



**Celebrating Healthy Aging across the Life Span: Thinking Intergenerationally about
Public Health Practice Landscape
Trust for America's Health
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2:00-3:00 PM Eastern Time**

Live captioning by Ai-Media:

TIM HUGHES:

Good afternoon and welcome to our national webinar Celebrating Healthy Aging across the Life Span: Thinking Intergenerationally about Public Health Practice Landscape, hosted by Trust for America's Health, commonly known as TFAH. My name is Tim Hughes, the external relations and outreach manager at TFAH. We would like to thank our speakers and audience for being with us today.

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We encourage you all to share your thoughts and questions about today's presentation by typing them in the Q&A box, not the chat. We will try to answer as many as we can as time permits. To open the Q&A box, click the Q&A icon at the bottom of your screen. From there, select enter when you are ready to submit your question.

And now, it is my pleasure to welcome our moderator for this event, Doctor Breanca Merritt, Dr Merritt is the Director of Policy at TFAH. In this role she leads a portfolio of policy initiatives, conveniens and partnerships designed to develop and support public health. Welcome Dr Merritt.

DR BREANCA MERRITT:

Thank you Tim and thank you everyone for joining us today for this important discussion. It means that even though healthy aging month was officially in September, you hear enough in the topic to care about us all becoming healthy older adults. Again, I am Breanca Merritt. I would like to welcome you again and thank you to our panelists for taking the time to attend and participate in today's event.

This is our agenda for today. As you see, after the discussion we hope will have time for questions from the audience. TFAH is excited to celebrate 25 years as an organization, by

celebrating by hosting webinars about where health is currently. We also want to think about where we are heading. Specifically as we have these discussions, we want to weigh how the field has and will continue to evolve in a rapidly, relatively rapid timeframe.

We will continue to highlight in this discussion how folks have recently been experiencing healthy aging, currently and in the past. Also think a little bit about the future, reflecting on how our field of practice can learn from these experiences to enhance how we support prevention.

Before we get to our esteemed panelists, I do want to start with a brief overview of healthy aging for this discussion, as well as the dedication from TFAH to supporting healthy aging. We think about this discussion today and in general of healthy aging as centering it in becoming an older adult as being one of the hallmark accomplishments of public health. Even though a lot of work on healthy aging centers the experiences and supports for older adults specifically, and typically those who are about 65 years and older.

The public health programmatic and policy changes begin so much earlier in life. In our field, we focus on opportunities like healthy food access, social and emotional well-being, injury prevention. Health care access utilization, and many other factors that we know can support children, families and young adults to become older adults. As well as older adults themselves.

We can simply think of healthy aging across the lifespan is creating the environments and opportunities that enable people to be and do what they value throughout their lives. However, institutions and beyond have not always exclusively explicitly centered older adults. So our conversation today aims to highlight what that could look like in practice.

Here at TFAH, and with support from our partners at the John a Hartford foundation, our movement aims to figure out how we can support these movements for aging adults. Because aging adult services of typically not been housed in public departments, we aim to integrate them into public health departments, in partnership with all the units, and in jurisdictions across the US. On the right you will see the framework which uplifts the strengths and tools of public health to ensure that older adults can age well with many of the strategies also benefiting so many other age groups.

Things like effective collaboration, building on existing programs and partnerships, targeted data collection and analysis. With numerous toolkits, resources, and the engagement of hundreds of jurisdictions participating in these programs, we aim to offer a variety of strategies that can increasingly highlight the importance of older adults as public health partners.

You can visit our website on the screen to learn more.

As recent federal policy decisions have shown, the work of healthy aging is being

challenged across the lifespan. As noted before, every day, 10,000 Americans are turning 65 because of public health successes and prevention efforts. The critical funding for programs aimed at prenatal care, school health, dementia related challenges, etc. have been proposed for reduction or elimination as well as many other fluctuations that folks are experience in.

Those decisions directly affect state, local and other jurisdictions and their ability to serve communities. Choices also affect how residents can age safely with support from different sectors. Think of housing, employment, transportation and other key supports that have also been in flux and also affect how communities can age well. At the same time, these challenges resent opportunities to think about the future of healthy aging. How we partner more intentionally with community members? Work across sectors more effectively to support health? What is an intergenerational approach to healthy aging actually entail?

My hope for this webinar is you all leave with a better understanding of how we can increase healthy aging across the lifespan, understanding the opportunity to support healthy critical lifestages and for older adults. Especially important in an era of challenging public health infrastructure and for partners across sectors. We hope that highlighting perspectives from partners who represent multiple age groups will encourage thoughtful partnerships and discussions with these communities. The individuals and organizations we are honored to have contribution from today a prospectus in government, community perspectives, in addition to different age groups.

We will save questions for the end, just a reminder to submit your questions in the Q&A box. And not the chat. And we will address those questions after a panel discussion. I'm pleased to welcome our panel, first we have Marilyn Cabrera, who serves as the Federal Policy and Advocacy Manager for Healthcare at Young Invincibles, national organization focused on ensuring young adults ages 18 to 34 are included and equipped to advocate for policy decisions affecting our health, economic opportunity and other key issues. Marilyn has held previously several roles within the Department of human and health services. In addition to work focused on the social determinants of health, their adoption and their implementation in evidence-based policies. Lindsey Ilagan is the program manager for Healthy Aging and Community Living Program Initiatives at the Hawaii Public Health Institute and a cofounder of the Kupuna Collective, collaborative network focused on supporting and empowering older adults through centering community knowledge and expertise across all generations. Her work centers addressing (indiscernible) Indigenous knowledge, working with community partners. She also serves as chair for the Honolulu committee on aging as well as a primary caregiver.

Doctor Morgan McDonald is the Milbank Memorial Fund's National Director of Population Health. She oversees leadership work including its public sector leadership programs. Dr McDonald serves most recently as the interim health director for Tennessee, and previously as Deputy Commissioner for population health and assistant Commissioner for family and public wellness. She provided support for response recovery efforts,

championed implementation work, and successfully led the state's maternal and child health initiatives. She is board certified in medicine and pediatrics, Dr McDonald has continued her practice serving underserved populations and recognized for awards for her work.

Now it is my honor to welcome our panel, thank you for being here. We will start off by reflecting over your recent observations about the different ages and stages of life you are here to share with us. We would like to start by asking our panelists about what you are hearing from the members of the populations are here to represent on this call about the most pressing needs about health and well-being. Morgan, since you are in the early end of the lifespan, why don't you share a little bit about what you might be hearing from moms, kids, and folks in the younger age group. In public health.

DR MORGAN F McDONALD:

Absolutely. Thanks for bringing us together, I think this topic is critically important, for us in public health to continue to think across, in this instance across the lifespan, across agencies, across legislative and executive branch opportunities to promote healthy aging.

Certainly from my experience as a clinician, I see both kids and adults, and it is some of that across... It is often people in my stage of life, taking care of kids, taking care of adults, and thinking about how do I make the most of resources that are at hand. I think increasingly concerned about my parents, I have a parent was recently diagnosed with dementia and how to navigate that. And being able to, even as a public health professional, recognize that there are community resources, and the importance of having really engaged public sector investment in those navigators and in building infrastructure that is relevant. Whether it be in the exam room, where I see patients. Or whether it be in the public sector, or just as we are navigating life, be that at my community center next door or in a policy conversation with our local counsel here.

DR BREANCA MERRITT:

Thanks Morgan. Marilyn, I will turn it over to you. The age group of 18 to 34 is not one we have historically centered and public health conversations. I think Morgan made some great connections across the lifespan as well in her discussion. Curious what you are hearing from young adults across the country as relates to their health. That is most pressing and was Young Invincibles might be interested in at this time.

MARILYN CABRERA:

Happy to, and thank you for inviting me to be part of this discussion. I think when we think about young people, especially in the 18 to 34 age range, that covers really a lot of milestones that happen in that demographic. We are getting folks who are at the tail end of Millennials, a lot of Gen Z folks.

We are thinking about 18+, these are folks who are maybe going into college, moving away from home for the first time, navigating life on their own. If they are moving away to go to college campuses. Also folks who are graduating from college, maybe going to grad school, continuing their education. Or entering the workforce for the first time. Starting their careers. Maybe this is the first time getting employer-sponsored coverage. Navigating benefits and things like that.

Or they are aging off of their parents health plans, turning 26 and getting their own health insurance for the first time. Navigating what the health insurance marketplace is and all that that entails. Or maybe they are navigating becoming parents for the first time. As folks enter the tail end of that 18 to 34 demographic, we are looking at folks try to buy their first home, expanding their families, so there are a lot of different milestones that happen in this 18 to 34 age range.

When we talk to young adults, we are talking to them about what are the expensing right now? I think something that is top of mind for young adults is really affordability and access to services. So affordability in this larger sense of yes, they want to be able to afford things like health insurance coverage, but also their thinking about the cost of living, how can they actually take care of their needs today, while also trying to plan for their future down the line.

DR BREANCA MERRITT:

Thank you. And then Lindsey, we welcome your thoughts about what you are hearing. And we're talking about older adults generally, but we know in Hawaii, especially with the Kupuna Collective, you take a very particular approach of how you celebrate elders and integrate that knowledge into what you do. We welcome your thoughts about what you are hearing from community members in your state about what is most important to them at this time.

LINDSEY ILAGAN:

Thanks so much, aloha everybody, my name is Lindsey, I am at the Hawaii public health Institute, grateful to be here with you folks today and my fellow panelists. Thank you to Trust for America's Health for hosting and recognizing Hawaii public health Institute is a health system, super excited to participate. I am joining today from the island of Oahu.

I am also part of the Kupuna Collective, which is our collaborative network here in Hawaii of about 650 so partners across the state. Really our vision is that all generations in Hawaii are thriving in an age empowered society that maximizes three things, number one health, number two independence, and number three engagement of Kupuna, which we use as a term to refer to respected older adults in the Hawaiian language.

Here in Hawaii, we do not necessarily begin asking older adults what they need, but rather what they hold or what they bring to our communities. We are really fortunate here in Hawaii that our culture centers Kupuna as those treasured keepers of knowledge. Whether that be of our language, our land, families, how our communities have gotten through hard times, or public health challenges before.

So we really like to uplift our Kupuna as assets and strengths. Not necessarily passive or vulnerable populations that we aim to serve. That does not erase the real needs, they exist for sure. But we also know that public health service people better when we treat each other as partners and teachers. So what do we hear?

Our work really centers around listening and we share the same issues time and again over the years. What Marilyn and Morgan have said really resonated with me as well. Affordability is huge. Many Kupuna, they want to stay near their families, they really anchor their identity to that of the land. When they become displaced in their sunset years, because they cannot afford to age in place, that becomes a really big issue for us.

Caregiving of course. Caregiving strain is next on the list. Deeply cultural here. People do not always ask for help, so they are in crisis, whether you are the person receiving or giving help. Many working adults raising children at the same time are often overburdened. In Hawaii, our geography matters as well. We are spread out across seven main islands. And so our specialists, our care providers, home care workers, transportation services, all these things that help us to thrive as we age, are spread across the seven islands.

Especially for folks who live in rural areas or neighbor islands, that may not always be available. For Kupuna, these challenges compound over time. And I think one of the other ones that I did not mention yet is we have had a lot of extreme weather events. Over the last couple of years. We have had wildfires, floods, hurricanes, so disaster preparedness and response through that aging empowered lands is not abstract for us at all. That is what we are seeing on the front lines. So far.

DR BREANCA MERRITT:

Thank you Lindsey. I am hearing so much overlap as you noted across our panelists, affordability, stability, caregiving, both for older adults and also for babies, children and young families. There is a lot of overlap in that intergenerational perspective is so critical. I think we are having this conversation and how you are approaching it as you shared a variety of different areas that seem critical for the populations you are talking about.

Can you share some recent policy changes, federal, state, local that you think have been able to affect in a positive way or in a challenging way? How some of those needs, opportunities for well-being that you pointed out may be challenged or improved as a result of those choices?

DR MORGAN F McDONALD:

I am happy to jump in there, Breanca. Really looking forward to how the other panel assessing this as well. As I mentioned with Milbank, we collaborate across states, parties and branches of government, legislative and executive. And across agencies. So we have many folks in our network who are involved in aging commissions. And then those who are on Medicaid, public health, behavioral health. Really a cross-section of these policies. And how they are impacting aging.

I think certainly one of the things that is been top of mind for states has been the impacts of HR one and the impacted insurance coverage, certainly to encourage-- insurance coverage and state budgets. In some of the difficult decisions that Medicaid is having to make and states are having to make as they think about service delivery and how to meet some of those gaps in insurance coverage that people are increasingly experiencing.

Particularly with the implementation of some changes October 1, to community engagement requirement implementation in January. And then ongoing shifts in budgeting how they are thinking about that. And then the AAA funding, so the area aging resource agencies who get different types of funding, but that certainly has impacted community-based resources, housing, meals, there are also investigations into fraud, waste and abuse on the Medicaid side.

In many cases, that is strong support to work that states been doing for many years. And in some cases that is falling onto particularly service providers who care for aging populations. So whether that be hospice or home health entities. Some of those funding phrases have certainly impacted service delivery in a way that was not intended.

On the opportunity side, I think one of the significant opportunities that states have seen has certainly been with rural health transformation. We have seen nine states for example directly invest in programs like PACE, for those not aware of that, that is a program for all-inclusive care for the elderly.

That is a really evidence-based means of keeping individuals in communities. And in their homes for as long as possible. That is been one of the great wins from a rural health transformation perspective. Similarly, states are looking at crosscutting strategies like telehealth, food systems, healthcare regionalization efforts, the target populations across the lifespan. That is one of our themes, how do we continue to really use those crosscutting strategies to improve health across the lifespan, particularly healthy aging.

DR BREANCA MERRITT:

Thanks Morgan, go ahead Lindsey.

LINDSEY ILAGAN:

Thanks for making those connections, Morgan. Similarly here, I think federal and other policy changes have added a lot of uncertainty. At times. (Laughs) The programs that Kupuna rely on are very much interlocked. When there is a shift in one program or service or benefit, it definitely ripples throughout all the rest. And that is how it is supposed to be designed. So they all come together to meet all of our population's unique needs.

In a small state, with limited redundancy of programs, there is often no second provider to absorb the need. We just see the small changes have outsized effects. And we see that definitely here with policy changes.

You know, when we talk about Kupuna in Hawaii specifically, pardon my voice. Many Kupuna have a lifetime of reasons to distrust systems that are supposed to serve them, so when those changes feel really abrupt, or unanticipated, people really pull back sometimes. And our response among the Kupuna Collective members and community partners is to strengthen those local networks. Because in these uncertain times, we do have is relationships and infrastructure in-- with each other.

I think maybe some opportunities, to flip it around a bit, there is an opportunity to invest in community strengths for sure. There is a healthy aging angle in every public health policy. And so when we embedded in court practice, which is a great tie back to our age-friendly public health systems work, we are able to serve as liaisons for strategic planning, so that systems and policies can be designed a little bit better for diverse ages and abilities. Beyond that, I think there is a lot of opportunities for supporting family caregivers. Protecting those home and community-based services. Funding community defined solutions, investing in our workforce.

And then bringing it back to disaster planning, making sure it is very inclusive for older adults. Of course those things do not happen overnight, but we are hopeful that with our momentum we build with our partnerships, that we are able to get there.

MARILYN CABRERA:

I can go ahead and chime in here. For young adults. I think similar to what Morgan and Lindsey said, I think we are really tracking the impacts of HR one and what this is going to mean for young adults. Especially navigating the healthcare system as a whole. Something that we have been just really monitoring is what are things like Medicaid work requirements going to look like for young adults?

Something that we hear often is that not only do young adults have a hard time affording things like health insurance, or even a medical bill that may be is unexpected for them. But they are also trying to figure out navigating the healthcare system as a whole. That is very

complicated. For anyone, but especially for young people who are having to do this often for the first time.

So thinking about as a Medicaid work requirements or snap work requirements are meeting young adults in their day-to-day, we are worried that young people are going to fall through the cracks through these new administrative hurdles that they are going to have to encounter. We have been doing what we can to do outreach and make sure that folks know that this is something that they will have to abide by. But also ensuring that they know that we are a trusted resource. Here to answer questions if they have them.

Also, we have a navigator on our staff who does work in the northern Virginia area. She has been very active in doing that direct consumer outreach and education as well. Very similar to what Lindsey's been saying, really trying to strengthen those ties that we do have with consumer facing roles.

But other set of opportunities are bright spots that we have been... That a been guiding our work as well, we do have regional offices, we have a regional presence in California, Colorado, Illinois, New York and Texas. So we have seen that there have been some gains made that are addressing the current needs of young adults.

One of those have been, I believe in York there was some legislation or some work done to pass emergency aid for students on New York University campuses. And this has been in response to addressing financial emergencies that students may experience when they are students on campus. Sometimes these are medical bills that are unexpected, medical emergencies, legislation that supports students staying in school to help them build the future where they are able to finish school and enter the workforce and have a little stability down the line. There are other examples I can touch on down the line we do see opportunities at state level to support young adults so that they can continue to plan for the future and beyond.

DR BREANCA MERRITT:

Everyone is talking so freely about things that are not directly in the public health wheelhouse, and I appreciate that, because all your organizations and expertise centers this idea focusing factors and systems beyond just an individual's health. And even beyond traditional public health systems. I would appreciate of folks which are a little bit about organizations, collaborators you're working with, or that your partners are working within the field, how they are playing a role in navigating well-being. How are folks outside of the public health departments in traditional infrastructure supporting well-being for populations in our current policy environment? Any examples you have about things that you have observed that are working well and how populations might be responding to that nonmedical social needs perspective to their health.

LINDSEY ILAGAN:

I can jump in. We are so lucky in Hawaii that the benefit of being kind of a small island state is that we are all each other's family, friends and neighbors and we have such a high stake in making sure that we are all taken care of and taking care of each other. I would say that our network is pretty robust through the collective.

We are really fortunate to partner with both traditional and nontraditional partners. When I say nontraditional partners, may be folks who you do not consider part of the aging network per se. Folks, for example, doing new postpartum visits with mom's. They already have a foot in the door, and our families exist multigenerational here. So we always try to see how we can work better together. And find those opportunities to collaborate across the different stages of the life course.

Across our different partners, there is a couple of common denominators across all of them. A lot of them think and practice cross sector. They are able to link health with housing, food, transportation, opportunities for social connection which is so important as we get older. They are very flexible to our community's unique needs. Every community looks a little bit different, is being able to meet our Kupuna and caregivers and family members where they are.

They are very much culturally grounded. Using that local language and values and trusted messengers, a message is nothing without a trusted messenger. I think that is where we see a lot of our success in helping to promote those nonmedical factors. And for some specific examples. We have been able to work with libraries for example, senior centers, parks and, community and homestead Association, civic clubs. Faith-based groups and more. Really fortunate.

MARILYN CABRERA:

I can hop in. I think similarly we are also trying to expand our network. In figure out who are these may be nontraditional partners. At least for young people, some of our more traditional partners are folks like college campuses and meeting folks where we figure young people are going to be. In the day today.

But given the times, we have been very active on social media, who is a trusted messenger on social media? We are very aware that we do not want to be talking at young adults, we may not be the trusted messenger, so we are always trying to get young adults to talk to each other. Rather than us talking to them, we actually have several cohorts of young adult advocates and we have cohorts of programs across the country where we actually train young adults to show their own story.

If they are passionate about a specific issue, or if they have lived experience about a specific issue, whether it is something related to health, something related to access to higher education, they are worried about the workforce, something else. We actually train

them and encourage them to share their story and so that way they can elevate their own voice and raise awareness of these issues that are important to them. And they can get the word out to their peers, rather than us trying to crack something that might be socially or culturally relevant to whatever social media is trending at the moment.

DR MORGAN F McDONALD:

I appreciate that note particularly about communications Marilyn, and Lindsey I think you gave a comprehensive list about what this looks like at the community level. The one double-click on that that I would make is this is that perfect intersection of the six Cs in public health systems, and public health having that role of connecting and convening in these multisector partners as they are planning for healthy aging and is there thinking about infrastructure across the lifespan.

This is where public health shines in so many ways. Similarly, that other C of coordinating supports and services making sure there is public awareness, back to your point around communication in ways that make sense. It comes full circle back to public health and being able to mobilize these resources across the lifespan and really across the nongovernmental sector.

DR BREANCA MERRITT:

I appreciate the three lines for all of you. One thing I'm hearing quite a bit is centering what members of these communities and populations are telling us, rather than trying to prescribe something to them. Especially when we think about aging in older adults, as you suggested earlier Lindsey, very easy for us to be prescriptive about things, rather than partnership in community building and trust among the folks, supporting building trust among those folks in these populations are already trusting for valued information.

I do want to make sure that the audience knows we will transition to audience Q&A shortly, so please continue to populate questions in the Q&A feature of the zoom screen. I did want to ask our panelists one more question. Before asking a few more... And that is about the future of public health and how you might envision our system more fully supporting the groups we are talking about today. Not just thinking about what it looks like in the current moment, but thinking about what it looks like for example in a pediatric space to ensure they become the older adults that Lindsey is currently partnering with an ineffective way.

When we think about the public health system or other systems that is supporting what it means to age in a healthy way, what we need? What we need to look towards as practitioners, advocates in the field, to do a better job of making an even stronger system?

MARILYN CABRERA:

I can go ahead and start us off. I think especially when it comes to young people, there is

sometimes a misconception that young people are not engaged or interested in this future planning. I want to counter that and say that I think in people... When I talk to young people, they are hungry for any opportunity to lend either their expertise, their lived experience, or just have any sort of connection to these broader systems.

Whether that is through formal channels, young adults advisory board, something that is set in stone, that is been created and is a formal way to get a young adult perspective. That is great. But it could also just be through a more informal partnership, whether it is a survey or a Town Hall. Through social media. Whatever those channels may be.

I really welcome any opportunities to get additional community input from folks and may be leveraging partnerships with schools organizations like YI to lend those young adult perspectives. In my experience, they are very hungry to give their opinions and they have a lot of them. I would just say that.

LINDSEY ILAGAN:

If you don't mind, I would jump in. I will also say that Kupuna are pretty generous with their lived experience and opinions as well. We have been in, (Laughs). But yes, when I envision the future, of public health, I really see a system that values Kupuna as leaders in knowledge holders. Kind of what I talked about earlier. That is one of the biggest shifts I could hope for.

Kind of going back to what Morgan was saying earlier about like public health is a convenor and connector. No single sector can really carry healthy aging alone. I envision all of us doing what we're doing here today. Bringing together diverse sets of partners, into one room, and figuring out how we can forge a future together. And making sure that healthy aging is a core function of public health and every health department across our nation.

That is really the heart I think of the age-friendly public health systems model. That tire is really strong. And I think just having us in the room here today, I think there is a chance here for us to adopt an intergenerational lens without erasing the needs of each unique population. Families do not necessarily live in age-based silos.

I do not think our housing, caregiving, food and safety net services, all of those things should reflect that. Because it benefits everyone from children to working adults to Kupuna altogether. Maybe there's a chance here to maybe explore how we can reframe that story little bit. Instead of just sharing a spotlight on each specific solid group, maybe the messages that we are part of one bigger story. And there is this beautiful interdependence across the lifespan. Going back to even Breanca's introduction, healthy aging is not just one stage of life, when you make it to Kupuna status. It is the result of every stage that comes before it. And often when we employ this aging friendly or aging empowered approach, we are seeking to build health policies and systems that meet the needs of our diverse populations and ranges in ages and abilities, not just our Kupuna.

DR MORGAN F McDONALD:

I love that description, a beautiful interoperability across, beautiful intersection across the lifespan and across generations. And I like that word better, generations, as opposed to lifespan. As we are thinking about things that we see in things we do not see, public health we often operate in the world of the unseen. Building those infrastructure so that people are default healthier. And they may not even know it.

I think about our food systems and how... Depending on age, or generations, the way of making meals changes. But can we bring more of an intergenerational dynamic to that? That really can build our community cohesiveness as well. Obviously in health we default to the health and health care system and the availability of access. Access to diagnosis, treatment, prevention of chronic disease.

And I'm excited about some things on the horizon. I think our tech is going to be an enabler here. And is going to pull out different abilities. I am also excited about things like navigation programs that states have stood up. The people may not have realized 10 years ago were in need in the public sector. CMS just stood up and navigator process for individuals with dementia. I'm excited to see what that looks like. Primarily because I'm excited to see the connectedness and can we use, like you were talking about Lindsey, can we use our elders to really feed our young people and vice versa.

I think about even the kind of intergenerational motivation that we give each other. Who is a better motivator for me to eat better than my kids? Or my patients, may be to quit smoking one more time, then their kids or grandkids. And similarly, for them to hear, new moms to hear from their parents how important it was to vaccinate them as young children. So those intergenerational messages are really powerful. And that connectedness is something that I want to see more and more of as we look towards the future.

DR BREANCA MERRITT:

That was a beautiful connection across generations and perspectives in this conversation. I know you will work with all kinds of different age ranges, not just this once you are specifically representing, and I will use that to segue into one of our questions. Which is about why we chose to talk about healthy aging across the lifespan rather than healthy longevity.

I think what you are hearing from our panelists, there are a few different ways to talk about this topic, and maybe because we haven't generally given a formal way of practice for some of the way that we do this work. We have heard intergenerational lot of course. I think there's a lot of opportunity, and folks are using a lot of different terms to a very similar conversations. It is not saying there's one correct way to talk about this, maybe thinking about the ways we can think more into generationally, and what that phrasing and engagement looks like to bring the right folks to the conversation, to think as broadly and

collectively as we can about what a future looks like. To think across generations and built a system that supports everyone.

I think that is an important question, terminology related question, and one that I think suggests we are all working for the same goal, but made using different terms to get there. Would someone like to settle that discussion, would welcome that as well. But that is a wonderful question that folks want to dig more into, how to enter this work with our partners here on this webinar.

Another question that is come up is understanding how successful organizations have been in gaining partnerships with nongovernmental entities for funding or resources to deliver community programs. Lindsey, this could go to you, as well as Morgan, who is been in a space where your navigating those partnerships for public health. Again, any expense of the organizations gaining partnerships with folks outside of government to support public health programming?

DR MORGAN F McDONALD:

Lindsey, I will kick to you...

LINDSEY ILAGAN:

Sure. For our organization, we often fall into this middle ground. Where we are kind of the liaison between funders and government and there were community-based organizations during the awesome work on the front lines. So I think we have taken it upon ourselves as part of our responsibility to make sure we uplift the voices of our community partners and elevate these critical issues that are being seen in the community. Sometimes there is a little bit of a disconnect between what is happening in our communities and where those resources are coming from.

Also partnering with our funders to make sure we remain as flexible as possible. One beautiful thing about our Kupuna Collective membership is that we really try to focus on how we can shift in real time to make sure we are addressing the utmost needs of the population as they evolve over time. So working with funders, especially philanthropic funders, and others who do have that flexibility, to move a little bit quicker and bring different funding streams to maximize that impact has been really helpful. Advocating alongside of our community partners to make sure that they were able to focus on their work and the funding structures are conducive to that.

That is not always the case. So making a really good case of how those funding mechanisms should be put into place so that we really center our community first and uplift the work that is already going on in hyper local areas. Our community partners to awesome work. They are not always graded bragging about what they do, or writing reports or collecting data, that kind of stuff. So I think that is a great partnership for us as well, to

use our public health strengths to uplift their work and liaise with funders and whatnot.

That is kind of our angle, almost that intermediary organization.

DR BREANCA MERRITT:

Thanks Lindsey. We have another question, all of your organizations work with state legislators, federal legislators, Morgan, your experiences health apartment director, you've had these expenses of engaging state level elected officials or federal level elected officials. One question we have is about the strategies that you use when you're talking with those elected officials. Specifically about what strategies can be useful in talking with them both supporting healthy aging across the lifespan. And to support programs to provide financial, other types of support, for aging services. I think that is two different topics. May be generally speak about your expenses working with legislators to advance or advocate for policies that we think matter for different populations.

DR MORGAN F McDONALD:

Happy to jump into that question. I think healthy aging is one of the great waves of opportunity right now. One of that came out of intense recognition during the pandemic of how vulnerable our aging elders can be to infectious disease and also the infrastructure they were part of. And how much our nursing home infrastructure or hospital infrastructure needed needed different ways of doing things. And also how important it was to keep people socially connected. And how important it was to keep people out of the hospital and independent living for so many different reasons.

That has generated a lot of public investment, frankly, in not just our healthcare infrastructure, but also in thinking about public health infrastructure. I think about what happened in our agency in Tennessee, really this momentum around healthy aging was building for a decade or more. And I really think that was a credit to leadership throughout the department. Not mine. (Laughs) It really was folks who took every opportunity, whether it be an opioid crisis, even (unknown term), other public health crises. OK Morgan, you come from your MCH background, think about aging, how do we use this infrastructure for aging?

And vice versa. And they were ready with a plan that as soon the political moment was right, as soon as they received in Tennessee the bolt grant, it gave them two years of planning to build the data infrastructure to then make the case legislatively. Or to make the case to the next Commissioner to really have a plan that was ready and could be infused with community voices of what they needed. And what would improve overall health outcomes. And that is what families want, regardless of where you find yourself.

So being ready for the political moment, and recognizing that frankly the political moment is now. And being able to communicate that how we take care of our older population,

immediately impacts the next generation in the next generation and the next. In being able to recognize the resources that are healthy aging population can or wants to contribute to every generation is a huge advocacy point I think that legislators and other policymakers are ready to receive.

LINDSEY ILAGAN:

If you don't mind me jumping in really quickly as well, speaking from someone who has the privilege of interacting with a lot of respected elders here. I would say it is worth an intentional effort to elevate that lived experience. Kupuna testifying what it means to age in place. A caregiver describing the cost of caring really moves decision-makers in ways that statistics don't always do alone.

Then pairing those stories with local data or specific data can be a strategic move. We find that attention fades really quickly. Of course it is an easy cause that folks can get behind, but that attention, if it is not channel directly into Biller budget liner program change, to really catalyze that action and maintain the momentum over time. For us, we also try to work simultaneously at different levels. When we are looking at maybe opportunities for changes in zoning, housing, transportation, there's going to be different changes that can be made at different levels.

Where those small engaged communities can have real influence. And maybe Hawaii says it is an advantage for that because these decision-makers are relatively accessible, we are pretty lucky there. I think my last comment there is also telling about the ripple effects, Morgan talked about that a little bit as well. What we do today is affecting future Kupuna as well.

Even telling the story of an action. What does that say about Hawaii and what we are willing to be OK with? What does it say about a community if we do not have action to make you more age empowered Hawaii? We find that is often a powerful driver for action.

MARILYN CABRERA:

I would love to chime in. And say a few things. When it comes to young adults, I think there is this misconception that young adults are healthy, maybe they are not engaged, they are not thinking about some of these issues, because they are not top of mind for them. At least when we are talking to legislators, we do our best to actually bring a young adult into that conversation with us. To talk about the lived experience. Similar to Lindsey, elevating the lived experience of that young person.

Really drive home that yes we have quantitative data, statistics, but this is a young person from your state, your district, community, that is really passionate about this issue, this is why it matters to them. When it comes to the narrative. Something we tried to do is really drive home that this is something important to young people today and this is what they

need today to set them up for success in the future.

Not only is this a current need, but if this current need is met, whether it is healthcare affordability, stable housing, access to basic needs, fruit etc., all of those things are going to set them up for a better healthier future down the line. If you are able to promote healthy behaviors now, that of course is going to have an effect on their lifespan in the future.

Secondly you wanted to say was there are certain things that when we think about these topics we think oh this is a topic that affects specific population, it does not affect young adults, but young adults do care about prescription drug prices, because young adults are also living with chronic diseases. Young adults are also caretakers, whether it is for their parents, their grandparents, so I think there are opportunities for connections there as well. We may think that only certain demographics care about certain issues, but we are finding more and more that young people are actually taking an interest in these topics, because they, again, it is part of the lived experience and they are taking on these different roles as well.

I think there's numerous opportunities for collaboration and bipartisanship in all of that good stuff. I encourage people to talk to young people, they may surprise you.

DR BREANCA MERRITT:

Marilyn, giving us some ideas about the future and how we might think about that intergenerational approach. We have so many great questions in the Q&A. I want to highlight a few quick things before we wrap up. Someone noted that healthcare and public health should be working more closely together. I think everyone here on the panel would wholeheartedly agree with that, the role of public health and clinical health collaborating together is critical. Also someone mentioned the structure of state public health agencies and opportunities for linking intergenerational work. As we think of the future of the field, that might be something to think about more explicitly.

I did want to wrap up if any of our panels have a statement or a few words about what you think a future of public state health agencies, what that could look like...

DR MORGAN F McDONALD:

Happy to jump in. I think this is a tremendous window of opportunity for us as public health. Certainly advocating for more flexible funding to be able to do that is important. But as we think about things like for example perinatal regionalization. That can certainly intersect with things like stroke regionalization. And how we are doing population health planning across the life course. Similarly an emergency preparedness.

If we have registries of kids who are technology dependent, why do we not also extend that registry to adults who are technologically dependent? Both for emergency preparedness

but also an engagement perspective.

Our messaging around vaccine certainly is tailored to different age groups were using each age group to talk to each other in that messaging. I would love to see my kids talk about low key messages to elders and vice versa.

I think this is where we as public health can make some forward momentum using cross systems. I think about Arkansas, they used their stroke telehealth system to then develop a maternal health telehealth system. Those are huge opportunities at every state store.

DR BREANCA MERRITT:

Thank you so much Morgan, that was a great perspective across states on where we could go and I want to leave him a message of opportunity. I think you heard from our panelist today that there is a desire and hunger to think more and generationally, not just in their own practice, but across the public health system. The opportunity is there and we are in an environment, increasingly a policy level to make those types of systemic changes. Please continue to thinking that way and your work and practice.

If we could tee up the side so we could wrap up, that would be wonderful. There is a question in the chats, as we are waiting for the sides to be pulled up, a question about contact information available for the panelists. If you're interested, we will work with the panelist to make that information available. Thank you to everyone who participated, including our panelists of course, I did want to tee up our next webinar here, which will take place on October 29, a follow-up to our State of Obesity Report, released at the end of last month. Lots of strategies across the lifespan in that report. Our next webinar will focus on the content of that report and featuring a wonderful array of panelists for that discussion.

Lastly, wanted to make sure that if you are not already, subscribe to our newsletter, we have for that quote concluding our newsletter about this topic, please feel free to use the QR code or go to our website to subscribe to any of those to be more in the know of what is happening in our organization and across public health at large.

With that, we continue to keep us followed across all of our key social media outlets and look forward to keeping in touch with you as this work evolves as well as while we collaborate together to build a better public health system. Thanks everybody and have a wonderful rest of your day.