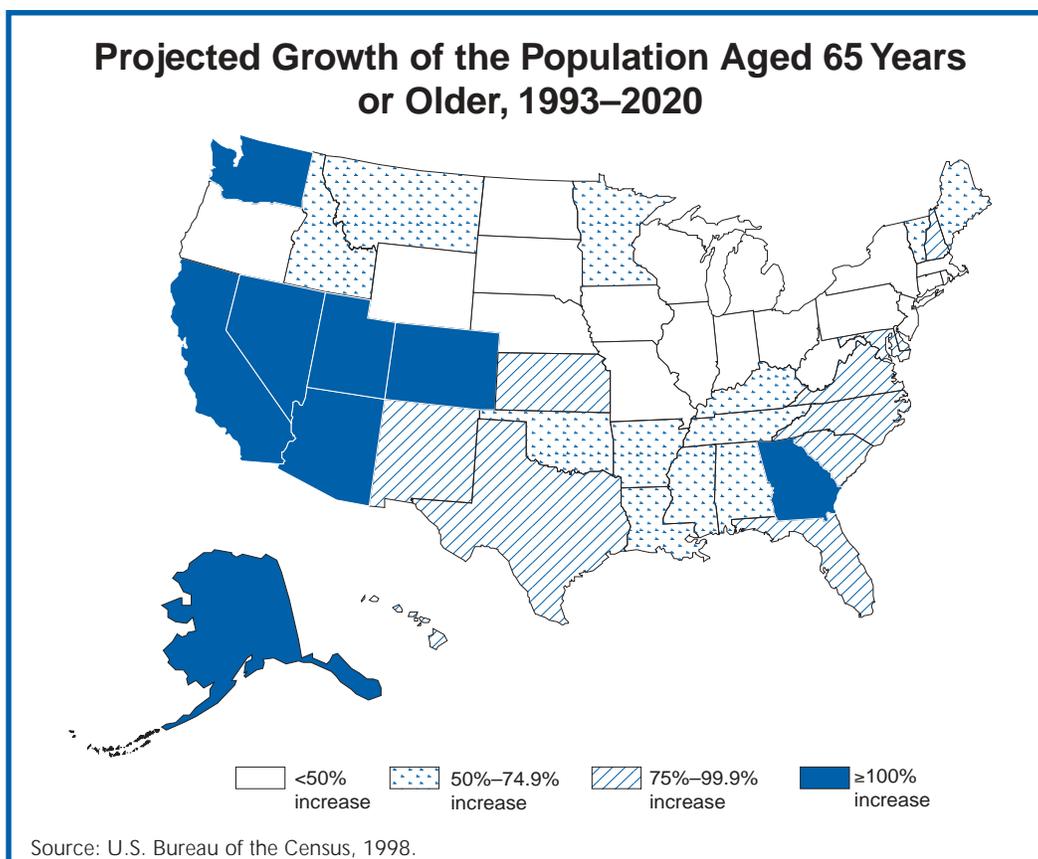


Healthy Aging: Preventing Disease and Improving Quality of Life Among Older Americans 2002



“It is time to make aging a fundamental part of public health education and practice. The current and anticipated pressures on our society created by an aging population, and the shift to an era of chronic disease, demand a public health response.”

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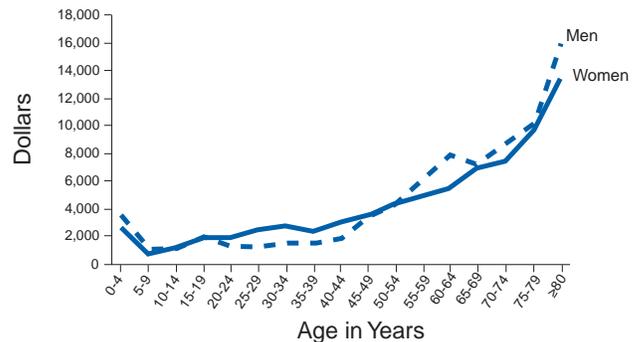
The Health and Economic Impact of an Aging Society

Americans are living longer, and chronic illnesses such as heart disease, cancer, and arthritis are taking a greater toll. Life expectancy has increased dramatically, from 47 years in 1900 to nearly 77 years in 2000. Since 1900, the number of people in America aged 65 or older has increased 11-fold, from more than 3 million to nearly 35 million. By 2030, the number of older Americans will have more than doubled to 70 million, or one in every five Americans.

The growing number of older adults places increasing demands on the public health system and on medical and social services. Currently, almost one-third of total U.S. health care expenditures, or \$300 billion each year, is for older adults. By 2030, health care spending will increase by 25% simply because the population will be older, and this does not take into account inflation or the cost of new technology.

Chronic diseases exact a particularly heavy burden because they contribute to disability, diminish quality of life, and greatly increase health care costs. More than 65% of Americans aged 65 years or older have some form of cardiovascular disease, and half of all men and two-thirds of women older than age 70 have

Estimated Per Capita Health Expenditures, by Age and Sex, 1995



Source: From *Baby Boom to Elder Boom: Providing Health Care for an Aging Population*. Copyright 1996, Watson Wyatt Worldwide.

arthritis. Of older adults not living in institutions in 1994, nearly 40%—12 million seniors—were limited by chronic conditions. Of these, 3 million were unable to perform the activities of daily living, such as bathing, shopping, dressing, or eating, thus placing caregiving demands on family and friends.

Improving Older Americans' Health and Quality of Life

Although the risk for disease and disability clearly increases with advancing age, poor health is *not* an inevitable consequence of aging. Proven, effective strategies to prevent chronic disease, disability, and death exist, but they have not been widely used.

Promoting Healthy Lifestyles

Research has shown that healthy lifestyles are more influential than genetic factors in helping older people avoid the deterioration traditionally associated with aging. People who are physically active, eat a healthy diet, do not use tobacco, and practice other healthy behaviors reduce their risk for chronic diseases. They also have half the rate of disability of those who do not practice healthy behaviors.

Being physically active reduces the risk for coronary heart disease, colon cancer, diabetes, and high blood pressure. Regular physical activity also helps older people reduce their risk of falling, reduce anxiety and depression, maintain a healthy body weight, and maintain joint strength and mobility. However, two-thirds of older adults do not exercise regularly.

Physical activity is the key to healthy aging. Nowhere is the gap wider between what we know and what we do than in the area of physical activity. Nowhere is the potential pay-off greater.

Avoiding tobacco use dramatically reduces a person's risk for premature death and disability. Almost a fourth of deaths from coronary heart disease and nearly all deaths from lung cancer are due to cigarette smoking. In addition, smoking is largely responsible for chronic, debilitating lung diseases such as emphysema. Even elderly smokers who quit can gain significant health benefits and reduce their risk for premature death. For example, a smoker's risk for heart disease begins to fall almost immediately after quitting, regardless of how long that person has smoked. However, approximately 25% of American adults continue to smoke.

Eating a healthy diet lowers a person's risk for many chronic diseases, including coronary heart disease, stroke, some cancers, diabetes, and osteoporosis. Because good nutrition decreases a person's chances of being overweight, it can also decrease one's risk for disabilities associated with arthritis.

Catching Diseases Early

Some chronic conditions, such as diabetes, high blood pressure, and depression, can be effectively treated in their early stages. Screening for these and other chronic diseases can save lives and reduce health care costs, yet such services are not widely used. For instance, about 20% of women aged 65–69 have not had a mammogram, and about half of Americans older than 65 have not had a blood stool screening test, sigmoidoscopy, or colonoscopy within the recommended time interval—even though Medicare covers all of these tests.

Vaccinating More Seniors

Pneumonia and influenza are responsible for more than 30,000 deaths among older adults each year. Immunization can substantially reduce the severity, risk of hospitalization, and risk of death from these diseases. However, in 1999, 33% of adults aged 65 years or older reported they did not get a flu shot in the previous year, and 46% reported they had never been vaccinated against pneumococcal disease (pneumonia, meningitis, sepsis).

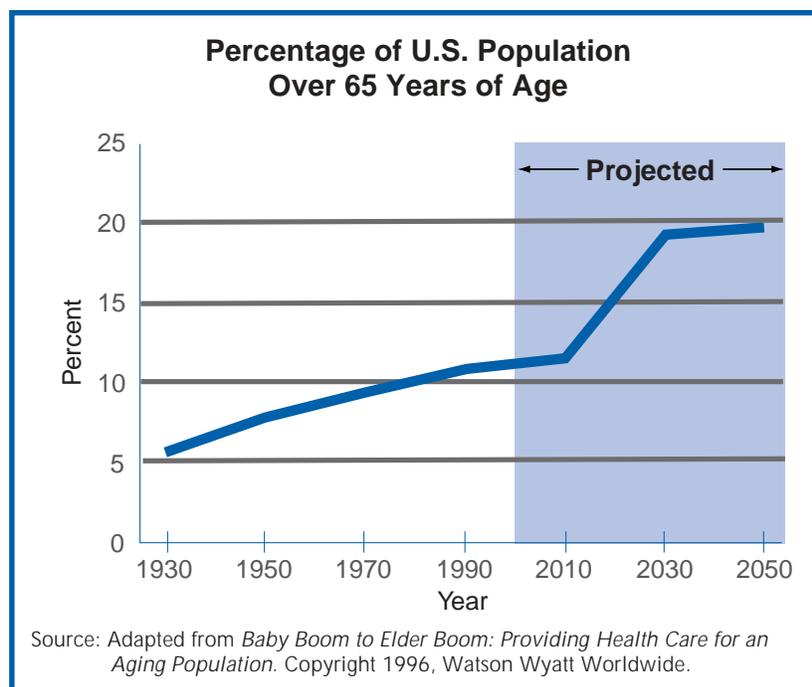
As the U.S. population ages, more people will suffer from hip fractures. By 2040, it is projected that more than half a million Americans will fracture a hip each year.

Reducing Fall Injuries

Falls are the most common cause of injuries among older Americans. Nearly 10,000 seniors die each year because of fall injuries. Falls cause 87% of fractures among people aged 65 and older. Hip fractures cause the most deaths and the most severe health problems for older people who fall and fracture bones. Half of all older adults hospitalized for hip fractures cannot return home or live independently after their injuries. Simple, home-based prevention measures such as removing tripping hazards, installing grab bars and handrails, and improving lighting can significantly reduce older Americans' risk for falls and fractures.

Addressing Other Health Threats

Older adults also are affected by other disabling illnesses, such as Alzheimer's disease, urinary incontinence, Parkinson's disease, tooth loss, gum disease, and psychiatric disorders. We have much to learn about how common these chronic illnesses are and how to prevent or delay their onset.



Meeting the Public Health Challenge

CDC supports state programs targeting key health issues affecting older adults and explores ways to reach older adults through avenues unique to them—for example, through Medicare and links with the Administration on Aging’s aging services network.

Establishing Links with Key Partners

CDC works with partners to promote health and quality of life for older adults, build on the accomplishments of the aging services network, and make prevention a cornerstone of these efforts. For example—

- To compile information on the health-related needs and activities of older adults, CDC is working with the Administration on Aging, the Association of State and Territorial Chronic Disease Program Directors, and the National Association of State Units on Aging.
- To improve the health and quality of life of older Americans, CDC has awarded funds to the National Council on Aging, the National Institute for the Future of Aging Services, the Older Women’s League, the National Safety Council, and the American Association for Active Lifestyles and Fitness. These partners will use CDC funding to promote healthy behaviors, prevent injuries, and reduce disabilities caused by chronic diseases.
- CDC is working with Georgia’s Division of Aging Services to better define the characteristics of Georgia’s older population, track their self-perceived quality of life, determine the causes and extent of their activity limitations, and identify risk factors for depression and entry into nursing homes. CDC and the state also are forecasting growth in a Medicaid program that provides services such as delivered meals, assisted living, and adult day health care as alternatives to nursing home care.
- CDC funded the American Society on Aging and the Edward R. Roybal Institute for Applied Gerontology to develop and disseminate *A Health Promotion/Disease Prevention Model for Older Adults*.

This Web-based resource will help health and social service providers create community-based health promotion programs for older adults.

Gathering Essential Information

Information is critically lacking on the health status of older adults, especially on their quality of life. To better understand the conditions affecting older adults and what is needed to improve their quality of life, CDC has developed survey tools such as these:

- **The health-related quality of life (healthy days) index** tracks the number of days a person’s physical and mental health were both good during the preceding month. The index was developed for the Behavioral Risk Factor Surveillance System, and it is used by organizations around the world.
- **Disability-adjusted life years (DALYs)** reflect the time a person has lived with a disability and the time lost because of premature death.

Putting Prevention Research to Work

Through the Prevention Research Centers and partnerships with states, CDC is moving research findings into communities. For example, the Northwest Prevention Effectiveness Center at the University of Washington is working with senior centers to help older adults exercise, eat well, and preserve their independence.

Future Directions

Working with partners, CDC will develop a healthy aging program that will—

- Provide quality information and resources that consumers, health care providers, and aging experts want and need.
- Support the health care system’s prevention efforts.
- Bring together public health agencies’ prevention expertise with the Administration on Aging’s aging services network.
- Help communities identify and put into place what works in prevention.
- Monitor changes in the health of older Americans.

For more information or additional copies of this document, please contact the
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