A Survey on Healthy Aging in Oregon
Area Agency on Aging & Health Department Responses, June 2009

Background

Oregon DHS – Public Health and Seniors & People with Disabilities – has been working with local aging and public health partners over the past few years to address the health promotion needs of a growing older adult population. In June 2009, directors of Area Agencies on Aging (AAAs) and Local Health Departments (LHDs) were asked to complete an on-line survey on their agencies’ interest and involvement in healthy aging efforts. The survey followed an almost identical survey conducted in June 2007, with a goal of assessing change over the two years.

While there was little overall change reflected between the two survey responses, the continued interest in healthy aging among AAAs and LHDs despite the funding and staffing challenges of the past year is encouraging, and DHS will continue to work with AAAs and LHDs to promote health among the growing aging population in Oregon.

In this current survey, 11 AAAs (fewer than in 2007) and 24 LHDs (more than in 2007) responded. Below is a summary of responses. For a full copy of the survey responses, contact Jennifer Mead at 971-673-1035 or jennifer.mead@state.or.us.

### Survey respondents by year:

<table>
<thead>
<tr>
<th>Year</th>
<th>AAAs</th>
<th>LHDs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>14 (82%)</td>
<td>18 (51%)</td>
<td>32</td>
</tr>
<tr>
<td>2009</td>
<td>11 (65%)</td>
<td>24 (69%)</td>
<td>37*</td>
</tr>
</tbody>
</table>

*two respondents didn’t indicate agency affiliation

Summary of Survey Responses

**Current Activity & Interest**

**Importance of healthy aging.** 82% of AAAs and LHDs considered healthy aging to be “somewhat or very important,” and 73% considered community livability for older adults to be a priority for their agency, both down slightly from 2007.

**Evidence-based programs reaching older adults.** There was a 60% increase in AAAs and LHDs reporting availability of Living Well with Chronic Conditions programs in their region between 2007 and 2009.

**Efforts to promote community livability.** AAAs and LHDs continue to address community livability (only 3% in both 2007 and 2009 reported no work in this area), with slight increases in 2009 in activity focused on promoting walkable communities, farmers markets, and community gardens, and small decreases in activity focused on transportation and grocery store foods.

**Planning & Leadership**

**Planning to address aging.** In both 2007 and 2009, about 50% of AAAs and LHDs reported participating in planning that directly addressed the issue of aging in their community. There continued to be a variety of partners in these planning efforts including parks and recreation, housing, transportation, city/town planners, and healthcare/hospital systems. Over 50% of LHDs
reported using the new Public Health Tobacco & Related Other Diseases/Healthy Communities assessment process in their planning – a tool that was not yet available in 2007.

Areas of connection between LHDs and AAAs. In both 2007 and 2009, emergency preparedness was reported to be the primary issue AAAs and LHDs work on together. LHDs and AAAs also report working together on immunizations and implementation of evidence-based programs. The percent of agencies reporting no collaboration between AAAs and LHDs decreased slightly from 23% in 2007 to 19% in 2009.

Involvement in city/county planning. In 2009, 35% of AAAs and LHDs reported participating with city, county, or regional planners in review of new policies and programs involving land use that might impact health and safety of older adults and the overall population. This was up just slightly from 31% in 2007. However in 2009, over 50% of AAAs and LHDs continued to report being “unsure” or having no involvement in these planning efforts.

Lead agency in addressing healthy aging. In 2009, 70% of AAAs see themselves as the lead agency to address healthy aging and community livability as it relates to older adults – down slightly from 92% in 2007. 58% of LHDs see themselves as the lead agency for healthy aging, up from 22% in 2007. Other agencies that were suggested as lead agencies for addressing healthy aging include hospitals, AARP, and senior centers, while some LHDs and AAAs responded that no one is currently taking the lead on these issues.

Funding & Future Needs

Funding. In both 2007 and 2009, AAAs primarily report use of Older Americans Act funding to support healthy aging efforts, and see potential additional funding coming through grants and federal initiatives such as CMS reimbursement for evidence-based programs and Project 2020. LHDs in 2009 reported use of TROCD/Healthy Communities funding (not available in 2007), with grants being the only other potential source of funding they could envision supporting healthy aging efforts. Between 2007 and 2009, there was a slight decrease – from 32% to 29% – in those reporting no available funding to support healthy aging.

Future needs. Both AAAs and LHDs identified the need for funding and staffing, and the challenge of competing needs in addressing healthy aging. In addition, LHDs noted specific chronic disease needs of older adults, concerns about older adults in rural communities with few services, and the need for community assessment. AAAs mentioned use of volunteers, language and cultural barriers, and drug/alcohol issues among older adults. In identifying agency needs in addressing healthy aging, the most frequently selected needs among LHDs were funding for assessment and planning, followed by data on health and aging, and training to offer evidence-based programs. AAAs most frequently selected the need for training on community livability assessment and planning, followed by funding for assessment/planning and evidence-based programs, and training to offer evidence-based programs.

For healthy aging data and more information on healthy aging efforts in Oregon, see www.healthoregon.org/hpcdp and www.healthoregon.org/livingwell.