

Promoting Healthy Aging: A Presidential Imperative

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Let's encourage Americans to exercise more and lead healthier lives in anticipation of living longer—capitalizing on longevity while reducing chronic disease and dementia.

Americans are living longer. In the next fifteen years, the proportion of the population ages 65 and older will grow from 15 percent to 20 percent (Colvy and Ortman, 2015). Today, people ages 85 and older are the fastest growing age demographic in the United States. Since 1900, our average life spans have increased by thirty years, a remarkable achievement (National Center for Health Statistics, 2015). We must take advantage of this longevity bonus by fostering active, healthy living that maximizes Americans' quality of life and their contributions to society.

We must promote physical exercise through community design, smart housing, and transportation planning.

If we do not reduce the prevalence of chronic disease and disability now associated with aging, we will put a substantial strain on healthcare resources and future federal spending. Many changes will be needed soon to avoid an overload of demand for limited healthcare resources.

Preeminent among them are interventions to prevent disease and improve the health and functioning of the population that will begin turning age 85 in the next twenty years.

The United States needs an aggressive program to educate the populace that healthy lifestyles, healthy diet, and social engagement are vitally necessary for health and well-being in old age. We must transform American communities to systemically encourage healthy choices and change behaviors. Adopting healthy living is essential to improving overall health of the aging population, reducing complications in late life, and reducing attendant healthcare and long-term-care costs. The recommendations that follow would put such a program in place.

Numerous vehicles during the new President's term in office can be used to align with healthy aging program objectives and amplify their impact. Among them will be the national health goals of the U.S. Department of Health and Human Services (HHS) Healthy People 2020 plan, the report from the National Alzheimer's Project Act (NAPA) on the national

→**ABSTRACT** Healthy aging means working across all sectors to promote health, to reduce the risks and costs of chronic disease and disability, including those diseases that cause dementia. The 45th President can be instrumental in promoting healthy aging to benefit the quality of life for all as we age—a strategy that can boost our nation's economic vitality. | **key words:** *healthy aging, dementia, Alzheimer's disease, physical exercise, chronic disease*

progress toward treatment and prevention of Alzheimer's disease by 2025, and the next White House Conference on Aging, scheduled for 2025 (HHS, 2015).

A Message to the President

We recommend that the new Administration:

Create a multi-sector strategy to promote healthy aging at home and in the community.

The 2015 White House Conference on Aging, in its focus on healthy aging, stressed the importance of addressing health beyond the confines of the medical care system. The environment in which Americans live largely dictates how well they live and how healthy they will be as they age. We can foster a culture of health that maximizes opportunities for individuals to choose healthy behaviors throughout their lives—first and foremost by promoting physical exercise through community design, smart housing, and transportation planning, as well as supporting access to healthy foods, lifelong learning, and social engagement. These components—purpose, social engagement, healthy diet, mobility, exercise—become especially important as determinants of health in old age.

The new President should engage federal agencies and foster collaboration between private and public sectors to bring together experts from across the spectrum of federal activities: income, health, employment, housing, transportation, arts and humanities, education, and military and veterans affairs. This collaboration could yield a strategy to support and enable the determinants of healthy aging in communities across the country. This process should place special emphasis on responding to the needs of people aging in low-income communities, in which life expectancies are shorter than in cities having highly educated residents, with high incomes, and a history of local government investment in public health.

Develop and launch an initiative to promote brain health. Cognitive aging is a common phenomenon associated with growing

older. Many adults worry about their brain health deteriorating as they age. Eighty four percent of AARP members (adults ages 50 and older) say they are extremely or very concerned about “staying mentally sharp” (Hagerty, 2016). More than a third (37 percent) of adults say their ability to remember things has declined in the past five years, and for those ages 60 and older, 45 percent have noticed cognitive decline (Skufca, 2015).

Age is the single greatest risk factor for the neurological diseases causing dementia. Eleven percent of those ages 65 and older, 14 percent of those ages 71 and older, and 32 percent of those ages 85 and older are estimated to have dementia of one form or another, including Alzheimer's disease (Alzheimer's Association, 2016). While there is no effective cure for the many types of dementia, including Alzheimer's, there are many activities that are believed to promote overall brain health and to postpone or slow cognitive decline.

A presidential initiative to promote brain health and delay cognitive decline should include:

- **Supporting** the bold vision of the National Alzheimer's Project Act to cure and effectively treat diseases causing dementia by 2025, and proposing a substantial increase for research into the causes and treatment of Alzheimer's disease and other dementias.
- **Proposing** increased funding for research, public education, and health promotion to demonstrate and communicate that regular physical activity and exercise are key to brain health. Almost a third of adults (32 percent) do not know that exercise can improve brain health, help maintain mental sharpness, and reduce the risks of chronic disease. Unfortunately, 67 percent of those reporting memory problems do not get the recommended amount of exercise (Rainville and Mehegan, 2016).

Create a national program that supports communities' efforts to become age- and dementia-friendly. This program would focus,

in part, on providing localities with streamlined and coordinated access to federal resources across agencies to support promotion of healthy aging at the community level. Lifetime homes in age-friendly communities should incorporate inclusive design appropriate for people of all ages, including those who have both physical and cognitive impairments. Communities that increase access to safe places to exercise and that support walking have shown increases in older adults' physical activity. Public-private partnerships can help create venues conducive to physical activities, such as mall-walking programs, in which older adults can walk in climate-controlled, accessible shopping malls.

Encourage and provide funding for programs that promote purposeful activity and social engagement for older Americans. Older adults have a wealth of skills and experience to contribute to their communities, to society, and to the nation's well-being. Merrill Lynch and Age Wave estimate that retirees alone will provide \$8 trillion—in combined value of volunteer hours and charitable giving—to America over the next two decades (Merrill Lynch and Age Wave, 2015). Loss of a sense of purpose, loneliness, and isolation contribute to a host of mental and physical health problems in older people. Programs should be funded to promote mutually beneficial intergenerational programs for people of all ages to remain connected and engaged. Programs also should foster access to lifelong learning so that older people can develop and maintain skills that keep them working and/or volunteering longer and connected in an ever increasingly technological world. We must realize that investments in older people have long-term economic benefits.

Support programs that promote health and help those living with chronic health conditions to better manage them. The adage to not only add years to life, but also add life to years is critically important if our population is to age well. Age usually correlates with increases in disability and chronic disease. Two simultane-

ous goals are achieved by managing chronic disease: individuals and society can make the most of the longevity bonus, and healthcare expenditures can be decreased for a growing population who will need health and long-term-care services.

'Chronic conditions account for nearly 95 percent of the healthcare expenditures of older Americans.'

All federal health programs funding medical care for older Americans, especially Medicare, should adopt approaches that identify at-risk patients, and provide them with needed medical, preventive, and social supports to reduce costly acute and chronic institutional care and improve patients' overall wellness. Finally, support the well-established national network of Area Agencies on Aging (AAA) and the Aging and Disability Resource Centers (ADRC) in a way that is proportionate to the burgeoning population they serve. AAAs and ADRCs help integrate healthcare and long-term services and support systems (LTSS) by coordinating social care needs and bridging acute care transitions, such as from hospitals to the older person's home (Collins, 2015).

Propose increased funding for National Institute on Aging's and the Centers for Disease Control's research on the medical, social, and behavioral issues of older people. Research offers great potential for discovering the best means to improve health and lower costs. Funding should be increased for health research that demonstrates how to lower risks of chronic diseases, improves the care and treatment of individuals with chronic diseases, and translates successful interventions into healthcare practice. Developing evidence in these three areas may prove to have as much or more impact on chronic disease-associated health outcomes and healthcare costs than development of further evidence to support the creation of new



pharmaceuticals. Additionally, research should be made more relevant by ending the underrepresentation of older adults from diverse populations in clinical trials: older adults often react differently to treatments and have different outcomes than younger adults. Better clinical data would improve treatment outcomes for older people, and reduce expenditures for inappropriate and-or unnecessary care.

A Message to Americans

Population aging and the increased longevity of the American people present a golden opportunity to employ the valuable skills, knowledge, and experience we will have with a healthy and engaged older population. First, we must do everything we can to ensure that the population retiring over the next twenty years and beyond is the healthiest older population on record.

We are proposing a package of initiatives to promote the social engagement, physical and mental health, and cognitive functioning of the population reaching age 65 today and into the future. We will seek to recruit all Americans into the effort on both a societal level—to create a healthier environment for old age—and on a personal level, to adopt healthy behaviors throughout life (and particularly

in old age) that lower the risk of chronic disease and disability.

We face a serious challenge to our society and economy in the next twenty years from the prospect of an unhealthy aging population, if it carries the burden of chronic disease and disabilities at the same rates that have impacted previous generations. We can and must do everything possible, individually and collectively, to transform this challenge into an opportunity for economic growth and prosperity, and for upholding individual dignity and purpose in old age. Many people say they know about the common-sense healthy behaviors to adopt in order to reduce risks or delay the onset of chronic diseases, but not enough of them act on this knowledge. Not only must we pledge to take individual responsibility for change in ourselves, we must work together across all ages and sectors of society—local and national, public and private—to create the environments that will foster healthy aging and build a more productive society.

Problems To Be Solved

By creating a strategy to promote healthy living across life spans, federal policy can help disrupt aging and tackle some of its biggest challenges: chronic disease, cognitive impairment, and iso-

lation. And by doing so, we toss out the stereotypes of what it means to grow old, while preserving resources and capitalizing on the vitality of older Americans.

Impacts of chronic disease and disability

Improving the health of our aging population requires addressing its high rates of chronic disease and disability. As of 2012, about half of all adults—117 million—had one or more chronic health conditions. One out of four adults had two or more chronic health conditions (Centers for Disease Control and Prevention [CDC], 2016). The prevalence of chronic conditions and disability increases dramatically with age from one-in-five (19.7 percent) in the ages 45 to 54 group, to seven-in-ten (70.5 percent) of people ages 80 and older, suggesting that interventions to promote healthier aging can have a substantial effect on overall healthcare spending (Redfoot, Feinberg, and Houser, 2013).

More than two-thirds of all healthcare costs go to treat chronic illnesses. Chronic conditions account for nearly 95 percent of the healthcare expenditures of older Americans (CDC, 2013). Changing the behaviors of Americans, particularly to increase physical exercise and activity, get recommended screenings and preventive services, and learn about self-managing chronic conditions, can help prevent or delay disabling conditions such as heart disease, cancer, and diabetes, and enable people who develop chronic diseases to manage them more effectively. Of course, if we reduce the burden of chronic disease for individuals, we simultaneously reduce the burden on their families and friends as caregivers, help retirement savings last longer, and make our communities more interesting and vital for people of all ages (Jenkins, 2016).

Impacts of cognitive impairment

Cognitive health is a significant concern for older Americans and a critical corollary to physical health. There are two challenges to cognitive health in old age: normal cognitive

aging and corresponding decline, which affects individual independence and self-reliance; and chronic diseases causing dementia, which can trigger the need for intense levels of LTSS and high levels of medical use and cost.

Cognitive aging. A 2015 report from the Institute of Medicine (IOM) examining cognitive aging, the natural process associated with advancing years, documented remarkable variation in the way people experience cognitive aging, with people experiencing improvement in some cognitive categories with advancing age (IOM, 2015). The report called for a public health approach to help as many people as possible maintain their brain health. Of its ten recommendations, the IOM identified stimulating higher levels of physical activity as its highest priority action to aid individuals in protecting their cognitive health.

A third of adults ages 40 and older are exercise ‘contemplators’—they see the benefits and are considering exercising.

A 2016 AARP survey of adults, ages 40 and older, on barriers to their engaging in brain-healthy behaviors (including physical exercise) found that the primary barriers were lack of time and lack of knowledge about which activities are healthy for the brain (Rainville and Mehegan, 2016). The Global Council on Brain Health, a collaborative project of AARP and Age UK, is set up as an ongoing trusted source of information about the science around brain health and cognitive function, with the aim of empowering people to make informed decisions about achieving a brain-healthy lifestyle (AARP, 2016).

Dementia caused by neurological disease. Cognitive decline resulting from neurological diseases that damage or destroy the nerve cells in the brain, manifesting as symptoms of dementia, presents a larger, more significant challenge to individual and family well-being—and government spending. Dementia is a neurocognitive

disorder most commonly caused by Alzheimer's disease, resulting in memory decline, and affecting problem-solving capacity and other cognitive skills that govern people's ability to perform everyday activities. The greatest risk factor for dementia is increasing age.

The growing prevalence of Alzheimer's disease poses a substantial threat to the LTSS and medical care systems. By 2025, the number of people ages 65 and older with Alzheimer's disease in the United States is expected to increase almost 40 percent, to 7 million. The cost of caring for people with dementia, while necessary, is expensive. For the 5 million people living with dementia in 2016, the annual cost of care is estimated to be \$236 billion. Out-of-pocket spending for individuals with dementia is \$44 billion. Currently, average per-person Medicare spending for people ages 65 and older with dementia is three times higher than for older adults without dementia (Alzheimer's Association, 2016). Medicaid payments for dementia patients are nineteen times higher. Almost 65 percent of all nursing home residents have moderate-to-severe cognitive impairment. Absent the discovery of a prevention or cure for dementia, the cost of providing care for those with Alzheimer's disease will constitute 24.2 percent of Medicare spending by 2040, according to estimates by The Lewin Group (Alzheimer's Association, 2015).

Recent research, including the Framingham Heart Study, suggests that the age-specific risks of dementia may have declined over the last two to three decades, due to improved control of cardiovascular risk and increasing levels of education (Satizabal et al., 2016). This finding lends credence to the growing idea that we can identify and lower risk factors for dementia, but future research is needed.

For example, we know that increased physical exercise is good for brain health as we age; there are some promising studies that associate exercise with a reduced risk for developing dementia. However, to develop effective strategies to prevent or

delay onset of dementia, we need further research to establish evidence-based data about what the optimal types, intensity, and duration of exercise might be, and when during the life span exercise is most effectively employed (Global Council on Brain Health, 2016).

Simultaneously, we must accelerate research for a cure for dementia, because while exercise may lower population risk, it alone is not a proven strategy for dementia prevention in an individual. Unfortunately, whether it is cancer, heart disease, or dementia, even those who have done "all the right things" still can succumb to disease.

Impacts of lack of exercise

While three quarters of people ages 40 and older know that exercise benefits their general health, only 34 percent of people currently meet the public health recommendation of 150 minutes of moderate to vigorous activity per week. We need to find ways to sustain behavior change for individuals to regularly engage in physical exercise and incorporate physical activity into their lifestyles. AARP's recent survey demonstrated that adults ages 40 and older who exercise were much more likely to rate their brain health higher compared to non-exercisers, and report that their mental abilities have increased over the last five years (e.g., memory, attention span, decision making, etc.) compared to non-exercisers (Rainville and Mehegan, 2016).

We know there are many people of all backgrounds and ages who have expressed a readiness to exercise; we must seize the abundant opportunity for public policies to help nudge the willing into the regular exerciser category. A third of adults ages 40 and older are exercise "contemplators" in that they see the benefits and are considering taking up exercise (34 percent). Two in ten (19 percent) are "preparers" and say they have a firm plan to begin exercising in the near future. For the approximate one-quarter (24 percent) of "non-believers" who see no need for exercise, we have more

work to do to convince them otherwise (Rainville and Mehegan, 2016).

Impacts of social isolation

Social isolation can harm health and quality of life. For the older adult, loneliness or lack of social engagement is associated with increased mortality (AARP Foundation, 2012a). As a person ages, major life-changing events can occur, triggering loss of social network or social role, poor health resulting in diminished physical, cognitive, or mental functioning, or a reduction in income and resources. The AARP Foundation has identified the following major risk factors for isolation in older adults: living alone; having mobility or sensory impairment; having low income, with limited resources; caregiving for someone with severe frailty; living in remote or rural areas, or unsafe or inaccessible communities; having psychological or cognitive vulnerabilities; experiencing a small social network and/or inadequate social support; being a non-English speaker; and being a member of a vulnerable group (AARP Foundation, 2012b).

Many of these can be addressed so as to reduce the negative outcomes of isolation through better housing and community design, as well as changing the way people work as they age. For the estimated 17 percent of older Americans who are socially isolated, reducing loneliness and depression, increasing social network size, and improving both quality and quantity of social supports and contacts have the potential to significantly improve the quality of their lives as they age (AARP Foundation, 2012a). The Global Council on Brain Health is examining the evidence base on the relationship of social engagement to maintaining cognitive health as we age, and plans to issue their report and recommendations in 2017.

Who Cares?

One of the greatest challenges we face with an aging society is the very high use and cost of

healthcare. Other nations today have the proportion of older people the United States will have in twenty to thirty years, and are able to manage this population without generating the health-care spending levels that exist in our nation (Selwyn et al., 2015). The demographic change alone is not an insurmountable problem. The corresponding rise in medical use and cost, independent of population aging, will magnify the impact of the demographic change and strain our current system for financing healthcare and LTSS. All of us have a stake in finding less costly ways to provide high-quality care and to promote a healthier, less medically dependent population of older Americans.

Healthcare providers care: they want to improve outcomes for older adults. This can be accomplished when medical professionals incorporate a more holistic approach, which shifts the focus away from providing medical services to addressing social determinants of health. This approach is embodied in a new national center, which is a joint project of the Camden Coalition of Healthcare Providers, The Atlantic Philanthropies, the Robert Wood Johnson Foundation (RWJF), and the AARP Public Policy Institute. The as yet unnamed center aims to improve care and lower costs for high-need, high-cost patients by focusing on their overall health rather than on episodes of illness (RWJF, 2016).

The Center will strive to provide coordinated, patient-centered care, including addressing behavioral and social needs such as housing, transportation, hunger, and providing mental, emotional, and educational support. Efforts to expand coverage under integrated plans and programs can potentially shift a substantial amount of healthcare to less expensive settings, thereby avoiding expensive emergency room admissions, hospitalizations, and institutional placements that result in poorer outcomes, at a significantly higher cost. A healthier aging population served more effectively in less expensive settings would go a long way toward

mitigating the impact of a larger aging population on American healthcare use and expense.

Finally, those of us who are aging and our families, and those who seek a vibrant economy for the future, should care. Not only will we experience better quality of life as we age if we promote healthy aging, but the economy also will benefit because healthy populations are a key driver of socioeconomic growth (World Economic Forum, 2015a). *Maximizing Healthy Life Years: Investments that Pay Off* states that healthy societies create a competitive advantage, which fuels productivity: “An increase in total life expectancy can also have positive effects on a country’s economic prosperity. Populations that live longer are productive over a longer time period and consume more during that extended life” (World Economic Forum, 2015b).

An active, healthy older population stays employed longer, making contributions to the workforce and generating trillions in federal, state, and local taxes. Conversely, unhealthy populations are expensive for governments, businesses, and families. We must move away from the perception that health represents only a financial drain, to a more enlightened under-

standing that health for older Americans is an investment that pays off with significant returns.

Conclusion

Lifelong public health promotes active aging that improves the lives of individuals and that can reduce the burden of old age upon the health system. Almost a quarter of the population will be older than age 65 by 2060—far too large a percentage of Americans to sideline. With the expectation that people may live thirty years past traditional retirement age, we have a longevity bonus we can exploit if we help maintain peoples’ vitality. Employers, communities, and governments can create opportunities to facilitate healthy behaviors and promote healthy aging—and the new Administration can be instrumental in bringing about a future of healthy aging for all generations. 🍁

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