LEVERAGING THE POWER OF CONNECTION

Demystifying "Social Determinants of Health" to Promote Healthier Aging in the 21st Century

Highlights of the 2019 Connectivity Summit on Rural Aging
August 14-15 | **Nashville, Tennessee**

2019 Connectivity Summit on Rural Aging

ACKNOWLEDGEMENTS

Tivity Health would like to express our appreciation to all our partners for their support of the third annual Connectivity Summit on Rural Aging. These include Health eVillages, the MIT AgeLab, and Jefferson College of Population Health. We thank them for their engagement and dedication. We also recognize our sponsors: Lyft; Grantmakers In Aging; Bass, Berry & Sims; BlueCross BlueShield of Tennessee; and Solera Health, whose support added so much to the success of this year's Summit. We are grateful to the members of our Rural Aging Advisory Council and our partners at Locust Street Group and Alston & Bird for their planning and implementing of this year's Summit. Finally, special thanks to our speakers and attendees for their contributions to this event and their dedication to improving the lives of older people.

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Tivity Health®, Inc. is a leading provider of nutrition, fitness and social engagement solutions at scale to improve clinical outcomes, reduce healthcare costs and create opportunities to feel better, work better and live better. With decades of clinical and operational expertise, Tivity Health touches millions of consumers through its integrated portfolio of brands and works directly with hundreds of healthcare practitioners and many of the nation's largest payers and employers. Tens of millions of Americans are currently eligible for Tivity Health's SilverSneakers®, Prime® Fitness and WholeHealth Living™ programs and millions of people have lost weight with Nutrisystem® and South Beach Diet® and DNA BodyBlueprint™. As part of its commitment to tackling social isolation and loneliness, in 2017, Tivity Health launched a rural aging initiative to address challenges unique to older adults in rural communities. Learn more at **TivityHealth.com**.

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The Jefferson College of Population Health (JCPH) is the first college of its kind in the country. Established in 2008, JCPH is part of Thomas Jefferson University (Philadelphia University + Thomas Jefferson University), a leader in interdisciplinary, hands-on, professional education, and home of the Sidney Kimmel Medical College. JCPH is dedicated to exploring the policies and forces that define the health and well-being of populations. Its mission is to prepare leaders with global vision to examine the social determinants of health and to evaluate, develop and implement health policies and systems that will improve the health of populations and thereby enhance the quality of life. Jefferson College of Population Health provides exemplary graduate academic programming in population health, public health, health policy, healthcare quality and safety, and applied health economics and outcomes research. Its educational offerings are enhanced by research, publications and continuing education and professional development offerings in these areas. Learn more at **www.jefferson.edu/university/population-health.html**.

THE CASE FOR REVERSING SOCIAL ISOLATION:

Why Aging with Dignity is a Human Right

A MESSAGE FROM DONATO TRAMUTO

Dear Friends,

My hero, Robert F. Kennedy, once said, "Some men see things as they are and say 'Why?' I dream things that never were and say, 'Why not?'" The question "Why not?" became our focus at the 2019 Connectivity Summit on Rural Aging, as a record 220 participants gathered in Nashville to re-imagine how we can reduce social isolation, address critical social issues that affect our health, and help older people, particularly in rural communities and small towns across America, achieve better health and well-being.

The Summit focused on "demystifying" the powerful forces sometimes called "social determinants of health" – human needs like adequate healthy food, decent housing, safe surroundings, the ability to travel where we need (and want) to go, and social support and connection – which have enormous impact on our health but, sadly, have only recently been seen as an integral part our healthcare system.

This must change. For an older person living in a remote rural place, perhaps on a limited income, far from family, unable to drive, feeling isolated, these factors can be overwhelming. It is my passionate belief that none of us should be invisible or overlooked. Everyone should be able to age with dignity, and we must treat this as a basic human right.

Part of this work should include reversing the tide of loneliness that keeps so many of us from living our best lives. I speak from experience. When I was eight years old, I lost most of my hearing and endured years of bullying, failure, and painful isolation. For years I kept my story to myself but have learned that we only end loneliness by sharing our stories, making ourselves visible (and vulnerable) to others.

Listening and moving towards action were powerful themes at the Summit. This document shares insights from the Summit and actions that we can execute for collective impact.

Since beginning this work in 2016, we have built a strong coalition of stakeholders who care about aging, social isolation, loneliness, and social determinants of health, particularly for those in rural America. I am grateful to our participants, our inspiring speakers, the older adults who shared their perspectives, and our partners and sponsors.

Taking on social determinants of health is an ambitious, even daunting goal but worthy of our effort. I am excited about what is possible and welcome you to join this movement.

Sincerely,

Donato J. Tramuto
Chief Executive Officer, Tivity Health

"DEMYSTIFYING SOCIAL DETERMINANTS OF HEALTH"
to Promote Healthier Aging in the 21st Century

One of the most significant shifts in thinking about health has been recognition of the power of "social determinants of health."

Defined in Healthy People 2020 as "conditions in the environments in which people are born, live, learn, work, play, worship, and age," **analysis** shows that traditional healthcare (e.g., surgery, drug therapy) accounts for only about 10% of health outcomes, genetics for 30%, and "quality of life" variables, such as safe and affordable housing, education, behavioral choices, transportation options, recreational facilities, public safety, air and water quality, availability of healthy foods, and social support, account for the rest (60%).

The phrase "social determinants of health" may not be self-explanatory, but the idea itself resonates with most people. As the Summit's title ("demystifying") suggests, it is time to make this concept more accessible; or, as **Joseph Coughlin**, PhD, Director of the MIT AgeLab and Summit facilitator put it, "This room could be so much bigger if we could speak English."

Leveraging the Power of Connection

The social determinants idea itself has also contributed to re-orienting the US healthcare system gradually from episodic and individually billed health services toward a "value-based" or whole-person approach to care. Nearly seven out of ten Americans **surveyed** had at least one unmet social need in the past year, prompting health systems and others to focus on these nonmedical drivers of health.

The Summit placed special emphasis on social isolation, as an expression of commitment to supporting older people in rural America (where physical isolation can be a fact of life), and for the health benefits. Research by Summit presenter **Julianne Holt-Lunstad**, PhD, has **established** that social connection reduces the risk of premature mortality by 50%. (See Julianne Holt-Lunstad, PhD: Social Isolation is the New Smoking.)

The 2019 Connectivity Summit, led by Tivity Health with partners Health eVillages, MIT AgeLab, and Jefferson College of Population Health, brought together health, government, and social service experts to reflect on system-level change and human-scale interventions, raise up success stories, and tap the collective expertise of its participants to create policy recommendations. (See Crowdsourcing Creative Solutions). This document summarizes those proceedings.

Journalist Katie Couric attended the Summit as the guest of Tivity Health CEO Donato Tramuto to explore the impact of loneliness for a future documentary

Donato Tramuto and Katie Couric: Loneliness and Hope

Donato Tramuto: Katie, I have to ask you, have you ever felt lonely?

Katie Couric: Of course I've been lonely. I lost my husband when I was 41, he was 42. Our daughters were six and two at the time. I felt profound sadness, grief, loneliness. I have had lonely experiences professionally.

I'm not the world's expert on this but I think step one is talking about it, and step two is giving people hope in these depressing and divisive times.

Tramuto: Is hope gone? What can we do to reignite a sense that the future can be better for us?

Couric: I think people are inherently good. I think hope is bubbling up from the grassroots. People are saying, where can we change things in our own backyards? We can't wait for the government to solve problems; we have to step up ourselves.

I find that to be an incredibly important development and it fills me with hope.

Aging with Dignity: A Human Right

Social determinants of health are gritty daily realities. Poor nutrition because there isn't a nearby grocery store. A senior's inability to drive or leave the house. Depression deepened by loneliness.

The Summit's opening panel, moderated by Donato Tramuto and titled *The Human Rights of Aging with Dignity: How Social Determinants of Health Impact Social Connectedness as We Age*, explored another dimension: how these factors contravene our right to age with dignity.

Garth Graham, MD, agreed, citing his experience as President of the Aetna Foundation and Vice President of Community Health & Impact for CVS Health and his personal story of growing up poor. "Part of what happens with elderly communities is that they can be right in front of us, but we don't see them. They are invisible." Marginalizing people is literally short-sighted, he added: "We're all part of these communities -- if not now, then in the future. It's us, not 'them.'"

Problems long considered outside the reach of the healthcare system are coming into view, said **Mary Grealy**, President of the Healthcare Leadership Council. "Our payment system is finally changing. ACOs (accountable care organizations) are responsible for that patient or consumer's entire health." Plans now have incentives to examine social barriers and respond with interventions like helping a low-income diabetic get a refrigerator to safely store lifesaving insulin. "It's an exciting time."

Reframing social drivers of health as a human rights issue will empower patients who have felt excluded or alienated, said **Jill Lesser**, President of WomenAgainstAlzheimer's. "There are millions of people who do not feel part of the system and don't feel they have a right to expect those kinds of services. We want people to believe they actually have these human rights and demand that they receive them."

WASHINGTON LOOKS TO RURAL AMERICA

"**Integrating services and streamlining resources is a priority.**"

The *Successful Models to Address Social Determinant*s panel, moderated by **Alan Morgan**, CEO of the National Rural Health Association, explained how federal programs and policies have responded to the unique challenges in rural areas. Integrating services and streamlining resources is a priority, said **Anand Parekh**, MD, Chief Medical Advisor at the Bipartisan Policy Center. "I spent a decade at HHS and always reminded myself that the name of our department was Health *and* Human Services. Human services can't be a second-tier item."

Many (though not all) rural communities are older and poorer than the rest of the country and are compelled to be creative with their resources, said Morgan; still, "every significant innovation in our healthcare system has its origins in rural communities, because we are forced to innovate or close."

Rural communities struggle with chronic provider shortages and hospitals closings. Telehealth support can help, such as the e-hub system operated by Avera Health in South Dakota connecting rural providers with specialists at larger regional hospitals. "That peer-to-peer feedback is critical to recruitment and retention of rural providers," Parekh added.

Catalyzing Change: The Rural Aging Movement

Tivity Health and its partners are highlighting public and private sector opportunities to improve quality of life in rural America. Here are key accomplishments from 2019:

- **Roundtable:** "Addressing Social Determinants of Health," convened by Tivity Health, the Healthcare Leadership Council, and Aetna (May 2019).

- **Convening:** "Fitness, Food and Friends: Innovative Business Solutions to Support Healthy Aging," symposium led by Tivity Health and the MIT AgeLab (July 2019).

- **Engaging Policymakers:** The Rural Aging Advisory Council advocated for rural aging and social connection as key objectives in Healthy People 2030 and the Older Americans Act reauthorization, engaging members of Congress, the Centers on Medicare and Medicaid, and the Department of Health and Human Services in 40 visits and two joint letters.

- **New Task Force:** The **Rural Health Task Force** launched by the Bipartisan Policy Center with support from Tivity Health.

- **Publications:**
  - *Determined to Reduce Disparities: Solutions to Address Social Determinants of Health,* by the Healthcare Leadership Council (July 2019).
  - *Aging Well in Rural America: A Collection of Stories from the Heartland* (See Celebrating Stories of Connection.)

- **Pilot Programs:** National Council on Aging (NCOA) and Health eVillages; Jefferson College of Population Health; St. Joseph's College of Maine; and National Association of Area Agencies on Aging (n4a) and the Valley AAA. (See Silver Sneakers: Kicking Off New Friendships.)

SilverSneakers: Kicking Off New Friendships

In Flint, Michigan, Valley Area Agency on Aging (VAAA) offers caregiver workshops and exercise classes like A Matter of Balance and SilverSneakers.

VAAA was featured at the Summit and participants make it clear why: Connection happens here.

"There's a lot of days that you just really don't want to get dressed, but you know you're going to see your friends, so it motivates you," says class member Judy Allen.

Innovation is happening in rural aging services, said **Rick Nicholls**, Chief of Staff for the Administration for Community Living, citing Area Agencies on Aging (AAA) organizing mobile farmers markets in Kansas; partnering with the VA on mobility management services in rural Virginia; and tracking data from congregate meal programs and Meals on Wheels to develop nutrition counseling in Missouri.

Rural issues are sometimes misunderstood, said panelist **Heather Dimeris**, a dietician who serves as Deputy Associate Director for the Federal Office of Rural Health Policy. "So much of prevention is about balancing nutrition and activity," she explained. "The perception is that rural communities have paths for outdoor activity, but many do not. If you are older, with joint pain, we do not want you out walking in the woods, at risk for falls."

Cultural and ethnic diversity adds richness to rural communities but also makes health equity issues more complex, said **Cara James**, PhD, Director of the Centers for Medicare & Medicaid Services Office of Minority Health and co-chair of the CMS Rural Health Council. "The asset maps vary from community to community. We need to be intentional about closing the gap. It is not enough just to improve outcomes – we have to design programs that address disparities."

DRIVING BETTER POPULATION HEALTH WITH DATA

Organizations are increasingly using data to understand trends in population health and the nonmedical factors that affect the individuals and populations they serve.

Some research is academic but evidence-based innovation is also happening in the private sector, as the *Connecting Research to Programmatic Solutions: Academic & Private Sector Approaches to Social Isolation and the Social Determinants of Health* panel moderated by **David Nash**, MD, Founding Dean Emeritus at Jefferson College of Population Health, demonstrated.

One of America's largest companies, Walmart, is also one of the most ambitious in this sphere. **Phil Suiter**, Walmart Vice President and Chief Wellness Officer, explained that the company plans to leverage its massive scale to offer more convenient care. "Ninety-four percent of Americans are within 8.5 miles of a Walmart. We have real strength in the rural community," he said.

Shortly after the Summit, Walmart announced the launch of Walmart Health, a health center model offering primary care, urgent care, lab testing, X-rays, EKGs, counseling, dental care, optical care, hearing services, and wellness programming under one roof. Suiter believes Walmart's diversification creates opportunities.

"We're the second largest filler of prescriptions in America. We're the second largest grocer," Suiter explained. "How do we use food as a prescription and help people who don't know how to make good food choices to manage their disease states? We think we can move the needle."

A Ride is More Than a Ride

Giving up the keys or losing mobility for other reasons **frustrates** and isolates millions of older people. One success story is the SMiles program from Tennessee AARP.

SMiles volunteers use their own vehicles to provide low-cost rides to older people, with greater convenience than the senior van, plus a friendly companion.

"I'm a listening ear to many people," says volunteer driver Edwin Best, Jr. "You can tell they have not had a whole lot of social contact, so it's like they've got a breath of fresh air when I pick them up."

Some trips are for necessities, like medical appointments, but the rides facilitate independence and fun, too: "Get your hair done, get your nails done," explains volunteer Pat Goan. "It gives our senior population freedom."

Julianne Holt-Lunstad, PhD:
## Social Isolation is the New Smoking

"How many of you have heard that lacking social connections carries a risk similar to smoking up to 15 cigarettes per day? That comes from my research."

Julianne Holt-Lunstad, a professor of psychology and neuroscience at Brigham Young University, is quick to say she is not the first researcher to explore the relationship between social connection and health, but her work helped put it on the map.

In a 2015 **meta-analysis expanded** in 2018, Holt-Lunstad and colleagues demonstrated that social isolation is actively dangerous, increasing the risk of premature death by up to 30%. The growing evidence base further reveals that social isolation significantly **increases** health and disability risks, including coronary **heart disease** (29%), stroke (32%), and cognitive **decline** (40%).

Holt-Lunstad has been studying outcomes of social interventions aimed at changing health outcomes and reports that the data is mixed. "Some interventions are effective and some are not."

Her message now: Follow the evidence. "We need broader conversations between scientists and other stakeholders and we need to be really careful of well-intended efforts that could potentially be a waste of time and money and could potentially even have unintended negative effects."
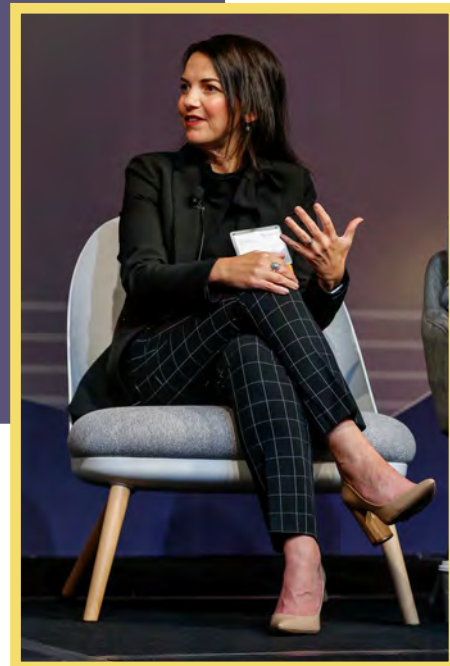
Other companies are using data to create detailed pictures of the livability and health status of communities. **Elizabeth Colyer**, Senior Vice President of Business Intelligence at Sharecare, described a database of five elements of well-being – financial, social, community, purpose, and physical – that offers actionable insights. New data with a 63-measure index of social determinants of health will soon be added. One goal is to drive a more holistic view of what constitutes good health.

J.B. Sobel, MD, Vice President and Chief Medical Officer of Senior Products for BlueCross BlueShield of Tennessee, considers population health his mission. "Tennessee has a large rural and underserved population and we are currently the only Medicare Advantage plan that's offered in every Tennessee county."

"Our plans cover transportation benefits. We send mobile units out to rural areas to do preventive screening tests, home examinations, and immunizations, and we offer home-delivered meal benefits for people discharged from the hospital." Another issue on his radar: elder abuse and neglect, which is often made worse by social isolation.

Organizations should use data deliberately to define their objectives and evaluate social isolation interventions, said **Julianne Holt-Lunstad**, PhD, of Brigham Young University. "I want to make a real plug for the importance of connecting academics with the private sector and government," she added. (See Julianne Holt-Lunstad, PhD: Social Isolation is the New Smoking.)
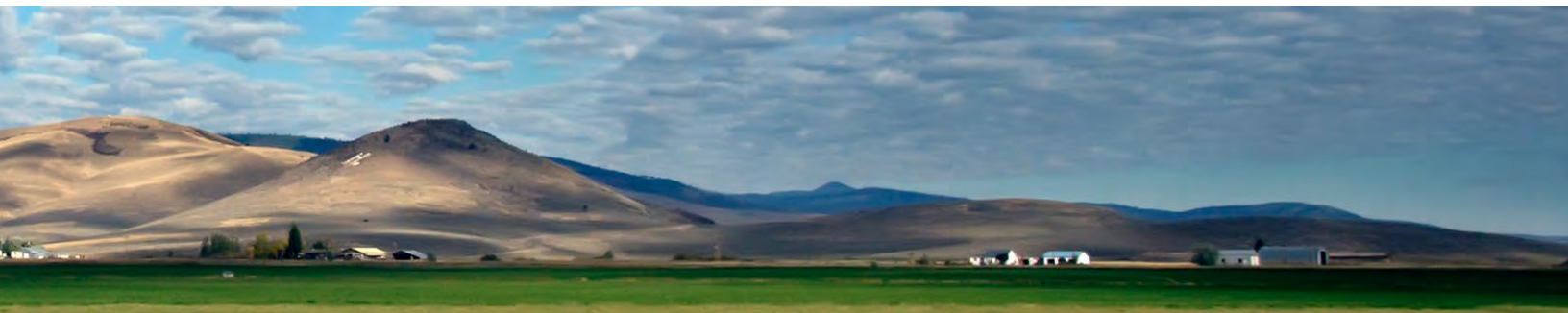
THE URGENCY AND COMPLEXITY OF LEVERAGING COMMUNITY RESOURCES

" **Value is total health, beyond traditional healthcare"**

The shift toward value-based payment models has incentivized health plans to cover nonmedical drivers of their members' health. The *Making Change Happen: How Value-Based Care Addresses Social Determinants of Health* panel moderated by **Paul Keckley**, PhD, explored the perspective of four private sector health plans.

Discussion of "value-based" care begs the question of what "value" really means. "Value is total health, beyond traditional healthcare," said **Robin Whitney**, Chief of Strategic Planning, Business Development and Real Estate at ProMedica in Toledo, Ohio. "It's spiritual health, loneliness, all those other challenges and insecurities we don't typically define in the health world." For the past decade, ProMedica has pioneered nontraditional approaches such as referring members to "food pharmacies" and opening a grocery store in an urban food desert.

Sandeep Wadhwa, MD, Chief Health Officer at Solera Health, is a geriatrician and former Colorado Medicaid director who sees plenty of value in addressing social barriers to health. "If we're about paying for health, let's curate a network of nonclinical providers and pay for the community-based interventions that are just as valuable, rigorous, and cost-effective as the drugs and visits we routinely pay for," he said.

Kyle Williams (left), Director of Corporate Partnerships for Second Harvest Food Bank of Middle Tennessee, speaks with Denny Waldron and Linda Derryberry of Loving Care Ministries at the Connectivity Summit.

Feeding Body and Soul

Food insecurity -- a critical social determinant of health -- **affects** 5.5 million older Americans. Loving Care Ministries of Rutherford County, Tennessee helps vulnerable older people get the food they need.

Volunteers are the backbone of the operation, director Linda Derryberry explained at the Connectivity Summit and some, like Denny Waldron, start out as clients.

"I had brain surgery and Loving Care ministry put food in my house for weeks," Mr. Waldron recalled. After he recovered, he got involved. "They had done so much for me, now I can go out and help other people."

This is a mission beyond groceries. "Some of the people who come in, it might be the only time of day they have any social contact with anyone," Mr. Waldron observed. "We keep 'em going, keep 'em laughing. Sometimes that's the only time they get out of their apartments."

Senator Bill Frist, MD: Healthcare Is Not Health

Nashville is the Silicon Valley of healthcare, but the cruel irony is that our public health is terrible. People here die earlier than they do in countries like Serbia or Cuba.

That's because of the social drivers of health. The housing, the transportation, the food we eat (we eat too much), the lack of access to the Internet.

Healthcare is not health. I'm a transplant surgeon, I love to see the miracle of taking a heart out of one person and putting it into another, but that does not move the needle on the real drivers of health.

When I came back to Nashville from the Senate, I said, let's address these problems, and we started NashvilleHealth. There are 120 health nonprofits here. Until we established NashvilleHealth as the convening entity, they had not been together. But once you put them together, all sorts of magical things start happening.

Caraline Coats, who leads the Bold Goal program and Population Health strategy at Humana, agrees. Her own bold goal: "I would require plans to have not just a clinical provider network but a social provider network, comprised of community-based organizations."

Humana's work on social isolation, loneliness, and food insecurity is driven in part by an ambitious screening project begun in 2014. Using standardized questions from the Centers for Disease Control (CDC) that address Healthy Days, the company spotted a powerful trend: Humana members with employer-based insurance self-reported an average of five mentally or physically unhealthy days per month. In their Medicare Advantage group, that number rose to approximately 13.5 days per month. For those on Medicaid-based plans, it was more than 21 days per month. For people who reported feeling lonely, the number jumped to more than 22 mentally or physically unhealthy days per month.

Changing at the Speed of Trust

Some plans are trying to work with established community-based organizations, but finding that profound differences in culture, mission, and capacity can make partnership complicated.

"None of this happens faster than the level of trust between those who are collaborating," observed **Jamo Rubin**, MD, President of Signify Community, who created a tech platform for multi-sector data sharing. Recalling a difficult meeting with potential community partners, he noted that privacy is a key sticking point. "A hand went up and a man said, 'I'm not doing this. I run a battered women's shelter, and I am not going to share that information.'" (Rubin addressed the concern by building in consent requirements and giving community organizations the power to control who saw their information.)

When moderator **Paul Keckley** asked why the issue of social determinants feels so timely now, Rubin invoked market forces. "I am convinced this time is different in a big way," he said. "One third of Americans will soon be on Medicaid, and one quarter in Medicare. Medicaid is already the top line item on most state budgets. If plans and providers don't lean in to help fix this, the market will fix it for them. This isn't some far off problem - it's here now."

CROWDSOURCING CREATIVE SOLUTIONS

A key objective of the 2019 Connectivity Summit was to leverage the expertise of attendees from a wide variety of fields, so on the final afternoon, eight breakout groups were charged with developing policy recommendations for tackling social determinants of health.

The top recommendations are summarized below. The groups are identified according to the rooms they worked in, each named for a country music legend.

- **The George Strait Group** worked on housing, recognizing that isolation can be exacerbated by living alone.

  The proposal: Use a federal tax credit to increase community ownership of multi-generational housing, and design a "Senior Check-in Corps," patterned on AmeriCorps, to incentivize more people to provide friendly visits to isolated older people. Young people could have some student debt forgiven for participating.

  This approach was inspired by the personal experience of a SilverSneakers Ambassador in the group who described doing "senior checks" in subsidized housing facilities with older people who otherwise might not see another person for days and often missed meals and medications.

- **The Garth Brooks Group** envisioned improving health by increasing healthcare literacy.

  The proposal: Require all high school students to take a healthcare literacy class and make classes and webinars available in other venues as well. Piloting this through a local school district could inform a subsequent federal policy.

- **The Reba McIntire Group** found its focus in a statistic mentioned during the Summit, that the majority of older people do not take advantage of the annual no-cost Medicare Wellness Visit.

  The proposal: Connect older people with retail outpatient clinics and offer a free "multi-point health inspection" including screening for conditions like prediabetes. Follow up with free health coaching, in-store cooking classes, farmers market access, and healthy meal kit giveaways.

- **The Loretta Lynn Group** noted that healthcare providers often do not explore the powerful nonmedical factors affecting people's health because there is no ready method for recording the information or being reimbursed for the work: in short, there is no electronic health record (EHR) code.

The proposal: Create billable codes for these important conversations and care. The initial recommendation is a pilot program to create proof of concept; longer term, savings from improved health could be applied to incentivize value-based care approaches.

- **The Johnny Cash Group** posited that inadequate social support arises in part from a lack of resources.

  The proposal: Increase volunteer engagement by creating a policy to support, even require, more community service. Encourage employers – particularly universities, state and federal government agencies, contractors, and others receiving government funds – to allow their employees time off to do community service. Consider making this a metric for government funding and/or contracting where possible.

- **The Dolly Parton Group** sought to encourage the health system to address social barriers to better health, such as poor transportation and food insecurity.

  The proposal: Leverage the Medicare Star Ratings system to incentivize health plans to address social determinants of health. (The Centers for Medicare and Medicaid [CMS] assess Medicare Advantage plans and Medicare Prescription Drug Plans on performance and quality, awarding them one to five stars.)

  This group had a member who works in this area and emphasized the potential for this important business performance metric to sway practice by tapping into plans' desire to receive additional stars.

- **The Chet Atkins Group** envisioned a state-based policy to empower communities and individuals to address social determinants of health.

  The proposal: Design and encourage uptake of a standardized assessment of social determinants of health for healthcare providers to use across settings. This tool would drive better data collection, help identify gaps in resources, promote data sharing and collaboration, increase practitioner accountability, and help connect people to community resources.

- **The Carrie Underwood Group** sought to pay for interventions on social determinants of health through the healthcare system.

  The proposal: Expand the capitation model for healthcare reimbursement to require attention and improve outcomes related to social determinants of health as well as purely medical needs. Reinvest any health plan savings in services like housing and education.

Honorees participated in the Connectivity Summit and joined Donato Tramuto, Katie Couric, and Joseph Coughlin on stage for the recognition ceremony

Celebrating Stories of Connection

Across America, people are creating connection to support older adults.

Aging Well in Rural America: A Collection of Stories from the Heartland, a new book available at bit.ly/heartland-stories, shares stories from 19 organizations that were recognized for their innovative contributions to aging in rural areas.

AARP Livable Communities: Livingston, TN
American Heart Association: Altheimer, AR
Blue Zones Project: Albert Lea, MN
Blue Zones Project: Dodge County, WI
California Health Collaborative: Fresno, CA
CareMore & Lyft: Southern California
Eastern Band of Cherokee Indiana & Healthcare Leadership Council: Cherokee, NC
Louisiana Sheriffs' Association: Louisiana
Lutheran Services in America: Washington, DC
Margaret Mary Health: Batesville, IN
Mercy Community Healthcare: Franklin, TN
Motion Picture & Television Fund: Nationwide
National Council on Aging: WI, MN, WA
Pennsylvania State Intergenerational Program: State College, PA
St. Joseph's College of Maine: Standish, ME
Texas A&M Center for Population Health and Aging: College Station, TX
TN AARP SMiles: Maryville, TN
Valley Area Agency on Aging: Flint, MI
YMCA: Ashtabula County, OH

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2019 Connectivity Summit on Rural Aging

Pledge to Create Better Health for All - A Poet's View

Rashad "The Poet" Rayford, a spoken word artist, closed the Connectivity Summit with an invitation to participants to become catalysts for change. Here is an excerpt from his performance:

Let's stop discarding our seasoned individuals.
Their sacrifices are the reason we can eat and thrive
In this gumbo called America.
They are the lifeline,
And if we cut the cord on them,
We cut it on ourselves...

68% of Americans have at least one unmet social need.
So, as we proceed to make that number smaller,
And love last longer,
We have got to build these bridges,
So that all people feel stronger...

This publication was written and designed by Elliott Walker and Carly Warner from SCP.

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You are the catalysts
To take this to the next level.
So, I pledge allegiance to better health
For everyone and for all.