Society for Public Health Education
Promoting Healthy Aging Resolution

Adopted SOPHE Board of Trustees 11/2/06

Whereas since the year 1900 the number of people in America aged 65 or older has increased 11-fold, from more than 3 million to nearly 35 million, representing approximately 13% of the United State's population and by 2030 the number of older Americans will have more than doubled to 71.5 million, or one in every five Americans;[1] and

Whereas in the United States, approximately 80% of adults aged 65 and older have at least one chronic condition, and 50% have at least two, and chronic diseases account for 60% of older adult deaths, are the leading causes of disability and long-term care needs, and account for approximately 95% of our nation's health care cost for adults 65 and older; [2] and

Whereas each year almost 1/3 of total US health care expenditures, or $300 billion each year, is spent on older adults and, without greater emphasis on prevention, total health care spending is projected to increase by 25% by 2030; [2,3] and

Whereas the Medicare health expenditures for 2002 were $252.2 billion and are expected to double by the year 2012, and two-thirds of national health care expenditures each year go to the costs of treating people with chronic conditions; [2] and

Whereas poor health is not an inevitable part of aging and effective measures exist that can prevent much of the disease, injury and disability among older adults, but only 1 in 10 older adults are up to date on recommended clinical preventive services such as the use of early detection services, adult immunization, adopting healthy lifestyles and reducing hazards and risks of injury; [1] and

Whereas a sedentary lifestyle, poor nutrition, and smoking contributed to 35% of U.S. deaths in 2000, and physical activity, a healthy diet, and not smoking can reduce the risk for chronic disease and can delay the onset of disability by 7-10 years; [2,6] and

Whereas falls are the leading cause of injury deaths among individuals over 65 with over 13,000 older adults dying each year due to fall-related injuries; older adults are hospitalized for fall-related injuries five times more often than for injuries from other causes; 30% of older adults who fall experience decreased mobility and independence and increased risk of death; falls cause 87% of fractures among people aged 65 and older; and half of the 250,000 older adults hospitalized each year for hip fractures cannot return home or live independently afterwards, and one-quarter die within the first year after fracture;[6,7] in 2000, among adults aged 65 and older, direct medical costs totaled $179 million for fatal fall-related injuries and $19.3 billion for nonfatal fall-related injuries [20]; by 2020, the total annual cost of these injuries is projected to reach $43.8 billion in current dollars [21]; translation and dissemination of effective fall prevention programs is needed;

Whereas at age 70, the lifetime risk of developing coronary heart disease is 1 in 3 for men and 1 in 4 for women; 61 million older adults have coronary artery plaque formation; heart disease causes 1 in 5 U.S. deaths; 85% of people who die of CHD are 65 years or older, and the estimated cost for CHD and stroke is $350 billion annually; [8,9] and

Whereas in the U.S., 1 in 4 adults have high blood pressure (hypertension - HTN), and nearly 32% are unaware they have it; one-half of all adults 65 and over have hypertension; hypertension leads to kidney disease, stroke, and heart disease, and stroke is the leading cause of long-term disability in the U.S. ;[8,10] and

Whereas 4.8 million older adults have congestive heart failure (CHF) and there are 400,000 new cases of CHF reported yearly; CHF is the most common diagnosis in hospitalized patients age 65 and older; results in 2.9 million office visits, 65,000 home visits and 962,000 hospitalizations; costs $18 billion in hospital care, office visits, home care and prescription drugs; and 50% of patients 65 and older are re-hospitalized within 90 days due to diet or medications non-compliance;[8,11] and

Whereas the prevalence of diabetes has been increasing steadily since the 1980s; 10.3 million adults over the age of 60 have diabetes; diabetes is the leading cause of heart disease, stroke, blindness, end-stage renal disease and lower-limb amputations due to poor circulation; the total cost of diabetes-related care is $132 billion annually and 52% of direct medical expenditures for diabetes ($47.6 billion) were incurred by people 65 years or older; [12,13] and

Whereas pneumonia and influenza together are the fifth-leading cause of death among older Americans and in 2005 approximately 36,000 people 65 and older died of these illnesses; and although immunization can reduce the incidence of pneumonia and influenza by as much as 80%, many older adults do not receive these vaccinations; in 2002, 32% of older adults reported not having received an influenza vaccine in the previous year, and 37% reported never having received a pneumococcal vaccine; [1,2] and

Whereas the single most important step that most adults, including older adults, can take to improve their overall health is to become more physically active;[14] research continues to accumulate demonstrating the health benefits of increasing physical activity even among “old-old” adults;[10] but few older adults engage in recommended levels of physical activity and significant numbers do not engage in any physical activity with only 25% of adults aged 65-74 and 15% of adults aged 75 and older meeting recommended physical activity levels;[15] and

Whereas maintaining a healthy body weight is important for older Americans’ health, since being overweight or obese is associated with a greater risk of diseases, such as cardiovascular disease and diabetes, can worsen existing conditions, such as arthritis, and in 2002, 19% of older adults were obese; [2] and obesity in older adults contributes to a 34% increase in Medicare expenditures as compared to non-overweight older Americans; [16] and

Whereas health expenditures for the U.S in 2002 for obesity and the five chronic diseases associated with obesity was 92.6 billion, and these chronic conditions can be prevented or significantly improved through good nutrition and increased physical activity;[4] and

Whereas there are significant health disparities by race and ethnicity in the burden of chronic diseases among older adults;[18] Disparity in health status is evidenced by the 16-year difference in healthy life expectancy at birth between white females (69.6 years) and African American males (53.9 years). In addition, there are significant racial and ethnic differences in rates of preventable hospitalizations among older adults. For example, rates for Latinos with hospitalizations for diabetes are five times higher than for whites, and both African-Americans and Latinos are three times more likely than white adults to be admitted for hypertension. [18]

Whereas there is a national movement, supported by the Administration on Aging (AoA), the Centers for Medicare and Medicaid Services (CMS) and the President's Long Term Care Re-balancing Initiative to focus attention on the chronic care needs of older adults. The Aging and Disability Resource Center (ADRC) grant program, currently funding 44 states is intended to stimulate the development of state systems that integrate community-based services and facilitate access to long term care services and benefits, assisting state governments to enable older adults to age in place through reform of the long-term care system, shifting funding from nursing homes to home and community based services. This shift in funding will enable states to provide long-term care and maximize quality of life for seniors who want to continue to live in the community, and will include access to health promotion/disease prevention services and support services that are clinically appropriate, cost-effective, and fiscally responsive

Whereas inadequate health literacy is associated with diminished mental and physical health in older persons living in community-based environments. Factors relating to health literacy include, but are not limited to socio-cultural differences; persons for whom English is not their native language; diminished visual and auditory acuity; health care providers failure to verify and address health literacy; and a lack of access to well-written, illustrated and easy to understand health information, and deficits in health literacy result in poor compliance with recommended treatments, low rates of follow-up appointments, medication errors, increased hospitalizations and accidents.[22, 23, 24]

THEREFORE, BE IT RESOLVED THAT SOPHE WILL TAKE THE FOLLOWING ACTIONS TO PROMOTE HEALTHY AGING:

Internal Actions -

(1) Develop a National SOPHE Healthy Aging Special Interest Group (SIG) that will serve as the lead internal body to promote and support healthy aging activities and senior health education initiatives.

(2) Provide continuing education for SOPHE members on chronic diseases, risk factors important to our growing aging population, effective health promotion strategies for older adults, and healthy aging models and practices through SOPHE conferences and publications, including the development of a special issue of *Health Education & Behavior* and *Health Promotion Practice* and a conference with a healthy aging theme.

(3) Encourage SOPHE chapters to develop Healthy Aging SIGs and engage in supporting healthy aging activities.

(4) Provide continuing education on health literacy and consider forming a Special Interest Group (SIG) covering this topic, if there is an interest among members.

External Actions –

(1) Collaborate with member organizations of the Coalition of National Health Education Organization on professional preparation, continuing education, and advocacy for healthy aging programs, services, and resources.

(2) Partner with college and university health education professional preparation programs to identify and enhance undergraduate and graduate curricula and competencies related to working with our aging populations.

(3) Partner with health care organizations and accrediting bodies to expand preventive health programs and services targeting senior populations, including public and private health insurance programs and services.

(4) Partner with national public, private, and not for profit organizations (including the Administration on Aging, the National Association of State Units on Aging, the National Association of Area Agencies on Aging, the National Council on Aging, state and local health departments, Area Offices on Aging, the American Association for Homes and Services for the Aging, and the Aging Provider Networks) serving seniors to advocate for additional funding for research and programs for seniors; policies and legislation that promote preventive health services; and health promotion programs addressing our diverse senior population. Additionally, partner with national public, private and not for profit organizations whose focus is chronic disease, mental health, housing, legal issues for the elderly, finances for the elderly, key social determinants of health, and health literacy to improve and maintain the quality of health for all persons age 65 and older.

(5) Collaborate with the APHA Task Force on Aging to implement activities that foster healthy aging and assist the National Association of Chronic Disease Directors' Council on Healthy Aging in implementing their strategic plan.

(6) Improve professional education and development opportunities by seeking funds from the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA) and other potential parties to enhance health education professional knowledge and capacity to support and partner with aging organizations at the federal, state and local levels.

References

1. Gerberding, J.L. (2005). Healthy aging: Preventing disease and improving quality of life among older Americans. Retrieved March 16, 2006, from Center for Disease Control and Prevention web site: http://www.cdc.nccdphp/publications/aging.htm
2. Merck Institute of Aging and Health, Center for Disease Control, & Gerontological Society of America. (2004). The state of aging and health in America 2004.
3. Centers for Disease Control and Prevention, "Healthy Aging: Preventing Disease and Improving Quality of Life Among Older Americans, 2002.
4. Finkelstein, E.A., Fiebelkorn, I.C., & Wang. (2004). National medical spending attributable to overweight and obesity: How much, and who's paying [Electronic version]. Health Affairs, 219-226.
5. "Together We Can Increase Physical Activity Among Older Americans" editorial by Josefina Carbonell in Journal of Aging and Physical Activity, 2003, 11, 427-432
6. MMWR (Morbidity and Mortality Weekly Report), February 14, 2003, 52(06); 101-106, Centers for Disease Control and Prevention..
7. National Center for Injury Prevention and Control. (2006). Falls and hip fractures among older adults. Retrieved March 28, 2006 from National Center for Injury Prevention and Control web site: http://www.cdc.gov/ncipc/factsheets/falls.htm
8. "Nutrition: Proven Effective in Managing Chronic Disease in Older Americans, Nutrition Screening Initiative. Report distributed at AoA's National Summit on Creating Healthy & Caring Communities, Sept, 2003, Orlando, FL
9. U.S Preventive Services Task Force. (2004). Screening for coronary heart disease: Recommended statement [Electronic version]. Annals of Internal Medicine, 140, 569-572.
10. National Institute of Health. (2005). About high blood pressure (hypertension). Retrieved March 28, 2006, from http://www.high-blood-pressure.org/
11. Wrong Diagnosis. (2006) Basic summary for congestive heart failure. Retrieved March 28, 2006, from http://www.wrongdiagnosis.com/c.congestive_heart_failure/basics.htm
12. Diabetes Public Health Resource. (2005). *National diabetes surveillance system.* Retrieved March 19, 2006, from the National Center for Chronic Disease Prevention and Health Promotion Web site: http://cdc.gov/diabetes/statistics/prev/national/figbyage.htm.
13. American Diabetes Association, Inc. (2003). Economic costs of diabetes in the U.S. in 2002. *Diabetes Care*, 26, 917-932. Retrieved March 19, 2006, from http://care.diabetesjourals.org/cgi/content/full/26/3/917.
14. US Dept. of Health and Human Services. Physical Activity and Health: A Report of the Surgeon General. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1996)
15. Hughes, S.L., Prohaska, T.R., Rimmer, J.H., & Heller, T. (2005). Promoting physical activity among older people [Electronic version]. Generations, 29, 54-59.
16. Lakdawalla, D.N., Goldman, D.P., & Shang, B. (2005). The health and cost consequences of obesity among the future elderly. Health affairs, 30-41.
17. Administration on Aging and Centers for Medicare and Medicaid Services, Aging and Disability Resource Centers, http://www.aoa.gov/prof/aging_dis/aging_dis.asp.

18. Healthy Life Expectancy at Birth in Years, New Jersey, 1996-1998. Center for Health Statistics, http://nj.gov/health/chs/stats.
19. Preventable Hospitalizations Among Seniors in New Jersey, 2002, Yunqing Li and Katherine Hempstead, Center for Health Statistics, http://nj.gov/health/chs/stats.
20. Stevens JA, Corso P, Finkelstein E, & Miller T. The costs of fatal and nonfatal falls among older adults. Injury Prevention. In press 2006.
21. Englander F, Hodson TJ, & Terregrossa RA. Economic dimensions of slip and fall injuries. Journal of Forensic Science 1996:41(5):733-34.
22. Gazmararian, J.A., Baker, D.W., Williams, M.V., Parker, R.M.D, Scott, T.L., Green, D.C., Fehrenbach, S.N., Ren, J., & Koplan, J.P.(1999).Health Literacy Among Medicare Enrollees in a Managed Care Organization. Journal of the American Medical Association, 281, 545-551. Retrieved from: http://jama.highwire.org/cgi/content/abstract/281/6/545
23. Wolf, M.S., Gazmararian, J.A., & Baker, D.W. (2005). Health Literacy and Functional Health Status Among Older Adults. Archives of Internal Medicine, 165,1946-1952. Retrieved from: http://archinte.ama-assn.org/cgi/content/full/165/17/1946
24. DeWalt D.A. (2005). Reading Is Fundamental: The Relationship Between Literacy and Health. (editorial) Archives of Internal Medicine, 1,165,1943-1944. Retrieved from: http://archinte.ama-assn.org/cgi/content/full/165/17/1943.