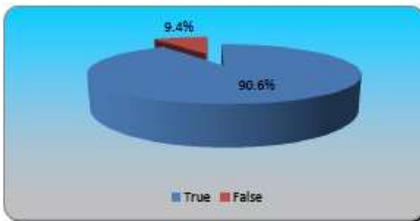
- It is inspiring to a new Oklahoma resident to see bipartisan efforts being made to make a difference in the lives of our seniors and their families.
- A very well put together conference. Hope you continue this every year.
- Additional topics to consider—poverty in older adults; law

## Priority Issues

Most conference attendees agreed that falls are the major contributor to harm and loss of independence for older adults and should be a priority to improve the health of senior citizens in Oklahoma. The following statements and responses are taken from the audience poll during the summit.

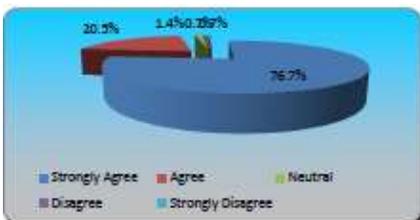
Statement #12 - Falls are the single largest cause of lost independence and injury deaths in older adults in the United States.

True	126	90.6%
False	13	9.3%
Totals	139	100%



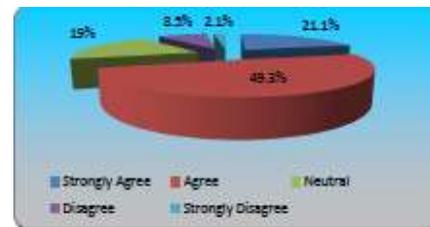
Statement #13 – Reducing falls should be a priority for improvement in the health of Oklahoma’s older adults.

Strongly Agree	112	76.70%
Agree	30	20.55%
Neutral	2	1.33%
Disagree	1	0.68%
Strongly Disagree	1	0.68%
Totals	146	100%



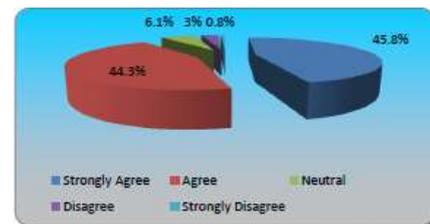
Statement #14 – We have strengths in Oklahoma that we can exert to reduce falls among older adults.

Strongly Agree	30	21.13%
Agree	70	49.30%
Neutral	27	19.01%
Disagree	12	8.45%
Strongly Disagree	3	2.11%
Totals	142	100%



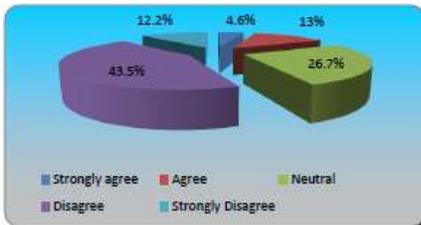
Statement #15 – We have challenges (weaknesses) in Oklahoma that we must resolve to reduce falls.

Strongly Agree	60	45.80%
Agree	58	44.27%
Neutral	8	6.11%
Disagree	4	3.05%
Strongly Disagree	1	0.76%
Totals	131	100%



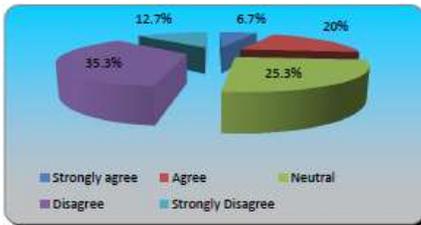
Statement #8 Overall Oklahoma does a good job of reaching older adults to help them live longer better, (priority ranking)

Strongly Agree	6	4.58%
Agree	17	12.98%
Neutral	35	26.72%
Disagree	57	43.51%
<u>Strongly Disagree</u>	<u>16</u>	<u>12.21%</u>
Totals	131	100%



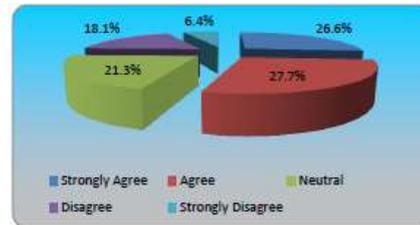
Statement #9 My community does a good job of reaching older adults to help them live longer, better. (multiple choice)

Strongly Agree	10	6.67%
Agree	30	20.00%
Neutral	38	25.33%
Disagree	53	35.33%
<u>Strongly Disagree</u>	<u>19</u>	<u>12.67%</u>
Totals	150	100%



Statement #10 My organization does a good job of reaching older adults to help them live longer better. (multiple choice)

Strongly Agree	25	26.60%
Agree	26	27.66%
Neutral	20	21.28%
Disagree	17	18.09%
<u>Strongly Disagree</u>	<u>6</u>	<u>6.38%</u>
Totals	94	100%



Of the two hundred ninety-five attendees, one hundred eleven completed conference evaluations. Several additional areas of concern were mentioned in the evaluation comments as emerging priorities. The following topics were suggested for future Healthy Aging Summits:

1. Poverty in elder adults, Medicaid cuts and lack of geriatricians in Oklahoma who accept Medicaid
2. This needs to be a true collaborative...where are the hospitals, home health and hospices? Or is this just a NH initiative?
3. Present training to young and middle aged adults to increase prevention efforts and decrease incidence of chronic disease and mobility issues.
4. Address mental health challenges
5. Invite minority communities
6. Include crime statistics and law enforcement
7. Sexual and reproductive health

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## Post-Summit Call to Action

The Oklahoma Healthy Aging Initiative (OHAI), Oklahoma State Department of Health (OSDH), and the Oklahoma Department of Health and Human Services (ODHS) worked together with members of the Long-Term Care Facilities Advisory Board (LTCFAB) to prioritize goals for Oklahoma's healthy aging summit/initiative/project/program. Attendees and presenters at the Governor's Healthy Aging Summit mentioned multiple areas of concern for older adults such as: decreased mobility, increased risk for falls, improper nutritional intake, increased risk of depression, potential for violence and crimes against the elderly.

### **Reduce Falls in Older Adults in the Community and Residents in Nursing Homes**

Each year one out of three adults aged 65 or older will experience a fall, but less than half will tell their health care professional. According to the Centers for Disease Control and Prevention (CDC), falls are the leading cause of both fatal and nonfatal injuries among older adults. Falls and the resulting injuries limit mobility, contribute to social isolation and cause premature death. In 2013, 2.5 million nonfatal falls among older adults were treated in emergency departments and more than 734,000 of these patients were hospitalized.

Even if they are not injured, many individuals who experience a fall develop a fear of falling. This fear may cause them to limit their activities, which leads to reduced mobility and loss of physical fitness, and in turn increases their actual risk of falling.

Reduced physical functioning also causes other physiological and mental changes that can lead to a downward spiral in a person's overall health condition that is difficult to reverse. Unintentional falls resulted in death for 81.4 per 100,000 Oklahoma adults in 2012 compared to 71.1 per 100,000 in 2011. The US Healthy People target for older adult deaths due to falls is 47 per 100,000.

According to [the United Health Foundation, America's Health Rankings Senior Report 2014](#), Oklahoma is ranked at number 47 in the nation for falls in adults aged 65 and over. Hip fractures are even higher at 9.2 per 1,000 Medicare beneficiaries, putting Oklahoma's ranking at number 50. Unintentional falls resulted in death for 81.4 per

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100,000 Oklahoma adults in 2012 compared to 71.1 per 100,000 in 2011. The US Healthy People target for older adult deaths due to falls is 47 per 100,000.

Baseline data for falls with major injury in residents who are living in nursing facilities shows that Oklahoma is at 5.3% compared to the national average of 3.2%.

Prevalence of falls in Oklahoma nursing facility residents is 51.7% compared to the national average of 44.3%.

*CALL TO ACTION:*

- Educate older adults, caregivers, and/or healthcare providers around strategies for preventing falls, including medication review and management, vision exams, home safety assessments, and home modifications.
- Identify falls data (where the fall is occurring and why the fall is occurring) in order to target efforts; conduct a root cause analysis and implement interventions.
- Promote policies and/or evidence-based practices to prevent falls.
- Encourage older adults to increase their mobility by taking walks, swimming, gardening, or doing yoga.

## **Increase Mobility in Older Adults in the Community and Residents in Nursing Homes**

Regular exercise is one of the most important things we can do throughout our life to remain healthy. Physical activity can prevent many of the health problems that may occur as we age. Without regular physical activity, the risk of developing cardiovascular disease, diabetes, hypertension, obesity, and premature death is increased. Other benefits that result from physical activity include improved balance and coordination, an increase in bone density and a reduction in falls. Physical activity has also been shown to decrease depression and assist in the management of chronic disease.

According to the [United Health Foundation, America's Health Rankings Senior Report 2014](#), Oklahoma is ranked at number 49 in the nation for physical inactivity in adults

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aged 65 and over. One-hundred eighty-nine thousand or 36.7 percent of seniors in Oklahoma are physically inactive.

*CALL TO ACTION:*

- Educate older adults, caregivers, and/or healthcare providers around the importance of safely maintaining physical activity and mobility.
- Promote evidence-based physical activity programs that help older adults maintain physical activity and mobility.
- Encourage the development of social networks to increase physical activity by creating a buddy system with groups of individuals to increase participation through positive peer pressure and accountability.
- Improve access in the community to places for physical activity, such as sidewalks, walking trails, and exercise facilities/parks.
- Promote policies and practices that support physical activity for older adults, such as improved street lighting, adequate time for crossing the street, and increased safety of public areas such as parks, walking trails, etc.

## **Improve Nutrition and Promote Healthy Eating in Older Adults**

Under-nutrition can contribute to a variety of serious diseases and preventable deaths in the United States. Under-nutrition is connected to difficulties with activities of daily living, poor wound healing, confusion, increased risk for falls, longer hospitalizations and increased post-operative complications. Insufficient calories and nutrients can weaken the immune system putting the older adult at risk of acute illness and death. In addition, the underweight older adult is generally frail which contributes to decreased capacity for rehabilitation.

Obesity is highly associated with heart disease, diabetes, stroke, and certain cancers. Older adults are especially vulnerable to this issue due to poor diet and a reduction in physical activity, both of which are major contributors to obesity.

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According to the United Health Foundation, America's Health Rankings Senior Report 2014, Oklahoma is ranked at number 39 in the nation for underweight adults and number 28 in the nation for obesity in adults aged 65 and over. The national average of seniors who are underweight is 1.6% compared to Oklahoma at 1.8% while the national average for obesity in older adults is 25.8% compared to 26.8% in Oklahoma.

Another problem that affects the nutritional status of seniors is food insecurity. Older adults are at an increased risk of hunger due to lack of income, lack of transportation, functional limitations, and other health related issues. Many times the older adult is forced to make a choice between food and other necessities such as medications, therapy, or other medical care, heat in the winter, or a place to call home. According to the United Health Foundation, America's Health Rankings Senior Report 2014, Oklahoma is ranked at number 27 in the nation for food insecurity in adults aged 65 and over. Food insecurity in Oklahoma is 14.2% compared to the national average of 14.3%.

*CALL TO ACTION:*

- Provide educational materials for older adults that explain the benefits of healthy eating such as improved energy, mood and overall health.
- Educate older adults, caregivers, and/or healthcare providers around strategies to promote healthy eating and proper hydration for older adults.

## **Reduce Depression and Increase Quality of Life in Older Adults in the Community and Residents in Nursing Homes**

Depression is not a natural part of aging. However, many older adults suffer with mental distress for a variety of reasons. Health issues prevent many from participating in activities they once enjoyed, a loss of close friends or a decrease in mobility may lead to isolation or loneliness. Persons who have enjoyed independence may have to rely on others now to take care of their most personal, intimate needs.

Social ties are one of the strongest predictors of well-being. About 12% of adults aged 65 or over report that they "rarely" or "never" receive the social and emotional support they need. Depression can impair physical, mental and social functioning of older

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adults. In general, the depressed older adult is less likely to seek care or services for their health conditions and have poorer outcomes without treatment.

According to the United Health Foundation, America's Health Rankings Senior Report 2014, Oklahoma is ranked 47<sup>th</sup> in the nation for depression in adults aged 65 and over. Depression in older adults in Oklahoma is 16.9% compared to the national average of 13.4%. Baseline data for residents in Oklahoma nursing homes who have depressive symptoms is 7.9% compared to the national average of 6.7%.

*CALL TO ACTION:*

- Provide educational materials to increase awareness of the signs and symptoms of depression in older adults.
- Educate older adults, caregivers, and/or healthcare providers around strategies to reduce depression.
- Create support groups and other types of "talk therapy" or socialization events.
- Encourage older adults to get between seven and nine hours of sleep every night, develop new hobbies, adopt healthy eating habits, and participate in a variety of activities that increase movement and socialization with others.
- Promote evidence-based programs that help older adults effectively address depression such as Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) <http://impact-uw.org/>, Program to Encourage Active Rewarding Lives for Seniors (PEARLS), <http://www.pearlsprogram.org/>, and Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) <http://www.ncoa.org/improve-health/center-for-healthy-aging/healthy-ideas-identifying.html>

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## **ASTHO's Menu of Strategies**

The President of the Association of State and Territorial Health Officials (ASTHO) issued a challenge in 2015 to promote the health of older adults by collaborating across sectors. This challenge aims to galvanize support for state health officials, their public health teams, state and local experts in aging and a broad network of partners, to implement evidence-based strategies for increasing the number of older adults who are living well in our communities. Promoting healthy aging will require collaboration across a range of disciplines and fields. The President's Challenge platform reflects a comprehensive approach, highlighted in the National Prevention Strategy, and also includes an emphasis on data/surveillance and caregiving.

The ASTHO menu of strategies can be found at:

<http://www.astho.org/prevention/healthy-aging/menu-of-strategies/>