



**Department
of Health**

Healthy Aging Starts with Prevention: An Overview of the New York State Master Plan for Aging

Commissioner's Medical Grand Rounds

James v. McDonald, MD, MPH

Commissioner, New York State Department of Health

Webinar will begin at 12:00 p.m. EST

Please use CHAT for technical issues

*Friday, February 23, 2024
12:00 p.m. - 2:00 p.m. Eastern*



Department of Health



Producer

Sierra Mosley

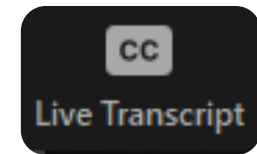
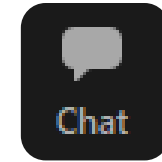
Communications and Events Coordinator



CENTER FOR
**PUBLIC HEALTH
CONTINUING EDUCATION**
UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK

Zoom Webinar Participation

- Use the chat box for tech questions
- To turn on/off the live transcription, use the options on the bottom bar
- This webinar is being recorded



Disclosures

- The planners, moderator, and presenters do not have any financial arrangements or affiliations with any ineligible companies whose products, research or services may be discussed in this activity.
- No commercial funding has been accepted for this activity.

Evaluation & Continuing Education Credits

- Continuing Medical Education Credits
- Continuing Nurse Education Contact Hours
- Certified Health Education Specialist Contact Hours
- Certified in Public Health Renewal Credits

To receive continuing education credits, please fill out the evaluation and post-test

Objectives

By the end of the webcast, viewers will be able to:

- Identify the primary components and objectives of New York's Master Plan for Aging
- Explain the significance of the Master Plan for Aging to addressing the needs of an aging population in New York State.
- Describe the role of healthcare professionals in incorporating key prevention concepts within the Master Plan for Aging into their healthcare practices.

Learning Outcome

As a result of participation in this activity, the learners will increase and enhance knowledge and competence on New York State's Master Plan for Aging and preventative health measures.



Opening Remarks

Erin M. Bell, PhD, MS
Interim Dean at the University of
Albany School of Public Health



Opening Remarks

**James V. McDonald M.D., M.P.H.
New York State Commissioner of Health**

Grand Rounds Panelists

Adam S. Herbst, Esq.

Deputy Commissioner Aging & Long-Term Care
Chair, Master Plan of Aging
New York State Department of Health



Jo Ivey Boufford, MD

Clinical Professor of Global Health
New York University School of Public Health



Linda Fried, MD, MPH

Dean of the Mailman School of Public Health
Director of the Robert N Butler Columbia Aging Center
Columbia University





Master Plan for Aging

New York State Master Plan for Aging

Commissioner Grand Rounds

Adam Herbst

Deputy Commissioner

Office of Aging and Long Term Care

FEBRUARY 23, 2024

Welcome

- Opening Remarks
- What is the Master Plan for Aging?
- Master Plan for Aging Subcommittees
- Master Plan for Aging Agency Partners
- Timeline
- Prevention and the Master Plan for Aging
- Next Steps

Why does New York need a Master Plan?

By 2030, **1 in 4 people** in New York will be aged **60 years** or over.

The **Master Plan for Aging** builds off our State's successes in **healthy aging**, emphasizing **aging in community** and improving the **lived experience** for **all ages and abilities**.



NEW YORK STATE'S MASTER PLAN FOR AGING

4.6
million

There are 4.6 million New York residents 60 years and older who contribute to the economic, social and cultural vibrancy of our State.

On November 4, 2022, Governor Hochul signed Executive Order No. 23 creating a State Master Plan for Aging to...



Create a **blueprint of strategies** for government, the private sector, and the non-profit sector to support older New Yorkers



Address challenges related to communication, coordination, caregiving, long-term financing, and innovative care

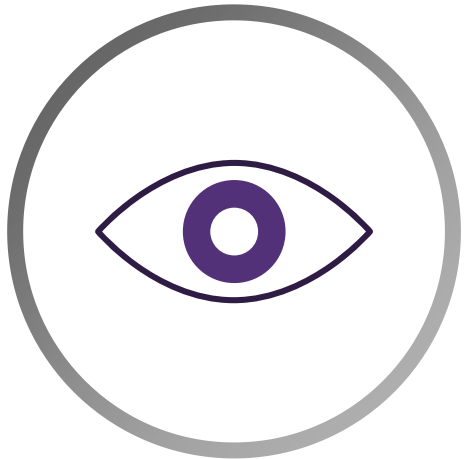


Coordinate all State policy and programs



With the goal of having all older New Yorkers "live **fulfilling lives**, in **good health**, with **freedom, dignity and independence** to **age in place** for as long as possible."

OALTC Vision and Mission statements



Vision

A state where all New Yorkers have the opportunity to **age in place** for as long as possible with **access to quality services** that **promote dignity, independence, and health**



Mission

Create and implement policy, programs, services, and regulations to **meet the health and long-term care needs** of all New Yorkers and **promote aging in place with dignity and independence**

Master Plan's Bold Agenda



Social determinants of health including transportation and housing



Chronic disease Prevention



Transitions across care settings



Healthcare workforce challenges



Meaningful choice and remaining in community



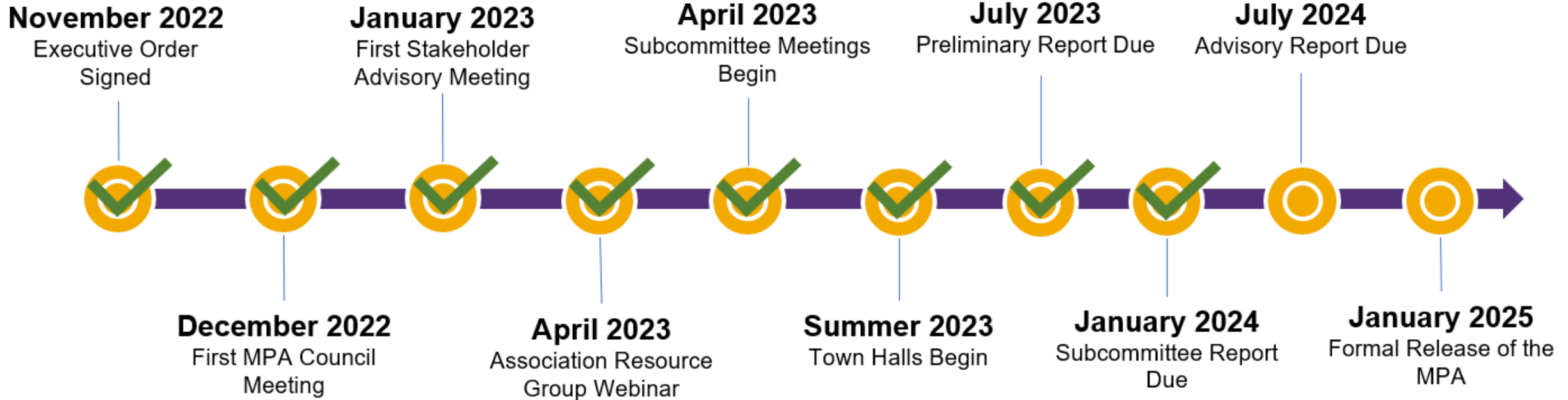
Family caregivers

Subcommittees

The following subcommittees have been created:

1. Long-Term Services and Supports
2. Home and Community-Based Services
3. Caregivers - Informal
4. Caregivers - Formal
5. Health and Wellness, including Mental Health
6. Housing, Community Development and Transportation
7. Safety, Security and Technology
8. Economic Security

Timeline



New York is the first Age Friendly State in the Nation

New York is **the first 'Age-Friendly State'** in the nation because of our:

1. Outdoor spaces and buildings
2. Transportation
3. Housing
4. Social participation
5. Respect and social inclusion
6. Work and civic engagement
7. Communication and Information
8. Community and health services



Prevention and the Master Plan for Aging

At the heart of the Master Plan for Aging vision lies the NYS Prevention Agenda:



The **Master Plan for Aging** will fully embrace the priorities outlined in the **NYS Prevention Agenda**.

Intersecting Priorities: Prevention & The Master Plan for Aging

- Health Across All Policies approach
- Commitment to an Age Friendly State
- Strengthening the healthcare workforce
- Access to community services and supports
- Affordability and availability of cost-effective services
- Emergency preparedness and emerging health threats



Intersecting Priorities: Prevention Agenda & The Master Plan for Aging

2019-2024 Prevention Agenda Priorities Identified



Prevent Chronic Diseases



Promote a Healthy and Safe Environment



Promote Healthy Women, Infants and Children



Promote Well-Being and Prevent Mental and Substance Use Disorders



Prevent Communicable Diseases

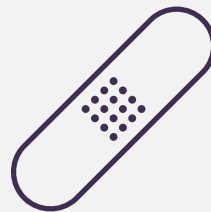
Prevention and Older Adult Health



Chronic disease prevention



Falls Prevention



Immunizations



Prevention for caregivers

Next Steps: How can you help foster the Master Plan for Aging?

- Addressing and preventing health concerns of New York State's aging population.
- Incorporating key prevention concepts within the Master Plan for Aging into healthcare practices.
- Stay apprised of the progress of the Master Plan and its recommendations.
- Public Survey at <https://forms.ny.gov/s3/mpasurvey>
- Email: mpa@health.ny.gov

Commissioner Dr. James McDonald

Facilitated Discussion

with

Adam S. Herbst, Esq.

Deputy Commissioner Aging & Long-Term
Care, Chair, Master Plan of Aging

Question One:

Can you explain the primary goal of the Master Plan for Aging?

Question Two:

Can you discuss the importance of community groups and organizations in supporting the Master Plan's objectives, and how can older adults contribute to its success?

Question Three:

How will prevention concepts be integrated into the Master Plan for Aging?

Question Four:

What steps are being taken in the Master Plan for Aging process to improve education and awareness for providers?

Question Five:

What is one of the more common experiences (or the most common experience) of discrimination that older adults experience and how is the master plan going to address them?

Question Six:

What measures are being taken to ensure the Master Plan addresses New York's diverse aging population, including minority and underserved communities?

Question Seven:

How can healthcare professionals incorporate key concepts within the Master Plan for Aging into their healthcare practices?

Healthy Aging Starts with Prevention: Prevention and a Healthy Lifespan

Linda P. Fried, M.D., M.P.H.

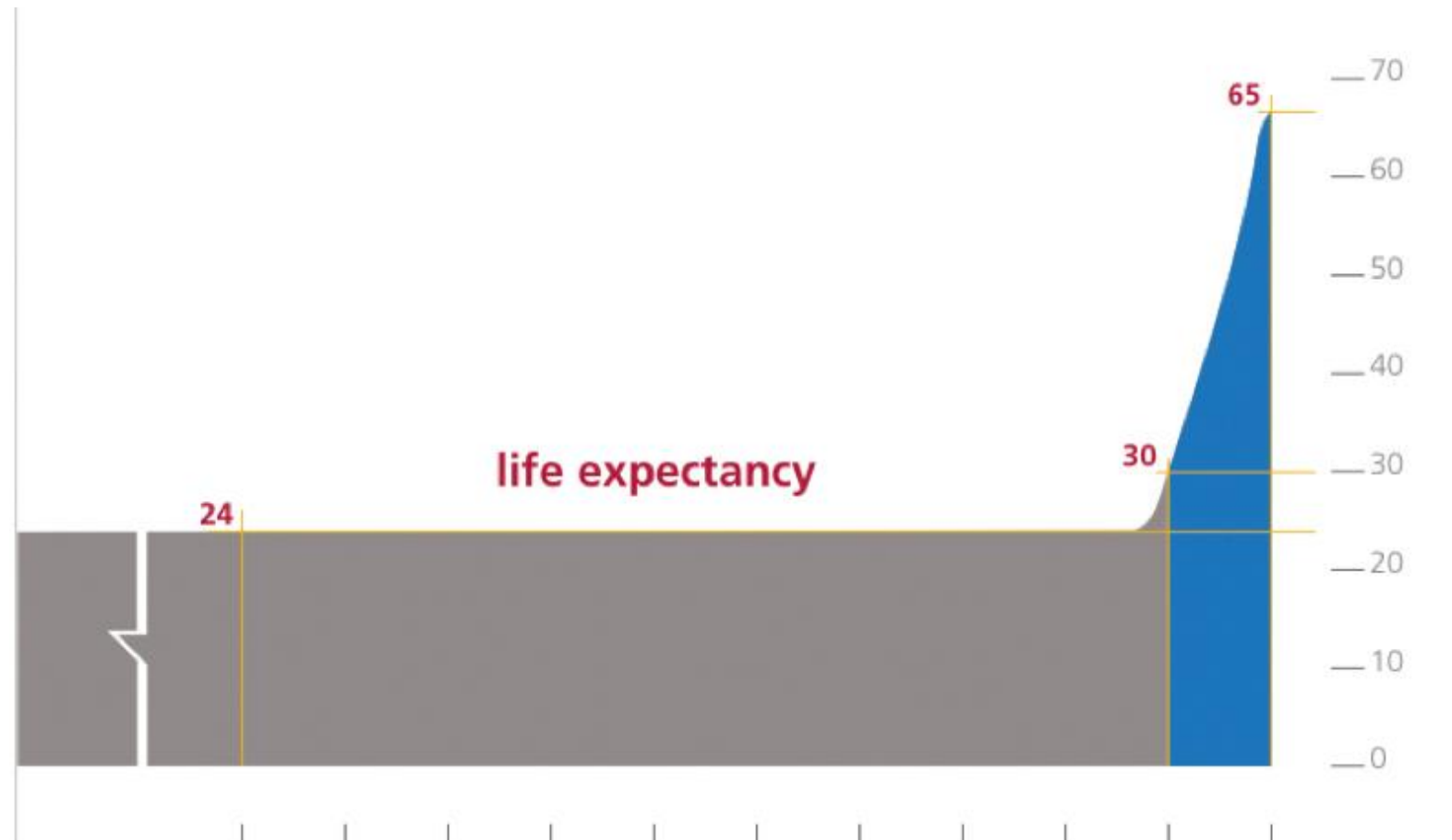
Key points

- Longevity has been created
- The challenge: creating healthy longevity
- Prevention works and matters into the oldest ages
- Investing in prevention essential – through both medical care and public health
- Global roadmap for healthy longevity: NYS can provide a model

The creation of human longevity



The Demographic Revolution of the 20th – 21st Century



US Life Expectancy at Birth

- 1900: 47 years
- 1930: 59.7 years
- 1960: 69.7 years
- 1990: 75.4 years
- 2015: 79 years
- **2021: 76 years**
- **2022: 77.5 years¹**
- **2023: 79.1 Years²**

and could still increase – or decrease!

¹ CDC (2023)

² Macrotrends (2019)

Our new world of longer lives



Longer Lives in Aging Societies

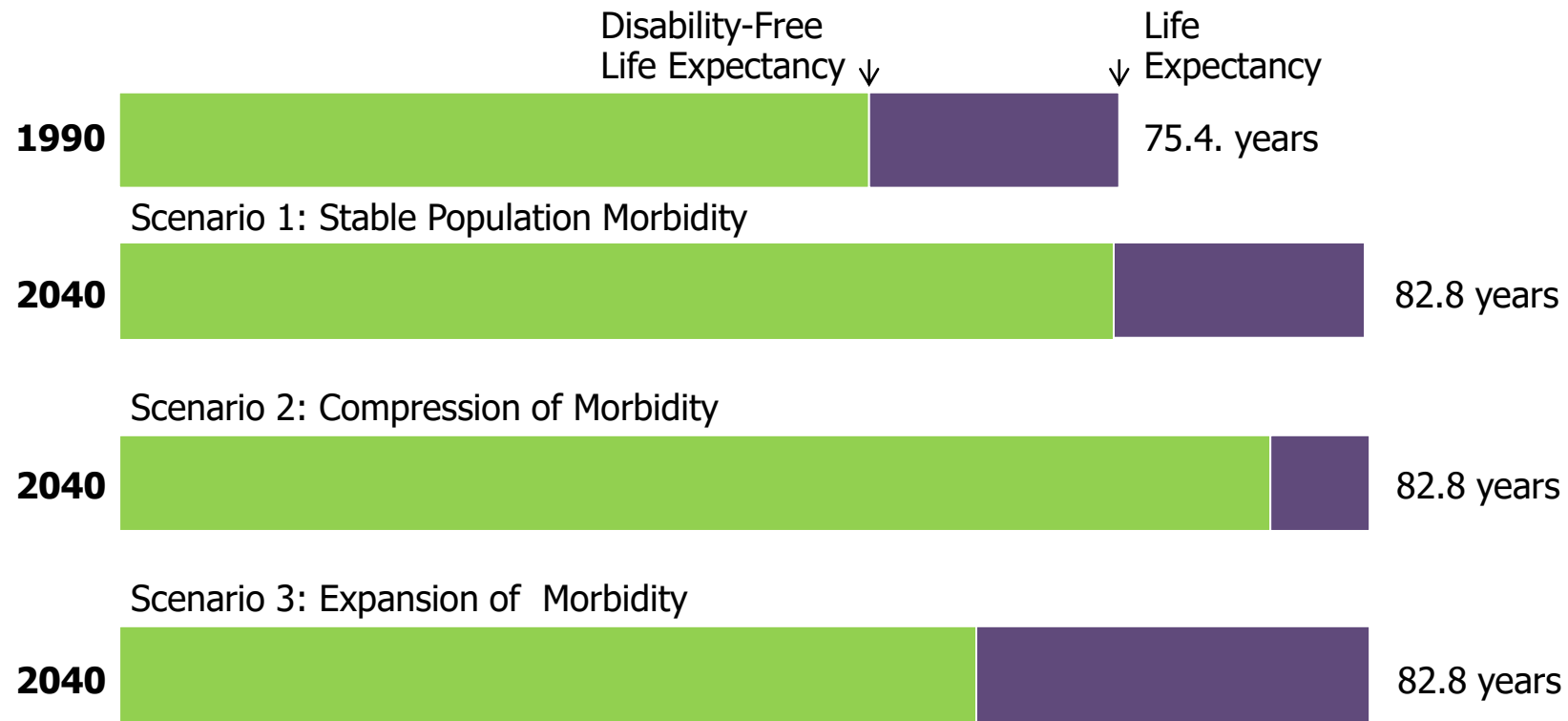
- As many over 65 as children <15
- As many people over 50 as under 18
- People will be living 1/3 of their lives in older age/ after retirement
- People will have 4-5 careers over a longer work life
- In the developed world: best educated, healthiest group of older adults in history
- Developing world: growing old before growing rich, and in the face of new health challenges

The challenges and opportunities of this new reality

We have learned:

- One or more chronic conditions: 80% of older adults
- Multimorbidity in older people: more than half
- Accounts for 78% of all consultations in primary care
- Higher treatment burden, worse outcomes, high costs
- "preexisting" chronic conditions raise risks from infectious diseases, eg COVID
- US health disadvantage: Americans reach age 50 in significantly poorer health than peers in other high-income countries
- Shared causes for many diseases, many amenable to prevention:
 - Biologic: inflammation; mechanisms of aging itself
 - Environmental
 - Socioeconomic
 - Allostatic load (physiologic burden on the body due to multisystem dysregulation)
 - Psychosocial and Behavioral
 - Medication related

Scenarios for Change in Population Burden of Disability from 1990 to 2040



■ Years of life free of disability (Active life expectancy)
 ■ Years disabled (Disabled life expectancy)

Creating healthy longevity

The national and global goal: “Compression of Morbidity”

- Increasing healthy later years through delaying onset of morbidity and disability to latest points in the lives of older adults.
- *Public health and clinical goal for improving the health of an aging society.*

What is happening in the US: decompression of morbidity

- Longer life expectancy/shorter health span
 - Health span/life span gap increased from 10.8 (1990) to 12.7 (2021)
- The proportion of life spent in good health declined from 85.8% (1990) to 83.6% (2021)
- Healthy life expectancy (number of years we can expect to enjoy good health, is declining – from 64.8 to 64.4, while life expectancy increased.

We could compress morbidity and create healthy longevity. However, US is seeing a decompression of morbidity

Major implications for:

- Work
- Retirement
- Health needs, disablement
- Inequalities
- Health care and social protections costs

Why care?



Would healthy longevity matter?

- Health care needs and costs
- Benefitting from the assets and capabilities of our longer lives

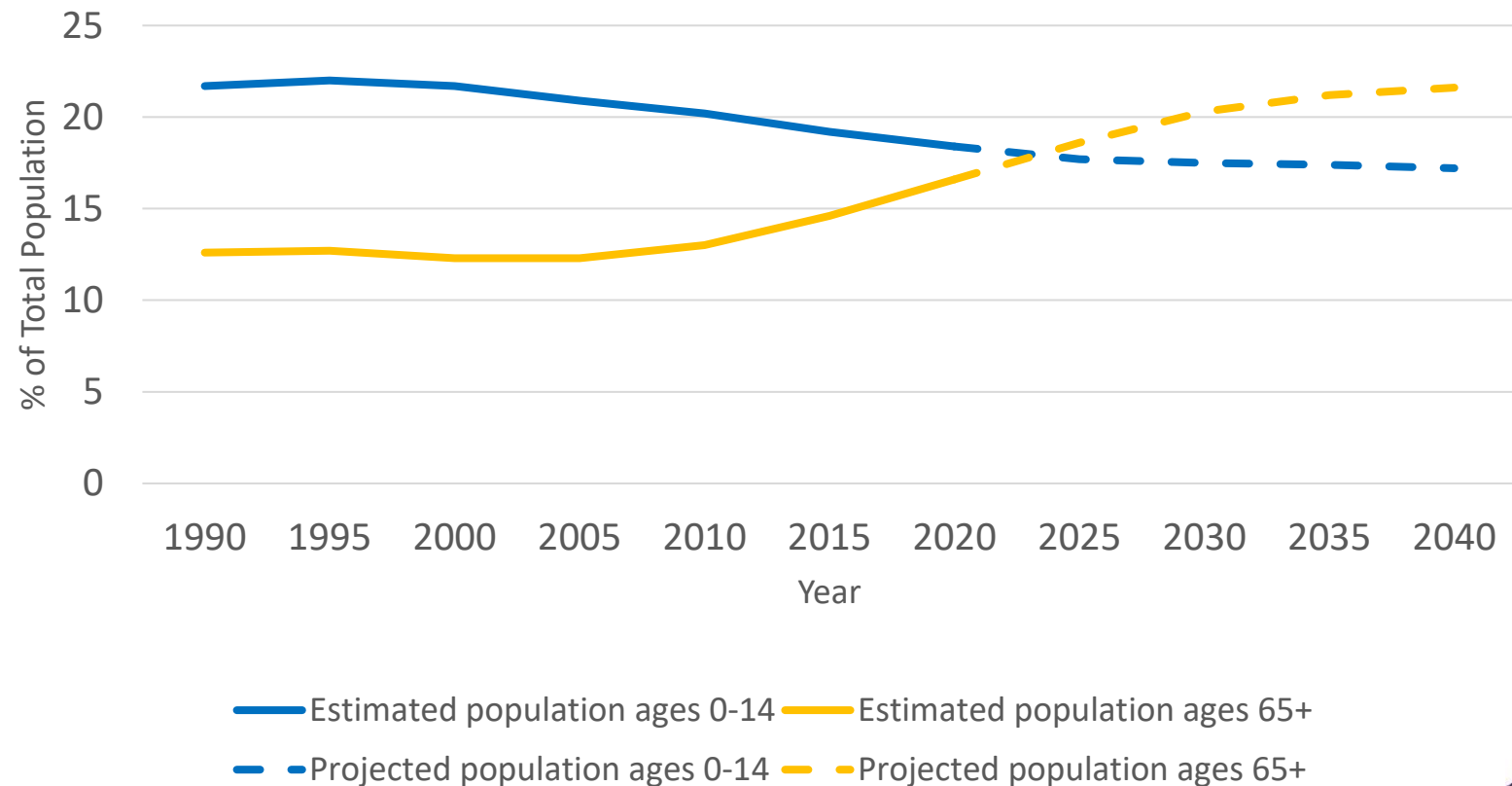
Is there a value to healthy longer lives?

Science offers a wider lens

- Living out the *full* human life course and stages of life
- Families of multiple generations and intergenerational supports
- Intrinsic assets that are accrued to older age:
 - Abilities, skills and goals: expertise and experience;
 - Higher order cognitive skills, with complex problem-solving capabilities;
 - Socioemotional: priorities of meaning, connection, giving back, values;
 - Capabilities, e.g., conflict resolution; long term-ism with urgency;
 - “Wisdom”;
 - Life stage goals and priorities: meaning, prosocial, generativity, legacy.
- Implications:
 - Optimism for the young;
 - The societal import of assets of older age, and at a scale never before available

United States Proportion of Older Adults and Children (1990-2040)

United States Population Age Composition:
Estimates and Projections (1990-2040)



Source: UN World Population Prospects 2019

Vision 2050 – for *Societies*

- Long health span and decreased health disparities are assets for nations and societies
- Intrinsic assets and goals of older people valued and enabled, with all-of-society benefits from their contributions in monetary and nonmonetary roles
- Younger people more successful, more jobs and less disaffection
- Enlarged workforce, stronger economy, increased ability to invest in human capital and public goods
- Enhanced social capital, with strengthened prosocial goals
- When older people thrive all people and economies thrive
- Equity, intergenerational cohesion, and decreased precarity within and between countries

– U.S. National Academy of Medicine Global Roadmap for Healthy Longevity, 2022

The Challenge We Face

Long-lived populations are not an inherent problem for societies; rather, the problem for societies is the barriers that systematically prevent people from reaching their later years with the good health needed to thrive and contribute to family and society.

There is an opportunity for creating a health span that approaches our now-longer life expectancy

Health is malleable into the oldest ages. What we now know:

- Half of all chronic diseases preventable
- Prevention of disease and disability are possible at older ages
- Older people benefit from physical activity and nutrition
- Healthy environments matter into the oldest ages
- Social connection and engagement matter for health, function and wellbeing
- Only 20-30% of older adults in US are dependent in ADLs, IADLs

The US' natural experiments on health

- One can live long - healthy or ill
 - Health is modifiable; prevention works well – into the oldest ages
 - Investments in healthy environments and behaviors across the whole life course are causing the better-resourced segments of society to arrive at old age healthy and stay relatively healthy.
- *Those without those cumulative advantages accumulate ill health in middle age, and are at much greater risk of disability by old age*

Two natural experiments in US in face of increased life expectancy:

- One fifth of older adults experiencing increased life span and health span
- The majority of adults experiencing increased life span and decreased health span

Many US natural experiments demonstrating the potential for health span to approach life expectancy

Differentiators between those who get there and those who don't:

Inequities in opportunity for health and wellbeing, security

Facts: Health is malleable – at every age of life – and shaped by many modifiable factors across our lives

Life expectancy without disease: effects of lifestyle

Healthier lifestyle, among 5 risk factors:

1. **Never smoking**
2. **BMI 18.5-24.7**
3. **Physical Activity** (≥ 30 minutes/d – moderate to vigorous)
4. **Moderate alcohol** (women 5-15 g/d; men 5-30 g/d)
5. **Higher diet quality score**

At age 50, U.S.: **Life expectancy without disease (no diabetes, CVD, cancer)**, comparing those with 4-5 poor risk factors to having no low-risk lifestyle risk factors:

- Women: 34.4 years v. 23.7 years
- Men: 31.1 years v. 23.5 years

90% of diabetes, 80% of coronary heart disease, 70% of CVD mortality, and 50% of Cancer mortality attributable to not following low risk lifestyle.

Prevention and health promotion works into the oldest ages

- People who arrive at age 70 *healthy* are tracked to stay *healthy*
- *Prevention works at every age of life, and matters*
- A life course approach to prevention is a wise investment
- Investing in a 21st C public health system will be key

Health Longevity: Definition of *Healthy Longevity* *Roadmap* report

- “The state in which years in good health approach the biological life span, with physical, cognitive and social functioning, enabling well-being across populations.”
- Foundation: preservation of *health for all* – into older ages.

Increasing health span: necessity to implement enhanced primary prevention by each health sector, and beyond



Prevention in older ages: increased health outcomes

- Chronic diseases preventable
- Cognitive decline
- Loneliness
- Frailty
- Falls
- Disability



Myth: prevention doesn't work for old people

Facts:

- Lifelong prevention:
 - In young and middle aged: will enable arriving at old age healthy
 - At older ages: prevention works and matters
- Prevention is not just due to the will power of the individual;
society needs to build programs, environments to enable health and prevent disease

Roles for prevention and creation of healthy longevity across the health system



Core Strategies: The critical preventive approaches

- Direct with the individual:
 - Psychosocial and behavioral factors, including health behaviors, loneliness, SDOH
 - Primary risk factors (eg, obesity, hypertension)
- Community-focused:
 - Physical activity and diet education, norms and supporting activities
- Population-based
 - Risk factor reduction, e.g., salt in processed foods; sugared drinks; smoking
 - Obesity prevention
- Structural changes: Social determinants of health (economic barriers, housing, employment, socioeconomic deprivation, discrimination/access, education)
- *ROI on population-directed primary prevention: >14X*

Major shared environmental and behavioral risk factors – across end-organ diseases – amenable to prevention

- Inhaled: e.g., air pollution (PAHs), second-hand smoke
- Ingested: nutritious/non-nutritious food; access; adequacy
- Enacted: health behaviors, e.g., physical activity, smoking
- Health status: obesity
- Social infrastructure
 - Built environment
 - Community-based opportunities for social connection, engagement
- Norms and social contagion
- Socio economic: lower education; housing; poverty and associated stressors; food insecurity

Rise of multimorbidity and its consequences necessitates increased focus on prevention

“...next generation of health care providers (need) increasing emphasis on primary prevention strategies, including lifestyle-focused and population-wide prevention efforts, many of which will be deployed outside the healthcare delivery system”

Prevention works and matters into the oldest ages



Global Roadmap for Healthy Longevity: U.S. National Academy of Medicine, 2022



HOME ABOUT ▾ PROGRAMS ▾ PUBLICATIONS ▾ NEWS EVENTS ▾ MEMBER HOME

A dark blue banner with white and yellow text and graphics. On the left, it reads "U.S. NATIONAL ACADEMY OF MEDICINE" in small letters, followed by "Healthy Longevity" in large, bold white letters, and "GLOBAL GRAND CHALLENGE" in smaller white letters below. To the right of the text is a stylized graphic of a human head profile in blue and yellow. Further right are three small photographs: a man in a green cap holding a baby, a woman in a white headscarf being kissed on the cheek, and a group of people smiling together.

The Global Roadmap for Healthy Longevity



Global Roadmap for Healthy Longevity

8 Goals for 2050

1. **Economic and social benefits generated** by people living, working, volunteering, and engaging longer
2. **Social Infrastructure, institutions, and business systems** that enable safe and meaningful work and other community engagement at every stage of life
3. **Education and training** opportunities that promote participation in lifelong learning and growth
4. **Social cohesion** augmented by intergenerational connections and the creation of opportunities for purposeful engagement by older people at the family, community, and societal levels
5. **Social protections and financial security** that mitigate the effects of financial vulnerability at older ages
6. **Physical environments and infrastructure** that support functioning and engagement for people at older ages
7. **Integrated public health, social service, person-centered health care, and long-term care** systems designed to extend years of good health and support the diverse needs of older people
8. **Quality long-term care** systems to ensure that people receive the care they require in the setting they desire for a life of meaning and dignity



Global Roadmap for Healthy Longevity Domains

- **Longevity Dividend**

- Work and retirement
- Volunteering
- Lifelong Education and Retraining

- **Physical Environment**

- Housing
- Public Spaces and Infrastructure
- Safety
- Transportation
- Digital Technologies
- Climate Change and Environmental Hazards

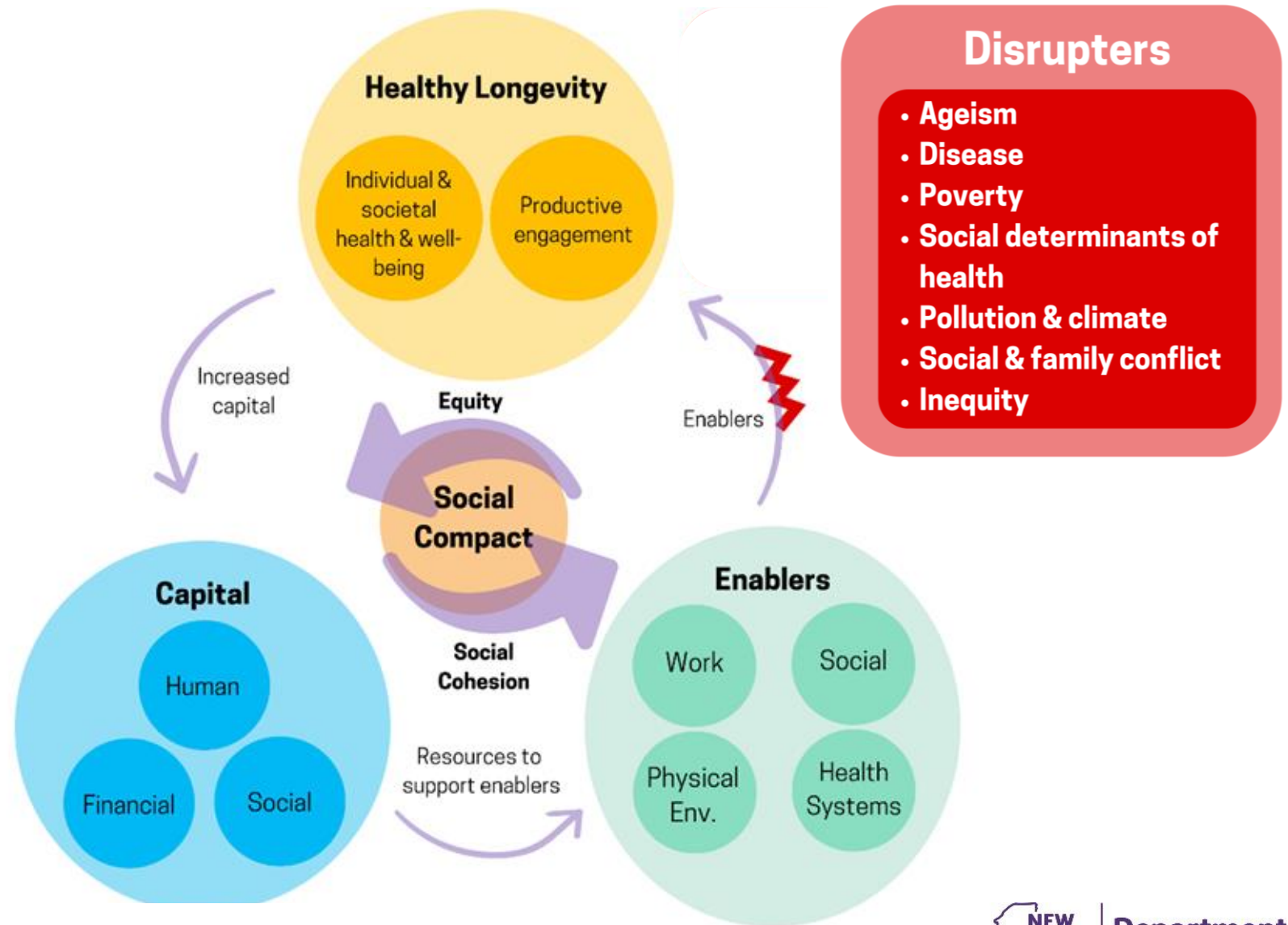
- **Social Infrastructure**

- Prosocial Strengths of Older People
- Ageism and Age Discrimination
- Social Inclusion
- Financial Security in Retirement
- Digital Literacy

- **Health Systems**

- Chronic conditions
- Public Health
- Health Care delivery
- Long-Term Care
- Health Care Workforce
- Geroscience, Technology, and Big Data Innovation

Vision 2050: All-of-Society Virtuous Cycle of Healthy Longevity



Vision 2050 – for Individuals

- All people are enabled to have *long lives with health and function into oldest ages, and have agency in the creation of health*
- *Aging-associated needs* are well met, for long lives of dignity
- Healthy older people have *full opportunity to engage in meaningful and productive activities* that meet their goals, whether working for pay and/or bringing their social capital to contribute to societal and intergenerational well-being and cohesion and leave a better future
- Loneliness and isolation are not the default experiences of aging
- Young adults have greater intergenerational support and more job opportunities
- Adults of all ages are valued

Healthy Aging Starts with Prevention: Subcommittee and Working Group Work

Jo Ivey Boufford, MD

MPA HEALTH AND WELLBEING SUBCOMMITTEE

Charter:

“Primary goal of Subcommittees is to collaboratively develop age-friendly initiatives that align with the Master Plan for Aging priorities from Governor’s Executive Order...identify and further develop past and current age-friendly initiatives and draft new initiatives where we find opportunities in our areas of focus.”

Objectives:

The NYS MPA should have prevention at its core. This means examining current State programs and policies to provide a supportive environment for prevention and promoting a healthy life span and identifying those areas of opportunity for evidence-based interventions to prevent premature death and disability, reduce unnecessary health and social care costs, and sustain and improve health and quality of life for aging and older New Yorkers.

WORKING GROUPS

- Promote and sustain physical and mental health, wellbeing and quality of life including primary and secondary prevention and self-management of chronic disease
- Mental Health and substance use disorders
- Cognitive Health
- Nutrition and food insecurity
- Access to Medicare, Medicaid and other annual wellness benefits

Why does New York need a Master Plan?

By 2030, **1 in 4 people** in New York will be aged **60 years** or over.

The **Master Plan for Aging** builds off our State's successes in **healthy aging**, emphasizing **aging in community** and improving the **lived experience** for **all ages and abilities**.



NEW YORK STATE'S MASTER PLAN FOR AGING

4.6
million

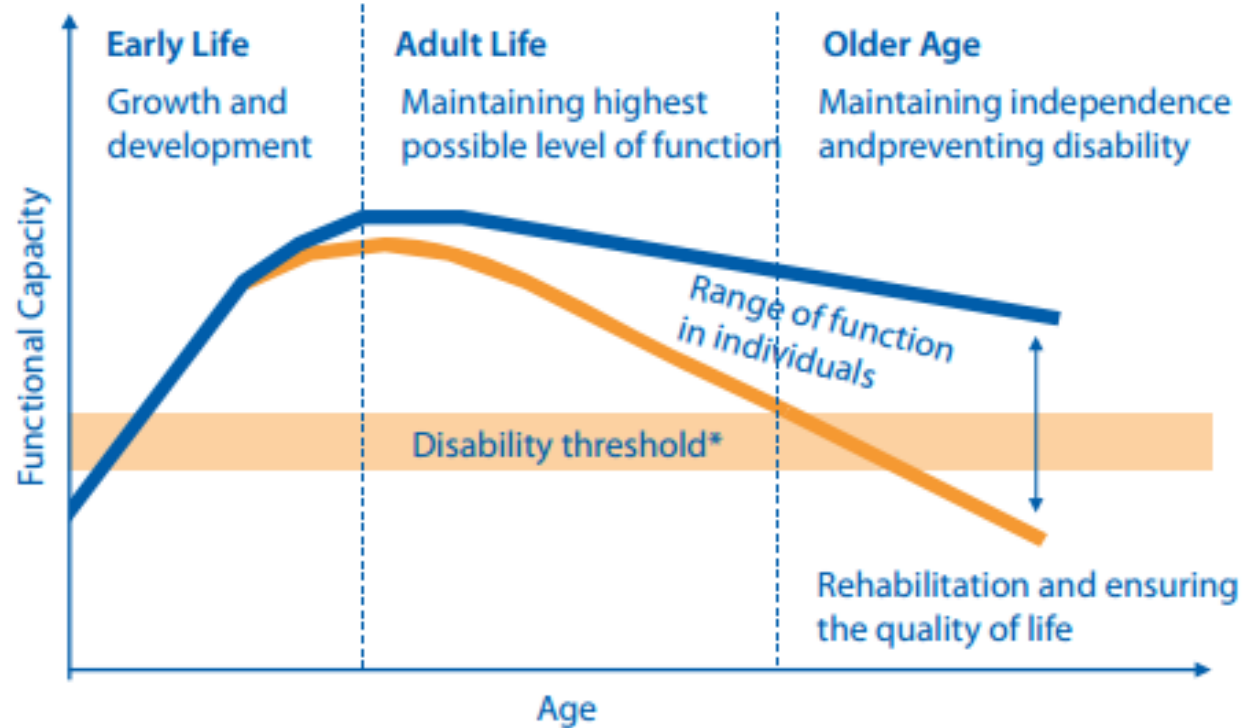
There are 4.6 million New York residents 60 years and older who contribute to the economic, social and cultural vibrancy of our State.



Department
of Health

WHO: AGING AND THE LIFE COURSE

- Half of all physical impairments arise after age 65.
- Improvements to the social, economic and built environment can slow or reverse the disability trajectory, facilitating independence and enhanced quality of life.



Source: Kalache and Kickbusch, 1997

EIGHT DOMAINS OF AGE-FRIENDLY COMMUNITIES AND LIVABILITY

Outdoor space
& buildings



Transportation



Communication
& information



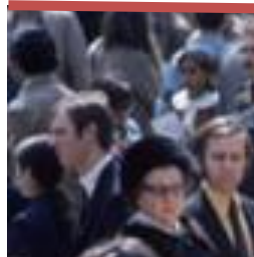
Housing



Respect &
social inclusion



Social
participation



Civic participation
& employment



Community support
& health services



New York is the first Age Friendly State in the Nation

New York is **the first 'Age-Friendly State'** in the nation because of our:

1. Outdoor spaces and buildings
2. Transportation
3. Housing
4. Social participation
5. Respect and social inclusion
6. Work and civic engagement
7. Communication and Information
8. Community and health services



MPATownHall@Health.ny.gov

NYS COMMUNITIES ARE IN THE GLOBAL NETWORK OF AGE FRIENDLY COMMUNITIES (AARP)

Town/ County	Town/County
Albany County Allegany County Big Flats Brookhaven Broome County Buffalo	Nassau County New York City North Hempstead Onondaga County
Champlain Chemung County	Oneida County Oswego County
Elmira city and town Erie County Glen Cove Great Neck Plaza Herkimer County Ithaca	Rochester Rockland County Saratoga County Schenectady County Southport Suffolk County
Keene Monroe County	Thompson County Westchester County

Traveling Together...

Health Across All Policies



AARP

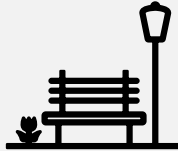


Intersecting
Priorities:
Prevention
Agenda & The
Master Plan for
Aging

2019-2024 Prevention Agenda Priorities Identified



Prevent Chronic Diseases



Promote a Healthy and Safe Environment



Promote Healthy Women, Infants and Children



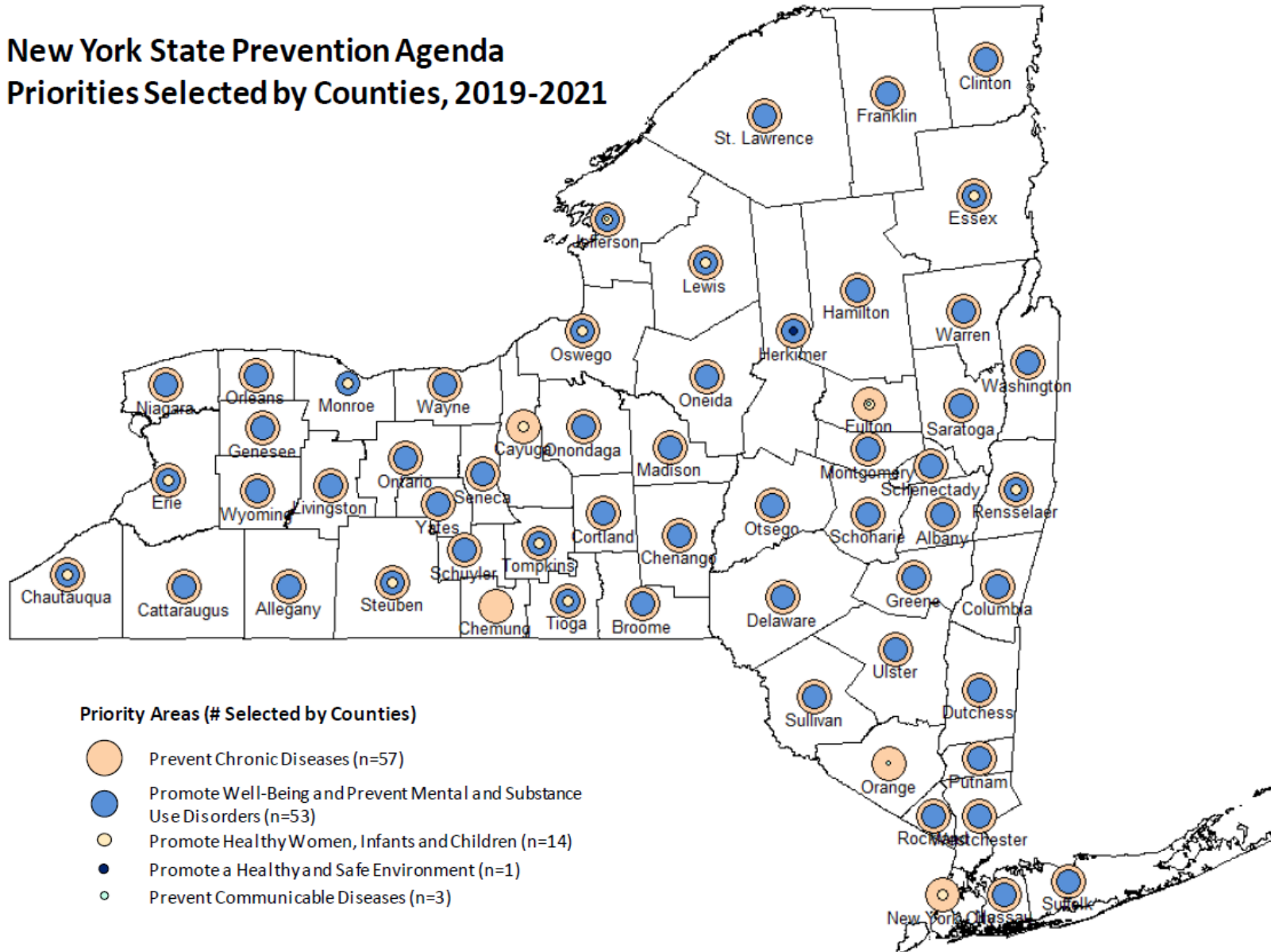
Promote Well-Being and Prevent Mental and
Substance Use Disorders



Prevent Communicable Diseases

Five Statewide Priorities

New York State Prevention Agenda Priorities Selected by Counties, 2019-2021

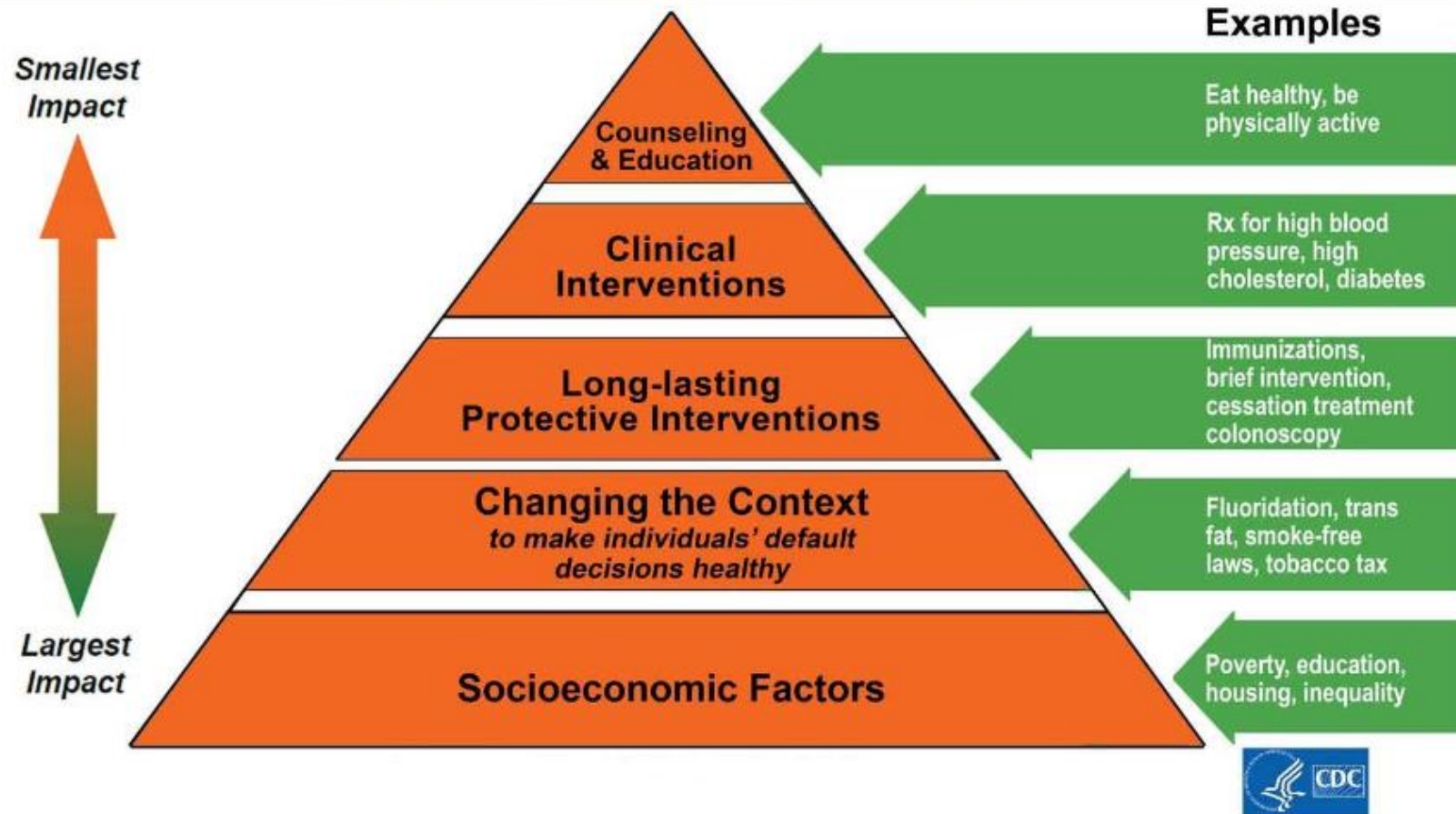


Types of Prevention

Primary	Secondary	Tertiary
Prevent disease, disability, and injury and promote maximum functioning	Early detection and intervention to resolve condition or slow declines in functioning and consequence of conditions	Individually tailored supports to maximize functioning and support life with meaning and purpose

CDC Health Impact Pyramid

Factors that Affect Health



Adapted from Thomas R. Frieden. A Framework for Public Health Action: The Health Impact Pyramid. American Journal of Public Health: April 2010, Vol. 100, No. 4, pp. 590-595. doi: 10.2105/AJPH.2009.185652

Working Groups- areas of activity

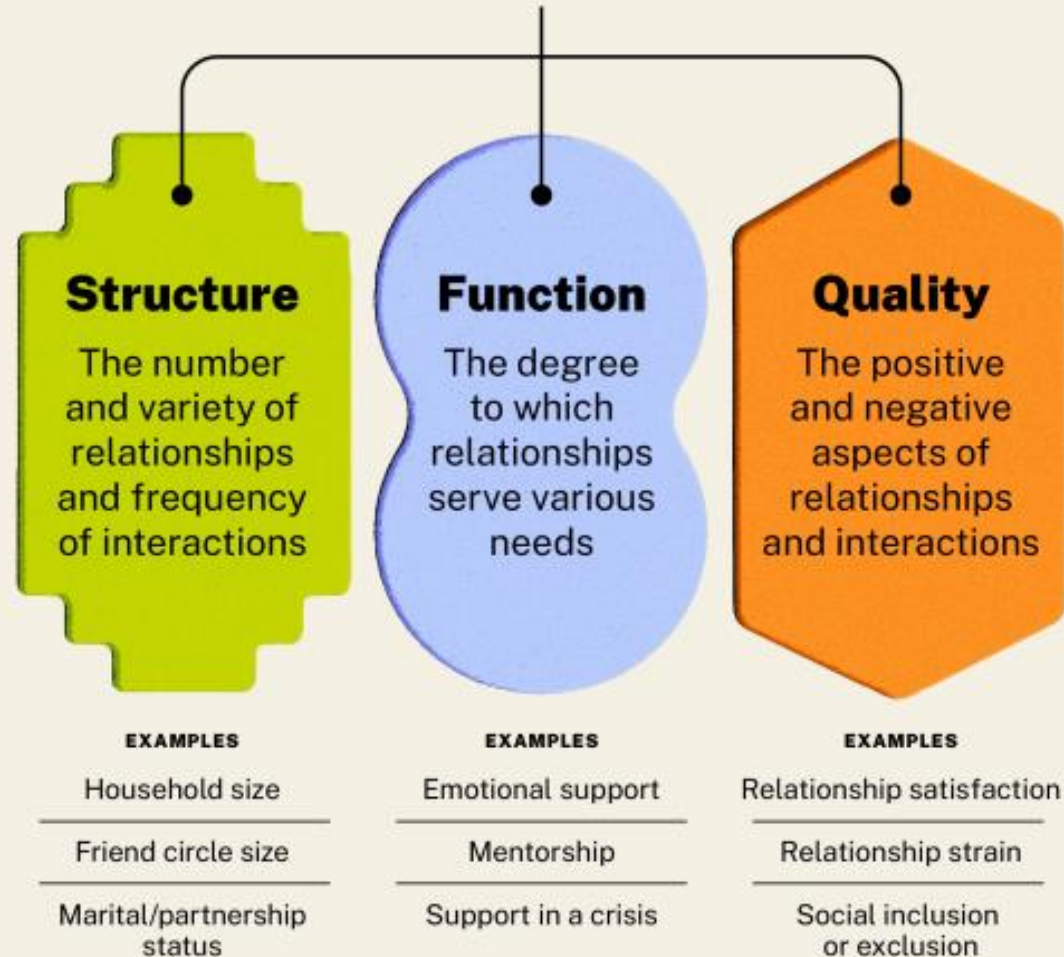
- Promote and sustain physical and mental health, wellbeing and quality of life (including primary and secondary prevention and self-management of chronic disease)
- Mental Health and substance use disorders
- Cognitive Health
- Nutrition and food insecurity
- Access to Medicare, Medicaid and other annual wellness benefits

Other themes important to prevention

- Social Isolation and Loneliness
- Agism and Stigma
- Equity and Disparities
- Easy Access to available services

The Three Vital Components of Social Connection

The extent to which an individual is socially connected depends on multiple factors, including:



Source: Holt-Lunstad J. Why Social Relationships Are Important for Physical Health: A Systems Approach to Understanding and Modifying Risk and Protection. *Annu Rev Psychol.* 2018;69:437-456.

US NAM - Vision 2050 for individuals

- All people are enabled to have *long lives with health and function into oldest ages, and have agency in the creation of health*
- *Aging-associated needs* are well met, for long lives of dignity
- Healthy older people have *full opportunity to engage in meaningful and productive activities* that meet their goals, whether working for pay and/or bringing their social capital to contribute to societal and intergenerational well-being and cohesion and leave a better future
- Loneliness and isolation are not the default experiences of aging
- Young adults have greater intergenerational support and more job opportunities
- Adults of all ages are valued



Department
of Health

Q&A

Please ask questions in the “chat” box on the bottom of your screen, or email us your question to:
grandrounds@health.ny.gov



Closing Remarks

**James V. McDonald M.D., M.P.H.
New York State Commissioner of
Health**

Continuing Education Credits

To receive continuing education credits, please fill out the evaluation and post-test:

<https://www.ualbanycphp.org/eval/SPHeval.cfm?id=650>

- CME, CNE, CHES and CPH credits are available

Thank you!