

The Protecting the Health of America's Older Adults Act Background

Every day, 10,000 Americans turn 65.¹ Although public health has contributed to U.S. longevity, historically, public health has not had the resources to embrace healthy aging. Given the health needs of older adults, public health should expand its roles in helping our growing older adult population remain healthy and independent and address health disparities that are exacerbated with age.² The Protecting the Health of Older Adults Act would provide much needed resources and help build the capacity of state, local, territorial, and tribal health departments to address the health challenges of this population.

Eighty percent of Medicare beneficiaries have one chronic condition and nearly 70 percent have two or more (such as diabetes, hearing loss and heart disease).^{3,4} Chronic diseases are costly -- Medicare enrollees with chronic conditions account for 96 percent of Medicare spending.⁵ Isolation and loneliness, financial struggles, and limited access to transportation, healthy food, and affordable housing are challenges many older people face. Social isolation alone increases the risk of heart disease, infections, depression, cognitive decline, and death among older people⁶ and accounts for \$6.7 billion in additional Medicare spending annually.⁷ COVID-19 has had an inordinate burden on older adults, adding to the complexity of the challenges they face. Older adults of color have experienced severe inequities in COVID-19 outcomes, with Black and Hispanic/Latino populations suffering significantly higher death rates than their white counterparts.⁸

Examples from the Age-Friendly Public Health System Florida Pilot:

- St. Johns County Health Department targeted the 2020 Census for accuracy to ensure the county has the appropriate level of support and resources for the fast-growing older adult population.
- Escambia County Health Department works with the local Council on Aging to ensure they are addressing older adult health in the community health improvement plan.
- Indian River County Health Department engages with housing non-profits and builders to educate on the benefits of universal design to increase access for older adults.
- Putnam County Health Department connects with the Transportation for the Disadvantaged program, eliciting support from a local hospital to pay for non-emergency medical trips for older adults.
- Okaloosa County Health Department implemented the Lean on Me program, enlisting community volunteers to ensure broad registration of vulnerable older adults for emergency special needs shelters.



Public health interventions can optimize the health and well-being of adults 65 and over, prolong their independence, reduce their use of expensive healthcare services, and promote health equity. Aging services stakeholders recognize the unique roles that public health can fill and have welcomed public health's partnership, particularly to meet the needs of older adults during the pandemic. Statewide programs in Florida, Michigan, Mississippi, and Washington State have demonstrated the value of Age-Friendly Public Health Systems (AFPHS).⁹ Yet there is no program at the Centers for Disease Control and Prevention (CDC) that supports local and state public health departments to improve older adult health and well-being. AFPHS are necessary to foster multi-sector collaboration and develop effective solutions to improve the lives of older Americans.

The Protecting the Health of America's Older Adults Act Summary

THE PROGRAM

The Protecting Health of Older Adults Act would authorize the Secretary of Health and Human Services (HHS), pending availability of appropriations, to create a Healthy Aging program at CDC to promote the health and well-being of older adults, improve health equity, and reduce healthcare costs. The Healthy Aging program would coordinate efforts across CDC and implement grants and technical assistance to state, local, territorial, and tribal health departments for:

- Improving the coordination of public health interventions that promote the health and well-being of older adults
- Disseminating and implementing evidence-based best practices and programs with respect to promoting the health and well-being of older adults
- Coordinating multisectoral efforts to promote the health and wellbeing of older adults across governmental and nongovernmental health and related agencies
- Improving coordination of interventions to identify gaps and reduce duplication of efforts at federal, local, and state agencies and with other aging services organizations.

The program will be authorized to be appropriated at \$50 million per year for FY 2023 – 2027.

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Citations:

¹Heimlich, Russell. *Baby Boomers Retire*. Pew Research Center, 7 Feb. 2014, www.pewresearch.org/fact-tank/2010/12/29/baby-boomers-retire/.

²Ng JH, Bierman AS, Elliott MN, Wilson RL, Xia C, Scholle SH. Beyond black and white: race/ethnicity and health status among older adults. *Am J Manag Care*. 2014;20(3):239-248.

³Centers for Disease Control and Prevention. *Healthy aging at a glance, 2011: Helping people to live long and productive lives and enjoy a good quality of life*. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services, 2011. <http://stacks.cdc.gov/view/cdc/22022>.

⁴Centers for Medicare & Medicaid Services. Chronic Conditions Charts, 2017. Accessed August 2019 at https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Chartbook_Charts.html.

⁵Ibid

⁶Flowers, Lynda, and Claire Noel-Miller. Social Isolation: Detrimental to Older Adults' Health and Costly to Medicare. AARP, 17 June 2019, blog.aarp.org/thinking-policy/social-isolation-detrimental-to-older-adults-health-and-cos

⁷Flowers, Lynda, et al. *Medicare Spends More on Socially Isolated Older Adults*. AARP, 2017, *Medicare Spends More on Socially Isolated Older Adults*, www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf.

⁸Ford, Tiffany N., et al. "Race Gaps in Covid-19 Deaths Are Even Bigger than They Appear." *Brookings*, Brookings, 17 June 2020, <https://www.brookings.edu/blog/up-front/2020/06/16/race-gaps-in-covid-19-deaths-are-even-bigger-than-they-appear/>.

⁹Trust for America's Health. Age Friendly Public Health. Washington, DC. Trust for America's Health, 2019. <https://www.tfah.org/initiatives/age-friendly-public-health/>

The Protecting the Health of America's Older Adults Act Endorsing Organizations

- Alliance for Aging Research
- American Association on Health and Disability
- American Lung Association
- American Muslim Health Professionals
- American Public Health Association
- American Psychological Association
- Association of Schools and Programs of Public Health
- Association of State Public Health Nutritionists
- Association of State and Territorial Health Officials
- Authority Health
- Catholic Health Association of the United States
- Center for Advocacy for the Rights and Interests of the Elderly (CARIE)
- Ceres Community Project
- Christian Council of Delmarva
- Coalition of National Health Education Organizations
- Common Threads
- Elder Options
- Eta Sigma Gamma
- Equality California
- FLIPANY (Florida Introduces Physical Activity and Nutrition to Youth)
- Florida Public Health Association
- The Gerontological Society of America
- Hartsfield Health Systems Consulting, LLC
- Lakeshore Foundation
- Long Beach Gray Panthers
- Maine Council on Aging
- Maine Public Health Association
- Mel Leaman Free Clinic
- Methodist Le Bonheur Healthcare
- MindWise Innovations
- National Association of Nutrition and Aging Services Programs
- National Network of Public Health Institutes
- National Recreation and Park Association
- National Senior Games Association
- Peggy Lillis Foundation
- The Praxis Project
- Prevent Blindness
- Silver State Equality-Nevada
- Society for Public Health Education
- Society for Women's Health Research
- Tennessee Justice Center
- Trust for America's Health
- Urban Health Partnerships
- Valley AIDS Council
- WARM, Inc.
- Washington State Public Health Association
- We All Rise

TFAH Applauds Introduction of the Protecting the Health of America's Older Adults Act



(Washington, DC – December 16) – Trust for America's Health, a non-partisan, nonprofit public health policy, research and advocacy organization, applauds the introduction of the bipartisan *Protecting the Health of America's Older Adults Act* by Representatives Lois Frankel (CA-44), Gus Bilirakis (FL-12) and Debbie Dingell (MI-12). The bill would enable state and local public health departments to better meet the needs of older adults via innovative new strategies.

If enacted, the bill would create a Healthy Aging grant program at CDC to provide grants to health departments to help states and local communities coordinate multi-sector efforts to promote the health of older adults and develop aging expertise. The grant program would allow state and local health departments to apply an aging lens to all of their work, including efforts to reduce healthcare costs and improve health equity. The COVID-19 pandemic has demonstrated the importance of public health's role in the aging sector, and this new program will help ensure that health departments have the resources they need to make a meaningful impact for seniors.

The President and CEO of Trust for America's Health, Dr. J. Nadine Gracia, congratulates Representatives Frankel, Bilirakis, and Dingell on the introduction of the bill, stating:

during the pandemic; their active engagement in many other issues faced by the aging population, including transportation and housing access, chronic disease, and mental health, will promote better aging outcomes and benefit our entire society. This new grant program would be a step in the right direction to ensure that state and local health departments have the resources to do exactly that.”

In addition to TFAH, original endorsing organizations include:

- Alliance for Aging Research
- American Association on Health and Disability
- American Lung Association
- American Muslim Health Professionals
- American Public Health Association
- American Psychological Association
- Association of Schools and Programs of Public Health
- Association of State Public Health Nutritionists
- Association of State and Territorial Health Officials
- Authority Health
- Catholic Health Association of the United States
- Center for Advocacy for the Rights and Interests of the Elderly (CARIE)
- Ceres Community Project

- Common Threads
- Elder Options
- Equality California
- FLIPANY
- Florida Public Health Association
- The Gerontological Society of America
- Hartsfield Health Systems Consulting, LLC
- Lakeshore Foundation
- Long Beach Gray Panthers
- Maine Council on Aging
- Maine Public Health Association
- Mel Leaman Free Clinic
- MindWise Innovations
- National Association of Nutrition and Aging Services Programs
- National Network of Public Health Institutes
- National Recreation and Park Association
- National Senior Games Association
- Peggy Lillis Foundation
- The Praxis Project

- Society for Public Health Education
- Society for Women's Health Research
- Tennessee Justice Center
- Urban Health Partnerships
- Valley AIDS Council
- WARM, Inc.
- Washington State Public Health Association
- We All Rise

TFAH has prepared a [fact sheet](#) on the legislation.

Related Reading



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(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R.

To provide for the establishment of a program at the Centers for Disease Control and Prevention with respect to healthy aging and to authorize grants to health departments to carry out healthy aging programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. LOIS FRANKEL of Florida introduced the following bill; which was referred to the Committee on _____

A BILL

To provide for the establishment of a program at the Centers for Disease Control and Prevention with respect to healthy aging and to authorize grants to health departments to carry out healthy aging programs, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Protecting the Health
5 of America’s Older Adults Act”.

1 **SEC. 2. HEALTHY AGING PROGRAM.**

2 (a) IN GENERAL.—The Secretary, acting through the
3 Director of the Centers for Disease Control and Preven-
4 tion, shall establish a program for the purpose of pro-
5 moting the health and wellbeing of older adults to be
6 known as the Healthy Aging Program (referred to in this
7 section as the “Program”) by—

8 (1) improving the coordination of public health
9 interventions that promote the health and wellbeing
10 of older adults;

11 (2) disseminating and implementing evidence-
12 based best practices and programs with respect to
13 promoting the health and wellbeing of older adults;
14 and

15 (3) coordinating multisectoral efforts to pro-
16 mote the health and wellbeing of older adults across
17 governmental and nongovernmental health and re-
18 lated agencies.

19 (b) ACTIVITIES.—For the purpose described in sub-
20 section (a), the Secretary shall design and implement the
21 Program to carry out the following activities:

22 (1) Regularly conduct assessments of the
23 health-related needs of older adults and promote
24 policies addressing those needs through evidence-
25 based public health interventions to promote overall
26 health and wellbeing among older adults and reduce

1 health care and long-term care costs, and report to
2 the Secretary the results of those assessments.

3 (2) Identify health outcome disparities in older
4 adults, including differences by race, ethnicity, socio-
5 economic status, disability status, or geography.

6 (3) Identify gaps in existing public health pro-
7 grams and policies that focus on older adults.

8 (4) Promote public health partnerships with
9 aging and other sector stakeholders to ensure non-
10 duplication of efforts and increase efficiency by
11 working collaboratively across sectors.

12 (5) Work with multisectoral agencies to improve
13 emergency preparedness plans and activities for
14 older adults at increased risk during disasters, in-
15 cluding older adults with disabilities.

16 (6) Coordinate efforts to promote the health of
17 older adults with the Administration for Community
18 Living, other Federal departments and agencies, and
19 nonprofit organizations.

20 (7) Identify resources and evidence-based pro-
21 grams available to local and State health depart-
22 ments, including resources and programs that could
23 be coordinated across sectors, to address the health
24 and wellbeing of older adults.

1 (c) GRANTS TO HEALTH DEPARTMENTS AND NON-
2 PROFIT COMMUNITY-BASED ORGANIZATIONS.—The Sec-
3 retary, acting through the Director of the Centers for Dis-
4 ease Control and Prevention, shall award grants or cooper-
5 ative agreements to eligible health departments, and to
6 nonprofit community-based organizations, to carry out
7 any of the following activities:

8 (1) Improving availability of data on the older
9 adult population, including through data-sharing
10 with State units on aging.

11 (2) Linking the health care sector with the
12 community services sector (including aging services
13 and supports and disability services and supports) to
14 coordinate and promote community-based prevention
15 and management services.

16 (3) Ensuring that State and local emergency
17 preparedness plans and activities address the special
18 needs of older adults, particularly the most vulner-
19 able populations.

20 (4) Training State and local public health per-
21 sonnel to implement or adapt evidence-based and in-
22 novative health promotion and disease prevention
23 programs and policies.

24 (5) Improving community conditions and ad-
25 dressing social determinants to promote health and

1 wellbeing and foster independence among older
2 adults, such as efforts to advance age-friendly com-
3 munities and dementia-friendly communities.

4 (d) TECHNICAL ASSISTANCE.—The Secretary shall
5 (directly or through grants, cooperative agreements, or
6 contracts) provide technical assistance to eligible health
7 departments, and to nonprofit community-based organiza-
8 tions, in carrying out activities described in subsection (c).

9 (e) EVALUATIONS.—The Secretary shall (directly or
10 through grants, cooperative agreements, or contracts) pro-
11 vide for the evaluation of activities carried out under sub-
12 sections (a), (b), and (c) in order to determine the extent
13 to which such activities have been effective in carrying out
14 the purpose described in subsection (a), including the ef-
15 fects of such activities on addressing health disparities.

16 (f) REPORTS TO CONGRESS.—Beginning three years
17 after the date of enactment, and at least once every 3
18 years thereafter, the Secretary, acting through the Direc-
19 tor of the Centers for Disease Control and Prevention,
20 shall submit to Congress a report that contains the results
21 of the assessments conducted pursuant to subsection
22 (b)(1).

23 (g) DEFINITION.—In this section, the term “eligible
24 health department” means a health department of a State,
25 the District of Columbia, a territory of the United States,

1 a Tribe (as defined in section 4 of the Indian Self-Deter-
2 mination and Education Assistance Act (25 U.S.C.
3 5304)), or a local or municipal government.

4 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
5 authorized to be appropriated \$50,000,000 for each of fis-
6 cal years 2023 through 2027 to carry out this section, in-
7 cluding for grants under subsection (c), to remain avail-
8 able until September 30, 2027.