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**Expert Panel Discussion
*Creating an Enabling Environment for Health, Independence and Ageing in Dignity***

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Thank you, Mr. Chair for that introduction and convening this important panel. I'd also like to thank the Austrian Government for hosting this meeting and the UNECE for organizing this event. I am Edwin Walker, Deputy Assistant Secretary for Aging, with the Administration on Aging within the Administration for Community Living – a component within the U.S. Department of Health and Human Services. I am very pleased to represent the U.S. and to respond to issues identified for this panel.

U.S. Framework

In the U.S. we have a longstanding set of protections and laws focused on providing health, economic security, social supports and a host of legal rights and protections for older individuals. One of our cornerstones of this framework is the Older Americans Act, created in 1965. It has created a nationwide infrastructure to provide supports throughout the country. The goal is to enable older people to remain healthy and to live independently and with dignity in their own homes and communities. It is designed by and dependent upon the input and voluntary participation of older people.

Most recently, in 2000, the OAA was expanded to include support for caregivers – with the creation of the National Family Caregiver Support Program. We know that 80 – 85 percent of all long-term care is provided, not by some publicly-funded program or service, but by family members, friends, and neighbors. It has been estimated that this support is valued at \$475 billion a year. As a result, we knew that it made good sense to provide support for caregivers – in their caregiving roles – so they could continue to do what they would like to do – providing care and support to their loved ones, as opposed to having their loved ones enter some form of institutional care or facility.

In the U.S., we enjoy forums like this. They are important for listening, learning, and exchanging ideas. And as we are constantly evolving, they are important to helping us respond to the changing needs and demographics of older people. In today's remarks, I'd like to provide four examples where we are doing this.

First – in the area of Health

Currently, we are witnessing a major transformation of our healthcare delivery system as a result of President Obama's healthcare reform efforts and the Affordable Care Act. This transformation is from a payment driven to a consumer/patient-directed or driven system. Such a major transformation creates an incredible opportunity for us to bridge the healthcare and the social services worlds and to focus on the needs of the people to be served by the system.

Within the social services network, we are evolving from wide-ranging social programs to evidence-based/science-based prevention interventions proven to result in positive health outcomes for older people, which can be delivered by lay leaders in community-based organizations. We are focused on interventions and practices designed to reduce hospital admissions, readmissions, and emergency room visits, the incidence and impact of chronic diseases, falls and injuries, and on enabling older people to live independently in the community.

Many of our evidence-based interventions would be recognized by the research community here at this forum. We have been working and partnering with our National Institute on Aging, other components of the National Institutes of Health, the Centers for Disease Control and Prevention and the Agency for Healthcare Research and Quality on translating research into practice. Some of the more promising interventions we are using include:

- Managing multiple chronic conditions and diseases -- *Chronic Disease Self-Management Program and Diabetes Self-Management Training* – developed by Stanford University
- Maintaining/regaining strength, focusing on weight control and movement -- *Enhance Fitness, Enhance Wellness, Healthy Moves for Aging Well, Fit & Strong*
- Falls Prevention – *A Matter of Balance*
- Managing medications – *Medication Management Improvement System (HomeMeds)*
- Addressing mental health and depression – *Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) and PEARLS (Program to Encourage Active, Rewarding Lives for Seniors)*

Also, we've developed a National Prevention and Health Promotion Strategy which is a comprehensive plan to improve health at all ages. It includes strategies not only for quality health, but for clean air and water, safe work sites, and healthy foods. It contains four goals which are relevant to the topics we were asked to address:

- Building healthy and safe community environments;
- Expanding quality preventive services in clinical and community settings;
- Empowering people to make healthy choices; and
- Eliminating health disparities among differing segments of the population.

Two – Protection from Elder Abuse, Neglect, and Exploitation

In this area, we are focused on ensuring dignity and human rights. These principles are embedded in the Older Americans Act and have been a part of our practice and policy since 1965, but most recently, have been renewed as part of the Elder Justice Act. This was passed in 2010 and was supported by a coalition of more than 600 organizations. It is designed to enhance coordination among programs, training and technical assistance at the federal, state and local levels. Most recently in June of this year, we held a high-level event at the White House in commemoration of World Elder Abuse Awareness Day and have launched the Year of Elder Abuse Prevention to challenge individuals to think about elder abuse and to take action in their daily interactions to prevent it.

Three – Quality

We are working on establishing and enhancing quality standards for social services; health care; working conditions; the image and training of professional care workers; and we're working to reconcile work, family and care duties of informal caregivers.

Four – Age-Friendly Environments

While you all are probably aware of the WHO's Age-Friendly Communities initiative, in the U.S. we think of comprehensive age-friendly environments and policies being those that are effective regardless of age. Most recently, this began with President Obama's Year of Community Living, which evolved into the Community Living Initiative in which he charged government agencies to review policies and to tear down those that served as barriers to community living. This initiative evolved into the creation of our new agency, the Administration for Community Living, which combines aging and disability programs and policies. It focuses on the two populations with the same aspirations – community living – and focuses on maximizing areas where there are similarities between the populations, while respecting the unique differences between them.

Our review of age-friendly – and community living – policies include the development of effective city and community planning of environments, both for the home and the community as well as for public accommodations, such as hotels; modes of transportation; and parks, recreation and leisure. It includes technology and the design

and use of assistive devices and assistive technology focused on enhancing mobility and physical activity. Also, it includes the concepts of universal design and the development of SMART houses, so people of all functional levels and all ages can live in the community. We have found that generally there is a low level of awareness about what needs to be done, but this aspect points to the need for our new agency – to bring awareness and attention to policies and practices across the entire life cycle that can be changed in order to enhance community living.

A major area of review in the U.S. is housing. We are looking to ensure affordability, accessibility, and availability of housing that is not separated or segregated based on population, functional ability or age; but is fully integrated, intergenerational, mixed use housing with service coordination and the ability to age-in-place with evidence-based health interventions delivered at home.

And finally, we are reviewing all the social aspects associated with maintaining connectedness with one's community. We know that remaining connected to family, friends and neighbors – the source of love and support – is essential for enhancing one's quality of life in the community. We need to develop programs and policies to enable this.

Thank you again for the opportunity to present on this distinguished panel and to learn from the experiences of others. I look forward to a dialogue with you and all of our colleagues.