Healthy Aging

Living Longer Better

Report from Oklahoma's 2016 Governor's Healthy Aging Summit

Held April 12, 2016 at the Moore Norman Technology Center in Oklahoma City

S P O N S O R E D B Y

Oklahoma State Department of Health

OHAI
OKLAHOMA HEALTHY AGING INITIATIVE

I N C O L L A B O R A T I O N W I T H

OAHCP

Oklahoma Department of Veterans Affairs

LeadingAge Oklahoma

The University of Oklahoma College of Medicine

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Oklahoma's Healthy Aging Challenge

Collaborate across sectors to prevent falls, increase physical activity, reduce depression, and improve nutrition among older adults to increase healthy life expectancy in Oklahoma.

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- Oklahoma Governor Mary Fallin
- Terry L. Cline, PhD, Oklahoma Cabinet Secretary of Health and Human Services and Commissioner of Health
- Ronald Woodson, MD, President, Oklahoma State Board of Health
- R. Murali Krishna, MD, Past President and Member, Oklahoma State Board of Health
- Andrew Dentino, MD, Director of the Oklahoma Healthy Aging Initiative
- Henry Hartsell Jr, PhD, Deputy Commissioner for Protective Health Services, Oklahoma State Department of Health

We also want to thank keynote speaker Larry Wolk, MD, MSPH. Dr Wolk is the Executive Director and Chief Medical Officer, Colorado Department of Public Health and Environment. Dr Wolk inspired and challenged Summit participants with his message to create an environment for healthier lifestyles with his keynote session: "Key Takeaways from Collaboration."

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DEPRESSION

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NUTRITION

Enid Borden
Founder, President and CEO, National Foundation to End Senior Hunger

Executive Summary

This report provides an overview of the presentations and participant feedback from the 2016 Oklahoma Governor's Healthy Aging Summit. While the inaugural 2014 Summit was a call to collaborate, the 2016 Summit concluded with the beginnings of action plans for four focus areas: prevent falls, increase physical activity, reduce depression, and improve nutrition among older adults. The overarching priority is to increase years of healthy life expectancy for Oklahoma.

Front Left: Board of Health President Dr Woodson, Colin Milner, Governor Mary Fallin, Enid Borden. Top left: Cris Hart-Wolfe, Dr Sorocco, Commissioner of Health Dr Cline, Kathleen Cameron, and Deputy Commissioner of Protective Health Services, Dr Hartsell.

Summit Participants

The Summit brought together agencies under Governor Fallin's administration to promote healthy aging across a range of disciplines and fields. A central purpose of the Summit was to better align the agencies' efforts with a broad network of partners including tribal nations and community-based organizations. The central themes of deepening relationships, extending collaborative efforts, and defining points of coordination resounded in keynote presentations and workgroup discussions alike.

The Summit was held from 8:30 a.m. to 5:00 p.m. at the Moore Norman Technology Center, South Penn Campus, 13301 S. Pennsylvania, in Oklahoma City. More than 165 individuals participated and represented over 80 organizations from across the state. (See Appendix A for a directory of participants.) Types of organizations included:

- Adult Day Care Centers
- Assisted Living Centers
- City and County Health Departments
- Colleges and Universities
- Community Coalitions
- Developmental Disabilities Advocates
- Food Banks
- Health Insurance Companies
- Healthcare Consultants
- Healthcare Providers
- Home Health Agencies
- Licensure Boards
- Media Representatives
- Minority Social Services Programs
- Non-Profits
- Oklahoma State Cabinet Secretaries
- Professional Associations
- Residential Care Facilities
- Nursing Facilities
- Senior Centers
- Senior Citizens
- Social Service Programs
- State Agencies
- Students
- Tribal Representatives
- Veterans Affairs

Collaborative Action Plan Synopsis

The breakout sessions for each of the focus areas concluded with consensus building and commitment within each group for preliminary collaborative action plans. The Summit closed with a brief overview of those plans.

Falls: Chaired by Julie Myers, Oklahoma State Department of Health

The group agreed on the need for a collaborative strategic planning session to build the foundation for ongoing collaboration, funding, and a centralized resource center to prevent falls. The group will invite other stakeholders to engage in the strategic planning process to ensure sustainability and transparency. The group's objectives are to reduce the number of older adults who fall by 13% by 2019 and reduce the number of nursing homes residents falling with a major injury by 44% by 2019. The next step is to convene a strategic planning session in fall 2016.

Physical Activity: Chaired by Claire Dowers-Nichols, Oklahoma Healthy Aging Initiative

Key points from this group included social and cultural barriers to physical activity. This group also noted the need for coordination of available resources. While many resources are available, the general population is unaware of them. Barriers related to infrastructure are also pervasive. Collaboration, education, and training were identified as the most effective actions to increase senior physical activity. The objective for this focus area is to increase by 2019 the number of older adults participating in physical activity by 16%. The next step is to convene a working group in the fall of 2016 to prioritize suggested action items and pilot physical activity projects in communities.

Depression: Co-Chaired by Kenneth Jones, Oklahoma Department of Mental Health and Substance Abuse Services and Karen Orsi, Oklahoma Mental Health and Aging Coalition

This group set key directions including increasing workforce capacity to serve older adults, bringing interventions to older adults in community settings, building readiness in aging, mental health, and addiction networks, educating and screening for early identification, and developing referral resources and systems. The objectives are by 2019 to reduce older adults experiencing mentally unhealthy days by 15% and to reduce the number of days when older adults are limited in their daily routines due to mental health difficulties by an average of one-half of a day each month per person. Next steps include formally adopting the Older Adult Behavioral Health Plan (meeting with leaders to review and finalize as soon as possible), developing advocacy and education campaigns (meetings to convene in August and October), cross-training the workforce (schedule trainings in Lawton, Enid and Durant by September 2017), and integrating screenings and referrals (in progress with multiple stakeholders and initiatives).

Nutrition: Chaired by Lance Robertson, Department of Human Services, Aging Services

Many resources exist to improve nutrition but the challenge rests with coordination. Gaps include addressing how nutrition impacts and relates to other health indicators. Ideas to resolve poor nutrition among older adults must be bold, creative, and expansive. Non-publicly funded options may not have the capacity to meet increasing nutrition needs as state funding diminishes. The group will work to convey how significant and universal nutrition is for Oklahomans. The group's objective is to reduce by 2019 the number of older adults who are marginally food insecure by 4%. A core group will complete a plan as early as December.

The Summit in Review

Oklahoma's reinvigorated focus on improving senior health kicked off with the encouragement and support of Governor Mary Fallin at the first Oklahoma Governor's Healthy Aging Summit on December 15, 2014. The second Governor's Summit occurred sixteen months later, on April 12, 2016. While the Summits are the most visible activity, the Healthy Aging Collaborative members work together regularly. The collaborative provides a focal point for agencies and organizations engaged in healthy-aging related activities. The Summits are used to gather subject matter expert feedback, to assist in creating a collaborative statewide plan, and to raise awareness about the critical importance of healthy aging for our health system.

The work of the collaborative is inspired by a national public health focus on improving senior health. In 2014, Dr Jewell Mullen, then-president of the Association of State and Territorial Health Officials (ASTHO), challenged public health agencies across the United States to promote "Healthy Aging: Living Longer Better." Dr Mullen encouraged public health agencies to use a comprehensive approach built on the National Prevention Strategy depicted in Figure 1. The Collaborative patterned its Healthy Aging Objectives infographic (Appendix B) after the ASTHO President's Challenge and the National Prevention Strategy.

The 2014 Governor's Summit was held to energize and inspire participants, promote partnerships and collaboration among stakeholders, and reach an agreement on statewide goals for significant improvements in health outcomes for older adults. Participants of the 2016 Summit were asked to set priorities for the various focus areas and strategize ways to build capacity to improve senior health. This collaboration comes at a critical time as Oklahoma's senior health indicators worsened compared to other states. According to America's Health Rankings 2016 Senior Report, Oklahoma declined from a ranking of 46th in 2015 to a ranking of 49th out of the 50 states. A national ranking of 49th is very undesirable, because Oklahoma is only one rank away from having the most unhealthy older adult population in the United States. The report cited Oklahoma's top three challenges:

Descriptions of how organizations will use the information acquired at the Summit to improve the health of older Oklahomans and comments from participants are included for review in Appendix D.

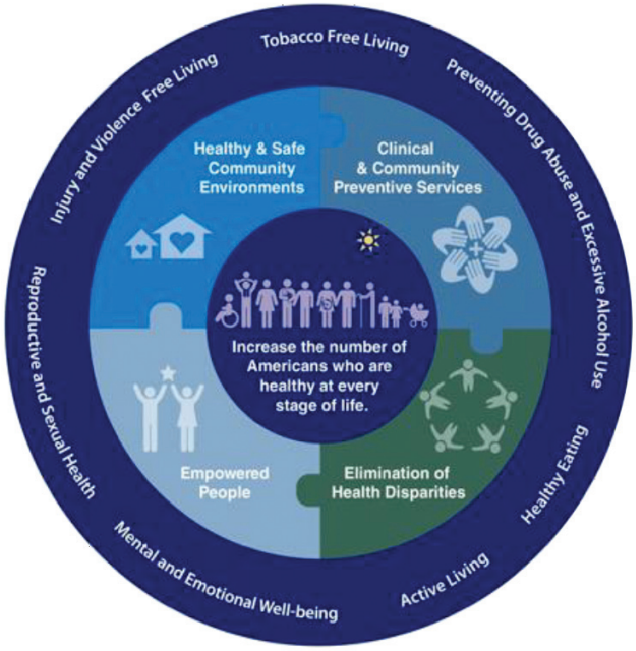

Figure 1: National Prevention Strategy

- High prevalence of physical inactivity
- Low percentage of health screenings
- High hip fracture rate

The 2016 Summit was formatted to provide several plenary sessions in the morning, concurrent working sessions for each focus area in the afternoon, and a concluding plenary session to share the collaborative action plans across the focus areas. (The detailed agenda is available as Appendix C.) Throughout the day, all participants were invited to engage with the Healthy Aging Collaborative by pledging their support online at http://healthyaging.health.ok.gov and becoming more involved by emailing the Collaborative at healthyaging@health.ok.gov.

Summit Recap

Claire Dowers-Nichols, Associate Director of the Oklahoma Healthy Aging Initiative, opened the Summit and introduced the first two speakers of the day: Dr Andrew Dentino, a geriatrician and psychiatrist who serves as the Director of the Oklahoma Healthy Aging Initiative and fills many other roles at The University of Oklahoma College of Medicine, and Dr Ronald Woodson, a cardiologist and President of the Oklahoma State Board of Health.

Dr Andrew Dentino

Dr Dentino welcomed the Summit attendees and asked them to think of themselves as very important representatives of a wide swath of Oklahoma society. He called on them as leaders in business, government, health, education, and provision of services for seniors to fully engage in the day's activities. Dr Dentino challenged participants to wrap themselves around these plans for change and advocate for healthy aging in each of their many roles in daily life at work and at home. He asked each audience member to make an agreement with one or more others in the audience to meet within a month of the Summit expand one's personal network by introducing oneself to at least three people and to ask oneself at the end of the day what one could do personally to advance healthy aging in Oklahoma.

"Set the example and commit to eat better, move more, and be tobacco free."
—Dr Woodson

Dr Ronald Woodson illustrated healthy aging and the role of public health with examples of his patients and family members who have aged well. Dr Woodson said prevention of chronic disease is a key to healthy aging. Dr Woodson talked about the progress his home town of Lawton, Oklahoma has made towards having a walkable, bikeable community with access to healthy food and exercise activities to combat obesity. Lawton was the first large city in Oklahoma to adopt a tobacco free citywide ordinance. As a result, Lawton's large businesses are following suit and smoking rates are down for adolescents and adults. To create a culture of health, Dr Woodson called for robust and diverse public and private joint partnerships of businesses, faith based organizations, non-profits, government agencies, and Oklahoma residents. Lastly, Dr Woodson challenged Summit participants to set the example and commit to eat better, move more, and be tobacco free.

Dr Larry Wolk, Executive Director of the Colorado Department of Public Health and Environment, presented the keynote address. He shared the five focus areas that had been identified in Colorado: dementia, falls, diabetes, suicide, and family community care. While discussing the influx of younger adults and the expected population shift of older adults, he noted that while the averages in Colorado look good, there are marked disparities among populations. He emphasized that economic development has the single greatest impact on the public's health.

Based on the Colorado experience, Dr Wolk encouraged Oklahoma to look at current programs and incentives to discover why those might be underutilized. Furthermore, he stressed the need to pool resources and gather funding. When speaking of dementia, Dr Wolk urged the use of non-pharmacological interventions. He also stressed the need for evaluation of programs with a focus on cost-benefit analysis to determine effective programing. Throughout all efforts, he stressed that the identification and engagement of funding sources (insurance companies, non-profits, and federal grants) were instrumental to success. Colorado found that actual disparities and appropriate program target goals could be identified by stratifying data and mapping it to communities. Strategies will be

realized by inviting internal and external partners to share their perspectives. Change was made in Colorado through targeted engagement, meaningful collaboration, and strategic planning.

Dr Wolk charged Summit participants to "make sure geographically and community wide that the places where older adults live… are safe, affordable, walkable, healthy and inclusive." Dr Wolk said we must ensure that "older adults are actually included in the decision making and that they feel they are connected and have a sense of belonging." These and other reflections on the work in Colorado set the tone for the panel discussion and afternoon breakout sessions.

"Make sure geographically and community wide that the places where older adults live… are safe, affordable, walkable, healthy and inclusive. [Ensure] that the older adults are actually included in the decision making and that they feel they are connected and have a sense of belonging."
— Dr Wolk

Lance Robertson introduced the panel discussion on the four focus areas. Panelists recommended that participants engage caregivers and elders in the process, include a variety of organizations in the plan to distribute information, and incorporate education on fall prevention, healthy food choices, resources for addressing depression, and the importance of exercise.

Dr Henry Hartsell Jr., a deputy commissioner with the Oklahoma State Department of Health, opened the afternoon session by introducing Dr R. Murali Krishna. Among his many roles and accomplishments, Dr Krishna is a member and past president of the Oklahoma State Board of Health, the co-founder, president and chief operating officer of the INTEGRIS Health James L. Hall Jr. Center for Mind, Body and Spirit, and founding president and president emeritus of the Health Alliance for the Uninsured. Dr Krishna is a great example for those aspiring to build better partnerships in their communities.

Dr Henry Hartsell Jr.

Dr R. Murali Krishna invited participants to join him in a mindfulness exercise. Dr Krishna said that "our thoughts, our emotions, our attitude towards life, our interactions, and our connectivity accumulate to determine the individual's and the community's state of health." Dr Krishna took the audience through a brief demonstration of mindfulness, which focused on feeling the power of the present moment and experiencing that feeling without judgement. Dr Krishna shared that many of today's poor health outcomes stem from an individual's mind-body connection and a lack of "brain skills." Dr Krishna tasked the audience with being mindful and becoming connected as a better human being and not living life isolated from one's community as though they were living on an island.

"Our thoughts, our emotions, our attitude towards life, our interactions, and our connectivity accumulate to determine the individual's and the community's state of health."
— Dr Krishna

Following an introduction by Dr Krishna, Oklahoma Governor Mary Fallin shared her experience with aging and caring for her aging mother while serving as Lieutenant Governor and being a mother herself. She asserted that older adults are a growing resource and add value to the State of Oklahoma. The Governor spoke of her intent to support the work on falls, physical activity, depression, and nutrition, in the remaining three years of her second term as Governor. The objectives for the focus areas are shown in Figure 2.

After describing these objectives and the impact of reaching them, Governor Fallin asked the participants to focus on three things in the breakout sessions. First, the Governor asked the audience to identify what Oklahoma does well and to build upon and share those various programs. Second, she asked that the participants set priorities for Oklahoma in each of the four focus areas. Third, Governor Fallin charged participants to develop a foundation of collaborative plans that can be acted on to improve health, "not just to make a report that we put up on the shelf but to have actual steps to actual goals with specific dates and numbers so we will know where we are going." The Summit participants then divided into groups to work on Governor Fallin's charge to develop meaningful action plans to improve the health of older Oklahomans.

"Develop collaborative plans that can be acted upon to improve health, not just to make a report that we put up on the shelf."
—Governor Mary Fallin

FIGURE 2: HEALTHY AGING COLLABORATIVE OBJECTIVES FOR 2019 BY FOCUS AREA

- **Prevent and Reduce Falls**
  - Reduce the number of older adults who fall by 13%. If we do this, 21,000 older adults will avoid falling each year.
  - Reduce the number of nursing home residents falling with a major injury by 44%. 1,700 nursing facility residents will avoid serious injury from a fall each year.
- **Improve Nutrition**
  - Reduce the number of older adults who are marginally food insecure by 4%. This means 3,000 older adults will not have to choose between eating regularly and purchasing medications or paying bills.
- **Increase Physical Activity**
  - Increase the number of older adults participating in physical activity by 16%. An additional 57,000 older adults will exercise at least once per month. Regular activity can improve appetite and balance, reduce falls, and help alleviate depression.
- **Reduce Depression**
  - Reduce older adults experiencing mentally unhealthy days by 15%. 15,000 fewer older adults in Oklahoma will report experiencing mentally unhealthy days.
  - Reduce days when older adults are limited in their daily routines due to mental health difficulties by half of a day per month on average. That may not sound like much, but added together for a year it represents 3 million fewer days when older Oklahomans are limited in their daily routines.

Focus Area Concurrent Sessions

Each of the four afternoon concurrent breakout sessions hosted a customized keynote presentation to inspire small teams. Those teams were then tasked with contributing to the development of collaborative action plans on one or more focus areas based on the National Prevention Strategy developed by the National Prevention Council and published by the Office of the Surgeon General. Throughout the sessions, participants provided information on ways to create healthy aging policies, foster age-friendly communities, and strengthen the current workforce, programs, and systems. Joint participation was essential to launch collaborative efforts and ensure the commitment of the stakeholders' continued collaboration to improve health outcomes for older adults in Oklahoma. A team-based approach identified actionable strategies. Descriptions of the breakout sessions follow.

Falls Background

Falls are the leading cause of nonfatal injuries in every age group and are the leading cause of injury death among adults 65 years and older in the United States according to the Centers for Disease Control and Prevention (CDC). Most fall injuries happen in predictable, preventable ways. Most falls happen in homes and are entirely preventable. Simple changes in lighting, housekeeping and furniture arrangement can make older adults less susceptible to falling in their homes. The Injury Prevention Service at the Oklahoma State Department of Health reports that approximately 7,000 older adults are hospitalized, and more than 350 die, from a fall every year in Oklahoma. The Centers for Medicare & Medicaid Services indicates through claims data that acute care hospital charges alone total nearly $237 million. As seen in *America's Health Rankings 2016 Senior Report*, Oklahoma ranks 38th in the nation for falls among older adults. The rankings are based on 50 states, with the first having the best results and 50th having the worst. Data from the Behavioral Risk Factor Surveillance System (BRFSS) show that the rate of falls in Oklahoma has improved: the percent of older adults who report falling at least once has decreased from 32.6% in 2014 and 2015 to 30.8% in 2016. Fall prevention tips for older adults are given in Figure 3.

The Summit's Focus on Falls

Kathleen A. Cameron delivered the keynote presentation for the focus area to prevent and reduce falls. Ms. Cameron is the Senior Director of the National Falls Prevention Resource Center, National Council On Aging (NCOA). With the premise that everyone can make a difference, Ms. Cameron confirmed that falls and fall-related injuries and deaths are common, impactful, and costly. Falls are often predictable and largely preventable.

Figure 3: Fall Prevention Tips for Older Adults

- ✔ All rooms in older adults' homes should be well-lit. Put in brighter light bulbs, add lighting to dark areas and install night lights in bedrooms, bathrooms, and hallways.
- ✔ Clutter and tripping hazards can cause a person of any age to fall. Make sure all pathways are clear and clean.
- ✔ Arrange furniture to ensure that there is always a clear pathway to enter and exit a room.
- ✔ Many falls occur on stairs and steps. All stairwells should be well-lit, clear of all objects, and have handrails on both sides.
- ✔ Older adults with hip or bone weakness, arthritis, osteoporosis, and blood pressure fluctuation are more prone to falls. Those suffering from neurological conditions, Parkinson's disease, multiple sclerosis, or Alzheimer's disease are at an increased risk for falling as well.
- ✔ Have a doctor assess an older adult's risk of falling and suggest changes in an older adult's medications or lifestyle to reduce the risk of falling.
- ✔ Let doctors know about past falls. A fall can be a sign of a new medical problem that needs attention.

After describing the national Falls Free® Initiative, which is comprised of 43 State Falls Prevention Coalitions, Ms. Cameron shared a variety of current practices to reduce and prevent falls. Figure 4 delineates the effectiveness and return on investment of fall prevention programs. Resources and examples of collaborative approaches were included. The public may access the NCOA's national clearinghouse of tools, best practices, and other information on falls and falls prevention online at www.ncoa.org/healthy-aging/falls-prevention/.

Ms. Cameron stressed that two important clinical interventions are a medication review and vitamin D supplement. The benefits of prevention programs were illustrated in Figure 4 in terms of the return on investment dollars. Examples of interagency collaboration were included in the presentation.

Evidence-based falls prevention programs that were discussed included:

- CDC's STEADI
- A Matter of Balance
- Tai Ji Quan: Moving for Better Balance
- Tai Chi for Arthritis
- Stepping On
- Otago Exercise Program
- Stay Safe, Stay Active
- FallScape
- Yak Trax Walkers

During the breakout session, 36 participants representing 32 different programs from 26 organizations worked to identify existing resources, prioritize gaps, and start a collaborative action plan to prevent falls among older Oklahomans. Recurring themes emerged across the work tables and across the topics. A modified affinity diagram exercise was used to group items into major categories. Oklahoma does well with the resources at its disposal: existing balance and exercise programs, community centers, and fall prevention and education materials for the general public and healthcare providers. Gaps were grouped into these categories:

- Access to Care
- Central Repository (no cost resources; identification of programs; awareness of resources; sharing; materials/readability/special populations; best practices; tools/interventions/assessment; data visibility)
- Collaboration (community capacity; care transitions)
- Education (geriatric, providers, volunteers and others)
- Funding
- Strategic Planning (data collection; high risk groups; acuity levels; special needs)
- Technology
- Time
- Workforce

Did you know? Many people who fall (even if they are not injured) develop a fear of falling. This fear may cause them to limit their activities, leading to reduced mobility and loss of physical fitness, which in turn increases their actual risk of falling.

- Encourage older adults to stay active and exercise regularly.
- Doctors can refer older adults to physical therapists to help improve walking confidence.

Figure 4: Effectiveness and Return on Investment of Fall Prevention Programs

Falls Prevention Program	Effectiveness	Net Benefits and ROI
Tai Chi: Moving for Better Balance	Fall rate among participants was reduced by 55%	Net Benefit = $530 ROI = 509%
Stepping On	Fall rate among participants was reduced by 30%	Bet Benefit = $134 ROI = 64%
Otago Exercise Program (adults 80+)	Reduction of 35% in adults over age 80	Net Benefit = $429 ROI = 127%
A Matter of Balance	Significant increase in falls efficacy, falls management, and falls control	Total cost savings per Medicare beneficiary = $938

During the discussion of gaps, the need for strategic planning, funding, and a centralized resource center related to fall prevention emerged as the most common themes.

Collaborative Action Plan Highlights for Falls

With the aim to prevent falls among older adults in nursing facilities and in the community, the discussion highlighted the need to establish a fall prevention coalition under the auspices of an existing structure or collaborative group. The coalition would then form a centralized resource center for resources and materials related to fall prevention. Strategic planning items include funding, the development of a communications network among stakeholders, review of data to identify high risk populations and formulate a targeted approach, and selection of core messages for target audiences. Ideas for the collaborative action plan were grouped into these categories:

- Central Repository (no cost resources; identification of programs; awareness of resources; sharing; materials/readability/special populations; best practices; tools/interventions/assessment; data visibility)
- Collaboration (community capacity; care transitions)
- Education
- Funding
- Policy
- Strategic Planning (data collection; high risk groups; acuity levels; special needs)
- Workforce

Some of the core interventions that were repeated within and across the small discussion groups included:

- Inspect and modify environments (home and workplaces)
- Assess individual risk and modify conditions to minimize risk
- Review medications at each care transition point
- Increase physical activity
- Leverage technology for quality and access

Conclusions for Falls

Participants agreed that stakeholders, potential fall prevention champions, and targeted population segments could be reached through a well-developed communications network. The network would include faith-based organizations, professional associations, student organizations, membership organizations, insurers, and existing networks in the public sector. The group may elect to form small groups to collect appropriate and audience specific resources. Participants discussed focusing on communication vehicles that reach at-risk individuals. Those vehicles may include targeting workplaces, assisted living communities, continuing care retirement communities, nursing homes, physician offices, and emergency rooms. Possible modes of communication include educating and coordinating student teams from allied health, nursing, and medical schools, as well as providing education, training, and materials to healthcare providers, emergency response personnel, and home health workers. The Summit participants and other identified stakeholders will convene in the fall at a strategic planning session.

Physical Activity Background

Currently, Oklahoma is ranked 49th in physical inactivity. Nearly 40% of adults aged 65 and over in fair or better health had no leisure time physical activity in the previous 30 days, according to *America's Health Rankings 2016 Senior Report*. The rankings are based on 50 states, with the 1st having the best results and 50th having the worst. The Centers for Disease Control and Prevention (CDC) has documented that physical activity decreases with age. This, combined with the rapid aging of the population, exacerbates the problems associated with physical inactivity. According to the CDC, the benefits of moderate levels of physical activity include:

- Reduces fall risk and bone fracture
- Improves mood and feelings of well-being
- Reduces risk of dying from coronary heart disease
- Reduces chances of developing diabetes
- Helps people with chronic conditions improve strength and stamina
- Helps control pain from arthritis

The Summit's Focus on Physical Activity

Colin Milner of the International Council on Active Aging delivered the keynote for this session. The presentation highlighted the importance of maintaining physical activity levels as we age, the benefits of doing so, and some motivational techniques to maintain levels of physical activity as we age.

Milner also discussed the growing diversity of the aging population, which prompts a need for person-centered solutions and a variety of methods for people to become physically active. The group was divided into six smaller groups and each of these smaller groups was tasked with identifying existing resources, potential resources, and existing gaps, as well as with formulating action plans. From the 51 resources captured, the most resonant themes from the discussion were grouped into these categories:

- Concept
- Education resource
- Existing program
- Future resource
- Information resource
- Organization
- OSDH (Oklahoma State Department of Health)
- Resource funding
- Resource provider

Oklahoma does well in developing and providing physical activity resources for older adults. Several specific resources were mentioned by different groups such as churches, senior centers, gyms, assisted living centers, and schools and universities. Oklahoma is not resource deficient in terms of seniors and physical activity but the lack of collaboration, exposure, and dissemination is problematic. The discussion then turned towards a focus on gaps working against Oklahoma seniors maintaining high levels of physical activity. Many specific gaps were indicated by different groups. Some of the more prominent gaps identified involved cultural and social issues, infrastructural issues, and informational issues. Many of these types of gaps can be bridged using quality collaborations and partnerships as well as efforts to exact some social and cultural changes among older Oklahomans. Analysis revealed 42 gaps that were grouped into these categories:

- Cultural/Social
- Financial
- Informational
- Infrastructural
- Logistical
- Organizational

Collaborative Action Plan Highlights for Physical Activity

A multitude of approaches, ideas, interventions and actions were suggested after the analyses of resources and gaps. The 39 action plan components were concerned with collaboration, education, fiscal/budget/funding, incentives, infrastructure, and training. The vast majority of actions plans incorporated collaboration and/or education. The key steps for a collaborative action plan included:

- Reframe the message of "exercise" so that it is thought of as a more positive experience, rather than its current negative connotation. This could include a marketing campaign.
- Work with gyms to be more inclusive of seniors. For instance facilities could have special programming for older adults during off-peak hours.
- Collaborate with transportation services to pick up seniors for daily activities. Many older adults experience challenges accessing safe, climate controlled venues.
- Incentivize physical activity. Work with insurance companies to offer financial incentives to members who participate in regular exercise.

Conclusions for Physical Activity

Volunteers were sought to lead a work group to further explore these ideas and recommendations. Several participants expressed interest and the group will hold its first meeting in the fall of 2016. The group will prioritize the suggested action items by feasibility and potential impact, then pilot projects in identified communities.

Depression Background

Older Oklahomans report frequent mental distress at rates higher than their peers in the region or the nation, according to the Behavioral Risk Factor Surveillance System (BRFSS). Additionally, the *America's Health Rankings 2016 Senior Report* indicated that Oklahomans 65 and over have the 47th worst rank in depression indicators among the 50 states. Oklahoma clearly has room for improvement in terms of the mental health of its older adults.

The initial step to address geriatric behavioral health was the development of a plan and strategy. In partnership with

Figure 5: Brief Overview of the Commitments to Action Outlined in the Proposed Older Adult Behavioral Health State Plan

Screenings – introduce behavioral health screenings to other networks; provide referral information to the networks; support the development of partnerships to provide early identification, screening and referral

Suicide – provide training in suicide prevention to staff having contact with older adults, information and referral staff, support staff; raise awareness among older adults and the community; include the **Suicide Prevention Lifeline 1-800-273-TALK (8255)** in older adult programs and materials; partner with Oklahoma Suicide Prevention Council

Evidence Based – To train various aging network staff in Screening, Brief Intervention and Referral to Treatment (SBIRT) and Question, Persuade and Refer (QPR); secure sustainable funding to expand Healthy IDEAS to case managers

Education – identify opportunities to educate about behavioral health issues, substance use, gambling, medication misuse, parity, Medicare, caregivers; Develop collaborative partnerships

Integration – Map behavioral health resources for distribution to various networks; Support and participate in inter-agency meetings to improve access; promote Aging and Disability Resource Consortium (No Wrong Door); Increase Oklahoma Mental Health and Aging Coalition membership

Cross Training and Workforce – Provide cross-cutting older adult behavioral health training and referral information; older adult peer support specialty certification

Comprehensive System of Care – Metropolitan Area Projects (MAPS) Senior Wellness Centers – Provide structure for a truly integrative system to address older adult wellness to include physical health, mental health, substance use and addictions, caregiver support, socialization, exercise, nutrition, wellness programs, chronic disease self-management, education, creative expression, and recommendations from participants

Oklahoma agencies and advocates, an *Older Adult Behavioral Health State Plan* was developed as a blueprint for Oklahoma. A brief overview of the plan is presented in Figure 5. Oklahoma has done well in its collaborative approach to create this blueprint with the leadership of the three major agencies. A core issue identified in the plan is early identification and treatment of behavioral health disorders. The final draft of the proposed Older Adult Behavioral Health State Plan outlines strategies to address geriatric mental health and provides the foundation for the collaborative depression action plan. A partnership between the Administration on Aging (AoA) and Substance Abuse and Mental Health Services Administration (SAMHSA) encouraged states to develop older adult behavioral health plans and resulted in the creation of Oklahoma's Plan. Leadership for the creation of a plan for older Oklahomans was provided by the Department of Human Services, Division of Aging Services (DHS), with the intention of a collaborative adoption of the Plan by DHS, Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and the Oklahoma Health Care Authority (OHCA).

The Summit's Focus on Depression

Dr Kristen Sorocco

The keynote speaker, Dr Kristen Sorocco, Associate Professor, Donald W. Reynolds Department of Geriatric Medicine, at the University of Oklahoma College Of Medicine, presented "Unlocking Access to Mental Health Care." Karen Orsi provided an introduction to the proposed Older Adult Behavioral Health State Plan, and the ensuing discussion was facilitated by Dennie Christian and Dusti Brodrick, Regional Partnership Consultants with the Oklahoma State Department of Health.

The facilitators helped participants become more aware and comfortable with partner strengths and abilities to address depression in older adults, gain buy-in from participants for the action plan, to identify steps needed for the implementation of the action plan, and identify potential lead agencies to adopt evidence based practices of early

detection, screening, and referrals. Discussions were moderated concerning the need for interventions, barriers and challenges, technical assistance, outcomes and the need for agency/organizational champions for older adult behavioral health, screening, referral and education and training. Some of the challenges discussed were:

- No or limited funding for geriatric mental health
- Few evidence based programs for older adults exist, funding is necessary for implementation
- Oklahoma's workforce lacks a sufficient number of mental health and addiction providers
- Oklahoma's workforce is even more limited in the number of geriatric professionals
- Older adults are not literate in behavioral health issues, are unfamiliar with treatment and/or recovery, and have a limited knowledge of parity and Medicare behavioral health benefits
- Older adults primarily utilize primary care services and do not use mental health or addiction services

In light of the challenges, the following key points of direction were suggested:

- Increase the capacity of the workforce to serve older adults
- Bring interventions to older adults in community based settings
- Build readiness in the aging, mental health, and addiction networks
- Identify depression early through education and screening
- Develop behavioral health resources for older adults
- Develop a system for referral

Collaborative Action P\lan Highlights for Depression

Five bold steps along with various supports and recommendations were identified as necessary to achieving the vision embodied in the proposed model for an Older Adult Behavioral Health State Plan.

Five Bold Steps

- Identify depressive symptoms early
- Integrate screenings and referrals into existing systems
- Cultivate a well trained workforce, capable of culturally appropriate and sensitive services
- Assess interagency status and education on mental health; cross-train to various networks such as health, mental health, addictions, disability, aging; collaborate between agencies and shared trainings
- Go statewide with an anti-stigma media campaign

Additional Recommendations

- Universal screening tool
- Educational awareness
- Spiritual faith-based advisory support group
- Identify organization in charge
- Collaborative efforts
- Environmental assessments
- Work with licensing boards to identify specialty practitioners
- Compile referral packets containing education, awareness and resources
- Collaborate, develop and share an information exchange
- Interdisciplinary training for staff and providers
- Therapy support groups
- Develop program to share
- Help agencies prioritize goals and actions
- Media campaign to decrease stigma
- Use National Alliance on Mental Illness (NAMI) tools and faith based tools, and advertise the tools

The two core activities of the collaborative action plan were derived from the state plan:

Workforce: Develop the capacity of the existing workforce through training and technical assistance

- Provide training to mental health center staff and clinicians to increase their older adult competencies
- Provide training on behavioral health issues to directors, staff and support staff of providers of aging services

Screenings: Improve early identification through screenings and a system for referral to treatment into existing older adult services and activities

- Provide screening tools (PHQ9, Geriatric Depression 15 question self-administered screening tool, 2 question screening tool) and determine where and how to implement them

- Provide technical assistance in utilizing and scoring the tools
- Provide technical assistance to develop guidelines for screening, engagement and follow-up
- Provide technical assistance to determine appropriate behavioral health resources
- Provide technical assistance to develop a system for referrals

Conclusions for Depression

While the challenges and barriers to reduce depression in older Oklahomans are complex, the initial steps identified are the formal adoption of the Older Adult Behavioral Health State Plan, the implementation of strategies to expand the workforce through cross-training initiatives, and the integration of screenings and referrals to existing community based settings. Additionally, the project plans to build readiness in the aging and mental health networks through a learning collaborative. Next steps include formal adoption of the Older Adult Behavioral Health Plan (meeting with leaders to review and finalize as soon as possible), develop advocacy and education campaigns (meetings to convene in August and October), cross-training the workforce (schedule trainings in Lawton, Enid and Durant by September 2017), and integrating screenings and referrals (in progress with multiple stakeholders and initiatives).

Food insecure senior

Nutrition Background

Within the broad scope of nutrition, many significant issues could be explored that undeniably impact the health of a state's aging population. Some indicators are historically measured and connect directly, such as overweight/obese and under-weight populations. Other indicators are seemingly less obvious but still impactful, such as fruit and vegetable consumption and hydration. For the Healthy Aging Collaborative, the initial goal focused on food insecurity and that issue remains the focal point for nutrition. The stated objective for the nutrition area is to *"reduce the number of older adults who are marginally food insecure by 4%."* Achieving this objective would result in approximately 3,000 older Oklahomans being removed from the food insecure roster and no longer having to make painful decisions like purchasing medications or paying bills rather than eating.

Food insecurity is a relatively new focus within health evaluation. Various national organizations, including the Association of State and Territorial Health Officials (ASTHO) now note that one of the most significant emerging healthy aging priorities is food insecurity. Experts are now realizing the impact of these new, emerging issues on the overall health of an aging population and give them equal bearing to the traditional indicators. Food insecurity, along with emerging issues like medication assistance and domestic abuse, are arguably as important to address. Packaging together the traditional and emerging priorities paints the clearest picture of the challenge states have in truly affecting health.

By definition, food insecurity is the state of being without reliable access to a sufficient quantity of affordable, nutritious food. Packed within that definition are four important aspects: reliable access, sufficient quantity, affordability, and nutritious food. The absence of any of those aspects creates an imbalance for properly evaluating food insecurity. Evaluating food insecurity is best done by using USDA's Core Food Security Module (CFSM). This tool is used nationally to assess the extent and severity of household food insecurity.

Globally, more than 800 million people are considered food insecure. In America, 46.5 million Americans are food insecure, translating into one in seven (1 in 7) or 14%. Approximately 17.1% of Oklahomans age 60 or older are food insecure according to *America's Health Rankings* 2016 Senior Report. That translates to 128,250 older Oklahomans. The State of Oklahoma ranks 41st nationally, but the trend line is concerning. In 2014 Oklahoma ranked 29th with a rate of 14.2% but saw a jump in 2015 at 33rd and 15.4% respectively. Rankings are based on 50 states, with the 1st having the best results and 50th having the worst.

The Summit's Focus on Nutrition

Ms. Enid Borden

The group participating in the afternoon Summit session on nutrition was diverse, with representatives from higher education, meal providers, community leaders, and state/local government. The keynote for the session was Ms. Enid Borden, the Founder, President and Chief Executive Officer of the National Foundation to End Senior Hunger (NFESH). Prior to founding NFESH, Ms. Borden served as the President and CEO of the Meals On Wheels Association of America (MOWAA) and is recognized for elevating food insecurity into the national spotlight. Listed as one of the "Everyday Heroes: 50 Americans Changing the World One Nonprofit at a Time," Ms. Borden is an inspiring leader and preeminent authority on senior hunger in America. Her speech focused on the criticality of having the correct reimagined and bold focus, where rather than stopping the hungry (symptom) you stop the hunger (cause). Additionally, Ms. Borden shared her belief that the current path the United States has taken to address food insecurity has proven to be insufficient and unsustainable, prompting the demand for a new approach.

Following the keynote, participants acknowledged that many resources exist but limited coordination occurs. The challenge of coordination brings about an obvious and secondary challenge of identifying service delivery gaps and in some cases overlap. Several clusters of meal service programs exist that mutually target the elimination of food insecurity, or more aptly, attempt to offer a regular meal to a senior in need at no cost.

1. In terms of spending and penetration, the largest cluster would be the programs funded by state and federal dollars that exist, at least in part, to help with feeding. The Older Americans Act program, the ADvantage Waiver, other Medicaid-funded waivers, and the Supplemental Nutrition Assistance Program (SNAP) program assist older adults in need by providing over seven million meals annually in Oklahoma.
2. Formal community organizations of noticeable size also provide countless meals each year. These efforts are financed primarily through non-public funding and include the work of Oklahoma's two regional food banks and the Meals on Wheels program.
3. Smaller, more localized community programs make up the final sector and are often more difficult to track and account for given the lack of unified reporting at this level. This would include all the work done by faith based organizations and churches, as well as farmers markets, community gardens and food pantries.

Two other focus points dominated the session time. The first was the realization that given budget constraints, certainly as they exist at present for the State of Oklahoma, more pressure will shift towards non-publically funded programming. A shift in balance will need to occur where the dependency on federally and state funded programs lessens to account for struggling budgets. Private support must grow to strengthen the service delivery capacity for local and community based programs. The other focus point centered on capturing the significance of this issue for the state and the connectedness food insecurity has with all other health variables.

Collaborative Action Plan Highlights for Nutrition

In the face of constricting funding, reducing the number of food insecurity older Oklahomans by 4% will require a creative, multi-faceted approach. While recognizing 4% is a modest goal, the reality is that once the proper measures are deployed the impact will very likely exceed this target. Some of the more substantive impacts will involve changes in the system. Several action items worth highlighting include:

1. Better capture the existing service delivery system. As referenced earlier, several different sectors exist and it is imperative that more coordination occurs. Coordination will lead to a better understanding of existing systems, which should then lead to better collaboration, and a stronger likelihood of acquiring additional funds.
2. Partner with national organizations for help. Only a handful of national organizations truly focus on food insecurity for older adults and a couple of federal agencies have a dedicated program area, namely the United States Depart-

ment of Agriculture and the United States Administration for Community Living. Relationships are important and Oklahoma must explore ways to strengthen relationships with these federal entities. Exciting work is also taking place in the non-profit sector through the work of the National Association of States United for Aging & Disability (NASUAD), the Meals on Wheels Association of America (MOWAA), and the National Association of Nutrition and Aging Services Programs (NANASP). Most promising, however, is the potential collaboration with NFESH, referenced earlier in the report. NFESH is poised to work with Oklahoma to address food insecurity aggressively, primarily through a focus on food waste. Since 40% of food produced in the United States is wasted, a focus on greater efficiency in this area would free up precious funding to help deliver more meals.

3. Refocus the right service. In looking at this issue, the question really becomes more about working smarter rather than harder. Through existing data and the infusion of new measures, we can determine whether we are truly reaching the most vulnerable. More focus can be given to quality assurance, outcomes and formulas, which can then be used to address those most in need.

Other ideas include looking at the states that consistently rank as the most food secure and adopting best practices and ideas. Oregon's collaborative involves a successful multi-group partnership highlighted by extensive leadership provided by local communities and health care organizations. Another goal could be increasing the usage of the SNAP program among older adults. A creative approach would be to partner with new initiatives like the senior malnutrition coalition (see: http://defeatmalnutrition.today/). Finally, Oklahoma is uniquely positioned to work with tribal partners in geographically focused parts of the state on initiatives that address food insecurity for seniors of all backgrounds.

Conclusions for Nutrition

Food insecurity is a significant issue today and its prominence will grow in the years to come. Demographically, the prevalence of food insecurity among older adults is expected to rise through 2025 as our society ages. Research also indicates that some underreporting may be happening, as households are hesitant and maybe even embarrassed to admit their food access fragility. According to "The State of Senior Hunger in America 2014: An Annual Report," from 2001 to 2014 the fraction of seniors experiencing the threat of hunger increased by 47% and the number of seniors rose by 119%, reflecting the growing population of seniors (see: www.nfesh.org/research). Food insecurity rates among seniors are far higher than those experienced in the general population. This cohort is fragile and vulnerable. Ideas to resolve poor nutrition and food insecurity among older adults must be bold, creative, and expansive. A core group, for the sake of expediency, will take the information and suggestions from the Summit and further develop a manageable plan for helping improve Oklahoma's food insecurity rate. That functional plan could be complete as early as December.

Appendix A: Participant Directory

AARP Oklahoma

Achievis Senior Living Assisted Living

Aging Advocate

Anne & Henry Zarrow School of Social Work

Area Agencies on Aging

Baptist Village Communities

Beadles Nursing Home

Blue Cross/Blue Shield of Oklahoma

Companion Health Services

Comanche County Memorial Hospital – Heart & Vascular Center

Community Food Bank of Eastern Oklahoma

Concordia Senior Living Center

Daily Living Centers

Department of Veterans Affairs

Drive by Fruiting

Eastern Oklahoma State College

Elmbrook Management

Epworth Villa

Home Care and Hospice Association

INTEGRIS Mental Health

Inverness Village

Latino Community Development Agency

LeadingAge Oklahoma

National Alliance for the Mentally Ill

New View Oklahoma

Oklahoma Association of Health Care Providers

Oklahoma Association of Nutrition Project Directors

Oklahoma City Area Tribal Epidemiology Center

Oklahoma City County Health Department

Oklahoma City Indian Clinic

Oklahoma Department of Human Services

Oklahoma Department of Mental Health and Substance Abuse Services

Oklahoma Developmental Disabilities Council

Oklahoma Foundation for Medical Quality

Oklahoma Health Care Authority

Oklahoma Healthy Aging Initiative

Oklahoma Medical Board

Oklahoma Mental Health and Aging Coalition

Oklahoma Methodist Manor

Oklahoma Organization of Nurse Executives

Oklahoma Primary Care Association

Oklahoma State Department of Health

Oklahoma State University

Oriental Healing Arts Institute

Phoenix Health Care

Pontotoc Technology Center

Saint Simeon's Episcopal Home

Southwest Healthcare

Spanish Cove Retirement Village

State Council on Aging

Sunbeam Family Services

TMF Health Quality Institute

Tulsa City County Health Department

Tulsa Jewish Retirement and Health Center

United Way – Norman

University of Central Oklahoma

University of Oklahoma

YMCA of Greater Oklahoma City

Appendix B: Healthy Aging Objectives Infographic

Healthy Aging
Living Longer Better

Oklahoma State Department of Health · Oklahoma HealthCare Authority · LeadingAge Oklahoma · Aging Services · OAHCP · Oklahoma Department of Mental Health and Substance Abuse Services · OHAI · College of Medicine · OVA

Oklahoma Strategic Health Priorities for 2015-2019

HEALTHY COMMUNITIES

☐ Safe; Resilient ☐ Promote Mobility
☒ Prevent Injury and Violence

Prevent & Reduce Falls

Encourages mobility and independence; Increases physical and mental functioning; Reduces fatal and non-fatal injuries; Prevents downward spiral and premature deaths; Reduces costs to health care system.

↓ 13% **Reduce the number of older adults who have fallen in the last year.**

21,000 older adults will avoid falling each year.

↓ 44% **Reduce nursing facility falls with major injury.**

1,700 nursing facility residents will avoid serious injury from a fall each year.

HEALTHY BEHAVIORS

☐ Tobacco Free ☒ Healthy Eating
☒ Physical Activity

Improve Nutrition

Strengthens muscles; Promotes healing; Reduces frailty; Increases capacity for rehabilitation; Reduces obesity and underweight.

↓ 4% **Reduce the number of older adults who are marginally food insecure.**

3,000 older adults will not have to choose between eating regularly and purchasing medications or paying bills.

Increase Physical Activity

Improves balance, coordination, and bone density; Lessens risk of cardiovascular disease, diabetes, hypertension, and obesity; Reduces risk of falls and depression; Increases independence and socialization.

↑ 16% **Increase the number of older adults participating in physical activity.**

An additional 57,000 older adults will exercise at least once per month.

HEALTH CARE

☐ Cognitive Aging ☐ Empower Caregivers
☐ Access to Care
☒ Mental & Emotional Health including Alzheimer's

Reduce Depression

Enhances physical, mental and social functioning; Produces better outcomes as treatment is more effective; Encourages socialization and independence; Promotes mobility and participation in activities.

↓ 15% **Reduce the number of older adults experiencing mentally unhealthy days.**

15,000 fewer older adults in Oklahoma will report experiencing mentally unhealthy days.

↓ 0.5 DAYS **Reduce days when older adults are limited due to mental health difficulties.**

This represents an additional 3 million days when older adults were not limited due to mental health each year.

Percentages and goals were established to move Oklahoma to the National average.

Appendix C: Agenda

The Governor's Healthy Aging Summit: Tuesday, April 12, 2016
Moore Norman Technology Center, South Penn Campus
13301 S. Pennsylvania, Oklahoma City

Plenary Session (Conference Center C/D/E)

8:30 a.m. Welcome and Comments
Andrew Dentino, M.D., F.A.C.P., A.G.S.F., F.A.P.A., F.A.A.H.P.M.

Professor and Vice Chairman, Donald W. Reynolds Department of Geriatric Medicine, University of Oklahoma Health Sciences Center College of Medicine and Clinical Director, Oklahoma Healthy Aging Initiative

Ronald Woodson, M.D., President, Oklahoma State Board of Health

9:00 a.m. Plenary Session Keynote Address:
"Key Takeaways from Collaboration"

Keynote Speaker: Larry Wolk, M.D., M.S.P.H., Executive Director and Chief Medical Officer, Colorado Department of Public Health and Environment

10:00 a.m. Break

10:30 a.m. Panel Discussion on Focus Areas for the Healthy Aging Summit

Falls: Kathleen A. Cameron, Senior Director, Center for Healthy Aging, and Director, National Falls Prevention Resource Center, National Council on Aging

Physical Activity: Colin Milner, Chief Executive Officer, International Council on Active Aging

Depression: Kristen Sorocco, Ph.D., Associate Professor, Donald W. Reynolds Department of Geriatric Medicine, The University of Oklahoma College of Medicine

Nutrition: Enid Borden, Founder, President and Chief Executive Officer, National Foundation to End Senior Hunger

11:30 a.m. Lunch

12:30 p.m. Opening of the Afternoon Session, "Being Mindful" Speaker: R. Murali Krishna, M.D., Board Member and Past President, Oklahoma State Board of Health

12:50 p.m. The Honorable Governor Mary Fallin

Breakout Sessions

1:30 p.m. Breakout Sessions on Focus Areas

Falls (Room 111/112): "An Update on National and State Efforts to Reduce Falls Among Older Adults" Breakout Keynote Speaker: Kathleen A. Cameron, Senior Director, Center for Healthy Aging, and Director, National Falls Prevention Resource Center, National Council on Aging

Physical Activity (Room 109/110): "Trends and Opportunities Associated with Physical Activity and Aging" Breakout Keynote Speaker: Colin Milner, Chief Executive Officer, International Council on Active Aging

Depression (Conference Center D/E): "Unlocking Access to Mental Health Care" Breakout Keynote Speaker: Kristen Sorocco, Ph.D., Associate Professor, Donald W. Reynolds Department of Geriatric Medicine, The University of Oklahoma College of Medicine

Nutrition (Conference Center C): "Ending Senior Hunger: Imagine the Possibilities" Breakout Keynote Speaker: Enid Borden, Founder, President and Chief Executive Officer, National Foundation to End Senior Hunger

2:00 p.m. Small Group Development of Action Plans in Breakout Sessions

3:45 p.m. Break

4:00 p.m. Reports from the Small Working Groups in the Breakout Sessions

4:20 p.m. Conclude Breakout Sessions

Closing Plenary Session (Conference Center C/D/E)

4:30 p.m. Reports from Breakout Keynote Speakers or Chairs

4:55 p.m. Closing comments by Terry Cline, Ph.D., Commissioner of Health and Cabinet Secretary for Health and Human Services

5:00 p.m. Adjourn

Appendix D: Summit Outcomes

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

Implementing Action Plans

How organizations will use the plans for collaborative action:

- Partner with agencies to get the "news" out with resources available
- Additional partnerships, great outreach, education
- Partner with community-based organizations to provide services
- Use college students (nursing, etc.) in service-learning projects
- Share information from presenters with staff
- Promote volunteer programs to older adults
- Continue to encourage personal preparedness
- Work with our local AARP to enhance efforts with older citizens
- Post information on the Oklahoma Senior Journal website and Facebook page
- Collaborate with the different resources in our system and areas to identify our needs
- Disseminate Faith Net resources to community faith leaders, as well as depression and aging population information (NIH). {NAMI Oklahoma will collaborate with Turning Point and other partners}
- Spearhead a statewide social media campaign to reduce stigma and promote information about depression and aging populations
- Screenings, education, collaboration with other agencies
- Promote and increase behavioral health screenings and alcohol screenings in primary care
- Work to decrease falls by sharing best practices
- Submit a pledge to the Healthy Aging Collaborative
- Improve our programs with the information gathered here
- Increased advocacy for funding of programs to support older adults
- Integrate this information into curriculum
- Submit a proposal to be the operating partner for the Senior Wellness Center in our area

Spearhead a statewide social media campaign to reduce stigma and promote information about depression and aging populations

Summit Evaluation and Improvement

What Worked Well at the Summit?

- Breakout sessions
- Healthy food choices
- Location, format, timing, and priceless information
- National experts
- Great facilitators
- Variety of partners wanting to help seniors live longer

100% will attend or recommend someone else to attend a future Healthy Aging Summit

- Meaningful discussions ideas to take back to our communities
- The morning panel introducing the afternoon breakout sessions was very informative and allowed me to identify the "best fit" for my related breakout
- Dr. Krishna is always informative and enjoyable
- Great networking and collaboration opportunities
- Leadership at every level
- Top speakers
- Outstanding participants in breakout sessions
- Scheduling of speakers and the panelist presentations were just right
- Speakers content timely, informative, and placed in global context

96% were highly satisfied

The 2016 Summit featured:
Meaningful discussions ideas
to take back to our communities

Suggestions to Improve Future Summits:

- Create a goal setting session to establish time frames
- Provide a directory of participants and the work they do
- Expand to 1.5 or 2 days
- Review the impact/success of previous summits
- Clarify expectations for recommendations coming out of breakout sessions
- More clearly communicate that participants are expected to get involved with action steps
- Include specific topics like dementia
- Include educational breakout sessions, not just work sessions

Next Summit Participants would
like meeting planners to:
Create a goal setting session
to establish time frames

For more information please visit
http://healthyaging.health.ok.gov
or email
healthyaging@health.ok.gov

Links to Resource Documents

For more information on the ASTHO challenge, see http://astho.org/healthyaging/

For more information on the National Prevention Strategy, see: http://www.surgeongeneral.gov/priorities/prevention/strategy/index.html

For more information on the United Health Foundation Senior Health Rankings, see www.americashealthrankings.org

For the July 2014 Injury Prevention Brief published by the Oklahoma State Department of Health, see https://www.ok.gov/health2/documents/IP_Brief_Adult_Falls_TaiChi_2014.pdf

For more information on the CDC's Behavioral Risk Factor Surveillance System, see http://www.cdc.gov/brfss/

For more information from ASTHO on healthy eating for older adults, see http://astho.org/healthyaging/Healthy-Eating/

For more information on the USDA's food security measures, see http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/survey-tools.aspx#guide

For the food insecurity section of the America's Health Rankings 2016 Senior Report, see: http://www.americashealthrankings.org/OK/food_insecurity_sr.

For more information on the National Foundation to End Senior Hunger see http://www.nfesh.org/

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OKLAHOMA WORKS