

# 2015 WHITE HOUSE CONFERENCE on AGING

## Healthy Aging

Older Americans are calling for a shift in the way we think and talk about aging. Rather than focusing on the limitations of aging, older adults across the nation want to focus instead on the opportunities of aging. Older adults are seeking ways to maximize their physical, mental, and social well-being to remain independent and active as they age.

Healthy aging means living a long, productive, meaningful life and enjoying a high quality of life.<sup>1</sup> Research has shown that older adults who adopt healthy behaviors, use preventive health services, and are involved with their family, friends, and communities, are healthier and more independent.<sup>2</sup>

*“Remembering that we are essentially the same people we were at our physical and productive peaks, just somewhat adjusted to accommodate the years, allows us to visualize lives of possibility with an overlay of wisdom.”*

Molly D., Georgia

Americans are living longer and better than ever before thanks to major medical and public health advances and greater access to health care. Life expectancy at birth in the United States has reached a record high of 78.8 years.<sup>3</sup> A 65 year-old man can expect to live another 17 years and a 65 year-old woman another 20 years.<sup>4</sup> With increased longevity, older Americans have more time to engage in the workforce, in civic and volunteer activities, and in enriching their communities.

Older adults contribute to society through a variety of mechanisms, including paid work, volunteering, or providing unpaid care to family members. Eight out of ten adults age 65 to 74, and almost six in ten ages 75 and older, engage in at least one of these activities.<sup>5</sup> One study estimated that the contributions of older adults through volunteering and unpaid family caregiving alone are worth more than \$160 billion per year to our nation.<sup>6</sup> Older Americans’ knowledge, experience, wisdom, and caring improve prospects for future generations.

## Promoting Health and Preventing Disease and Injury

Older adults can do a number of things to promote good health and prevent disease and injury. Healthy behaviors such as exercising regularly, good nutrition, and getting recommended health screenings can contribute to longer, healthier lives. Even if someone has a chronic condition or a disability, these activities can improve health and quality of life.

Physical activity - Increasing physical activity is one of the best ways Americans can prevent disease and injury. It reduces the risk of many negative health outcomes in older adults, including early death, cardiovascular disease, stroke, diabetes, several forms of cancer, depression, cognitive decline, and falls. Physical activity reduces pain and improves function for those with arthritis and other chronic conditions.<sup>7</sup> These are the reasons why the U.S. Department of Health and Human Services' (HHS) [Physical Activity Guidelines For Americans](#) include recommendations for how older Americans can remain physically active; why the National Institutes of Health (NIH) initiated the [Go4Life](#) Campaign to help older Americans fit exercise and physical activity into their daily lives; and why the Administration for Community Living (ACL) supports evidence-based physical activity and fitness programs.<sup>8</sup>

Nutrition - Studies show that a healthy diet in later years reduces the risk of osteoporosis, high blood pressure, heart diseases and certain cancers.<sup>9</sup> NIH provides practical advice on nutrition for older adults in a resource called, "[What's On Your Plate? Smart Food Choices for Healthy Aging](#)." Recognizing the importance of nutrition and socialization to older adults, the President's 2016 Budget includes nearly \$904 million for HHS' Administration for Community Living to support meals for older Americans, targeting at-risk populations. In addition, the Budget includes a proposal that would make it easier for low-income older Americans to access Supplemental Nutrition Assistance Program (SNAP) benefits.

Preventive health services - Screening and early treatment for diseases and behavioral health conditions are crucial to optimizing physical health and achieving healthy aging. The Center for Disease Control and Prevention's Healthy Aging Program assists health professionals in early detection and prevention of diseases in older adults.<sup>10</sup> The Affordable Care Act (ACA) recognizes the value of prevention and increases Medicare coverage of preventive services for older adults. In addition to an annual wellness visit to help a beneficiary maintain a personalized prevention plan to stay healthy and prevent disease and disability, Medicare now covers many preventive services and screenings with no copayments.<sup>11</sup>

Managing chronic conditions -- The Administration recognizes the need for a culture change in how we address chronic conditions (like arthritis, asthma, diabetes, and heart disease) in the United States and the need for a focus on supporting health. To this end, HHS has released “[Multiple Chronic Conditions: A Strategic Framework](#)” for the health care system to use in helping to improve the health status of individuals with multiple chronic conditions – including more than two-thirds of Medicare beneficiaries.<sup>12</sup>

In addition, HHS is investing in research to advance our understanding of effective chronic disease self-management<sup>13</sup> and sponsors evidence-based chronic disease self-management programs. Grants to state governments are providing tools and education to older adults so they can better manage chronic conditions, resulting in better health.<sup>14</sup> The President’s 2016 Budget includes \$8 million to continue these chronic disease self-management programs.

Preventing Injury - Falls are the leading cause of injuries, including hip fractures and head trauma, among older adults. Each year, one in three Americans over age 65 falls, and the fear of falling may lead older adults to limit their activities, which actually worsens mobility, increases their risk of falling, and detracts from quality of life.<sup>15</sup> HHS supports grants to states and tribes to increase participation in evidence-based community programs to reduce falls and falls-risk among older adults and adults with disabilities. The President’s 2016 Budget includes \$5 million to support the National Falls Prevention Resource Center and to support new community-based grants to grow and sustain evidence-based falls prevention interventions.<sup>16</sup> The Centers for Disease Control and Prevention (CDC) has a multi-pronged approach to increase the level of engagement of, and partnership with, the medical community to integrate falls screening, assessments, and interventions into the clinical setting.<sup>17</sup>

## **Optimizing Cognitive Health**

While 70 percent of older adults report no cognitive difficulties,<sup>18</sup> some serious threats to brain health increase with age. The risk for dementia increases as we age. Estimates are that 2.9 percent of people aged 65-74 have Alzheimer’s disease. This figure rises to 32.1 percent of people aged 85 and older. As many as 5.1 million adults over age 65 have Alzheimer’s disease, the most common form of dementia. Researchers expect this number to increase to 5.8 million in 2020.<sup>19</sup> In collaboration with stakeholders and with the support of the Administration and Congress, HHS has developed a [National Plan to Address Alzheimer’s Disease](#). Updated annually, this plan aims to prevent future cases of Alzheimer’s disease and better meet the needs of the millions of American families currently facing this disease.

With the resources requested for NIH in the FY 2016 President's Budget, NIH estimates it could further expand Alzheimer's research activities by another \$51 million to a total of \$638 million, a 55 percent increase since 2008.<sup>20</sup> ACL's Alzheimer's Disease Initiative fills gaps in "dementia-capable" long-term services and supports by providing high quality, person-centered services for people with Alzheimer's disease and related dementias, and their caregivers.<sup>21</sup> In addition, HHS provides consumer-friendly information through [Alzheimers.gov](http://Alzheimers.gov) to provide resources for people helping people with Alzheimer's disease and related dementias.

The CDC is collaborating with the Alzheimer's Association, NIH, and ACL to continue its [Healthy Brain Initiative](#), which promotes cognitive functioning, addresses cognitive impairment for individuals living in the community, and helps meet the needs of care partners. NIH is supporting ongoing research on aging, including treating and preventing cognitive decline and dementia, and has identified instruments for clinicians and researchers to use in identifying cognitive decline.<sup>22</sup> In December 2014, the Health Research and Services Administration announced availability of funding for dementia education within its Geriatric Workforce Enhancement Program.<sup>23</sup>

## Optimizing Behavioral Health

Behavioral health disorders such as depression and anxiety can cause distress and limit physical and social function as well as complicate the treatment of other medical conditions. Because of age-related changes in physiology and drug tolerance, older adults are also uniquely vulnerable to alcohol and prescription drug abuse, can be more sensitive to the effects of prescription drugs, and may experience interactions with their other medications or chronic conditions. Substance abuse affects up to 17 percent of older Americans, but health care providers often fail to recognize and treat substance use disorder in older adults.<sup>24</sup>

Some behavioral health issues, such as suicide, disproportionately affect older Americans. According to the CDC, although people 65 and older represent 13.7 percent of the population, they accounted for 16.2 percent of suicide deaths in 2013.<sup>25</sup> Suicide is preventable, and important [resources](#) are available to help older adults, aging and behavioral health service professionals, and family caregivers.

Unfortunately, older adults are less likely than younger adults to receive treatment for mental and substance use disorders.<sup>26</sup> The Administration on Community Living recently began a new behavioral health education initiative focused on older adults in collaboration with the Substance Abuse and Mental Health Services Administration. This effort, coordinated by the National Council on Aging, includes webinars aimed at

enhancing the ability of care networks to connect individuals and families with person-centered, consumer-directed behavioral health supports and services. Training topics include older adult behavioral health, suicide prevention, and substance abuse.<sup>27</sup>

## Maximizing Independence in Homes and Communities

Healthy aging means more than just managing and preventing disease and chronic conditions. It also means continuing to live a productive, meaningful life by having the option to stay in one's home, remain engaged in the community, and maintain social well-being. Older adults may require other services and supports, including social and community services, and age-friendly communities, in order to maximize their independence.

It is important for older adults to have access to housing that is affordable, accessible and in a community where the ability to access health care, meet daily needs, and participate in social life is easy and safe. Many older adults, however, face reduced income and may find it more difficult to afford their existing housing. One third of older adults spend more than 30 percent of their income on housing.<sup>28</sup> The President's 2016 Budget includes \$455 million for the [Supportive Housing for the Elderly program](#) (known as "Section 202") within the Department of Housing and Urban Development (HUD) to support affordable housing with services such as cleaning, cooking, and transportation, for very low-income or frail older adults. The Budget also proposes adding \$10 million to study how service coordinators, who are responsible to link residents in Section 202 housing to supportive services, support stable housing for older adults.

Age-friendly, livable communities help support independence for older adults by, for example, making curbs and sidewalks safer to navigate, and improving access to transportation, housing, retailers, health care providers and support services. Across the nation, local governments, Area Agencies on Aging (created by the federal Older Americans Act), and other community based organizations are leading efforts and leveraging federal, state and local resources to create age-friendly communities.<sup>29</sup> Through the Partnership for Sustainable Communities, three federal agencies – HUD, Department of Transportation (DOT), and the Environmental Protection Agency – are helping communities nationwide improve access to affordable housing, increase transportation options, and lower transportation costs while protecting the environment.<sup>30</sup> Additionally, CDC provides resources to support age-friendly community development, including tools to support older adult mobility planning.<sup>31</sup>

Another critical aspect to maintaining independence is the continued ability to get around safely in one's community. DOT has recently launched the Rides to Wellness

Initiative. This initiative aims to make the transportation community a recognized partner with the health/wellness and medical communities to increase access to care, improve health outcomes, and reduce healthcare costs. In addition, older adults may experience driving challenges such as decreased vision and slower reflexes. In 2014, the Federal Highway Administration released the [Handbook for Designing Roadways for the Aging Population](#) to address these challenges. The National Highway Traffic Safety Administration is updating tools and resources for older driver safety, such as the [Drive Well Toolkit](#) and the [Physician's Guide to Assessing and Counseling Older Drivers](#).

## Promoting Community and Civic Engagement

Older Americans have a lifetime of knowledge, talent, skills, experience, and wisdom enabling them to have powerful impacts in their communities. After years of hard work, many older adults enjoy taking on new roles to help others and giving back to future

*"I believe that the younger people need we older folks! I think we all have a lot to offer."*

Brenda L.

generations. More and more, older adults are choosing to use their experience and expertise to begin new careers to improve communities and the world.

The Senior Community Service Employment Program (SCSEP) is a community service and work-based training program for older workers. SCSEP participants work in a wide variety of non-profits and public facilities, including childcare centers, senior centers, schools, and hospitals. These community service training opportunities promote self-sufficiency, provide assistance to organizations that benefit from increased civic engagement, and support communities. These assignments also can serve as a bridge to employment. In turn, regional economies and employers can benefit from an expanded pool of experienced, dependable labor in the local workforce.<sup>32</sup>

Civic engagement, and in particular, volunteering, has been shown to improve physical and mental health, reduce risk of depression, and create greater life satisfaction by providing a sense of purpose and community.<sup>33</sup> Older adults who volunteer may live longer and reap these benefits even more than younger volunteers do.<sup>34</sup>

*"[A] focus on health, education and humanities will help provide opportunities for us to be, live, and contribute our best self at each phase of life growth and development . . . for all generations now and the future's greatest good."*

Annie G., Illinois

The Corporation for National and Community Service (CNCS) funds several programs designed to provide older Americans opportunities to remain engaged in their communities. Senior Corps currently links more than 360,000 older Americans to

service opportunities. Their contributions of skills, knowledge, and experience make a real difference to individuals, nonprofits, and faith-based and other community organizations throughout the United States. These programs include the Foster Grandparents Program, which supports older adults in mentoring children, as well as the RSVP and Senior Companion Programs.<sup>35</sup> This year, CNCS also began funding federally recognized Indian tribes to support older Indians' participation in the Foster Grandparents Program and the Senior Companion Program.<sup>36</sup>

## Discussion Questions

The 2015 White House Conference on Aging (WHCOA) aims to foster a national conversation, and the questions listed below are designed to stimulate dialogue on healthy aging issues. The White House Conference on Aging will use the feedback received to continue to help shape outcomes of the 2015 White House Conference on Aging. Please provide your thoughts and ideas on our [website](#). All comments will be displayed in the public conversation area of the WHCOA website.

- What do older adults and their families need to manage their chronic conditions and to optimize their physical, cognitive, and behavioral health?
- How can we ensure that older adults know about, and take advantage of, the preventive services available to them under Medicare?
- How can we provide more opportunities for older adults to stay engaged and connected to their communities?
- Are there current healthy aging programs or policies you think are the most or least effective or potentially duplicative?
- What steps can help Americans to live safely and comfortably in their homes and communities as they age?
- What additional actions could help ensure that older adults of all backgrounds can equally enjoy a long, productive, and healthy quality of life?

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- <sup>1</sup> Centers for Disease Control and Prevention. (2011). *Healthy Aging - At A Glance 2011*. Retrieved from: [http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2011/healthy\\_aging\\_aag\\_508.pdf](http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2011/healthy_aging_aag_508.pdf)
- <sup>2</sup> Anderson, L.A., Goodman, R., Holtzman R, Posner, S, & Northridge, M. (2012). Aging in the United States: Opportunities and Challenges for Public Health. *American Journal of Public Health*, 102(3):393
- <sup>3</sup> Centers for Disease Control and Prevention, (2014). *Mortality in the United States, 2012*. Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db168.pdf>.
- <sup>4</sup> National Institute on Aging (2007). *Growing Older in America: The Health & Retirement Study*. Retrieved from: <http://www.nia.nih.gov/health/publication/growing-older-america-health-and-retirement-study/chapter-2-work-and-retirement>.
- <sup>5</sup> Zedlewski, S.R. & Schaner, S.G. (2005). Older Adults' Engagement Should Be Recognized and Encouraged , *The Retirement Project: Perspectives on Productive Aging No. 1*. Retrieved from [http://www.urban.org/retirement\\_policy/url.cfm?ID=311201](http://www.urban.org/retirement_policy/url.cfm?ID=311201).
- <sup>6</sup> Johnson R.W. & Schaner, S.G. (2005). Value of Unpaid Activities by Older Americans Tops \$160 Billion Per Year. *The Retirement Project: Perspectives on Productive Aging; No. 4*. Retrieved from [http://www.urban.org/UploadedPDF/311227\\_older\\_americans.pdf](http://www.urban.org/UploadedPDF/311227_older_americans.pdf)
- <sup>7</sup> U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (2002). Physical Activity Fundamental to Preventing Disease. Retrieved from <http://aspe.hhs.gov/health/reports/physicalactivity/>
- <sup>8</sup> Examples include [Enhance@Fitness](#) and the [Arthritis Foundation Exercise Program](#).
- <sup>9</sup> For more information, see National Institutes of Health: <http://nihseniorhealth.gov/eatingwellasyougetolder/benefitsfeatingwell/01.html>.
- <sup>10</sup> For more information, see Centers for Disease Control and Prevention: <http://www.cdc.gov/aging/services/index.htm>
- <sup>11</sup> For more information, see Centers for Medicare and Medicaid Services: <http://www.medicare.gov/coverage/preventive-visit-and-yearly-wellness-exams.html>
- <sup>12</sup> Centers for Medicare and Medicaid Services. (2012). *Chronic Conditions among Medicare Beneficiaries Chartbook*.
- <sup>13</sup> For more information, see National Institute of Nursing Research: <https://www.ninr.nih.gov/aboutninr/ninr-mission-and-strategic-plan/themes-self-management>.
- <sup>14</sup> For more information, see Administration for Community Living: [http://www.aoa.gov/AoA\\_programs/HPW/ARRA/index.aspx](http://www.aoa.gov/AoA_programs/HPW/ARRA/index.aspx).
- <sup>15</sup> For more information, see Centers for Disease Control and Prevention. *Falls Among Older Adults: An Overview*. Retrieved from <http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>
- <sup>16</sup> Examples of evidence-based programs include A Matter of Balance, Stepping On, Otago and Tai Chi. For more information, see Administration for Community Living: [http://www.aoa.acl.gov/AoA\\_Programs/HPW/Falls\\_Prevention/index.aspx](http://www.aoa.acl.gov/AoA_Programs/HPW/Falls_Prevention/index.aspx)
- <sup>17</sup> For more information, see Centers for Disease Control and Prevention: <http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html>
- <sup>18</sup> He, W. & Larsen, L.J. (2014). U.S. Census Bureau, American Community Survey Reports, ACS-29, *Older Americans With a Disability: 2008–2012*.
- <sup>19</sup> Hebert, L.E., Weuve, J., Scherr, P.A., Evan, D.A. (2013). Alzheimer's disease in the United States (2010–2050) estimated using the 2010 census, *Neurology*, 80(19):1778-1783.
- <sup>20</sup> Testimony of Richard J. Hodes, MD, National Institute on Aging, to Senate Special Committee on Aging, March 25, 2015. Retrieved from <http://www.aging.senate.gov/hearings/the-fight-against-alzheimers-disease-are-we-on-track-to-a-treatment-by-2025>.
- <sup>21</sup> For more information, see Administration for Community Living, [http://www.acl.gov/NewsRoom/Press\\_Releases/archive\\_ACL/2014\\_10\\_06.aspx](http://www.acl.gov/NewsRoom/Press_Releases/archive_ACL/2014_10_06.aspx).
- <sup>22</sup> For more information, see National Institute on Aging, <http://www.nia.nih.gov/research/cognitive-instrument>.
- <sup>23</sup> For more information, see HRSA, <http://bhpr.hrsa.gov/grants/geriatricsalliedhealth/gwep.html>.

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- <sup>24</sup> Substance Abuse and Mental Health Services Administration. (1998), *Substance Abuse Among Older Adults*. Treatment Improvement Protocol (TIP) Series, No. 26. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK64419/pdf/TOC.pdf>.
- <sup>25</sup> Centers for Disease Control and Prevention. (2013). Suicide and Injury Death Rates per 100,000, All Races, Both Sexes, Ages 65 to 85+, Injury Prevention & Control: Data & Statistics WISQARS™. Retrieved from <http://www.cdc.gov/injury/wisqars/index.htm>.
- <sup>26</sup> Eden, J., Maslow, K., Le, M., & Blazer, D. (Eds.). (2012). *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?*. National Academies Press.
- <sup>27</sup> The webinars and related resources are posted on the National Council on Aging website: <http://www.ncoa.org/improve-health/center-for-healthy-aging/behavioral-health/older-americans-behavioral.html>.
- <sup>28</sup> Harvard Joint Center for Housing Studies. (2014). *Housing America's Older Adults: Meeting the Needs of an Aging Population*, 3. Retrieved from [http://www.jchs.harvard.edu/research/housing\\_americas\\_older\\_adults](http://www.jchs.harvard.edu/research/housing_americas_older_adults).
- <sup>29</sup> For more information, see N4A, <http://www.n4a.org/livable>. Grantmakers in Aging. (2013). [Age-Friendly Communities: The Movement to Create Great Places to Grow Up and Grow Old in America](#). See also, New York City. (2009). [Age Friendly NYC](#). Administration for Community Living. (2014) [Dementia-Capable States and Communities: The Basics](#).
- <sup>30</sup> Partnership for Sustainable Communities, <http://www.sustainablecommunities.gov>
- <sup>31</sup> Centers for Disease Control and Prevention, <http://www.cdc.gov/healthyplaces/healthtopics/healthyaging.htm>
- <sup>32</sup> For more information, see Department of Labor, <http://www.doleta.gov/seniors/>.
- <sup>33</sup> Corporation for National and Community Service, Office of Research and Policy Development. *The Health Benefits of Volunteering: A Review of Recent Research*, Washington, DC; 2007. Available at: [http://www.nationalservice.gov/pdf/07\\_0506\\_hbr.pdf](http://www.nationalservice.gov/pdf/07_0506_hbr.pdf).
- <sup>34</sup> Corporation for National and Community Service. (2007). *The Health Benefits of Volunteering: A Review of Recent Research* Retrieved from [http://www.nationalservice.gov/pdf/07\\_0506\\_hbr.pdf](http://www.nationalservice.gov/pdf/07_0506_hbr.pdf).
- <sup>35</sup> For more information, see Corporation for National and Community Service, <http://www.nationalservice.gov/programs/senior-corps>.
- <sup>36</sup> For more information, see Corporation for National and Community Service, <http://www.nationalservice.gov/build-your-capacity/grants/funding-opportunities/indian-tribes-funding-opportunities>.