



Advancing Gerontological Nursing at the Intersection of Age-Friendly Communities, Health Systems, and Public Health

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ABSTRACT

Mounting efforts to improve care and promote healthy aging throughout society and across the care continuum have created unique opportunities for gerontological nursing practice. Population aging has invoked a multitude of responses among all levels of international and national organizations, foundations, health care, and government to meet the needs and promote preferences of older adults. Large-scale programs by the World Health Organization, The John A. Hartford Foundation, Institute for Healthcare Improvement, and Trust for America's Health have galvanized to advance the momentum of age-friendly communities, health care, and public health. Gerontological nurses can leverage this growing interest in aging by enhancing their knowledge about age-friendly movements, influencing these movements with their expertise in evidence-based practices, and advancing their own competencies in caring for older adults in any setting. [*Journal of Gerontological Nursing*, 47(3), 13-17.]

Unprecedented increases in life expectancy around the world have led to widespread interest in improving care of older adults and promotion of healthy aging across a range of stakeholders. Biomedical gerontological scientists advocate for the extension of the human

“healthspan” to increase the length of time a person is alive and healthy (Olshansky, 2018). Governmental policy makers have also promulgated health promotion strategies to curtail the escalating costs of Medicare and Medicaid expenditures (Goetzel et al., 2007). The emergent generation of older adults has embraced a newfound optimism regarding their future well-being. Research suggests that Baby Boomers (born between 1946 and 1964) are more health conscious than their predecessors (Kahana & Kahana, 2014). Challenging the prevailing negative paradigm of aging as a period of disease and decline, the sentiment of healthy aging is further bolstered by pursuits to eliminate ageism by the Gerontological Society of America (GSA; n.d.) Reframing Aging Initiative.

The World Health Organization (WHO) has provided preeminent guidance to promote healthy aging. The development of age-friendly environments and aligning health care systems to meet the needs of older adults represent core thrusts of a global strategy and action plan on aging and health. The approaches provide an ecological focus on people, organizations, communities, and systems with person- and family-centered, integrated care for older adults. Adapting the broader environment in which people

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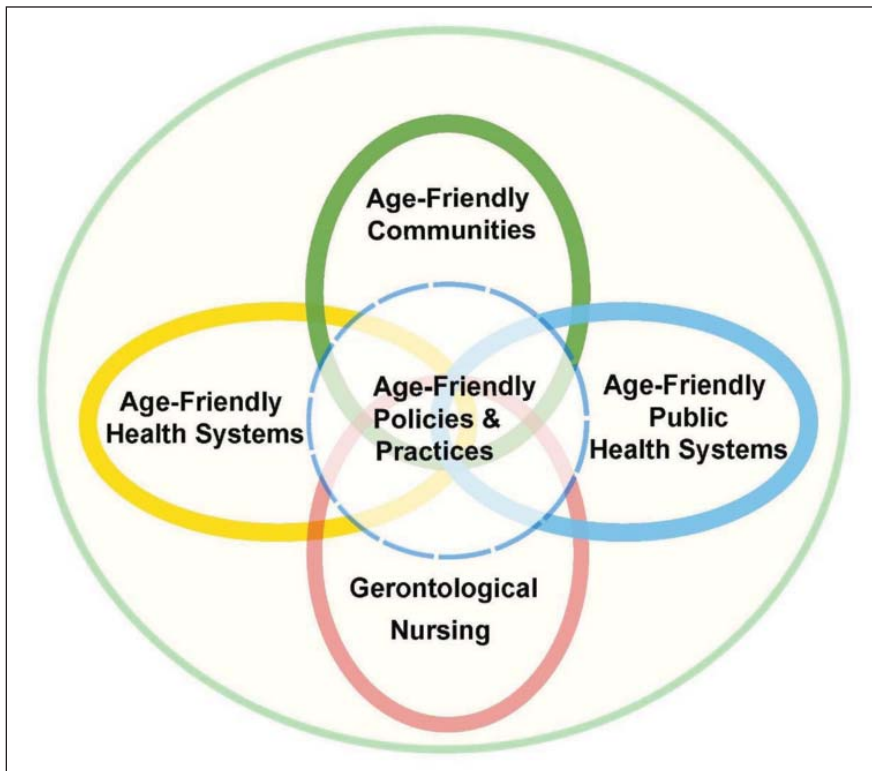


Figure 1. Gerontological nursing at the intersection of age-friendly communities, health systems, and public health systems.

Note. Adapted with permission from Fulmer et al. (2020).

live and age can promote healthy systems and remove barriers to compensate for varying levels of abilities, inequities, and disparities experienced across the life course (WHO, 2017).

The healthy aging imperative has led to several novel collaborative approaches to improve systems for older adults in the United States. The WHO launched the Global Network of Age-Friendly Cities and Communities to support municipal efforts to become age-friendly. A decade out, more than 1,000 communities around the globe, including approximately 500 in the United States, have committed to the process of making their communities a better place to age (WHO, n.d.). The John A. Hartford Foundation partnered with the Institute for Healthcare Improvement to design a novel age-friendly care framework to better meet the integrated and complex needs of older adults in health care systems (Fulmer et al., 2018). In addition to improving the experience of care for older persons and their

families, the effort also aims to improve health care quality and reduce health care costs. There has also been an innovative public health systems approach to address health promotion and prevention of older adults in their communities. Trust for America's Health (TFAH), a non-profit, non-partisan advocacy organization promoting public health, in partnership with The John A. Hartford Foundation, convened public health officials along with experts across the aging network and other stakeholders to explore public health's role in the health of older adults (Lehning & De Biasi, 2019). The effort revealed overarching roles for public health and further led to the development of a statewide pilot effort that is scaling the nation.

Gerontological nursing practice is well-positioned at the intersection of the growing age-friendly movement. As noted in **Figure 1**, gerontological nurses possess distinct knowledge and skill competencies that align with the broader tenets of the age-friendly

communities, health systems, and public health systems. Gerontological nurses can advance their own clinical expertise in the care of older adults and contribute with an expanded focus and renewed recognition of health promotion and prevention in the context of communities and public health systems. After all, the founder of public health nursing recognized the role of community living conditions and its impact on health more than a century ago (Wald, 1902).

The following section describes the tenets of age-friendly communities, health systems, and public health systems to provide gerontological nurses with enhanced knowledge about the age-friendly movement and opportunities to advance age-friendly policies and practices.

AGE-FRIENDLY COMMUNITIES

Age-friendly communities optimize opportunities for health by addressing features of the built, social, and service environment across eight aspects of community life, known as the eight “domains of livability” (AARP, 2020) (**Table 1**). Features of the built environment, such as outdoor spaces and buildings, transportation, and housing, have well-documented relevance to healthy aging. For example, exercising outdoors is associated with a variety of physical and cognitive benefits, whereas lack of access to transportation contributes to missed medical care. In addition, falls at home constitute the leading cause of preventable injury deaths among older adults, accounting for \$50 billion in health care costs annually (Centers for Disease Control and Prevention, 2020; Federal Interagency Statistics Forum on Aging-Related Statistics, 2016; Florence et al., 2018; Taylor, 2014). Mounting research has also underscored the importance of the social environment for health. For example, the increasing prevalence of isolation among older adults is a known risk factor for morbidity and

TABLE 1

Characteristics of Age-Friendly Communities, Health Systems, and Public Health Systems

Age-Friendly Communities	Age-Friendly Health Systems	Age-Friendly Public Health Systems
8 Domains of Livability	4Ms Framework	5Cs Framework
The availability and quality of these community features impact the health and well-being of older adults and help make communities livable for people of all ages.	The 4Ms are implemented together as a set of evidence-based elements of high-quality care for older adults across settings of care.	The 5Cs Framework is an articulation of the potential contributions public health should consider as it embraces a larger role in optimizing the health and well-being of older adults.
<ol style="list-style-type: none"> 1. Outdoor spaces and buildings—availability of safe and accessible areas and facilities that support active engagement in community life. 2. Transportation—available, affordable, and accessible options that promote multi-mobility alternatives that meet travel needs. 3. Housing—affordable and accessible housing options that promote well-being at home. 4. Social participation—availability of accessible and affordable activities that promote social connectivity. 5. Respect and social inclusion—access to intergenerational activities and reverent treatment throughout community that reinforces positive self-regard. 6. Civic participation and employment—opportunities for older adults to work, volunteer, or contribute skills that encourage active engagement in community life. 7. Communication and information—accessibility of print and digital information to enhance optimal aging. 8. Community support and health services—accessibility and affordability of health services across home and care continuum. 	<ol style="list-style-type: none"> 1. What Matters—know and align care with each older adult's specific health outcome goals and care preferences. 2. Medication—use age-friendly medication that does not interfere with What Matters, Mentation, or Mobility. 3. Mentation—prevent, identify, treat, and manage dementia, depression, and delirium. 4. Mobility—ensure that older adults move safely every day to maintain function and do What Matters. 	<ol style="list-style-type: none"> 1. Connecting and convening multiple sectors and professions that provide the supports, services, and infrastructure to promote a system of care for older adults. 2. Coordinating existing supports and services to identify gaps, avoid duplication of efforts, and increase access to services and supports. 3. Collecting data to assess community health status and aging population needs and inform the development of interventions. 4. Conducting, communicating, and disseminating research findings and best practices to support continuity of care. 5. Complementing, integrating, and supplementing existing supports and services, particularly to integrate clinical and public health approaches.

mortality, which is mitigated by the age-friendly domains of social and civic participation, employment, and respect and inclusion (Valtorta & Hanratty, 2012). Community supports and health services as well as communication and information constitute the final age-friendly community domain. As most older adults profess plans to age in place, providing supports at home and in the community in which people reside will continue to increase in the years ahead (Harrell et al., 2014).

AGE-FRIENDLY HEALTH SYSTEMS

The age-friendly health systems movement was launched in 2016 by the Institute for Healthcare Improvement in partnership with The John A. Hartford Foundation. After researching best practices, 4Ms of age-friendly care evolved: what matters, medication, mentation, and mobility (Figure 2).

More than 1,100 health care sites in all 50 states are acting on the 4Ms. Hospitals and outpatient practices are

assessing, documenting, and educating older adults and their families on the 4Ms: for what matters most, asking and sharing preferences across the care team and aligning with the treatment plan; for medications, reviewing and documenting high-risk medication use, deprescribing, and avoiding high-risk medications; for mentation, screening for delirium, dementia/cognitive impairment, and depression, and considering further care and treatment; and for mobility, identifying limitations and support-

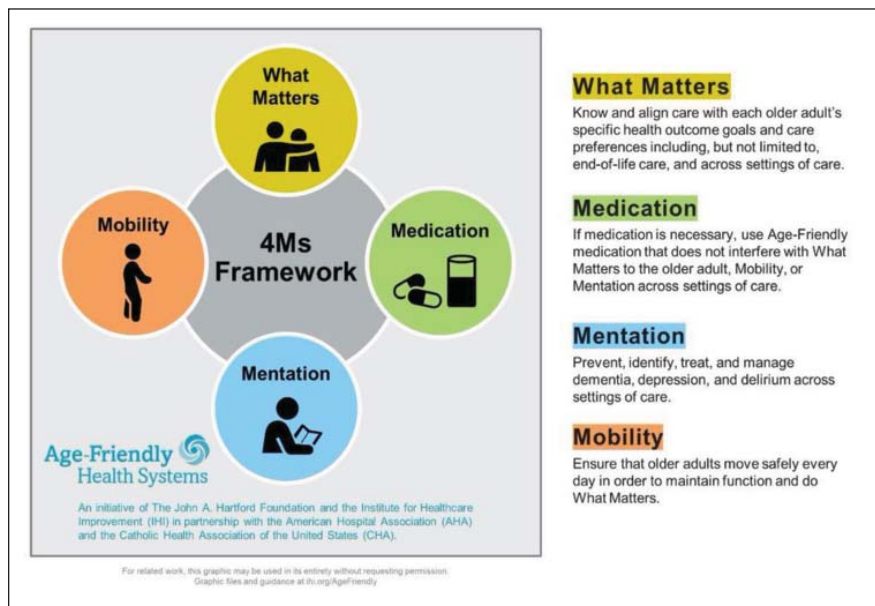


Figure 2. Age-Friendly Health Systems 4Ms Framework (in the public domain; permission is not required; <https://www.aha.org/center/age-friendly-health-systems>).

ing and ensuring early, frequent, and safe activity (The John A. Hartford Foundation, n.d.).

AGE-FRIENDLY PUBLIC HEALTH SYSTEMS

There has been increasing interest on aging in the public health sector. TFAH, with funding from The John A. Hartford Foundation, launched a pilot in Florida to explore public health's roles in aging and its alignments among the age-friendly movements. County health departments were recruited to participate in the pilot, and 37 of 67 Florida counties joined. The pilot counties demonstrated the transformation into age-friendly public health systems by changing their processes and practices to expand their focus on older adults. These changes include engaging with new aging sector and community partners in efforts to ensure older adults have access to public health programs and services; incorporating older adult health priorities in community health assessments and planning; and promoting the alignment among age-friendly movements. For example, participation in the WHO/AARP Age-Friendly Communities network doubled, in some cases spe-

cifically attributable to the leadership of Florida's age-friendly public health systems county health departments. The pilot shows the value of multi-sector, age-friendly partnerships and relationships in planning, building healthy aging capacity and expertise in the pilot communities, and identifying and filling gaps in programs and services. The Florida pilot led to numerous outcomes by the state's department of health, including the adoption of a healthy aging priority as part of its State Health Improvement Plan (a first nationwide), Florida committing to be an age-friendly state, and the creation of new "Aging in Florida" data profiles for all 67 counties (De Biasi et al., 2020). The next step is to expand the pilot to all Florida counties and other states, and to ensure support at the federal level.

TFAH has identified 10 actions that are achievable by all state and local public health departments and can be implemented at little or no cost:

- (1) Gather and disseminate information on the health and well-being of older adults.
- (2) Solicit the input of older adult residents regarding priority issues and proposed activities.
- (3) Meet with organizations serv-

ing older adults (e.g., Area Agencies on Aging, AARP, senior centers, faith-based community groups).

(4) Designate and train a staff person to be the public health department's aging specialist.

(5) Review existing public health programs to assess if and how they serve older adults.

(6) Adapt work of existing programs to capture the needs of older adults and care partners.

(7) Ensure the public health emergency preparedness plan has a special section on aging.

(8) Participate in age-friendly public health systems trainings and educational programs.

(9) Promote efforts for AARP/WHO-designated age-friendly communities.

(10) Promote efforts for health systems to become age-friendly health systems, assessing and acting on the 4Ms.

ADVANCING GERONTOLOGICAL NURSING PRACTICE IN AGE-FRIENDLY COMMUNITIES, HEALTH SYSTEMS, AND PUBLIC HEALTH SYSTEMS

Gerontological nurses are well-suited to contribute to advance healthy aging via the age-friendly movements. Nurses with gerontological expertise can work with age-friendly communities in myriad ways. As professional members of a partnering organization, age-informed input regarding health will be highly valuable (e.g., providing knowledge about fall risk and evidence-based mobility practices). As part of multi-sector collective impact, nurses can also enhance the mission of their respective organizations via collaborations and data sharing. On a personal level, as members of their own communities, nurses can join in efforts with other community leaders to address ways to promote healthy aging in their own neighborhood (e.g., organizing a watch program that provides outreach to homebound older adults).

In health care systems, gerontological nurses can continue to build

their expertise and improve care and quality outcomes for older adults at their home institutions. For example, educational programs, such as Nurses Improving Care for Healthsystem Elders (NICHE), provide evidence-based practice guidelines for common geriatric syndromes, including delirium, fall and decubiti prevention, and urinary incontinence (Fulmer, 2019). Nurses can further position their organizations as geriatric care leaders joining the Age-Friendly Health Systems network. The Age-Friendly Health Systems action communities, 1,100 strong and growing as of 2020, learn and share best policies and practices for older adults and their families and demonstrate enhanced care outcomes across a range of reportable metrics.

Gerontological nurses can contribute to age-friendly public health systems in many ways. With an aging lens, nurses can assess health trends; determine priorities for health-related interventions; advocate for improved access to health services in underserved communities; design and implement health education campaigns; provide information on local health programs and services; and conduct direct health care services to at-risk populations. Gerontological nurses can help connect the “upstream” factors at the intersectionality of poverty, racism, ageism, and other forms of discrimination, which, along with sub-par housing and limited transportation, take a cumulative toll on health. Working together with public health nurses, gerontological nurses can help integrate social care into the delivery of health care, a priority focus of the National Academies of Sciences, Engineering, and Medicine special report in 2019. Through age-friendly practice and research, gerontological nurses can advocate for health system change and public health policies that improve the health of the nation’s growing ranks of older adults.

CONCLUSION

Population aging has increased attention on the health and well-being of older adults. Converging forces, including international and national stakeholders, foundations, health care leaders, and public health advocates, have led to an escalating movement to advance healthy aging, in communities where people live and age, in health care settings where they receive care, and in public health systems where social determinants of later life health conditions emerge. By leveraging their unique knowledge and skills, gerontological nurses are well-positioned to advance the health of older adults across the age-friendly care continuum and throughout communities.

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