“Healthy Aging, Why Building Public Health Capacity is Necessary”

Janae Duncan, MPA
Director, Bureau of Health Promotion
April 24, 2019
Utah’s Aging Population

Mike Hollingshaus, PhD
Demographer
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What the world thinks I do

What I think I do

\[ (a+b)^3 = (a-b)(a^2+2ab) \]

\[ x + y^2 - 2 < 2 \]

\[ E = mc^2 \]

\[ \sum_{n=-m}^{m} x_n \]

\[ E(A) = E(n\frac{p}{m}) \]

\[ \sin^3 x + \sin^3 x \cos x = ? \]
What I actually do
The Utah Demographic and Economic Model

VERSION 2017

Mike Hollingshaus, Ph.D.
Emily Harris, M.S.
Michael T. Hogue, M.A.
Pamela S. Perlich, Ph.D.

July 2018
De Jure
Usual Household Residents

What
UDEM
Projects

— Vs. —

De Facto
Stayed in Household Last Night

Source: Ken C. Gardner Policy Institute
Utah Population Pyramid: 1960, 2015, & 2065

Note: The top age group for 1960 is 85+
Sources: U.S. Census Bureau, DemographyUTAH Population Committee, Kem C. Gardner Policy Institute State Projections
Population Ages 65 and Older

Source: Kem C. Gardner Policy Institute 2015-2065 State and County Projections
U.S. Dependency Ratios: 1970-2060

Aging Baby Boomers Drive Increase in Total

Source: Kem C. Gardner Policy Institute analysis of U.S. Census Bureau Decennial Census and Population Division data and Kem C. Gardner Policy Institute

Note: Dependency Ratios are computed as the number of nonworking age persons per 100 working age (18-64 year old) persons in the population. Youth are less than 18 years old and retirement age is 65 years and older.
Youth Dependency Ratios Decline and Stabilize

Utah Dependency Ratios:
1970-2060

Source: Kem C. Gardner Policy Institute analysis of U.S. Census Bureau Decennial Census data and Kem C. Gardner Policy Institute
Note: Dependency Ratios are computed as the number of nonworking age persons per 100 working age (18-64 year old) persons in the population. Youth are less than 18 years old and retirement age is 65 years and older.
Utah Life Expectancy

Sources: Kem C. Gardner Policy Institute 2015-2065 State and County Projections; Utah Department of Health
Projected Growth Ages 65+, 2018-2060 (in thousands)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total Growth</th>
<th>Average Annual Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 65+</td>
<td>737.8</td>
<td>17.6</td>
</tr>
<tr>
<td>65-74</td>
<td>294.2</td>
<td>7.0</td>
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<tr>
<td>75-84</td>
<td>289.8</td>
<td>6.9</td>
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<tr>
<td>85-99</td>
<td>147.7</td>
<td>3.5</td>
</tr>
<tr>
<td>100+</td>
<td>6.2</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Source: Kem C. Gardner Policy Institute 2015-2065 State and County Projections
Utah Population 65 and older
(in thousands)

Source: Kem C. Gardner Policy Institute 2015-2065 State and County Projections
Projected Racial-Ethnic Share of Utah Growth 2015-2065

All Ages

- Hispanic, 30%
- White, 50%
- Multiple-Race, 8%
- Asian, 6%
- Nat. Haw. or Pac. Isl., 2%
- Nat. Am. or Alask Nat., 1%
- Black / Afr. Am., 3%

Age 65+ Population

- Hispanic, 10%
- White, 72%
- Multiple-Race, 2%
- Nat. Haw. or Pac. Isl., 1%
- Asian, 4%
- Nat. Am. or Alask Nat., 1%
- Black or Afr. Am., 2%

Source: Kem C. Gardner Policy Institute, U.S. Census Bureau
Sex Ratio
65 and Older Population

2018
86 Males
100 Females

2065
97 Males
100 Females

Source: Kem C. Gardner Policy Institute 2015-2065 State and County Projections
Age 65+ Population by County: 2015

Source: Kem C. Gardner Policy Institute 2015-2065 State and County Projections
The Utah Department of Health’s mission is to protect the public’s health through preventing avoidable illness, injury, disability, and premature death; assuring access to affordable, quality health care; and promoting healthy lifestyles.

Our vision is for Utah to be a place where all people can enjoy the best health possible, where all can live and thrive in healthy and safe communities.
STRATEGIC PRIORITIES

Healthiest People – The people of Utah will be among the healthiest in the country.

Optimize Medicaid – Utah Medicaid will be a respected innovator in employing health care delivery and payment reforms that improve the health of Medicaid members and keep expenditure growth at a sustainable level.

A Great Organization – The UDOH will be recognized as a leader in government and public health for its excellent performance. The organization will continue to grow its ability to attract, retain, and value the best professionals and public servants.
• Burden of chronic diseases increases with age

• The bureau is therefore increasingly interested in engaging in projects that promote healthy aging

• We encourage you, your organizations, and stakeholders to engage in discussions and projects that promote healthy aging
BHP Programs

- Healthy Living through Environment, Policy, and Improved Clinical Care (EPICC)
- Alzheimer’s Disease and Related Dementias Program
- Utah Arthritis Program (UAP)
- VIPP Suicide Prevention Program
- Violence and Injury Prevention (VIPP) Falls Prevention Program
- Disability and Health Program
Healthy Aging Reports from the Field

Bureau of Health Promotion Staff and Partners
Healthy Living through Environment, Policy and Improved Clinical Care (EPICC)

John Stuligross, MPH
Natalie Rowe, MPH
Learning Objectives

• Gain understanding burden of hypertension and diabetes in Utah

• Better understand the National Diabetes Prevention Program
Burden of Hypertension (HTN) & Diabetes

HTN: 24.5% of Utah Adult Population (532,900)

HTN: 52% of Utah Adults over 60 yrs (248,000)

Diabetes: 7.2% of Utah Adults (156,600)

Diabetes: 19.1% of Utah Adults over 60 yrs (91,100)
• 68.3% of diabetic adults also had HTN

• 20.1% with HTN also had diabetes

About 105,000 Utah adults had both diabetes and hypertension
Our Approach

- Improved Diagnosis and Treatment
- Improved Data Collection/Utilization
- Education/Behavior Modification
- Access to Care
Improved Diagnosis and Treatment

Million Hearts Coalition
Accurate BP Measurement

Education/Behavior Modification

Improved Data Collection/Utilization

Clinic and Health System Electronic Health Records

Access to Care

Telehealth
National Diabetes Prevention Program (NDPP)

- Improved Diagnosis and Treatment
- Improved Data Collection/Utilization
- Access to Care
- Education/Behavior Modification
The DPP Research Study

• GOAL: To find out whether losing modest amounts of weight through LIFESTYLE CHANGES or taking metformin could prevent or delay the onset of T2 in high risk individuals

What were the findings?
• Lifestyle intervention reduced chance of developing T2 by 58%
  – 71% for age 60+
• Metformin reduced risk by 31%

Millions of people in the U.S. with prediabetes can lower their risk of developing type 2 diabetes by losing modest amounts of weight through healthy eating and increasing physical activity on a regular basis.

(New England Journal of Medicine, 2002)
• **Jan 2019:**
  – 26 organizations (health systems, universities, local health departments...)
  – 2358 total Utah adults enrolled (Aug 2015-Jan 2019)
    • 163 adults over 65
  – Online and in-person providers

• **Medicare Diabetes Prevention Program (MDPP)**
  – Part B

(CDC DPRP, 2019)
Thank You!

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801-538-6295

Natalie Rowe, MPH
nrowe@Utah.gov
801-538-6273
Utah Arthritis Program and VA Salt Lake City Health Care System Partnership

Natalie Gilbert
Health Program Specialist, UDOH

April 24, 2019
LEARNING OBJECTIVE

Describe the chronic disease self-management and physical activity programs available throughout Utah.
The Utah Arthritis Program’s mission is to provide technical assistance and coordination to increase awareness, expand reach and achieve sustainability of evidence-based self-management programs for all Utahns affected by arthritis and other chronic conditions through statewide partnerships.

Our vision is to increase self-management skills and improve the quality of life for all Utahns affected by arthritis and other chronic conditions. There is a workshop for everyone!
SELF-MANAGEMENT WORKSHOPS

Utah Arthritis Program:
http://arthritis.health.Utah.gov/

Living Well:
https://livingwell.Utah.gov/
Arthritis Foundation Exercise Program
A low-impact class that can be done sitting or standing

EnhanceFitness
A class that focuses on stretching, flexibility, balance, low impact aerobics, and strength training

Walk With Ease
A program that motivates you to get into shape by helping you walk safely and comfortably
Sara Napa, MS, RD, MBA
MOVE! Weight Management Program Coordinator
VA Walk With Ease Coordinator

Joan Heusser, RD, CD
Health Promotion Disease Prevention Program Manager
VA Coordinating partner with UDOH

Joseph Williams, MS, RD
Clinical Dietitian, Orem VA Clinic
VA Walk With Ease Leader
LEARNING OBJECTIVES

1. Understand how the Utah Department of Health Arthritis Program has partnered with the VA Salt Lake City Health Care System (VASLCHCS) to provide self-management and physical activity programs for veterans.

2. Understand how the VASLCHCS has spread WWE to multiple VA clinic locations.
Case Study: Walk With Ease

Walk With Ease:
The Walk With Ease (WWE) program helps participants develop a walking plan to meet their particular needs, helps them stay motivated and teaches how to exercise safely.

- 1 hour class, 3 times/week
- Ideal for adults with arthritis pain or just want to be active
- No cost or small fee
- Register at www.livingwell.Utah.gov

Participants completing the program experienced:

- Improved functional ability
- Decreased depression
- Decreased pain
- Increased confidence in one’s ability to exercise

Each class offers:

- Pre-walk discussion covering exercise and arthritis
- Warm-up and stretches
- Self-paced 10- to 40-minute walk
- Cool down and stretches
- Social interaction

*Walk With Ease can also be delivered in a self-directed format with a workbook and weekly interaction with a trained leader to guide the participant.
VA Salt Lake City Health Care System

VA SLC Medical Center and 9 VA Community Clinics

65,271 Veterans
38,414 receive VA Primary Care
5,068 Women Veterans

<table>
<thead>
<tr>
<th>SLC Medical Center:</th>
<th>14,144</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ogden VA Clinic</td>
<td>5,601</td>
</tr>
<tr>
<td>West Valley</td>
<td>5,366</td>
</tr>
<tr>
<td>Pocatello</td>
<td>4,386</td>
</tr>
<tr>
<td>St. George</td>
<td>3,388</td>
</tr>
<tr>
<td>Orem</td>
<td>2,652</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idaho Falls</td>
<td>1,609</td>
</tr>
<tr>
<td>Roosevelt</td>
<td>750</td>
</tr>
<tr>
<td>Elko</td>
<td>638</td>
</tr>
<tr>
<td>Price</td>
<td>350</td>
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</table>

VA SLC Primary Care Almanac, Trip Pack Operational Statistics, FY18
## History of Collaboration and WWE Expansion

<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
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</thead>
<tbody>
<tr>
<td>2011</td>
<td>Rebecca Castleton, UAP, introduced Chronic Disease Self-Management Program (CDSMP) to VA SLC.</td>
</tr>
<tr>
<td>March 2013</td>
<td>Started CDSMP classes, VA SLC Medical Center, Living Well with Chronic Conditions.</td>
</tr>
<tr>
<td>October 2015</td>
<td>Added Walk with Ease to VA SLC medical Center.</td>
</tr>
<tr>
<td>June 2016</td>
<td>Added WWE to Orem VA Clinic.</td>
</tr>
<tr>
<td>August 2017</td>
<td>Added WWE to St. George VA Clinic.</td>
</tr>
<tr>
<td>November 2018</td>
<td>Added 5 WWE leaders and 3 locations, West Valley, Ogden, Pocatello.</td>
</tr>
<tr>
<td>April 2019</td>
<td>Adding 1 WWE leader, backup for Orem. Starting EnhanceFitness, VA SLC Medical Center.</td>
</tr>
<tr>
<td>Currently</td>
<td>6 WWE locations with 9 WWE leaders!</td>
</tr>
</tbody>
</table>
Walk With Ease Lessons Learned

Getting people (healthcare providers, participants, etc.) on board:

• Recruiting patients directly:
  • Advertising to Veterans in VA MOVE! Weight Management and other education programs, Veterans recommend class to others, flyers, patients self-refer.

• Women Veterans:
  • Small numbers, area for development

• Recruiting to providers and clinical staff:
  • Flyers, promotions, staff meetings, sharing success stories at meetings. Whole Health promotions and resource flyers; Primary Care Pain Management Education referrals.
Orem Veteran Success Story!
## Programs Serving Veterans

<table>
<thead>
<tr>
<th>Program</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue Mission</td>
<td><a href="https://www.continuemission.org/">https://www.continuemission.org/</a></td>
</tr>
<tr>
<td>Wounded Warrior Project</td>
<td><a href="https://www.woundedwarriorproject.org/">https://www.woundedwarriorproject.org/</a></td>
</tr>
<tr>
<td>The National Ability Center</td>
<td><a href="https://www.discovernac.org/">https://www.discovernac.org/</a></td>
</tr>
<tr>
<td>Team Rubicon</td>
<td><a href="https://teamrubiconusa.org/mission/">https://teamrubiconusa.org/mission/</a></td>
</tr>
<tr>
<td>Team Red, White &amp; Blue</td>
<td><a href="https://www.teamrwb.org/">https://www.teamrwb.org/</a></td>
</tr>
<tr>
<td>American Legion</td>
<td><a href="https://www.legion.org/">https://www.legion.org/</a></td>
</tr>
<tr>
<td>Disabled American Veterans</td>
<td><a href="https://www.dav.org/veterans/">https://www.dav.org/veterans/</a></td>
</tr>
<tr>
<td>Wasatch Adaptive Sports</td>
<td><a href="https://wasatchadaptivesports.org/">https://wasatchadaptivesports.org/</a></td>
</tr>
<tr>
<td>Ogden Valley Adaptive Sports</td>
<td><a href="https://www.ogdenvalleyadaptivesports.org/">https://www.ogdenvalleyadaptivesports.org/</a></td>
</tr>
</tbody>
</table>
How to Get Involved:

Joan Heusser, RD, VA SLC
Joan.Heusser@va.gov
801-582-1565, x4246

VA SLC Recreation Therapy
Lili.teeters@va.gov
801-582-1565, x6300

Living Well Utah
Utah Department of Health
Arthritis Program


www.LivingWell.Utah.gov

Living Well Utah

Utah Department of Health
Sally Aerts, PT, MPH
Co-chair Utah Falls Prevention Alliance
sallyaerts@gmail.com
LEARNING OBJECTIVES

1. Learn where to obtain detailed data on older adult falls.
2. Describe success and challenges of the multi-component Fall Prevention Program in senior housing.
3. Develop ideas for using program outcomes to expand partnerships and find additional funding.
OLDER ADULT FALL STATISTICS

HALF of adults 80+ fall each year

Two-thirds of those who fall will do so again within 6 months
Frequent 911 Fall Calls in Older Adults: Opportunity for Injury Prevention Strategies


**ANALYSIS:**
- 10-year period, 37,324 EMS call data were recorded.
- 29% call more than one time
- 15% or repeat callers, called 5 or more times
- Repeat callers transported to ED 21% of the time vs 75% for 1 time callers

**CONCLUSION:**
- No significant intervention or follow-up is offered or available by emergency first response teams to prevent subsequent falls.
- A paradigm change is needed to reduce EMS resource utilization for fall-related calls in older adults and re-direct those resources to implement nationwide fall-prevention strategies.
Learning the Lingo
Medical vs Fire Calls

NEMSIS
National Emergency Medical Services Information Systems
Medical Calls – Falls that are usually transported to the ED

NFIR
National Fire Incident Report
Fire Calls – Falls that are usually not transported to the ED

HIPAA Privacy Rule and EMS Referrals
Fall prevention at Friendship Manor (July 2017-Dec 2018)

- Multi-component fall prevention program
- 1-on-1 outreach to residents with fall history by SLC Fire Community Medicine
- Fall prevention programs: Stepping On and Otago Exercise Program
- Professional guest speakers on fall prevention every other month
- Quarterly newsletter articles
- Question and answer sessions at resident meetings
OTAGO FALL PREVENTION PROGRAM

Otago is a muscle strengthening and balance personal training program that has been proven to reduce falls.

One in every 4 seniors falls every year. And as we’re all aware, just one of these falls can have unfortunate consequences.

But Good News! Falls are NOT a necessary part of aging! It’s possible to reduce your risk of falling and injury—by increasing your strength and improving your balance.

In Otago, a Physical Therapist first meets one-on-one with you in your home for an evaluation of your fitness level. Next they prescribe for you a set of simple exercises to improve your strength and balance. These exercises are customized to your personal ability and conditions.

The Physical Therapist then continues to meet with you once a week over two months to assess your progress. Doing these exercises three times a week, will increase your strength and improve your balance.

Once you’ve learned the exercises, you can continue to exercise in an Otago class or on your own.

Interested in Otago?
Talk to Kris or add your name to the sign-up sheet.
Coalition volunteers will talk with you about the program.

Brought to You by the Utah Falls Prevention Coalition
FALLS PREVENTION PRESENTATION

Did you know older adult falls are largely preventable?

At this Falls Prevention Event, you will learn:

- What causes falls in older adults?
- What you can do to protect yourself and your loved ones from a fall?
- The role of Occupational Therapy in reducing your fall risk—and helping you live life to its fullest!

Presented by Dr. Mueller-Planitz
Occupational Therapist

Date:
Wednesday, Sept. 13, 2017
Time: 3:00 pm
Location:
Friendship Manor
“A Lounge”
OUTCOMES – 18 Months

911 calls for falls: 6% decrease

Public assist calls: 68% decrease

Self-reported falls for class participants 50–67% decrease (3 months before program vs. 2 months during the program)

Otago participant’s balance improved by 41% (TUG scores)
• Evidence-based fall prevention programs work for individuals who participate regularly

• Developed Partnerships

• Collected and Evaluated Pilot Data
CHALLENGES

HIPAA Regulations

Engaging frail older adults

Insurance Coverage

Stepping On / Otago
Not the Right Solution
Community-initiated Translational Science (CCTS) grant - submitted March 2019

**Partners**
- U of U Physical Therapy
- Utah Falls Prevention Alliance
- SLC Fire Department – Community Health Program
- Gold Cross Ambulance
- Utah Health Information Network

**Goals**
- Evaluate non-transport SLC Fire older adult fall data
- Interview older adults who have fallen
- Develop plan to integrate EMS Community Health, clinical care, case managers, and Area Agencies on Aging
- Investigate CMS’ new payment model – ET3
Grant Opportunities for Older Adult Programs

• Robert Wood Johnson Foundation
• Eugene Washington PCORI Engagement Awards
• NIH
• Centers for Medicaid and Medicare (CMS)
• CCTS – annual
Sally Aerts, PT, MPH
Co-chair Utah Falls Prevention Alliance
sallyaerts@gmail.com
Questions?
Roundtable Discussions

- Marketing to Aging Adults
- Educating Caregivers
- Living on a Fixed Income
- Reframing Aging in the Workplace
- Open Discussion
Networking & Resource Sharing

- Utah Disabilities Advisory Committee (UDAC)
- Utah Falls Prevention Coalition
- Living Well Coalition (LWC)
- Utah Million Hearts Coalition
- Alzheimer’s Disease & Related Dementias Coordinating Council
- Utah Brain Injury Council (UBIC)
- Utah Coalition for Opioid Overdose Prevention (UCOOP)
Addressing Access and Inclusion for Aging Adults

Bureau of Health Promotion Staff and Partners
Alzheimer’s Disease and Related Dementias

Kristy Russell
Utah Department of Health
Alzheimer’s Disease and Related Dementias Resource Specialist
Alzheimer’s Disease
- Most Common Form
- 40-70% of all dementias

Vascular Dementia
- Second most common
- 15-25% of all dementias

Lewy Body Dementia
- 2-20% of all dementias

Fronto-Temporal Dementias
- 2-4% of all dementias

Other Dementias
- Parkinson’s Disease
- Huntington’s Disease
- HIV
- Crutzfeldt-Jakob Disease
The Alzheimer’s Epidemic

At age 65—1 in 10 people will have Alzheimer’s disease
At age 85—1 in 3 people will have Alzheimer’s disease
2 of every 3 people with Alzheimer’s are WOMEN
• 190% increase in Alzheimer’s Disease deaths in Utah since the year 2000
• 155,000 informal caregivers
• Providing 177,000,000 hours of unpaid care
• Valued at $2.2 Billion
Alzheimer’s Disease and Related Dementias

• 6th leading cause of death in United States
• 4th leading cause of death in Utah
Only HALF of people with Alzheimer’s are diagnosed.

Among just those with the disease, only 33% are aware of their diagnosis.

Of those diagnosed, only 45% or their caregivers are told of the diagnosis.

alz.org/facts
Support Services and Resources

• Alzheimer’s Association
  – 24/7 Helpline
  – Support groups
• Area Agencies on Aging
  – Respite Care
  – Support Groups
• Center for Alzheimer’s Care, Imaging and Research
• Dementia Friends USA
• Dementia Dialogues
Instead of:

- Elderly
- As THEY age
- Silver Tsunami

Try

- Aging Adults
- As WE age
- Aging population

Keep aging positive!

https://frameworksinstitute.org/toolkits/aging/
Why

HEALTHIEST PEOPLE | OPTIMIZE MEDICAID | A GREAT ORGANIZATION
Suicide in Older Adults

Presented by BreeAnn Silcox
Suicide Prevention Coordinator
Salt Lake County Health Department
Objectives

- Know safe ways to talk about suicide to increase safety and reduces stigma.
- Understand that depression and suicide are lifespan issues.
- Understand intersections of chronic diseases and suicide.
- Recognize barriers to accessing mental health care for older adults.
LIVING WITH OR EXPERIENCING A MENTAL HEALTH CONDITION

Committed suicide
DIED BY

Successful suicide
TOOK THEIR

Suffering from or victim of mental illness

SUICIDE ATTEMPT

INCREASING OR CONCERNING RATES

LANGUAGE MATTERS
Depression across the lifespan

Prevalence of Depression in Adults by Age and Sex
Utah 2015-2017

Data Source: Behavioral Risk Factor Surveillance Survey, Office of Public Health Assessment, Utah Department of Health
Suicide is a Lifespan Issue
Rate of Suicide per 100,000 Population by Age Group and Sex
Utah 2015-2017

Data Source: Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health
Studies have found increased suicide risk\textsuperscript{1,2}

- **Adults with chronic diseases**
  - Back pain
  - Sleep disorders
  - Traumatic brain injury
  - Coronary heart disease
  - Stroke
  - COPD
  - Osteoporosis

- **Adults with multiple physical diseases** (particularly among women)
Barriers to care as reported by older adults\textsuperscript{3, 4}

- Belief that symptoms are “normal”
- “I should not need help”
- Cost
- Unsure where to go
- Distance
- Fear of medication
- Mistrust of mental health providers
- Belief that treatment won’t help
- Not wanting to talk to a stranger about private matters
- Stigma
Suicide Prevention

- Utah Suicide Prevention Coalition
- American Foundation for Suicide Prevention
- National Alliance on Mental Illness
- Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers
- Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities
- SAGE: The facts on LGBT aging
- National Council on Aging: Behavioral Health
- American Psychological Association Depression and Suicide in Older Adults Resource Guide


Disabilities and Health

Anna Braner
Utah Department of Health
Disabilities and Health Program Grant Coordinator

Stephanie George
Utah Department of Health
Disabilities and Health Program Epidemiologist
Primary Models of Disability

- Medical Model
- Functional Model
- Social Model
How things used to be…

HEALTHIEST PEOPLE | OPTIMIZE MEDICAID | A GREAT ORGANIZATION
Disability Status Across the Life Span

<table>
<thead>
<tr>
<th>Condition</th>
<th>Without Disability</th>
<th>Disability</th>
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<tbody>
<tr>
<td>High Blood Pressure</td>
<td>20.1</td>
<td>39.5</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>19.5</td>
<td>32.3</td>
</tr>
<tr>
<td>Arthritis</td>
<td>13.5</td>
<td>42.8</td>
</tr>
<tr>
<td>Asthma</td>
<td>7.2</td>
<td>13.9</td>
</tr>
<tr>
<td>Cancer (not skin)</td>
<td>4.2</td>
<td>4.9</td>
</tr>
<tr>
<td>Diabetes</td>
<td>4.9</td>
<td>15.9</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>2.2</td>
<td>10.3</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>1.7</td>
<td>7.0</td>
</tr>
<tr>
<td>History of Heart Attack</td>
<td>1.7</td>
<td>7.1</td>
</tr>
<tr>
<td>Coronary Heart Disease</td>
<td>1.5</td>
<td>6.8</td>
</tr>
<tr>
<td>Stroke</td>
<td>1.0</td>
<td>6.4</td>
</tr>
<tr>
<td>Depressive Disorder</td>
<td></td>
<td>42.3</td>
</tr>
</tbody>
</table>

Percentage of Adults Without Disability and Disability per Condition.
Creating an Inclusive Setting

What does inclusion mean?

1. Physical integration
2. Functional inclusion
3. Social inclusion
Why be Inclusive?

Do we believe:

• People learn best when they are segregated?
• The best way to learn is in a simulated environment?
• Best choices are made from limited experiences?
• Life without expectations is an ideal world?

- Serena Lowe, Senior Policy Advisor Administration on Community Living
Addressing Barriers to Inclusion

Multi-Level Approach: Socio-Ecological Model
How to be Inclusive

Six Essential Elements for Inclusive Community Health

Assessment
Leadership
Essential Elements
Policy
Health Communication
Training
Achieving “Health Equity”

**Equality**

**Equity**
6. Commit to Inclusion [http://committoinclusion.org/](http://committoinclusion.org/) The campaign supports the implementation of guidelines and programming to empower people with disability to lead healthy, active lifestyles.
7. National Center on Health, Physical Activity and Disability (NCHPAD) [https://www.nchpad.org/](https://www.nchpad.org/)
Questions?
Disability and Health 101

Darrin Sluga, Salt Lake County Health Department
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Aging and Disability

Disability is not an inevitable consequence of aging
(Baltimore Longitudinal Study of Aging)

1982-1999: disability decreased among older Americans from 26% to 20% (National Long Term Care Survey)

Threat: Obesity
# Health Risk Factors and Behaviors

<table>
<thead>
<tr>
<th>Any Disability</th>
<th>No Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.9% Current smoker</td>
<td>7.6%</td>
</tr>
<tr>
<td>12.8% Binge drinking</td>
<td>11.3%</td>
</tr>
<tr>
<td>34.6% Obese</td>
<td>22.7%</td>
</tr>
<tr>
<td>42.6% Meets recommendations for aerobic activity</td>
<td>58.4%</td>
</tr>
<tr>
<td>28.6% Eats 2 or more servings of fruit each day</td>
<td>32.4%</td>
</tr>
<tr>
<td>14.7% Eats 3 or more servings of vegetables each day</td>
<td>17.8%</td>
</tr>
<tr>
<td>52.6% Prescribed pain medications by doctor</td>
<td>27.6%</td>
</tr>
<tr>
<td>5.6% Used pain meds more frequently than directed by doctor</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

Data Source: Behavioral Risk Factor Surveillance Survey, Office of Public Health Assessment, Utah Department of Health
### Health Conditions

<table>
<thead>
<tr>
<th>Disability</th>
<th>Any Disability (%)</th>
<th>No Disability (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Cholesterol</td>
<td>38.6%</td>
<td>28.5%</td>
</tr>
<tr>
<td>Heart Attack</td>
<td>6.2%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Coronary Heart Disease</td>
<td>5.4%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Stroke</td>
<td>5.5%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Cancer (not including skin)</td>
<td>10.2%</td>
<td>5.0%</td>
</tr>
<tr>
<td>COPD, Chronic Bronchitis, or Emphysema</td>
<td>10.9%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>39.5%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Asthma</td>
<td>17.7%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>6.8%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>13.3%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

Data Source: Behavioral Risk Factor Surveillance Survey, Office of Public Health Assessment, Utah Department of Health
LHD Awareness of Chronic Conditions among People with Disabilities

Data source: National Association of City and County Health Officials. 2018
LHD Programs Inclusive of People with Disabilities

Data Source: NACCHO. Follow-up National Assessment...2018
How to be Inclusive - LHD

Take stock!
Increased training
Increased knowledge of resources
Share success stories
How to be Inclusive

Physical (ex: mobility and ambulatory impairments)

★ Health Promotion: Specialized equipment, functional space
★ Emergency Preparedness Planning Considerations: Tips available for first responders and staff

Cognitive (ex: Autism Spectrum Disorder, Down Syndrome, Dementia)

★ Health Promotion Programs: Program materials use short sentences, plain language, and images
How to be Inclusive

Sensory (ex: deafness/hard of hearing, blindness/difficulty seeing)

★ Health Promotion Programs: Braille materials, large print, real-time captioning, American Sign Language interpreters
★ Emergency Preparedness Planning Considerations: Communications are simultaneously available in multiple formats

Aging Population

★ Health Promotion Programs: Mobility, visual and hearing, as
Community Engagement

Establish new partnerships or build existing partnerships with organizations serving the community

- local, state and national organizations that work with people with disabilities
- local universities that have experts who specialize in disability and
- partner organizations that can help identify and apply for grant funding opportunities
Accessibility for People with Disabilities

1. Accessibility and what it means for people with disabilities.
2. People-First Language
3. Disability Etiquette
4. Tips to improve Accessibility: partner, create policies; ask people with disabilities to participate in or lead staff training.
Benefits of Including People with Disabilities

Individual Level-

Individual attitudes, beliefs, knowledge and behaviors
Benefits of Including People with Disabilities

Public policy level (structures and systems)

Community Level

Organizational Level

Interpersonal Level
Success Stories

Health Department and Public Health Success Stories

1. Staff Awareness
   a. Health Equity worksheet
2. Emergency Prep
3. Community Health Assessment
4. Utah Disability Advisory Committee
Partnership and Training Opportunities

Partnership

Training Opportunities

★ National Association of City and County Health Officials (NACCHO) https://www.naccho.org/programs/community-health/disability
★ Commit to Inclusion http://committoinclusion.org/
★ National Center on Health, Physical Activity and Disability (NCHPAD) https://www.nchpad.org/
Tai Chi Break

Bob Casey
Visit [https://livingwell.Utah.gov](https://livingwell.Utah.gov) to learn more about our programs and to register today!
EMBRACE AGING!

THE THREE A’S:
ATTITUDE
ADAPTATION
ACCEPTANCE
It's paradoxical that the idea of living a long life appeals to everyone, but the idea of getting old doesn't appeal to anyone.

Andy Rooney
Positive self-perceptions about aging help keep us younger.
A 23 yr. Yale University study showed that having positive images and feelings about aging increased the lifespan 7.5 years over those who had negative images and feelings about aging.
According to the Journal of the American Medical Association: “Older Adults with a \textcolor{purple}{positive} outlook on aging are \textcolor{purple}{44\% more} likely to recover from an illness or disability.”
Adaptation

We're seeing unusual patterns of thawing and refreezing of arctic ice.

Some animals will need to adapt.

How?

By not falling asleep for too long.

Mmmph!

Wha...?
Adaptation is one of the keys to successful aging. Those who adapt, age more comfortable and have a better quality of life than those who don’t.
How we see ourselves, as either younger or older than our chronological age can have a positive or negative impact on health outcomes.
If you could orchestrate your aging, what tools would you need?
What does aging look like for me?

Am I willing to adapt to the changes and challenges of aging?

Can I accept the changes and challenges of aging?
(God), grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference.

American Theologian: Reinhold Niebuhr, 1951
Go With The Flow
Using the QR code at your table, please complete the short Google Form evaluation for today’s conference.

Evaluation link is also on the livingwell.Utah.gov/preconference/ page

Thank you for your attendance and participation!
iPad Raffle!