



Healthy Aging: Health Promotion and Disease Prevention

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SAFER • HEALTHIER • PEOPLE™

Topics



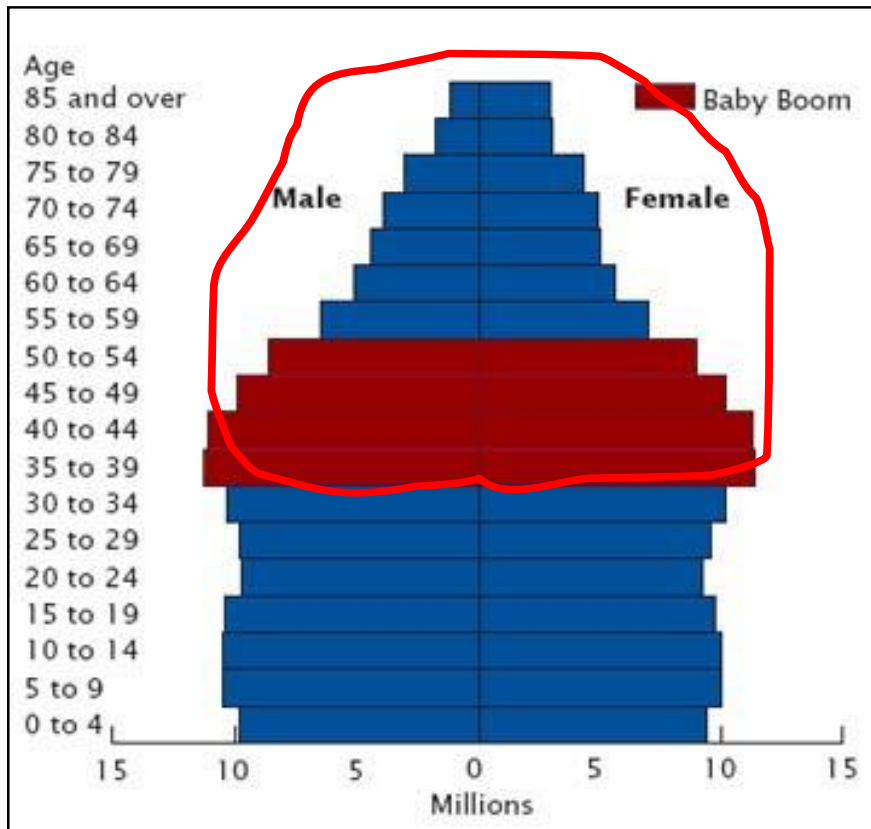
- Background: Aging demographics and public health indicators
- Public health initiatives: Evidence-based strategies to promote health and well-being
- Resources: Monitoring the health of older adults

Healthy Aging: The Role of CDC

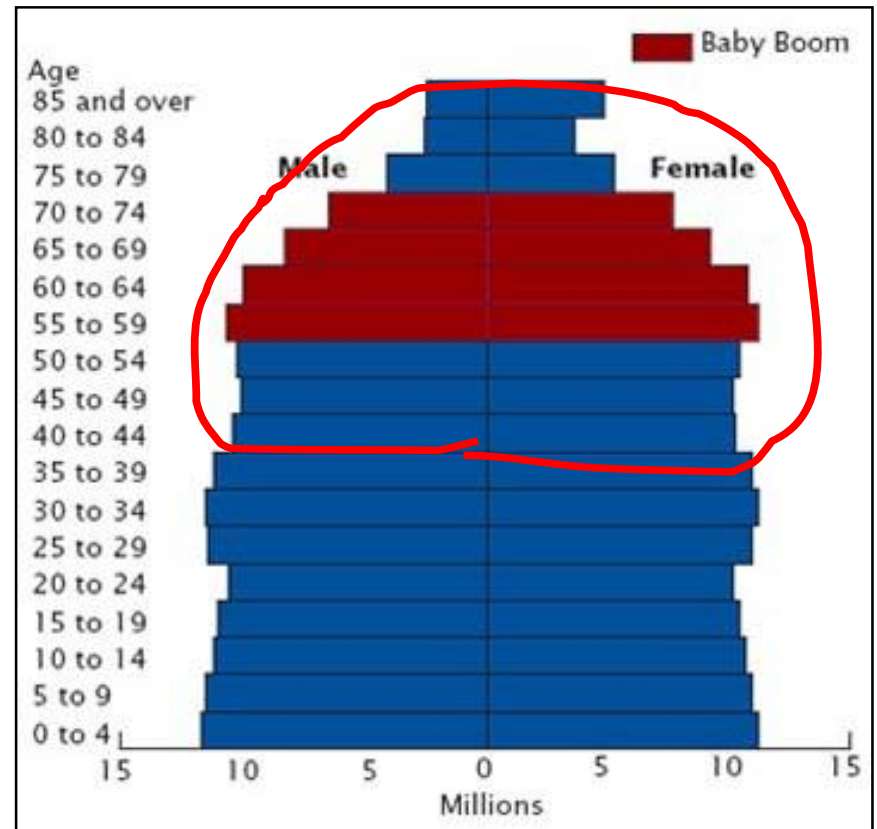


- Provide quality health information
- Monitor health status of older Americans
- Identify and put into practice what works
- Integrate public health prevention expertise with the reach of the aging service network
- Facilitate the prevention efforts of health care providers and others who serve older adults

2000

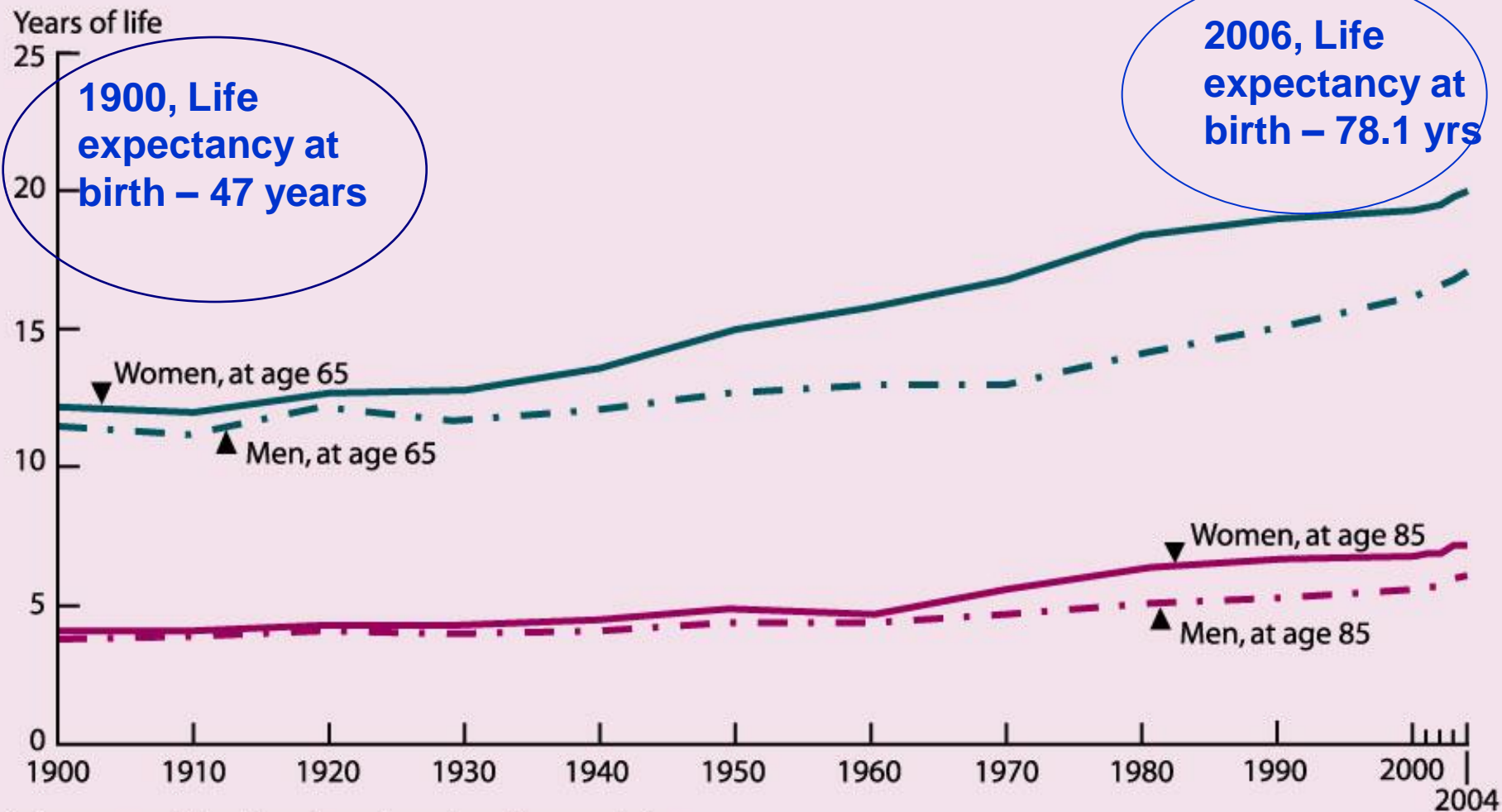


2020



Source of charts: U.S. Census Bureau, "65+ in the United States: 2005," December 2005.

Life expectancy at ages 65 and 85, by sex, selected years 1900–2004



Reference population: These data refer to the resident population.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Source: Older Americans Update 2008. Key Indicators of Well-Being
www.agingstats.gov/agingstatsdotnet/Main_Site/Data/2008_Documents



July 30, 1965

President Johnson signed H.R. 6675 to provide health insurance for older adults. It was signed in Independence, Missouri, in the presence of Harry S. Truman who opened the fight for such legislation in a message to Congress in 1945

Life Expectancy for Social Security

Year Cohort Turned 65	Percentage of Population Surviving from Age 21 to Age 65		Average Remaining Life Expectancy for Those Surviving to Age 65	
	Male	Female	Male	Female
1940	53.9	60.6	12.7	14.7
1950	56.2	65.5	13.1	16.2
1960	60.1	71.3	13.2	17.4
1970	63.7	76.9	13.8	18.6
1980	67.8	80.9	14.6	19.1
1990	72.3	83.6	15.3	19.6

Source: www.ssa.gov/history/age65.html

Americans Age 65 or Older 1880-2000

Year	Number of Americans Age 65 or Older
1880	1.7 million
1890	2.4 million
1900	3.0 million
1910	3.9 million
1920	4.9 million
1930	6.7 million
1940	9.0 million
1950	12.7 million
1960	17.2 million
1970	20.9 million
1980	26.1 million
1990	31.9 million
2000	34.9 million

Source: www.ssa.gov/history/age65.html


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10 Leading Causes of Death, United States 2007, All Races, Both Sexes

[Click on any colored box for detailed causes and ICD codes.](#)
[Click on any age group for percentages.](#)

Rank	Age Groups
	65-85
1	Heart Disease 496,095
2	Malignant Neoplasms 389,730
3	Cerebrovascular 115,961
4	Chronic Low-Respiratory Disease 109,562
5	Alzheimer's Disease 73,797
6	Diabetes Mellitus 51,528
7	Influenza & Pneumonia 45,941
8	Nephritis 38,484
9	Unintentional Injury 38,292
10	Septicemia 28,362

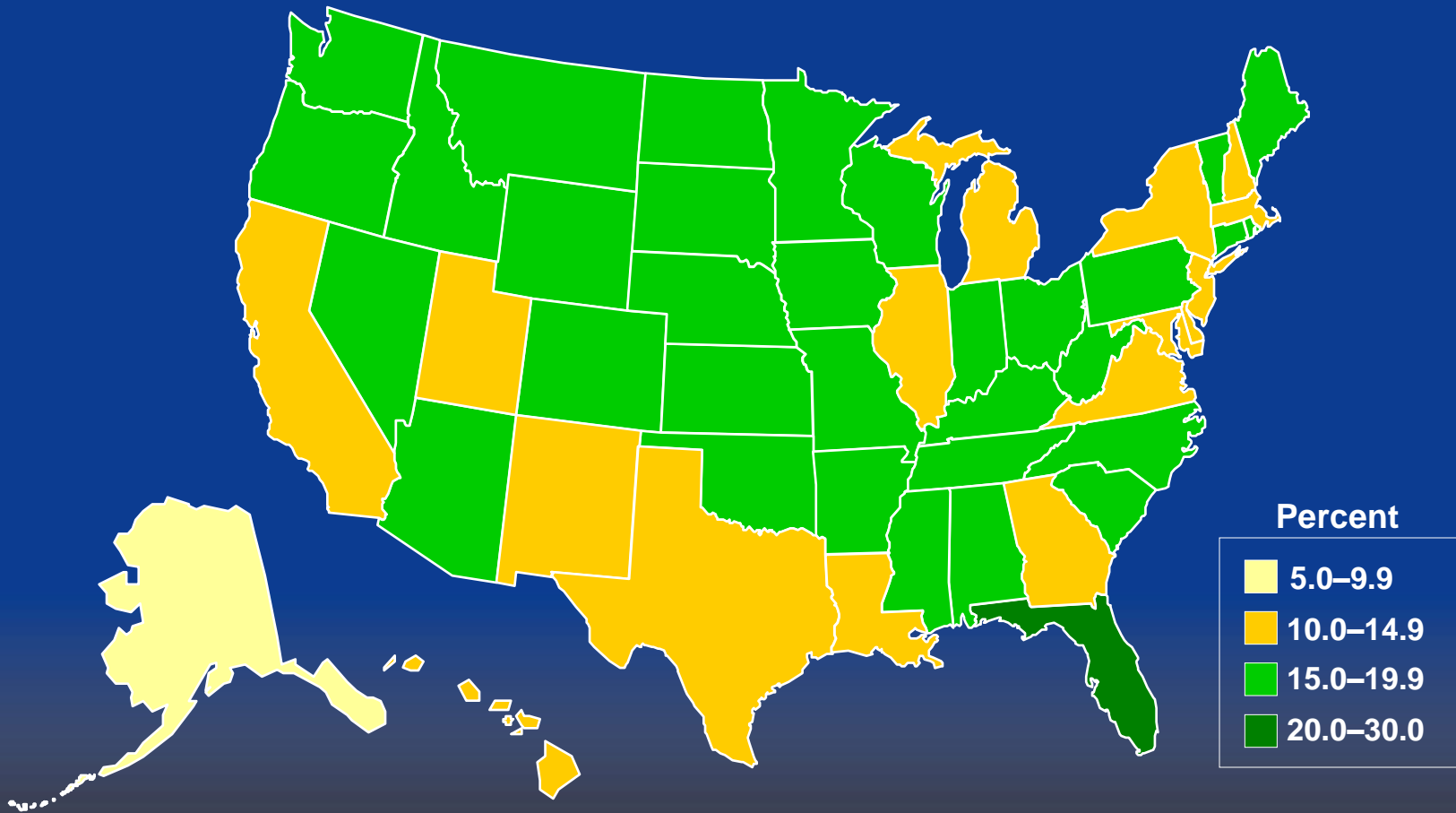
[Download Results in a Spreadsheet \(CSV\) File](#)
[Terms for Causes of Death](#)
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[Help with Download](#)
WISQARS™

Produced By: Office of Statistics and Programming, National Center for Injury Prevention and Control,

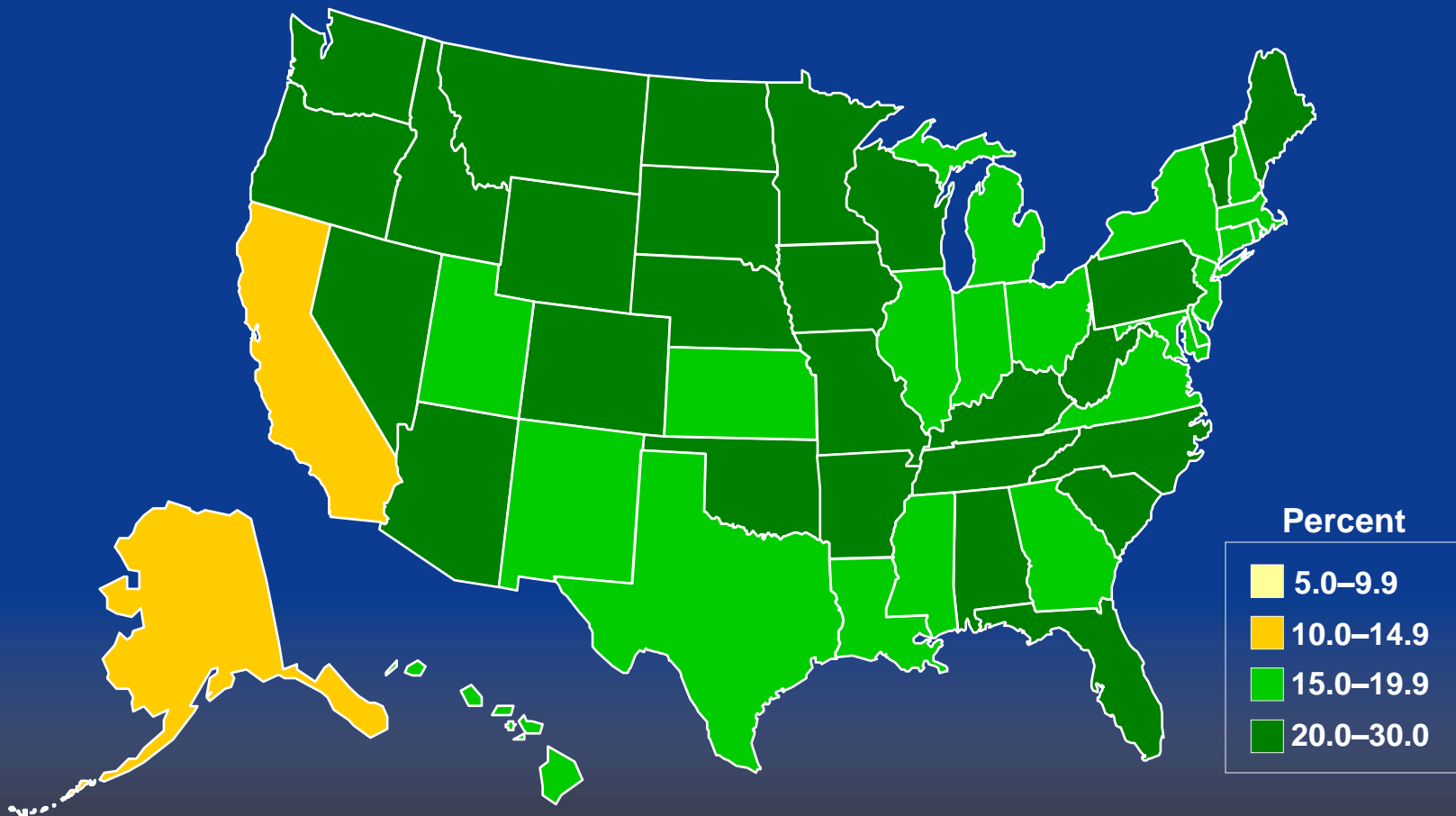
Centers for Disease Control and Prevention

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

Percent of Population Over Age 65, United States, 2015

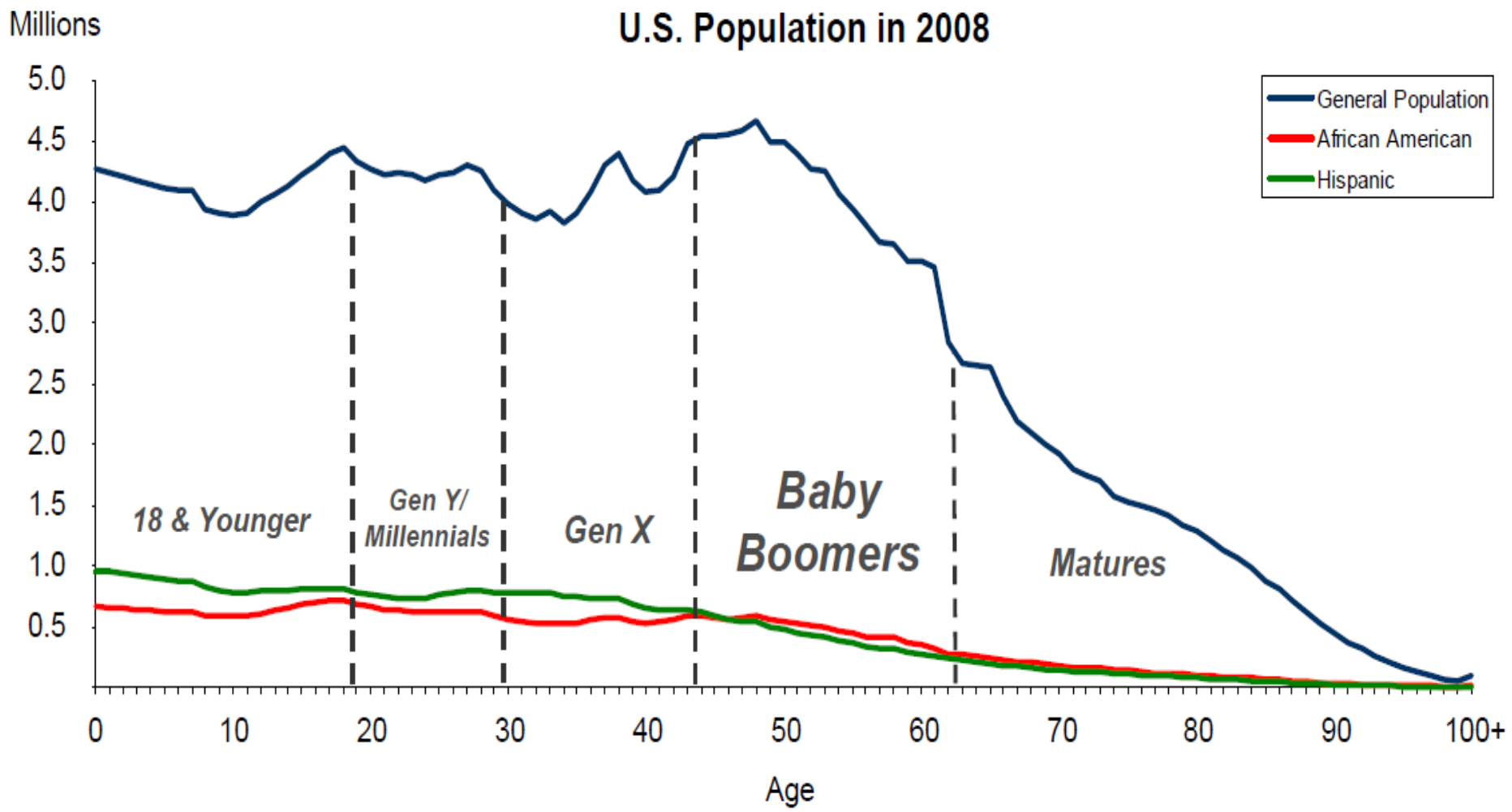


Percent of Population Over Age 65, United States, 2025



Source: U.S. Census Bureau, 2003

Race and Ethnicity



Demographic Snapshot of Missouri

- By 2030 the older adult population will increase from 13.4% to 20.2%
- 42% of persons aged 65 and older have one or more disabilities
- 55% of persons aged 65 and older are at/below 300% of the poverty level
- 36% of persons aged 75 and older are living alone

Annual Income Rates % 2010 Federal Poverty Guideline

Unit size	85%	100%	150%	185%	225%	300%
1	\$9,206	\$10,830	\$16,245	\$20,036	\$24,368	\$32,490
2	\$12,385	\$14,570	\$21,855	\$26,955	\$32,783	\$43,710
3	\$15,564	\$18,310	\$27,465	\$33,874	\$41,198	\$54,930
4	\$18,743	\$22,050	\$33,075	\$40,793	\$49,613	\$66,150
5	\$21,922	\$25,790	\$38,685	\$47,712	\$58,028	\$77,370

Select Health Indicators

Health Risk Behaviors/Outcomes

- No leisure-time physical activity
- Eating ≥ 5 fruits & vegetables daily
- Current smoking
- Obesity

Where does Missouri stand? Adults Aged 50 Years and Older

- 52% have been told they have high blood pressure
- 15% are affected by diabetes
- 19% currently smoke cigarettes
- 69% are overweight or obese

Select Health Behaviors in St. Louis Adults Aged 65 Years and Older 2009

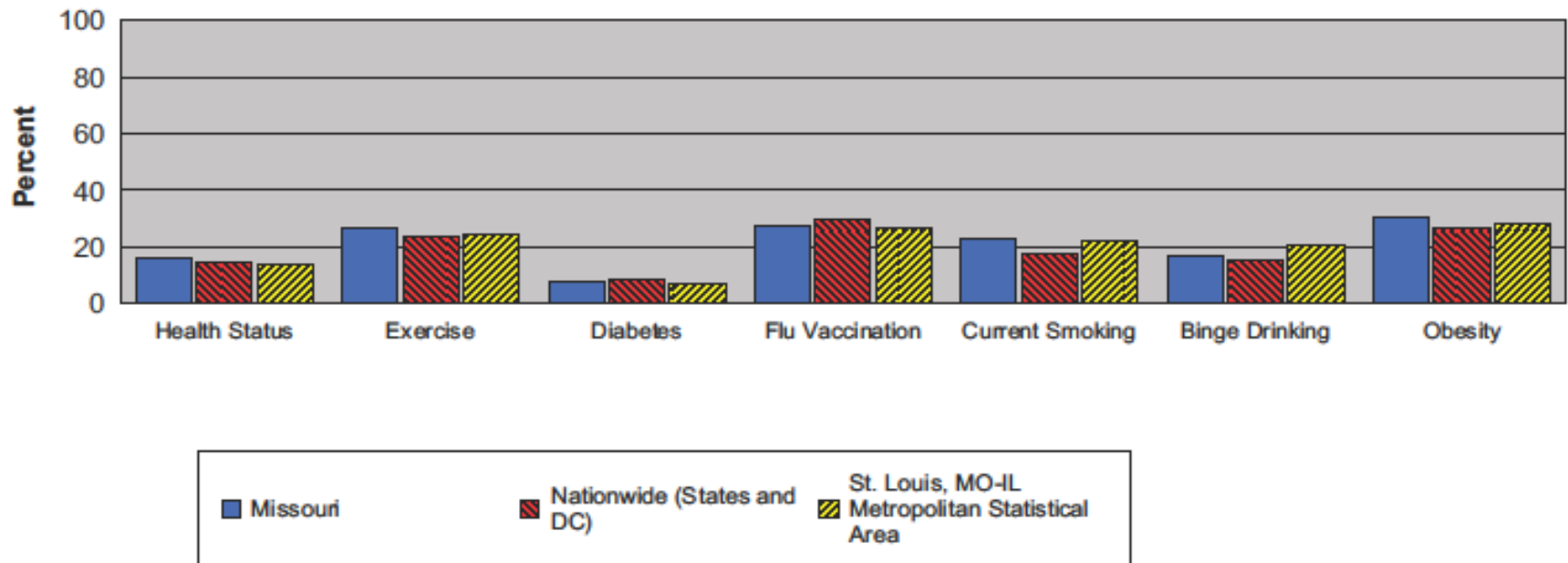
- 30.7% of residents reported no leisure-time physical activity
- 29.1% of residents eat ≥ 5 fruits and vegetables daily

SMART BRFSS

(Selected Metropolitan/Micropolitan Area* Risk Trends from the Behavioral Risk Factor Surveillance System)

St. Louis, MO-IL Metropolitan Statistical Area

Percentage of Adults Reporting Selected Health Risks - St. Louis, MO-IL Metropolitan Statistical Area, BRFSS 2009.



Survey Definitions

Health Status - Percentage of adults reporting general health as fair or poor

Exercise - Percentage of adults reporting doing no leisure time exercise or physical activity in the past 30 days

Diabetes - Percentage of adults told by doctor they have diabetes

Flu Vaccination - Percentage of adults aged 65 or older reporting not having had a flu shot within the past 12 months

Current Smoking - Percentage of adults reporting having smoked at least 100 cigarettes in their lifetime and currently smoke

Binge Drinking - Percentage of adults reporting having five or more drinks on an occasion, one or more times in the past month

Obesity - Percentage of adults reporting Body Mass Index greater than or equal to 30.0

* Metropolitan statistical area - Group of counties that contain at least one urbanized area of 50,000 or more inhabitants. Micropolitan statistical area - Group of counties that contain at least one urban cluster of at least 10,000 but less than 50,000 inhabitants. Metropolitan Division - Smaller group of counties within a metropolitan statistical area which contains 2.5 million or more inhabitants. (Source: U.S. Office of Management and Budget)

Key Indicators

Preventive Care & Screening

- Mammogram in past two years
- Colorectal cancer screening
- Flu vaccine in the past year

Clinical Preventive Services

- 19.9% of older Missourians reported NOT having a mammogram in 2009
- 27.5% of older Missourians did NOT have a flu shot in 2009
- 38.8% of older Missourians did NOT have a colonoscopy or sigmoidoscopy in 2009

Healthy People 2020*

United States-Prevention

- OA-1 Use of Welcome to Medicare benefit
- OA-2 Older adults up to date on clinical preventive services
- OA-3 Older adults' confidence in managing their chronic conditions
- OA-4 Receipt of Diabetes Self-Management Benefits by older adults
- OA-5 Functional limitations in older adults
- OA-6 Leisure-time physical activities among older adults
- OA-7 Pressure ulcer-related hospitalizations among older adults

Healthy People 2020*

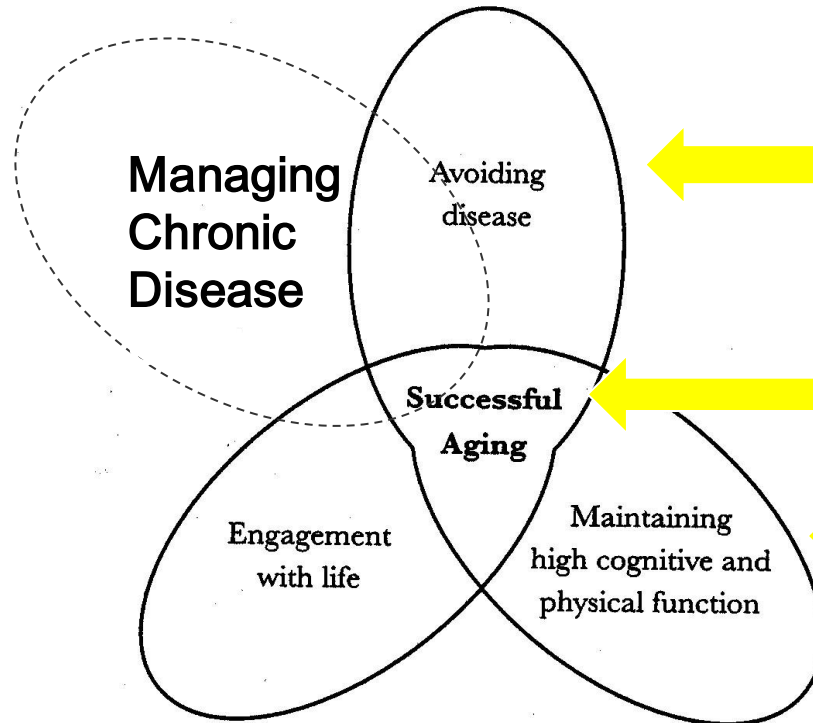
United States-Long Term Services and Supports

- OA-8 Need for long-term services and support
- OA-9 Caregiver support services
- OA-10 Health care workforce with geriatric certification
- OA-11 Emergency department visits due to falls among older adults
- OA-12 Information on elder abuse, neglect, and exploitation

What is Healthy Aging?

Rowe and Kahn Model

The Structure of Successful Aging



“and injury and promoting health”

“Healthy Aging”

“optimizing”

Source: Rowe, John W. and Kahn, Robert L. (1998).
— *Successful aging*. New York: Pantheon. 39.

Definition of Healthy Aging

Healthy aging is the development and maintenance of optimal physical, mental, *spiritual* and social well-being and function in older adults.

It is most likely to be achieved by

- ✓ individuals who live in *physical environments and communities* that are safe and support the adoption and maintenance of attitudes and behaviors known to promote health and well-being
- ✓ the effective use of *health services* to prevent or minimize the impact of acute and chronic disease on functioning

Evidence-based Health Promotion

A process of planning, implementing and evaluating programs adapted from tested models or interventions in order to address health issues at an individual and at a community level

- Mary Altpeter

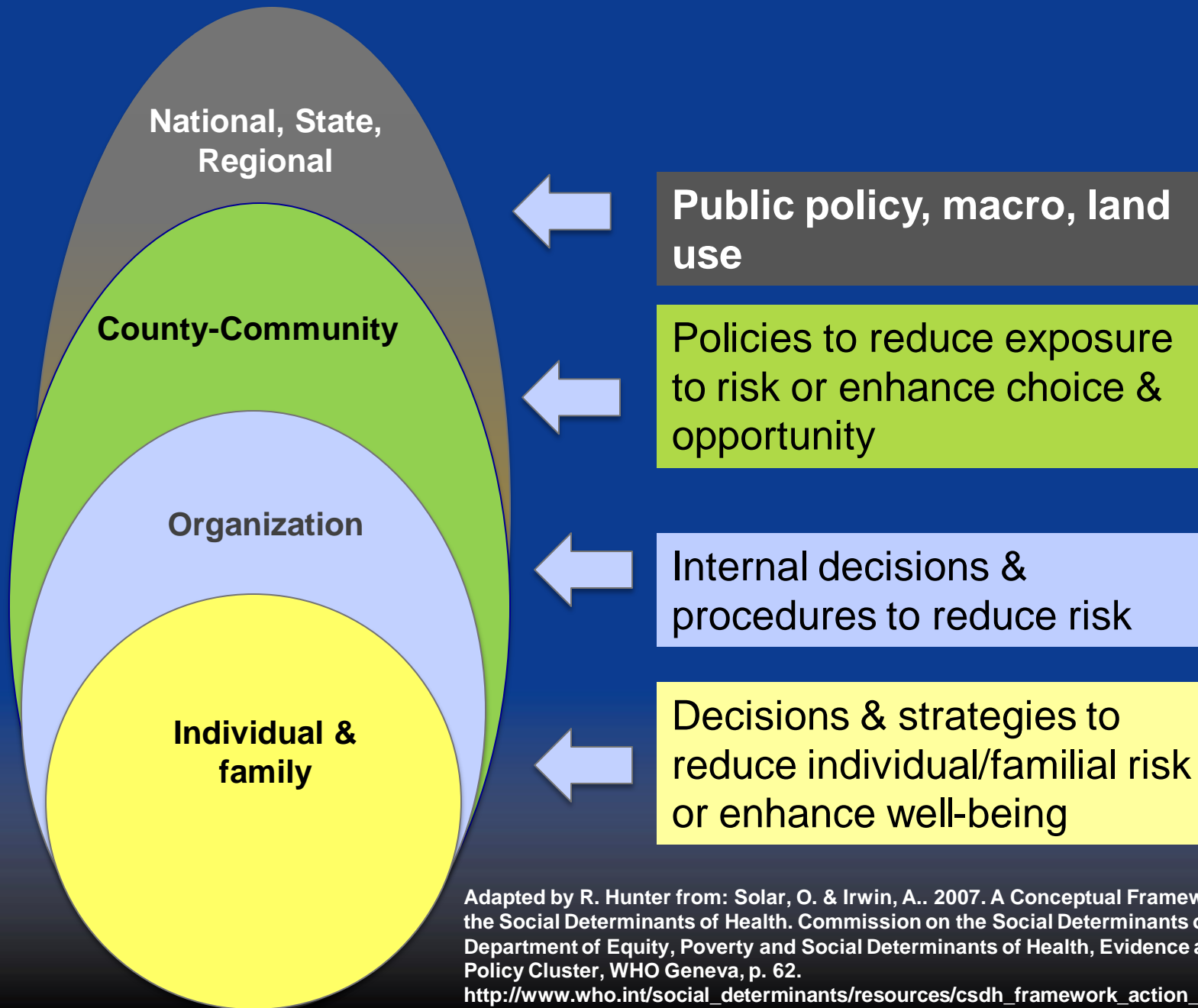
How Can an Evidence-based Approach Help?

- Can result in desired outcomes for the populations we serve
- Guide the appropriate selection of program interventions
- Provide justification for policy and budget decisions
- Help direct evaluation



Evidence-based Health Promotion Programs for Older Adults

- Physical activity
- Falls Prevention
- Mental Health
- Self-management of chronic disease
- Clinical preventive services



Adapted by R. Hunter from: Solar, O. & Irwin, A.. 2007. A Conceptual Framework for Action on the Social Determinants of Health. Commission on the Social Determinants of Health, Department of Equity, Poverty and Social Determinants of Health, Evidence and Information for Policy Cluster, WHO Geneva, p. 62.
http://www.who.int/social_determinants/resources/csdh_framework_action_05_07.pdf

Interactive Tools



The State of Aging and Health in America Report

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Healthy Aging Report

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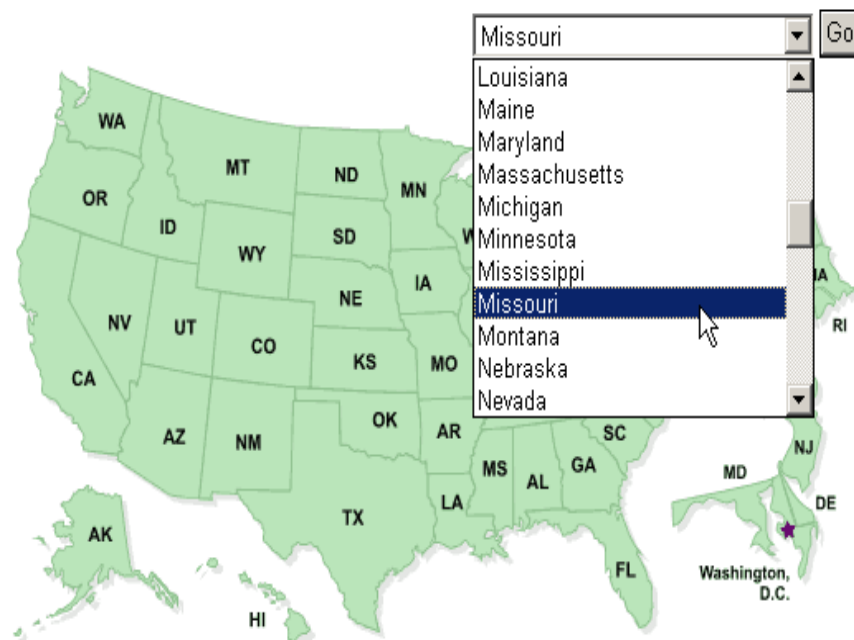
Contact Info

Centers for Disease Control and Prevention
Healthy Aging Program
4770 Buford Highway, N.E.,
Mailstop K-45
Atlanta, GA 30341-3717

> [Contact CDC's Healthy Aging Program](#)

Report Data: View by State

To obtain data on older adult health for the nation, a particular state, and/or the District of Columbia, [Data can be compared](#) between states and the nation, between states, and between states and regions.



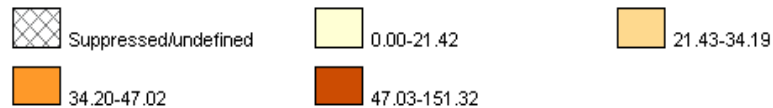
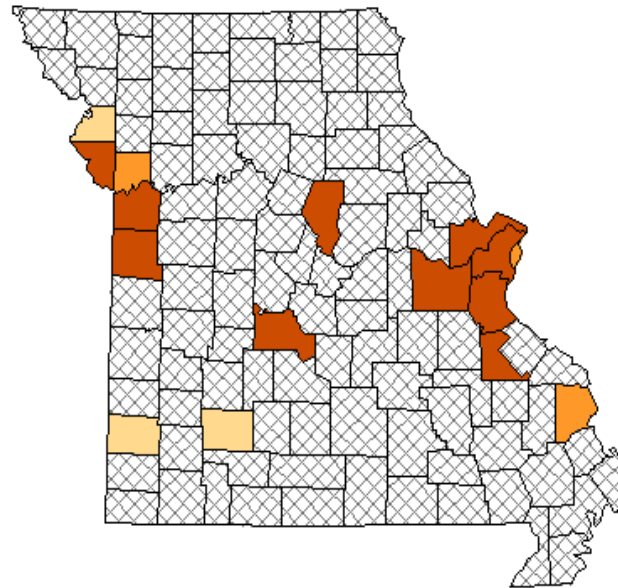
State Performance Summary

The table below depicts data for 14 key indicators (hip fracture hospitalizations are not available for every state) related to older adult health for the 50 states and District of Columbia, and indicates which states are performing at the highest and lowest levels. There is considerable variation among the states for each indicator.

Indicator	Data Year*	HP 2010 Target	# of States Meeting Target †	Worst-Ranked State*	Best-Ranked State†
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2000-2006, Missouri

Age-adjusted Death Rates per 100,000 Population
Fall, Unintentional, All Races, All Ethnicities, Both Sexes, Ages 65 thru 85+ Years
Annualized Age-adjusted Rate for Missouri: 50.13



Reports for All Ages include those of unknown age.

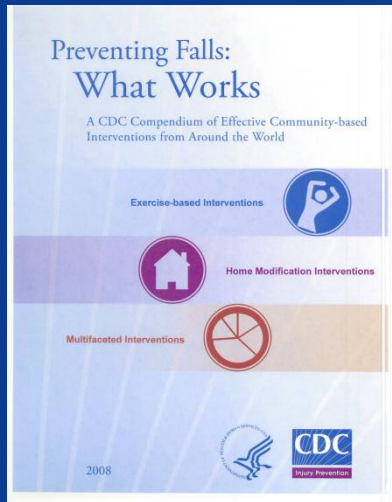
* Rates based on 20 or fewer deaths may be unstable. These rates are suppressed for counties (see legend above); such rates in the title have an asterisk.

The standard population for age-adjustment represents the year 2000, all races, both sexes.

Produced by: Office of Statistics & Programming, National Center for Injury Prevention & Control, CDC

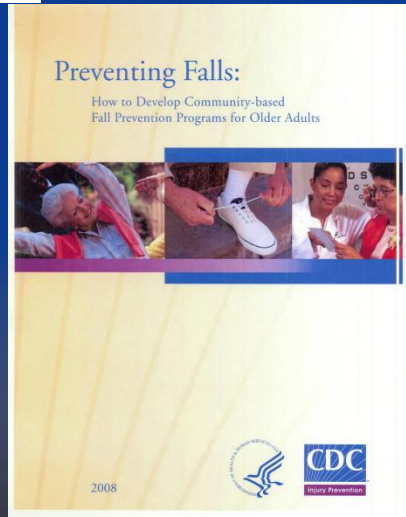
Data Sources: NCHS National Vital Statistics System for numbers of deaths; US Census Bureau for population estimates.

Prevention of Falls



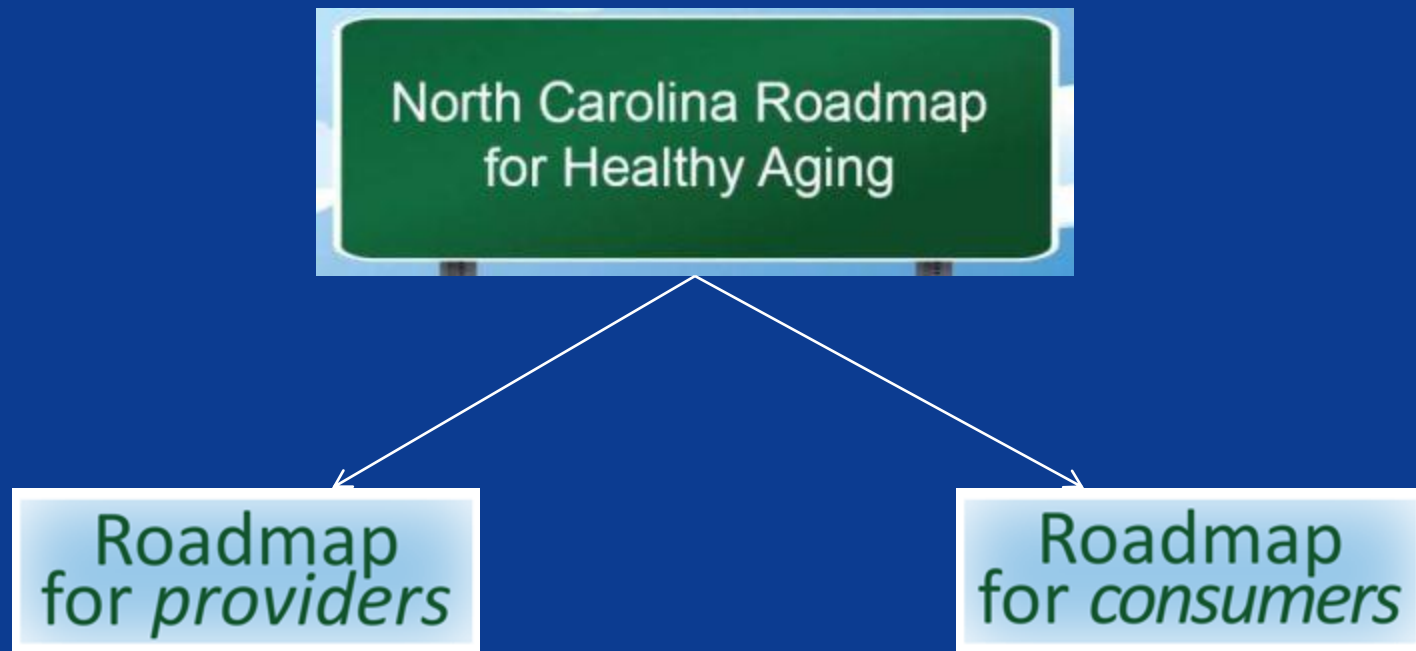
➤ Compendium of interventions

➤ 14 scientifically tested interventions



➤ Three categories:

- Exercise-based
- Home modification
- Multifaceted



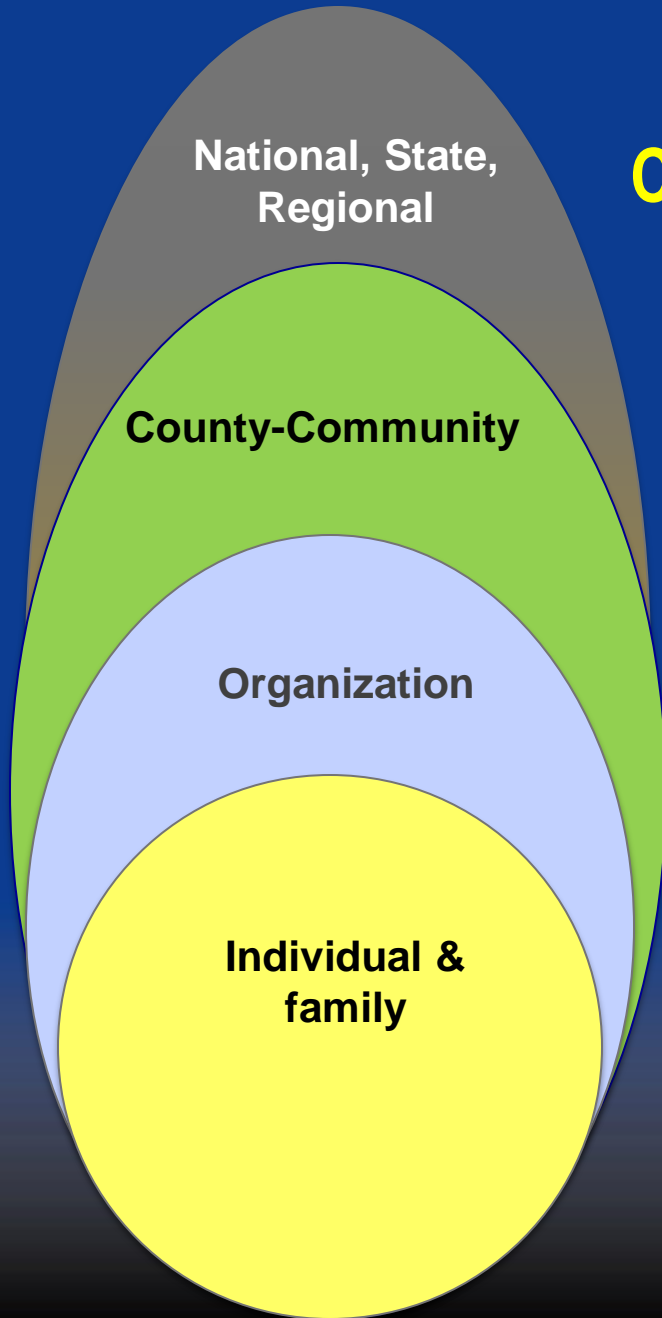
The North Carolina Roadmap for Healthy Aging: An Interactive Health Promotion Programming Guide for Providers

Source: <http://ncroadmap.org>

Online Resources

Communities Putting Prevention to Work (CPPW)

St. Louis County, MO
Funding Amount: \$7.6 Million



MAPPS:

Media

Access

Point of decision
information

Price

Social support services

Community Health Assessment and Group Evaluation (CHANGE)

Can be used to:

- Gain a picture of the policy, systems, and environmental change strategies currently in place throughout the community
- Develop a community action plan for improving policies, systems, and the environment to facilitate and support healthy lifestyles
- Assist with prioritizing community needs and allocating available resources

COMMUNITY HEALTH ASSESSMENT AND GROUP EVALUATION (CHANGE)



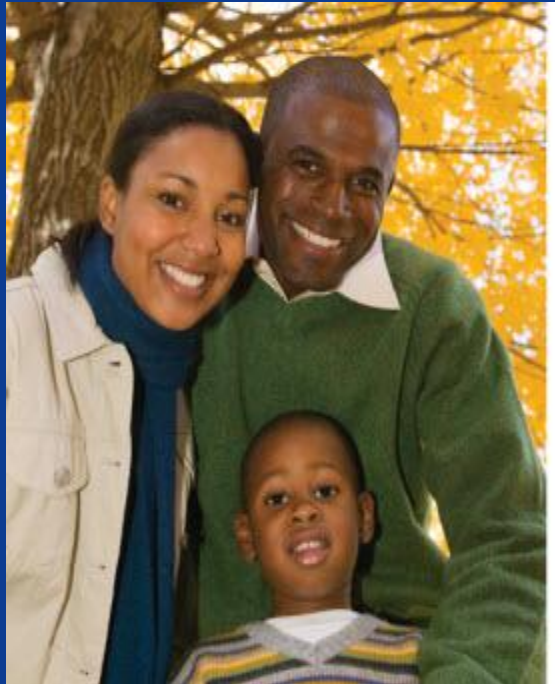
Building a Foundation of
Knowledge to Prioritize
Community Needs
AN ACTION GUIDE



COMMUNITY ASSESSMENT

MISSOURI

- O'Fallon (3/09 – NRPA)
- Putnam County (2/10 –NACCHO)



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Recommendations, Best Practices, and Guidelines

Multiple Chronic Conditions A Strategic Framework

1. Foster health care and public health system changes to improve the health of individuals with multiple chronic conditions
2. Maximize the use of proven self-care management and other services by individuals with multiple chronic conditions
3. Provide better tools and information to health care, public health, and social services workers who deliver care to individuals with multiple chronic conditions
4. Facilitate research to fill knowledge gaps about, and interventions and systems to benefit, individuals with multiple chronic conditions

CDC's Healthy Aging Program

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

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The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of CDC or ATSDR