Age-Friendly Public Health: The Podcast

Segment title: Building Strategic Partnerships to Create Age-Friendly Communities

Episode 3 – March 2024

Bill Armbruster: So, if our community is more age-friendly and we're thinking about the walkability, the bike ability, the access to our outdoor spaces, you know, looking at reducing isolation as well as disease management, we're not only meeting the needs of those who are most vulnerable in need of our services now but we're creating healthy, active, engaged aging across the entire lifespan.

Dr. Gracia: That's Bill Armbruster, a Senior Advisor at AARP on the Livable Communities Team.

I'm your host, Nadine Gracia, President and CEO of Trust for America's Health, also known as TFAH. Welcome to the third episode of *Age-Friendly Public Health: The Podcast*, a production of the Age-Friendly Public Health Systems initiative.

Our guest today is Bill Armbruster, a senior advisor at AARP. Bill manages the AARP Network of Age-Friendly States and Communities. Trust for America's Health's partnership with AA RP began in 2017, and Bill has been a key partner in connecting public health with age-friendly community efforts. Bill is also a crucial partner in the process toward better aligning our common goals of elevating the health and well-being of older adults through partnerships and collaboration across the age-friendly ecosystem.

Bill, welcome.

Mr. Armbruster: Thanks, Nadine. I'm glad to be here today and really talk about this important topic.

Dr. Gracia: Let's jump right in. The AARP Network of Age-Friendly States and Communities was established in 2012. You know, that's more than a decade ago. What's the network's purpose and how did it get started?

Mr. Armbruster: Great question. It actually got started because we were having conversations around the country and finding out that communities were focusing on youth and young families and treating older adults as they would any adult, whether you were 18 or 118.

And the conversation of aging was predominantly within senior centers or long-term care. So, we're like, we need to change the culture of this conversation. We need to always protect and look out for those who are most vulnerable, but at the same time we need to promote healthy,

engaged aging at all ages and really take into consideration what people's needs and wants are at life segments across the board.

So that was sort of our start for this. And it really came about as we were looking for that framework, and we looked to the global network and said, yes, this is something that communities can do, it is manageable, and it is something that will work and be right sized or appropriate for any community with what they want to do.

Dr. Gracia: That's a fascinating history. As you noted, older adults were missing from the conversation. And when we talk about these age-friendly communities, it's communities that are livable for people of all ages. So really an important mission that you've set forth.

Now, the network has enjoyed tremendous growth since its launch. What's made it so successful?

Mr. Armbruster: We started with 10 communities, we had this early interest and saw what had been happening globally and said, we can do this. I think the beautiful thing about this, there's a framework, you know, we have elected leadership, whether it be city, county, or state, town leadership, sign on to enroll.

So, there's a commitment from the community to say, yes, we value this work. They create stakeholder groups, they do an assessment, create a plan, and then implement that. And I think part of the success is seeing what other communities have done, we are now over 830 communities, 12 years later, 10 states and one territory, and we're averaging about 100 new communities every year.

And the exciting thing is, you know, this works in L. A., Atlanta, New York City, but it also works in Hart's Location, New Hampshire, with population less than 100. And actually, right about now, I think just over 40 percent of our communities. are a population below 25, 000. So, it's a framework that works for anyone.

Dr. Gracia: That's really great. What tremendous growth, as you noted from 10 to over 800 communities in this time period. Bill, do the communities have an opportunity to learn from each other. You talked about the importance of developing the leadership and commitment to these issues for those communities that have been doing this for a long period of time. Do newer communities get an opportunity to learn from them about what's worked?

Mr. Armbruster: That's one of the key things is focusing on the network and building the network. We host monthly webinars where we actually pick two to three communities each

month to talk about their work and how it's replicable, how it's manageable, how they can do this in any type of community.

We have an online age-friendly portal that every community has access to, so if they have a question, they can post it and have their counterparts from around the nation be able to respond immediately. We keep all our resources and guidebooks. So, it really is designed around integration, connection, and networking.

Dr. Gracia: That's great. And are there common things that communities cite as what they see is some of the great opportunities by becoming and age-friendly community?

Mr. Armbruster: So, the global network and our network is framed around the eight domains of livability. So, it looks initially at the built environment of housing, transportation, outdoor spaces and buildings, but then also the social and services environment of social participation, respect and social inclusion, communication, information, civic participation and employment. And then also health services and community supports. So, we have communities look at all of these different features. And it's the quality of those features in every community that impacts the age-friendliness. So again, it may be different things, you know, you may be talking about transportation differently in an urban setting than you are in a suburban or rural setting. The same thing as looking at housing affordability and accessibility. What does that look like in different communities? So, it gives them the general topics, and then they start to focus. Is it public transportation? We're seeing a lot of creativity around ride sharing, solving problems for communities that don't necessarily have extensive public transportation. We're seeing a lot of creativity around missing middle housing, you know, providing options that are affordable and options that allow people of a variety of incomes to live in an area.

Dr. Gracia: What I'm hearing you describe, Bill, from these examples of what communities focus in on is how they tailor their approaches to the needs of the community. And that's an important part of becoming an age-friendly community, understanding both the assets, but also the needs. So, it's great to hear the breadth of areas that these communities focus on. Are there barriers or challenges that you've seen or heard communities articulate as they're working towards becoming age-friendly states and communities?

Mr. Armbruster: There's barriers to doing everything, and age-friendly is not any different, but what we do is we listen to our communities and try to figure out ways to overcome barriers. How we can support the work, like, right after enrollment, communities should be doing a community assessment. So we've created a survey that we update annually. We figure out the geography and age and they get an online survey link and a hard copy to help them so they don't have to recreate the wheel and figure this out. So, for communities that have little less

capacity, they're still able to do survey at a higher level. We provide them with a report as well as all of their data.

It's their data so they can use it to start having conversations. And the other thing is really engaging. And that's why I'm excited, you know, how you started this conversation about partnerships and relationships. You know, we've been They had a great relationship between

AARP and TFAH, for many years, you know, taking this conversation of age-friendly and looking at all of the community players.

And that's why it's important when we look at municipal engagement. When we first started this years ago, it was almost exclusively the aging service provider, Council on Aging, Department of Aging doing this. And on our last survey, we saw 13 different departments being reported as either leading this work or partnering.

So, we've got the planning department, we've got the health department, we've got parks and rec as well as aging, libraries, town council, mayor, all seeing themselves in age-friendly, which is a different conversation than what we were having 12 years ago. So just that expansion. And even more recently, it's not just the municipal departments, but we're seeing hospitals step up.

Public health departments are coming to the forefront that says, yes, this is about who we are, and age-friendly is much more than maybe what we thought it was a decade ago.

Dr. Gracia: That's excellent. Such important points that you're making. You know, the leadership and commitment, which we know is important to see this kind of systems level change and then the importance of partnerships and collaboration and truly partnerships that are across sectors.

I so appreciate you lifting that up and talking about that as you talk about how these states and communities really become age-friendly. And as you know, and you just alluded to it, TFAH has been a leading the Age-Friendly Public Health Systems movement in the U. S. since 2017, and AARP certainly has been at that table with us in partnership, and we've seen some amazing collaboration between state and local health departments and the age- friendly communities movement.

Can you share some examples, maybe expand upon your earlier points of this type of collaboration, and specifically where the public health sector has been leading this work?

Mr. Armbruster: Sure, like I said, our relationship does go back many years. I remember coming to your offices back in 2017 to sit down and have these conversations.

So, everybody was really comfortable with what's an age-friendly community. How does this relate? One of the examples that really pops to mind is the great work going on down in Florida. In terms of an early adopter, this is where there was a lot of support from the state to say, hey, let's convene our departments of health and have this conversation.

One of those examples is Sarasota County. Their initiative was initially started with the Patterson Foundation. As they started age-friendly community work they wanted to start this

model down in Florida and get other communities to enroll. And once they got up and running, they were able to transition leadership to the Department of Health through public health.

So that relationship built, expanded, grew, and now we're seeing these unique conversations. We know what our priorities are in public health, but a lot of what happens in community health and people's health happens at the community level. So, if our community is more age-friendly, and we're thinking about the walkability, the bike ability, the access to our outdoor spaces, looking at reducing isolation as well as disease management. We're not only meeting the needs of those who are most vulnerable in need of our services now, but we're creating healthy, active, engaged aging across the entire lifespan, and really helping to change those conversations. Which I think is very exciting because in many circumstances, whether it be aging or health, a lot of times this is who we need to talk to, this is who needs our services now, and we're able to go much beyond that.

And again, you've got planners coming to the table saying, *how can we help? How can we help make our community better?* You know, just being able to have that understanding those conversations going on. Just north of Sarasota, we go to Pinellas County up by St. Pete. When they enrolled the first thing we have to do is every department in our county has to come up with their own age friendly plan, so they have plans for the airport. They have plans for planning. They have solid waste management plans that all include age- friendly. So that is now part of the culture of the conversation. Everything moving forward, it's not separated. It's not an add on. It's not a checklist at the end. Oh, did we do that? It's like, no, we're doing.

Dr. Gracia: That's terrific. You are highlighting how you bring these various sectors together and their experience and their expertise, that collective type of input can take you further than if we go about this in a siloed fashion. And I appreciate you raising Florida and Sarasota County's Health Department as an example. Our age friendly public health systems work began with a discussion in Florida in a convening and AARP was at the table providing that insight as to the work that you had been doing to advance age-friendly communities and to see the growth of

these movements into this broader ecosystem of advancing healthy aging.   It has been really tremendous. I appreciate you lifting that up. You talked about the importance of not working in a siloed fashion. And as we think about how to strengthen collaboration across the public health and aging services sectors, and really work to support and incentivize the kind of multi sector collaboration that allows older adults to age in place. What suggestions do you have for public health practitioners to engage with the age-friendly communities work?

Mr. Armbruster: Well, this is a conversation that goes both sides. How do we have this conversation with communities enrolled in the network?

To have conversations with public health, I think first is we have to have an understanding of how both of these age-friendly public health and age-friendly communities can work and enhance and support each other. I think that's critical. The next is to create champions, people

who see the value in this, that if we work on this, then we'll see these outcomes and assume that better together type of strategy.

And then the hard part always is, *who do I talk to?* You know, we can create champions, but if they don't know who their counterpart at the community or public health is, they're still struggling. So, it's always been *Who do we talk to*? *How can we connect?* So, the more we can have these conversations together, the more we can figure out ways to direct those who are connecting with us to each other.

I think those are the opportunities. And then going back and learning. from our friends in Florida and other communities who've been through it now for several years who've figured out how to break down the barriers. How do we talk the same language? You know, even though we may use similar terms, they don't necessarily mean the same thing when we're at the table.

Dr. Gracia: Yeah, that's absolutely right so much that we can learn from each other, and I appreciate you pointing out that it's bidirectional, what we can learn from the communities and, and similarly, what can the communities learn from public health?

And that's really the essence of partnership. Bill, is there anything you'd like to share with our listeners? You've shared such wonderful insights and, and the experience for our listeners. Anything else you'd like to share about age-friendly communities?

Mr. Armbruster: For those who are listening, it's just do it. You know, you need to start somewhere, whether it be thinking about age-friendly public health or an-age friendly

community. It's just step forward and do it. Think about who else can help you along the way. That stakeholder team is so crucial. So, when we talk about age-friendly communities, it's not necessarily an age-friendly municipal plan, it's a community plan.

It should be, what can the municipality do? What can health care systems do? What can home and community-based service providers do? What can volunteers do? So, really surround yourself with a variety of folks, with a variety of opinions, who are willing to have this conversation with you. And that's where the innovation, creativity, and ultimate outcome actually happened from.

Dr. Gracia: Terrific. Just do the work and get engaged. Bill, as you know, with the Age-Friendly Public Health Systems initiative and movement, it centers on advancing health equity. And I'd love to hear more with regards to the age-friendly states and communities, how you're prioritizing advancing health equity within that movement.

Mr. Armbruster: Well, the exciting thing is the communities and states are doing it themselves. They're seeing a need. When you look at the evolution of how we've grown as a network, we really started out with a lot of communities being led by aging services, or departments of aging. And as that has grown, we have seen more public health get involved, more healthcare systems get involved.

So, I think it's part of it is the evolution of the partnerships and stakeholders who are seeing themselves as age-friendly. But then also, as a result of COVID, there were a lot of things that people knew about, but didn't necessarily jump to the level of something that they would need or want to address.

I mean, part of that was, you know, how many people were getting by in terms of food insecurity until they couldn't shop and they couldn't get out and costs went up. So, food insecurity the first couple of months of COVID went through the roof that communities were saying, Oh my gosh, we've never had these requests before. Communities had to adapt and find money and resources. And these were people who were always potentially eligible for these services. But now they were taking advantage of them and they needed them. And the same thing now with access to healthcare. You know, we've seen a huge expansion in terms of telehealth and telemedicine, being able to have more people access broadband or internet.

The coming together of these stakeholders to say, yeah, our health equity is directly impacted by the quality of our community, by access to food, by access to services, by access to transportation, by affordable, accessible housing. All the things that communities were already

working on, but then these relationships have really brought it to a whole another level, particularly within the last five years.

Dr. Gracia: Thank you, Bill, for giving those really clear examples. And as you said, you know, the COVID 19 pandemic spotlights disparities that have long existed and really elevated an understanding of these structural drivers. You pointed to them, food security, housing and transportation, and then seeing which populations are disproportionately impacted.

Mr. Armbruster: We've also seen some age-friendly communities shift the convener of their age-friendly initiative to their Office of Diversity, Equity and Inclusion. So we're seeing aging being included in that conversation across the board and you can say, yeah, this is our natural place for this. So again, conversations being had at different levels at different places with different stakeholders and partners really enhances the same thing when we see one of the things communities have to do is submit an action plan and we can see the growth in this work over time as compared to those early years in terms of what folks and communities said they were going to do and what they're doing now.

Dr. Gracia: It's so important, taking the lessons learned from a public health emergency and actually utilizing those lessons to then implement change and be able to promote equity and advance health and well-being for all people across all ages. That's a really remarkable lesson

and an important issue that we all need to address and continue to sustain even beyond a public health emergency.

Bill, it's been such a pleasure speaking with you today.

For our listeners, please feel free to share this segment on your social media channels and look for an announcement of our next segment, which will be released in spring 2024. You can also learn more about the Age-Friendly Public Health Systems Initiative on our website at AFHS.org, that's A F P H S dot O R G.

This is Nadine Gracia of Trust for America's Health. Thanks again for listening.