

# Keeping the Aging Population Healthy



*Legislator Policy Brief*

# The Healthy States Initiative

*A partnership to promote public health*

The Healthy States Initiative helps state leaders access the information they need to make informed decisions on public health issues. The initiative brings together state legislators, Centers for Disease Control and Prevention (CDC) officials, state health department officials and public health experts to share information and to identify innovative solutions.

The Council of State Governments' partners in the initiative are the National Black Caucus of State Legislators (NBCSL) and the National Hispanic Caucus of State Legislators (NHCSL). These organizations enhance information-sharing with state legislators and policymakers on critical public health issues.

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## Why Public Health?

State legislators play a vital role in determining the structure and resources available to state and local agencies dedicated to protecting the public's health. Public health agencies educate the public and offer interventions across a wide spectrum of public health issues including:

- Ensuring that children and at-risk adults are immunized against deadly diseases;
- Assisting victims of chronic conditions such as cancer, heart disease and asthma;
- Preventing disease and disability resulting from interactions between people and the environment;
- Researching how HIV/AIDS infections and other sexually transmitted diseases can be prevented;
- Promoting the health and well-being of people with disabilities; and
- Working with schools to prevent risky behavior among children, adolescents and young adults.

## Information Resources For State Policymakers

New information resources produced under this initiative include:

- **Healthy States Web site.** This unique Web site offers information and resources on many public health issues. Visit <http://www.healthystates.csg.org> to get information, sign up for publications and view other information on the initiative.
- **Health Policy Highlights and Healthy States e-Weekly.** Each week, this free weekly electronic newsletter brings the latest public health news, resources, reports and upcoming events straight to your inbox.
- **Healthy States Quarterly.** CSG publishes a free quarterly newsletter covering public health legislative and policy trends, innovative best practices from the executive and legislative branches, current research and information on Healthy States activities.
- **Forums and Web Conferences.** Web conferences are offered to allow public health experts, legislators and legislative staff to interact on priority public health issues. Forums include educational sessions on public health issues, new legislator training and roundtable discussions with peers and public health experts.
- **Healthy States Publications.** New resources will assist state legislators interested in public health topics, including obesity and chronic disease prevention, HIV/AIDS and sexually transmitted disease prevention, vaccines, health disparities and school health.

## For More Information

If you are interested in the learning opportunities available through the Healthy States Initiative, visit <http://www.healthystates.csg.org>, <http://www.nbcsl.org> or <http://www.nhcsl.org>.

More than two-thirds of current health care costs are for treating chronic illnesses among older Americans.<sup>1</sup> While we tend to accept chronic disease as an inevitable part of aging, by encouraging the use of preventive services and healthy lifestyles, many chronic illnesses are preventable. This Legislator Policy Brief provides policymakers with key information to develop strategies to enhance health and preserve independence in the growing aging population.

## What State Legislators Need to Know About Health in the Aging

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- **The aging population is increasing rapidly.** The population of Americans age 65 and older is expected to double in the next 25 years due to increased life expectancy and the aging of the baby boomers.
- **The aging population is becoming more diverse.** Projections by the U.S. Census Bureau indicate that by 2030, the composition of the older population will be 72 percent white, 10 percent African-American, 11 percent Hispanic and 5 percent Asian.<sup>2</sup> Studies show health disparities exist among certain racial and ethnic groups who are disproportionately affected by chronic conditions such as high blood pressure, diabetes and cancer.
- **Health care costs for the aging will increase.** The anticipated growth in the aging population will result in an expected 25 percent rise in health care costs by 2030.<sup>3</sup> As the baby boomers turn 65, the financing of their care will begin shifting from the private sector to publicly financed programs, including Medicaid and Medicare.
- **Chronic diseases are the primary driver of health care costs.** Chronic diseases are responsible for seven out of every 10 deaths in the U.S., resulting in more than 1.7 million deaths every year. They account for more than 75 percent of the \$2 trillion spent each year on health care in the U.S.<sup>4</sup>
- **Research has shown that disability and decline do not have to be inevitable consequences of aging.** The health of the aging population can be preserved and chronic diseases can be reduced. Promoting healthy lifestyles and broadening the use of clinical preventive services are critical to preserving health, maintaining function and reducing health care costs and long-term care needs.

## What Can State Legislators Do to Help Preserve Health in the Aging Population?

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State legislators can play a key role in preserving health in the aging population by promoting healthy aging, broadening the use of preventive services, facilitating healthy lifestyles, and supporting efforts to allow older Americans to remain independent and “age in place.”

# Actions for State Legislators

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## Promote Healthy Aging

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- Communicate and promote the message that “it’s never too late.” Older adults can benefit significantly from adopting healthy lifestyles. Legislators can encourage this by:
  - Conducting communications campaigns targeted at seniors;
  - Using the media for public service announcements, e.g., showcase health-enhancing behaviors practiced by senior legislators;
  - Supporting the state’s Senior Olympic Games; and
  - Promoting and participating in Older Americans’ Month in May each year.
- Encouraging state and local entities to provide volunteer opportunities for older adults. Volunteerism is a proven component of good health and quality of life

## Broaden the Use of Preventive Services

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- Encourage collaborative work between the state’s public health department and state unit on aging to reach older adults with evidence-based health promotion programs and to ensure that such programs are delivered most effectively and with the broadest coverage.
- Establish incentives for third-party insurance coverage of preventive services, e.g., screenings and immunizations.
- Establish statewide chronic disease self-management programs.
- Work to improve the rate of adult immunizations by broadening access points and improving coordination and communication between providers and the community.
- Establish the state employees’ and retirees’ health care system as a model of improved access to health-enhancing behaviors and preventive services.
- Support funding to increase training on prevention-focused geriatric care for health care and aging services professionals.

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## Support Aging in Place

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- Provide funding to support community-based programs that are collaborations between health care and social service agencies. The most successful aging in place strategies recognize and build on integrated health and social services.
- Provide incentives and guidance to local planning boards and other bodies to incorporate community and housing design features that help achieve “livable communities” for older adults by:
  - Increasing availability of alternative modes of transportation;
  - Increasing opportunities for safe, regular physical activity;
  - Including universal design features in new home construction to increase accessibility, usability and safety for all household members—from kids to aging adults and people with disabilities;
  - Promoting pedestrian safety and safe driving among older adults; and
  - Developing walkable communities.
- Work to eliminate the institutional bias in Medicaid by providing funding for home- and community-based services.
- Provide leadership to address end-of-life and palliative care issues, including pain management and expanded use of advance planning and directives.
- Learn more about health promotion programs with evidence based track records of success. See the latest research on healthy aging by the Centers for Disease Control and Prevention (CDC) at <http://www.cdc.gov/aging>.

# State Policy Examples

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The following four examples of healthy aging policy are promising practices. Full research results for each example are not yet available, but early evidence suggest success.

## Providing Caregiving Options in Vermont

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In 2005, Choices for Care, which allows all Medicaid-eligible seniors to choose among nursing homes, residential care facilities and their own homes for care, was implemented in Vermont. For those who choose to remain at home, their caregivers (usually friends and family) are compensated for their time. Policymakers in Vermont have discovered that many of their elderly residents prefer to receive care in their own homes, and Choices for Care has been instrumental in making this a viable option. Additionally, this program saves health care costs in Vermont by reducing the number of people receiving care in expensive nursing home facilities.

*<http://www.dad.state.vt.us/1115waiver/1115default.htm>*

## Decreasing Fall Injuries in Michigan

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In 2002, the Michigan Department of Community Health's Injury and Violence Prevention Section received a grant from the CDC to establish fall prevention clinics targeting those who are 65 and older and are at risk for fall-related injuries. Evaluation results found that the fall prevention clinics reduced falls by 34 percent. Michigan's comprehensive approach to decreasing fall injuries includes counseling and education for patients and families, assessments of possible home hazards, tai chi lessons to increase balance and muscle strength and reviews of medications as well as referrals to other hospital services. Training courses were also developed for health care professionals to deal with older adults with fall-related injuries.

*[http://michigan.gov/mdch/0,1607,7-132-2940\\_2955\\_2981-51183--,00.html](http://michigan.gov/mdch/0,1607,7-132-2940_2955_2981-51183--,00.html)*

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## Providing Choices in Texas

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Money Follows the Person is an innovative program that began in Texas in 2001. Since its implementation, the program has been successful in providing elderly and disabled Medicaid patients options such as home- and community-based care and has assisted in the transition from institutional settings of more than 12,000 Texans back to their homes and communities for care. This program is designed to eliminate waiting lists for elderly Medicaid patients who wish to receive home or community-based care rather than stay in a Medicaid-funded nursing facility. Those who would like to receive care in their homes and communities can do so through this program because the Medicaid funding follows them wherever they choose to receive care. This new program postpones expensive institutional care promoting both cost-savings and quality-of-life improvements.

*[http://www.dads.state.tx.us/providers/pi/mfp\\_demonstration/index.html](http://www.dads.state.tx.us/providers/pi/mfp_demonstration/index.html)*

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## Improving Health and Wellness in Florida

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With approximately 23 percent of its population age 60 and older, it is imperative that Florida invest in the health and wellness of the elderly. The Health and Wellness Promotion Program is implemented through the Department of Elder Affairs and its 11 Area Agencies on Aging. The focus of the program is tackling the main health problems that affect the elderly by providing health education as well as preventive screening programs. Through this effort, the elderly become better informed about many age-related health topics, including osteoporosis, arthritis, breast and prostate cancer, diabetes, cardiovascular health, medication management, mental health, nutrition and physical fitness. This program has been successful in preventing institutionalization and depression and improving the quality of health for many older adults in Florida.

*<http://elderaffairs.state.fl.us/english/HEALTH/healthwell.html>*

# Advice from a State Legislator



## Patty Berg

*California State Assembly*

California Assemblywoman Patty Berg, chair of the Assembly Committee on Aging and Long Term Care, has introduced a long list of legislation to improve the lives of seniors. Her proposals have included bills to expand case management services, provide no-interest loans for home modifications, require elder abuse reporting, and require senior centers to develop emergency operations plans. The focus of most of her legislative efforts has been to build a service infrastructure that allows seniors to remain in their own homes. During the 2004–2005 legislative session, she released the nation’s first Master Plan on Aging. The blueprint for the aging of baby boomers eliminates the piecemeal policymaking approach to addressing the needs of a growing aging population. Her master plan on aging is available at <http://democrats.assembly.ca.gov/members/a01/aging.aspx>

Her Advice to State Legislators:

- **The first step is adequate planning.** “We have a looming crisis on our hands when the expected doubling of the aging population meets an outdated service system. A comprehensive plan to address the needs of the aging and funding to support essential services is critical.”
- **Do your homework, get educated.** Use available resources including researchers, advocacy groups and federal, state and local agencies that work in policy areas and provide solutions.
- **Build coalitions.** “As a legislator, it is possible to provide the leadership to bring all parties to the table. Policymakers can take the lead, but they need to involve advocates, service providers, academia and consumers themselves to address the needs of the aging. It will take a lot of time and hard work. Be patient.”
- **Use the tools that you have as legislators.** “Legislators have the opportunity to draw attention to both innovative programs and critical areas for service expansion. For example, legislators can hold hearings, convene town hall meetings, record public service announcements and conduct mail campaigns.”

# Advice from a Public Health Official

**Charles T. Corley**, *deputy secretary*  
*Florida's Department of Elder Affairs*

Deputy Secretary Charles Corley has worked in the health and human services field for more than 27 years as a direct service provider and administrator. He has served as a hospital administrator and a consultant in the area of hospital and nursing home certificates of need. He has been extensively involved in the expansion of home- and community-based programs as an alternative to nursing home placement since coming to work for the department in October 2000. He became the deputy secretary of Elder Affairs in February 2007.

His Advice to State Legislators:

- **Don't be short-sighted.** It is often difficult to invest money in preventive services like fall prevention because the full benefit will not be realized instantaneously. But it is through these services that costly institutionalizations and expensive medical care can be avoided, which will build savings for the state. "The payoff will be worth it."
- **Isolation is detrimental to seniors' health.** Social isolation adversely affects the health of the elderly and increases feelings of loneliness and depression. It can cause deterioration of the health of the elderly and increase state health care costs. Corley said it is critical to formulate policy that provides opportunities for the elderly to remain vibrant in their homes and communities in order to effectively combat the negative effects of social isolation.
- **Promote safe communities.** "Older adults need to remain active in their homes and communities for as long as possible." This goal can be accomplished by providing senior centers that have recreational and educational opportunities, making sidewalks wheelchair accessible, promoting pedestrian safety and safe driving among older adults, and other activities that promote safety.
- **Stay informed.** "Take an active role as a legislator in healthy aging policy by staying informed about the many issues that affect the aging population in your community." Listen to your constituents and remember their needs when you are drafting legislation.



# Key Facts & Terms

## Who are the Aging?

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- By 2030, the number of people over age 65 will double. <sup>5</sup>
- Projections by the U.S. Census Bureau indicate that by 2030, the composition of the older population will be more diverse: 72 percent white, 10 percent African-American, 11 percent Hispanic and 5 percent Asian. <sup>2</sup>
- The nation’s generational divide is widening, creating distinct age gaps between states. Increased longevity has aged some states faster than the nation as a whole, while immigrants’ youth and higher birth rates have slowed the aging of other states.

## Older Americans Want to Age in Place

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- “Aging in place” is growing older without having to move from the place an older person considers their natural home.
- Some 27 percent of seniors live in a Naturally Occurring Retirement Community (NORC). A NORC is a community or neighborhood where residents remain for years and age as neighbors. <sup>6</sup>
- A smaller proportion of elderly and disabled live in nursing homes today than in 1990. Instead, far more depend on assisted-living residences or receive care in their homes. <sup>7</sup>

## Health Care Costs and Aging

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- Currently, at least 80 percent of older Americans are living with at least one chronic condition and 50 percent have at least two. <sup>8</sup>
- More than two-thirds of current health care costs are for treating chronic illnesses among older Americans. <sup>1</sup>
- There is a startling rise in the percentage of people ages 65 to 74 who are considered obese—33 percent of men and 37 percent of women.<sup>2</sup> Health conditions resulting from obesity include cancer, diabetes, cardiovascular disease, breathing problems, osteoarthritis and depression.
- Falls are the leading cause of injury deaths for seniors and hip fractures are the most costly fall-related fracture. <sup>3</sup> Twenty-nine percent of older people who break a hip die within a year. <sup>9</sup>
- In 2004, nearly \$160 million was spent on long-term services. <sup>10</sup>
  - Spending on long-term care services accounts for one-third to one-half of total Medicaid expenditures in most states. <sup>10</sup>
  - In 2005, spending on home- and community-based care accounted for 37 percent (\$35.2 billion) of total Medicaid long-term care services spending, up from 14 percent in 1991. <sup>10</sup>

# What Scientific Research Says

## Health Care Costs for the Aging Can Be Reduced

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- Although health care costs increase as individuals age, public health programs that decrease disability and help maintain independence offer opportunities to reduce these increases.<sup>3</sup>
- Health care costs for the aging can be reduced through chronic disease self-management programs that provide education, coping strategies, problem-solving techniques and decision-making tools. One study reported estimated savings of \$390 to \$520 per person over a two-year period.<sup>11</sup>
- Researchers have found that senior citizens who do not have children to help care for them are less likely to have to go into a nursing home if they live in a state that spends more on home- and community-based services. This finding did not apply to those with children.<sup>12</sup>

## Injuries Can Be Prevented

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- A recent study found that fall prevention efforts targeted at frail adults can reduce the risk of falling and related injuries by about 25 percent.<sup>13</sup>
- Exercises such as tai chi and strength-building have been proved to be effective in increasing muscular strength and balance in older adults, which will in turn decrease chances of fall-related injuries.<sup>14</sup>

## The Health of the Aging Can Be Preserved

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- Regular physical activity contributes greatly to the fitness, health, functioning and quality of life of older adults.<sup>15</sup>
- Social interaction is an important factor in sustaining a high quality of life.<sup>16</sup>
- The majority of people enjoy good or excellent health, even past age 85. Later life need not be a steady decline in health, but rather a number of healthy years followed by a much shorter period of ill health immediately before death.<sup>16</sup>
- Enhanced fitness is an evidence-based exercise program proved to increase strength, boost activity levels and elevate mood. Programs are typically offered by communities and focus on stretching, flexibility, balance, low-impact aerobics and strength-training exercises.<sup>17</sup>

# Resources & References

## Resources

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### **AARP, End-of-Life Resources**

[http://www.aarp.org/families/end\\_life](http://www.aarp.org/families/end_life)

### **AARP Public Policy Institute, State-specific reports**

[http://www.aarp.org/research/longtermcare/trends/d18763\\_2006\\_atc.html](http://www.aarp.org/research/longtermcare/trends/d18763_2006_atc.html)

### **Aging in Place Initiative, “The Maturing of America: Getting Communities on Track for an Aging Population”**

[http://www.aginginplaceinitiative.org/index.php?option=com\\_content&task=view&id=19&Itemid=48](http://www.aginginplaceinitiative.org/index.php?option=com_content&task=view&id=19&Itemid=48)

### **Centers for Disease Control and Prevention, Healthy Aging Program**

<http://www.aarp.org/health/brain>

### **CDC’s Immunization Program**

<http://www.cdc.gov/vaccines/>

### **CDC’s National Center for Injury Prevention and Control: Preventing Falls Among Older Adults**

<http://www.cdc.gov/ncipc/duip/preventadultfalls.htm>

### **CDC’s Nutrition Program**

<http://www.cdc.gov/nccdphp/dnpa/nutrition.htm>

### **CDC’s Oral Health Program**

<http://www.cdc.gov/OralHealth/index.htm>

### **Healthy States Initiative’s Healthy Aging Web Page**

<http://www.healthystates.csg.org/Public+Health+Issues/Healthy+Aging/>

### **Healthy States Initiative’s State Official’s Guide to Wellness**

<http://www.healthystates.csg.org/Publications>

### **Healthy States Initiative’s TrendsAlert: Costs of Chronic Diseases: What Are States Facing?**

<http://www.healthystates.csg.org/Public+Health+Issues/Chronic+Diseases>

### **National Blueprint: Increasing Physical Activity Among Adults Aged 50 and Older**

<http://www.agingblueprint.org>

### **National Center for Safe Aging**

<http://www.safeaging.org/model/default.asp>

### **National Hispanic Council on Aging**

<http://www.nhcoa.org>

### **Robert Wood Johnson Foundation, A Record of Accomplishment in End-of-Life Care**

<http://www.rwjf.org/newsroom/featureDetail.jsp?featureID=886&type=3>

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- <sup>5</sup>MetLife Foundation. "The Maturing of America: Getting Communities on Track for an Aging Population." (2006). Accessed from <http://www.n4a.org/pdf/MOAFinalReport.pdf> July 27, 2007.
- <sup>6</sup>Senior Resource. "Aging in Place." Accessed from <http://www.seniorresource.com/ageinpl.htm> July 26, 2007.
- <sup>7</sup>Chapman S, et al. "Trends in the Supply of Long-Term-Care Facilities and Beds in the United States." *Journal of Applied Gerontology* Vol. 24, No. 4, 265–282 (2005).
- <sup>8</sup>Centers for Disease Control and Prevention. "Public Health and Aging: Trends in Aging—United States and Worldwide." *Morbidity and Mortality Weekly Report* Vol. 52, No. 6, 101–106 (2003).
- <sup>9</sup>*The Boston Globe*. "Hip Fractures a Mortal Test for Elders and for Medicine." December 10, 2006.
- <sup>10</sup>Kaiser Commission on Medicaid and the Uninsured. "Medicaid and Long-Term Care Services." July 2006. Accessed from <http://www.kff.org/medicaid/upload/Medicaid-and-Long-Term-Care-Services-PDF.pdf> July 27, 2007.
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- <sup>13</sup>Freedman VA, et al. "Promoting Declines in the Prevalence of Late-Life Disability: Comparisons of Three Potentially High-Impact Interventions." *The Milbank Quarterly* Vol. 84, No. 3 (2006).
- <sup>14</sup>Rose D. "The Role of Exercise in Reducing Falls and Fall-Related Injuries in Older Adults." In *Falls Free: Promoting a National Falls Prevention Action Plan*. Washington, DC: The National Council of the Aging. (2005).
- <sup>15</sup>"Physical Activity and Older Americans: Benefits and Strategies." Agency for Healthcare Research and Quality and the Centers for Disease Control. June 2002. Accessed from <http://www.ahrq.gov/ppip/activity.htm> July 27, 2007.
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- <sup>17</sup>Centers for Disease Control and Prevention. "Arthritis: Intervention Programs." Accessed from <http://www.cdc.gov/arthritis/intervention/index.htm> July 26, 2007.

# Preventing Diseases: What Works

## Policies That Work Based on the Research Evidence

### 1. Promote healthy eating.

Policies that give kids healthier food choices at school can help curb rising rates of youth obesity. Ensuring that every neighborhood has access to healthy foods will improve many Americans' nutrition.

### 2. Get people moving.

Policies that encourage more physical activity among kids and adults have reduced rates of obesity and helped prevent other chronic diseases.

### 3. Help smokers quit and youth never start smoking.

Policies that support comprehensive tobacco control programs—those which combine school-based, community-based and media interventions—effectively curb smoking and reduce the incidence of cancer and heart disease.

### 4. Encourage prevention coverage.

Policies that encourage health insurers to cover the costs of recommended preventive screenings, tests and vaccinations are proven to increase the rates of people taking preventive action.

### 5. Promote health screenings.

Policies that promote—through worksite wellness programs and media campaigns—the importance of health screenings in primary care settings are proven to help reduce rates of chronic disease.

### 6. Protect kids' smiles.

Policies that promote the use of dental sealants for kids in schools and community water fluoridation are proven to dramatically reduce oral diseases.

### 7. Require childhood immunizations.

Requiring immunizations for school and child care settings reduces illness and prevents further transmission of those diseases among children. Scientific, economic and social concerns should be addressed when policies to mandate immunizations are considered.

### 8. Encourage immunizations for adults.

Policies that support and encourage immunizations of adults, including college students and health care workers, reduce illness, hospitalizations and deaths.

### 9. Make chlamydia screenings routine.

Screening and treating chlamydia, the most common sexually transmitted bacterial infection, will help protect sexually active young women against infertility and other complications of pelvic inflammatory disease (PID) that are caused by chlamydia.

### 10. Promote routine HIV testing.

Making HIV testing part of routine medical care for those aged 13 to 64 can foster earlier detection of HIV infection among the quarter of a million Americans who do not know they are infected.

Learn more about these and other proven prevention strategies at <http://www.ahrq.gov/clinic/uspstfix.htm>, <http://www.thecommunityguide.org/policymakers.html> and [http://www.prevent.org/images/stories/health\\_policy.pdf](http://www.prevent.org/images/stories/health_policy.pdf).

# What the CDC Does for States

The Centers for Disease Control and Prevention (CDC) is part of the United States Department of Health and Human Services, which is the main federal agency for protecting the health and safety of all Americans. Since it was founded in 1946 to help control malaria, CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities and environmental health threats.

Helping state governments enhance their own public health efforts is a key part of CDC's mission. Every year, CDC provides millions in grants to state and local health departments. Some funds are in the form of categorical grants directed at specific statutorily-determined health concerns or activities. Other funds are distributed as general purpose block grants, which the CDC has more flexibility in deciding how to direct and distribute.

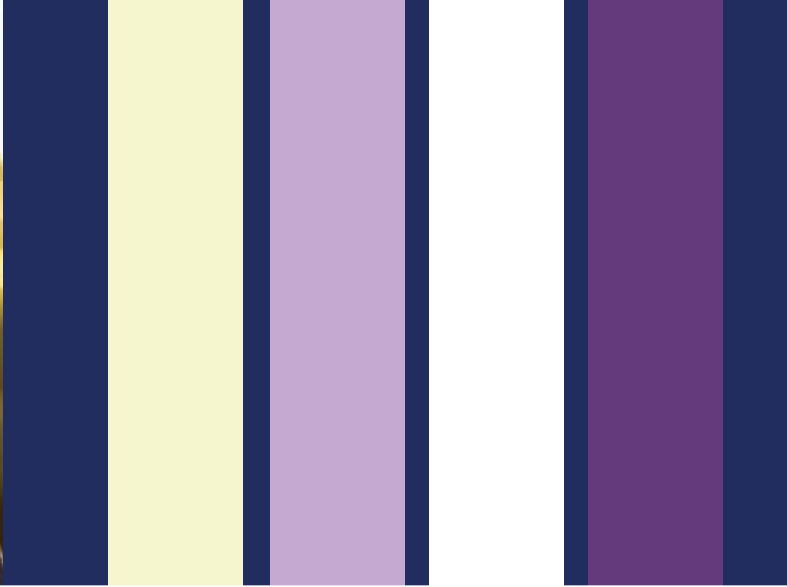
The CDC does not regulate public health in the states. Rather, it provides states with scientific advice in fields ranging from disease prevention to emergency management. It also monitors state and local health experiences in solving public health problems, studies what works, provides scientific assistance with investigations and reports the best practices back to public agencies and health care practitioners.

For state legislators who are interested in improving their state's public health, the CDC offers a wealth of resources, including:

- Recommendations for proven prevention strategies;
- Examples of effective state programs;
- Access to top public health experts at the CDC;
- Meetings specifically aimed at state legislative audiences;
- Fact sheets on policies that prevent diseases; and
- State-specific statistics on the incidence and costs of disease.

This publication from the Healthy States Initiative is also an example of CDC's efforts to help states. The Healthy States Initiative is funded by a cooperative agreement with the CDC.

The CDC has developed partnerships with numerous public and private entities—among them medical professionals, schools, nonprofit organizations, business groups and international health organizations—but its cooperative work with state and local health departments and the legislative and executive branches of state government remains central to its mission.



The Council of State Governments' (CSG) Healthy States Initiative is designed to help state leaders make informed decisions on public health issues. The enterprise brings together state legislators, officials from the Centers for Disease Control and Prevention, state health department officials, and public health experts to share information, analyze trends, identify innovative responses, and provide expert advice on public health issues. CSG's partners in the initiative are the National Black Caucus of State Legislators and the National Hispanic Caucus of State Legislators.

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